# Table of Contents

Section A: Demographic Information, Part I .................................................................................................................. 6  
Age .................................................................................................................................................................................. 6  
Gender ............................................................................................................................................................................ 8  
Ethnicity ............................................................................................................................................................................ 8  
Race .................................................................................................................................................................................. 9  
Marital Status ............................................................................................................................................................... 14  

Section B: Health Conditions ........................................................................................................................................... 16  
General Health ............................................................................................................................................................... 16  
Asthma ............................................................................................................................................................................... 16  
Diabetes ............................................................................................................................................................................ 18  
Pre-Diabetes/Borderline Diabetes ........................................................................................................................................ 19  
Gestational Diabetes ....................................................................................................................................................... 21  
Hypertension .................................................................................................................................................................... 22  
Heart Disease .................................................................................................................................................................. 22  

Section C: Health Behaviors ............................................................................................................................................... 23  
Dietary Intake .................................................................................................................................................................. 23  
Access to Fresh and Affordable Foods .......................................................................................................................... 25  
Cigarette Use .................................................................................................................................................................. 26  
Opioid Use ..................................................................................................................................................................... 36  

Section D: General Health, Disability, and Sexual Health ................................................................................................. 38  
Height and Weight ........................................................................................................................................................... 38  
Disability .......................................................................................................................................................................... 38  
Sexual Partners ............................................................................................................................................................... 39  
Sexual Orientation ........................................................................................................................................................... 39  
Registered Domestic Partner .......................................................................................................................................... 40  
Gender Identity .............................................................................................................................................................. 41  
Pre-Exposure Prophylaxis .............................................................................................................................................. 42  
HIV Testing ...................................................................................................................................................................... 43  

Section E: Women’s Health .................................................................................................................................................. 45  
Pregnancy Status ............................................................................................................................................................... 45  

Section F: Mental Health ...................................................................................................................................................... 47  
K6 Mental Health Assessment ........................................................................................................................................... 47  
Repeated K6 ................................................................................................................................................................. 48  
Sheehan Scale ................................................................................................................................................................. 50  
Access & Utilization ........................................................................................................................................................ 52  
Stigma ............................................................................................................................................................................... 54
Section L: Public Program Participation ............................................................................................................... 180
  Food Stamps ............................................................................................................................................................................ 180
  Supplemental Security Income ................................................................................................................................................ 181
  WIC .......................................................................................................................................................................................... 181
  Assets ...................................................................................................................................................................................... 182
  Child Support ........................................................................................................................................................................... 182
  Worker's Compensation ........................................................................................................................................................... 184
  Social Security/Pension Payments .......................................................................................................................................... 185
  Reasons for Non-Participation in Medi-Cal* ............................................................................................................................. 185
  Medi-Cal Renewal .................................................................................................................................................................... 186
  WIC Participation ..................................................................................................................................................................... 188

Section M: Housing and Social Cohesion .................................................................................................................. 196
  Housing .................................................................................................................................................................................... 196
  Social Cohesion ....................................................................................................................................................................... 197
  Safety ....................................................................................................................................................................................... 198
  Civic Engagement .................................................................................................................................................................... 200

Section P: Voter Engagement ................................................................................................................................ 201

Section S: Suicide Ideation and Attempts ................................................................................................................ 203

Section N: Demographic Information Part III and Closing .................................................................................. 205
  County of Residence ................................................................................................................................................................ 205
  Address Confirmation, Cross Streets, Zip Code ...................................................................................................................... 206
  Cell Phone Use ........................................................................................................................................................................ 208

Follow-Up Survey Permission ........................................................................................................................................ 210

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 2018 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
PROGRAMMING NOTE ‘QA18_A1’:
SET AADATE = CURRENT DATE (YYMMDY)

‘QA18_A1’ [AA1] -

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

[AA1MON] -

MONTH _____ [RANGE: 1-12]

01 JANUARY
02 FEBRUARY
03 MARCH
04 APRIL
05 MAY
06 JUNE
07 JULY
08 AUGUST
09 SEPTEMBER
10 OCTOBER
11 NOVEMBER
12 DECEMBER

[AA1DAY] -

DAY _____ [RANGE: 1-31]

[AA1YR] -

YEAR _____ [RANGE: 1907-2001]

-7 REFUSED
-8 DON'T KNOW
What month and year were you born?
Anong buwan at taon kayo ipinanganak?

MONTH _____ [RANGE: 1-12]
- 01 JANUARY
- 02 FEBRUARY
- 03 MARCH
- 04 APRIL
- 05 MAY
- 06 JUNE
- 07 JULY
- 08 AUGUST
- 09 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER

YEAR _____ [RANGE: 1904-2001]
- -7 REFUSED
- -8 DON'T KNOW

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

______YEARS OF AGE
[RANGE: 0-120]
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_A4’:  
IF ‘QA18_A3’  = -7 OR -8 (REF/DK) THEN CONTINUE WITH ‘QA18_A4’ ;  
ELSE GO TO ‘QA18_A5’

‘QA18_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?  
Nasa pagitan ba kayo ng 18 at 29, 30 at 39, 40 at 44, 45 at 49, 50 at 64, o 65 o mas matanda pa?  

- 01 BETWEEN 18 AND 29  
- 02 BETWEEN 30 AND 39  
- 03 BETWEEN 40 AND 44  
- 04 BETWEEN 45 AND 49  
- 05 BETWEEN 50 AND 64  
- 06 65 OR OLDER  
- -7 REFUSED  
- -8 DON'T KNOW

POST NOTE ‘QA18_A4’ : AAGE ENUM.AGE  
CALCULATE VALUE OF AAGE BASED ON ‘QA18_A1’, ‘QA18_A2’, OR ‘QA18_A3’ TO USE IN ALL AGE-RELATED QUESTIONS;  
IF ‘QA18_A1’, ‘QA18_A2’, OR ‘QA18_A3’  = -7 OR -8 (REF/DK), THEN USE ‘QA18_A4’ ;  
ELSE USE ENUM.AGE

‘QA18_A5’ [AA3] -  
Are you male or female?  
Lalaki o babae ba kayo?  

- 01 MALE  
- 02 FEMALE  
- -7 REFUSED

‘QA18_A6’ [AA4] -  
Are you Latino or Hispanic?  
Latino o Hispanic ba kayo?  

- 01 YES  
- 02 NO  
- -7 REFUSED  
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_’QA18_A8’
And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

At ano ang inyong mga ninuno o angkang pinanggalingan na Latino o Hispanic? Gaya ng Mexican, Salvadoran, Cuban, Honduran - at kung higit sa isa, sabinhin ninyo ang lahat sa akin.

[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

"PN_QA18_A8" [PN_AA5A] -

PROGRAMMING NOTE "QA18_A8":
IF "QA18_A6" = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR "QA18_A8", CONTINUE WITH
PROGRAMMING NOTE "QA18_A9";
ELSE FOLLOW SKIPS AS INDICATED F

"QA18_A8" [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?

(Sinabi ninyo na Latino o Hispanic kayo.) Pakisabi rin sa akin kung aling isa o mahigit pa sa sumusunod ang gagamitin ninyo sa paglalarawan sa sarili ninyo. Masasabi ba ninyo na kayo ay Native Hawaiian, other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, o White?

[IF R SAYS "NATIVE AMERICAN" CODE AS “4”][IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

- [ ] 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 'QA18_A8'=1 Or 2, go to 'PN_'QA18_A14’
If 'QA18_A8'=3, go to 'PN_'QA18_A12’
If 'QA18_A8'=5, go to ‘QA18_A13’
If 'QA18_A8'=6, go to “QA18_A16”
‘QA18_A9’ [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.


[CODE ALL THAT APPLY]

- 01 APACHE
- 02 BLACKFOOT/BLACKFEET
- 03 CHEROKEE
- 04 CHOCTAW
- 05 MEXICAN AMERICAN INDIAN
- 06 NAVAJO
- 07 POMO
- 08 PUEBLO
- 09 SIOUX
- 10 YAQUI
- 91 OTHER TRIBE (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_A10’ [AA5C] -
Are you an enrolled member in a federally or state recognized tribe?

Kayo ba ay nakatalang miyembro ng isang tribong kinikilala ng pamahalaang pederal o pangestado?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_A12’"
Which tribe are you enrolled in?

Sa aling tribo kayo nakatala?

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>APACHE</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Mescalero</td>
<td>01</td>
</tr>
<tr>
<td>Apache</td>
<td>02</td>
</tr>
<tr>
<td>Apache</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>BLACKFEET</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>01</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>02</td>
</tr>
<tr>
<td>Other</td>
<td>03</td>
</tr>
<tr>
<td>CHEROKEE</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Western</td>
<td>01</td>
</tr>
<tr>
<td>Cherokee</td>
<td>02</td>
</tr>
<tr>
<td>Cherokee</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>CHAOTAW</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Choctaw</td>
<td>01</td>
</tr>
<tr>
<td>Choctaw</td>
<td>02</td>
</tr>
<tr>
<td>Choctaw</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>NAVAJO</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Navajo</td>
<td>01</td>
</tr>
<tr>
<td>Navajo</td>
<td>02</td>
</tr>
<tr>
<td>Navajo</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>POMO</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Pomo</td>
<td>01</td>
</tr>
<tr>
<td>Pomo</td>
<td>02</td>
</tr>
<tr>
<td>Pomo</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>PUEBLO</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Pueblo</td>
<td>01</td>
</tr>
<tr>
<td>Pueblo</td>
<td>02</td>
</tr>
<tr>
<td>Pueblo</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>SIOUX</td>
<td>07</td>
</tr>
<tr>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Sioux</td>
<td>01</td>
</tr>
<tr>
<td>Sioux</td>
<td>02</td>
</tr>
<tr>
<td>Sioux</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>YAQUI</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Yaqui</td>
<td>01</td>
</tr>
<tr>
<td>Yaqui</td>
<td>02</td>
</tr>
<tr>
<td>Yaqui</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>OTHER</td>
<td>09</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>01</td>
</tr>
<tr>
<td>Other</td>
<td>02</td>
</tr>
<tr>
<td>Other</td>
<td>03</td>
</tr>
<tr>
<td>Other</td>
<td>04</td>
</tr>
<tr>
<td>Other</td>
<td>05</td>
</tr>
<tr>
<td>Other</td>
<td>06</td>
</tr>
<tr>
<td>Other</td>
<td>07</td>
</tr>
<tr>
<td>Other</td>
<td>08</td>
</tr>
<tr>
<td>Other</td>
<td>09</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
</tr>
<tr>
<td>Other</td>
<td>32</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
</tr>
<tr>
<td>Other</td>
<td>35</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
</tr>
<tr>
<td>Other</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
</tr>
<tr>
<td>Other</td>
<td>41</td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
</tr>
<tr>
<td>Other</td>
<td>44</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>46</td>
</tr>
<tr>
<td>Other</td>
<td>47</td>
</tr>
<tr>
<td>Other</td>
<td>48</td>
</tr>
<tr>
<td>Other</td>
<td>49</td>
</tr>
<tr>
<td>Other</td>
<td>50</td>
</tr>
<tr>
<td>Other</td>
<td>51</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
</tr>
<tr>
<td>Other</td>
<td>53</td>
</tr>
<tr>
<td>Other</td>
<td>54</td>
</tr>
<tr>
<td>Other</td>
<td>55</td>
</tr>
<tr>
<td>Other</td>
<td>56</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
</tr>
<tr>
<td>Other</td>
<td>58</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
</tr>
<tr>
<td>Other</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>61</td>
</tr>
<tr>
<td>Other</td>
<td>62</td>
</tr>
<tr>
<td>Other</td>
<td>63</td>
</tr>
<tr>
<td>Other</td>
<td>64</td>
</tr>
<tr>
<td>Other</td>
<td>65</td>
</tr>
<tr>
<td>Other</td>
<td>66</td>
</tr>
<tr>
<td>Other</td>
<td>67</td>
</tr>
<tr>
<td>Other</td>
<td>68</td>
</tr>
<tr>
<td>Other</td>
<td>69</td>
</tr>
<tr>
<td>Other</td>
<td>70</td>
</tr>
<tr>
<td>Other</td>
<td>71</td>
</tr>
<tr>
<td>Other</td>
<td>72</td>
</tr>
<tr>
<td>Other</td>
<td>73</td>
</tr>
<tr>
<td>Other</td>
<td>74</td>
</tr>
<tr>
<td>Other</td>
<td>75</td>
</tr>
<tr>
<td>Other</td>
<td>76</td>
</tr>
<tr>
<td>Other</td>
<td>77</td>
</tr>
<tr>
<td>Other</td>
<td>78</td>
</tr>
<tr>
<td>Other</td>
<td>79</td>
</tr>
<tr>
<td>Other</td>
<td>80</td>
</tr>
<tr>
<td>Other</td>
<td>81</td>
</tr>
<tr>
<td>Other</td>
<td>82</td>
</tr>
<tr>
<td>Other</td>
<td>83</td>
</tr>
<tr>
<td>Other</td>
<td>84</td>
</tr>
<tr>
<td>Other</td>
<td>85</td>
</tr>
<tr>
<td>Other</td>
<td>86</td>
</tr>
<tr>
<td>Other</td>
<td>87</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
</tr>
<tr>
<td>Other</td>
<td>89</td>
</tr>
<tr>
<td>Other</td>
<td>90</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
</tr>
<tr>
<td>Other</td>
<td>-7</td>
</tr>
<tr>
<td>Other</td>
<td>-8</td>
</tr>
</tbody>
</table>

-7 REFUSED

-8 DON'T KNOW
You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.


### Code All That Apply

- 01 BANGLADESHI
- 02 BURMESE
- 03 CAMBODIAN
- 04 CHINESE
- 05 FILIPINO
- 06 HMONG
- 07 INDIAN (INDIA)
- 08 INDONESIAN
- 09 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
‘PN_QA18_A13’ [PN_AA5E1] -
PROGRAMMING NOTE ‘QA18_A13’ :
IF ‘QA18_A8’ = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH ‘QA18_A13’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_A14’

‘QA18_A13’ [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.


[CODE ALL THAT APPLY]

- 01 SAMOAN/AMERICAN SAMOAN_
- 02 GUAMANIAN
- 03 TONGAN
- 04 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY: _______)
- -7 REFUSED
- -8 DON'T KNOW

‘PN_QA18_A14’ [PN_AA5G] -
PROGRAMMING NOTE ‘QA18_A14’ :
IF ‘QA18_A6’ = 1 (LATINO) AND [‘QA18_A8’ = 6 (NATIVE HAWAIIAN) OR ‘QA18_A8’ = 5 (OTHER PACIFIC ISLANDER) OR ‘QA18_A8’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR ‘QA18_A8’ = 3 (ASIAN) OR ‘QA18_A8’ = 2 (BLACK/AFRICAN AMERICAN) OR ‘QA18_A8’ = 1 (WHITE) OR ‘QA18_A8’ = 91 (OTHER)],
CONTINUE WITH ‘QA18_A14’ ; ELSE IF THERE WERE MULTIPLE RESPONSES TO ‘QA18_A8’, ‘QA18_A12’, OR ‘QA18_A13’ [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH ‘QA18_A14’ ; ELSE SKIP TO ‘QA18_A16’

‘QA18_A14’ [AA5G] -
You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

Sinabi ninyo na kayo ay: {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?

Iniuugnay ba ninyo ang sarili ninyo sa alinmang isang partikular na lahi?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_A16”
Which do you most identify with?

Sa aling lahi ninyo higit na iniuugnay ang inyong sarili?

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

- 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)
- 13 LATINO, OTHER SPECIFY
- 14 LATINO
- 16 NATIVE HAWAIIAN
- 17 OTHER PACIFIC ISLANDER
- 18 AMERICAN INDIAN OR ALASKA NATIVE
- 19 ASIAN
- 20 BLACK OR AFRICAN AMERICAN
- 21 WHITE
- 22 RACE, OTHER SPECIFY
- 30 BANGLADESHI
- 31 BURMESE
- 32 CAMBODIAN
- 33 CHINESE
- 34 FILIPINO
- 35 Hmong
- 36 INDIAN (INDIA)
- 37 INDONESIAN
- 38 JAPANESE
- 39 KOREAN
- 40 LAOTIAN
- 41 MALAYSIAN
- 42 PAKISTANI
- 43 SRI LANKAN
- 44 TAIWANESE
- 45 THAI
- 46 VIETNAMESE
- 49 ASIAN, OTHER SPECIFY
- 50 SAMOAN/AMERICAN SAMOAN
- 51 GUAMANIAN
- 52 TONGAN
- 53 FIJIAN
- 55 PACIFIC ISLANDER, OTHER SPECIFY
- 90 BOTH/ALL/MULTIRACIAL
- 95 NONE OF THESE
- -7 REFUSED
- -8 DON'T KNOW
**QA18_A16** [AH43] -

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

Sa ngayon, kayo ba ay kasal, may kinakasamang partner sa kaugnayang parang mag-asawa, biyudo/a, diborsyado/a, hiwalay, o hindi kinasal kailanman?

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

- 01 MARRIED
- 02 LIVING WITH PARTNER
- 03 WIDOWED
- 04 DIVORCED
- 05 SEPARATED
- 06 NEVER MARRIED
- -7 REFUSED
- -8 DON'T KNOW
Section B: Health Conditions

‘QA18_B1’ [AB1] -

These next questions are about your health.

Tungkol sa inyong kalusugan ang sumusunod na mga katanungan.

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

Masasabi ba ninyo na sa pangkalahatan ang kalusugan ninyo ay mabuting-mabuti, napakabuti, mabuti, mabuti-buti o mahina?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_B2’ [AB17B] -

Has a doctor ever told you that you have asthma?

Nasabihan na ba kayo ng doktor kailanman na may asthma kayo?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_B13’"

‘QA18_B3’ [AB40] -

Do you still have asthma?

Mayroon pa ba kayong asthma?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_B4’ [AB41] -

During the past 12 months, have you had an episode of asthma or an asthma attack?

Nitong nakaraang 12 buwan, nakaranas ba kayo ng pagsumpong ng asthma o ng atake ng asthma?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA18_B5’ [AH13A] -
During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
Nitong nakaraang 12 buwan, kinailangan ba ninyong magpatong sa emergency room ng ospital dahil sa inyong asthma?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, 07, 08, goto “QA18_B7”

‘QA18_B6’ [AB106] -
Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
Nagpatingin ba kayo sa emergency room ng ospital para sa inyong asthma dahil hindi kayo nakapagpatong sa doktor ninyo?
[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]
- 01 YES
- 02 NO
- 03 DOESN'T HAVE A DOCTOR
- 07 REFUSED
- 08 DON'T KNOW

‘QA18_B7’ [AB18] -
Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?
Umiinom ba kayo ngayon ng pang-araw-araw na inireseta o ibinigay sa inyo ng doktor na gamot para kontrolin ang asthma ninyo?
[IF NEEDED, SAY: “This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.”]
[IF NEEDED, SAY: “Kabilang dito ang mga gamot na nilulunok at ang mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa.”]
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

‘PN_QA18_B8’ [PN_AB67] -
PROGRAMMING NOTE ‘QA18_B8’:
IF ‘QA18_B3’ = 1 (YES, STILL HAVE ASTHMA) OR ‘QA18_B4’ = 1 (YES, EPISODE IN LAST 12 MOS) GO TO
PROGRAMMING NOTE ‘QA18_B10’;
ELSE CONTINUE WITH ‘QA18_B8’

‘QA18_B8’ [AB67] -
During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
Nitong nakaraang 12 buwan, kinailangan ba ninyong magpatong sa emergency room ng ospital dahil sa inyong asthma?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, 07, 08, goto “QA18_B10”
‘QA18_B9’ [AB107] -
Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

Nagpatingin ba kayo sa emergency room ng ospital para sa inyong asthma dahil hindi kayo nakapasok na sa doktor ninyo?

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

01 YES
02 NO
03 DOESN'T HAVE A DOCTOR
-7 REFUSED
-8 DON'T KNOW

‘PN_QA18_B10’ [PN_AB42] -
PROGRAMMING NOTE ‘QA18_B10’ :
IF AAGE > 69 OR ‘QA18_A4’ = 6 (65 OR OLDER) GO TO ‘QA18_B11’;
ELSE CONTINUE WITH ‘QA18_B10’

‘QA18_B10’ [AB42] -
During the past 12 months, how many days of work did you miss due to asthma?

Nitong nakaraang 12 buwan, ilang araw kayong hindi nakapasok sa trabaho nang dahil sa asthma?

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

DAYS (0 - 365)
-7 REFUSED
-8 DON'T KNOW

‘QA18_B11’ [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?

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

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_B13’”

‘QA18_B12’ [AB98] -
Do you have a written or printed copy of this plan?

Mayroon ba kayong nakasulat o naka-print na kopya nitong plano?

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

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW
'PN_QA18_B13' [PN_AB22] -
PROGRAMMING NOTE ‘QA18_B13’ :
IF ‘QA18_A5’ = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA18_B13' [AB22] -
{Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

{Maliban sa panahon ng pagbubuntis, nasabihan na ba} kayo ng doktor kailanman na mayroon kayong diabetes o sugar diabetes?

- 01 YES
- 02 NO
- 03 BORDERLINE OR PRE-DIABETES
- 07 REFUSED
- 08 DON'T KNOW

If = 3, goto ‘QA18_B23’

'PN_QA18_B14' [PN_AB99] -
PROGRAMMING NOTE ‘QA18_B14’ :
IF ‘QA18_A5’ = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA18_B14' [AB99] -
{Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

'PN_QA18_B15' [PN_AB23] -
PROGRAMMING NOTE ‘QA18_B15’ :
IF ‘QA18_B13’ = 1 THEN CONTINUE WITH ‘QA18_B15’ ;
ELSE SKIP TO PROGRAMMING NOTE ‘QA18_B23’

'QA18_B15' [AB23] -
How old were you when a doctor first told you that you have diabetes?

Gaano katanda kayo noong unang sinabi sa inyo ng doktor na may diabetes kayo?

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

- 07 REFUSED
- 08 DON'T KNOW
Were you told that you had Type 1 or Type 2 diabetes?

Nasabihan ba kayo na mayroon kayong Type 1 o Type 2 diabetes?

[IF NEEDED, SAY: “Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes.”]

[IF NEEDED, SAY: “Ang Type 1 diabetes ang resulta ng di paggawa ng katawan ng insulin at karaniwang nada-diagnose sa mga bata at mga kabataan. Ang Type 2 diabetes ang resulta ng pagkawala ng kakayahang gamitin ng katawan ang insulin at ito ang pinakakaraniwang uri ng diabetes.”]

- 01 TYPE 1
- 02 TYPE 2
- 91 ANOTHER TYPE (Specify: ______)
- 04 DOUBLE DIABETES (TYPE 1 AND TYPE 2)
- -7 REFUSED
- -8 DON'T KNOW

Are you now taking insulin?

Gumagamit ba kayo ngayon ng insulin?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

Do you now take diabetic pills to lower your blood sugar?

Umiinom ba kayo ngayon ng pills na pang-diabetes para pababain ang blood sugar ninyo?

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

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

Mga ilang beses nitong nakaraang 12 buwan sinuri ng doktor ang inyong mga paa para sa anumang mga sugat o pangangati?

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

- -7 REFUSED
- -8 DON'T KNOW
When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

Kailan kayo huling nagpatingin sa mata kung saan na-dilate o pinalaki ang itim ng inyong mata? Nagkaroon ito ng epekto na nasisilaw sa liwanag ang inyong mata sa loob ng maikling panahon.

- 01 WITHIN THE PAST MONTH
- 02 WITHIN THE PAST YEAR (1-12 MONTHS AGO)
- 03 WITHIN THE PAST 2 YEARS (1-2 YEARS AGO)
- 04 2 OR MORE YEARS AGO
- 05 NEVER
- 07 REFUSED
- 08 DON'T KNOW

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

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

How confident are you that you can control and manage your diabetes? Would you say you are...

Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang inyong diabetes? Masasabi ba ninyo na kayo ay...

- 01 Very confident,
  - 01 Lubos na may tiwala
- 02 Somewhat confident,
  - 02 Medyo may tiwala.
- 03 Not Walang masyadong tiwala, o
  - 03 Not too confident, or
- 04 Not at all confident?
  - 04 Walang tiwala kahit kaunti?
- 07 REFUSED
- 08 DON'T KNOW

Has a doctor ever told you that you had diabetes only during pregnancy?

Nasabihan na ba kayo ng doktor kailanman na nagkaroon kayo ng diabetes noong panahon lamang ng pagbubuntis ninyo

- 01 YES
- 02 NO
- 03 BORDERLINE GESTATIONAL DIABETES
- 07 REFUSED
- 08 DON'T KNOW
‘QA18_B24’ [AB29] - Has a doctor ever told you that you have high blood pressure?

Nasabihan na ba kayo ng doktor kailanman na mayroon kayong altapresyon?

❖ 1 YES
❖ 2 NO
❖ 3 HIGH NORMAL/BORDERLINE/PRE-HYPERTENSION
❖ 4 REFUSED
❖ 5 DON'T KNOW

If = 2, 3, -7, -8, goto “QA18_B25”

‘QA18_B25’ [AB34] - Has a doctor ever told you that you have any kind of heart disease?

Nasabihan na ba kayo ng doktor kailanman na mayroon kayong anumang uri ng sakit sa puso?

❖ 01 YES
❖ 02 NO
❖ -7 REFUSED
❖ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA18_C2’

‘QA18_B26’ [AB118] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

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

❖ 01 YES
❖ 02 NO
❖ -7 REFUSED
❖ -8 DON'T KNOW

If = 2, -7, -8, goto ‘QA18_C2’
Section C: Health Behaviors

‘QA18_C2’ [AE2] -

Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks. 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.

Pag-isipan mo naman ang mga pagkain na kinain o inom mo sa loob ng nakaraang buwan. Ibig sabihin nito ay sa loob ng nakaraang tatlumpung araw. Kabilang dito ang mga kinain at inom mo sa almsal, tanghalian, merienda o hapunan. Sa loob nito, ilang beses kang kumain ng prutas? Huwag mong isama ang mga juice.

[IF NEEDED, SAY: “Your best guess is fine.”]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “Was that per day, week or month?”]

__________TIMES

[CAT_AE2] -

☐ 01 PER DAY [HR: 0-20; SR: 0-9]
☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA18_C3’ [AE3] -

[During the past month,] how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

[Sa nakaraang buwan,] ilang beses ka kumain ng anumang uri ng piniritong patatas? Kasama dito ang French fries, home fries, at hash browns.

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF RESPONDENT ASKS, SAY: “Do not include potato chips.”]

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

__________TIMES

[CAT_AE3] -

☐ 01 PER DAY [HR: 0-20; SR: 0-9]
☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
☐ -7 REFUSED
☐ -8 DON'T KNOW
During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

Sa loob ng nakaraang buwan, ilang beses kang kumain ng pagkaing gaya ng refried beans, baked beans, o bean soup? Huwag mong isama ang mga katulad ng sitaw.

[IF NEEDED SAY: "You can tell me per day, per week, or month"]

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

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

__________ TIMES

[CAT_AE5] -

- 01 PER DAY [HR: 0-20; SR: 0-9]
- 02 PER WEEK [HR: 0-20; SR: 0-9]
- 03 PER MONTH [HR: 0-210; SR: 0-149]
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE ‘QA18_C5’:
IF ‘QA18_C3’>0 (ATE FRIED POTATOES) THEN DISPLAY “Do not include fried potatoes.” ELSE DO NOT DISPLAY

‘QA18_C5’ [AE7] -

[During the past month] how many times did you eat any other vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes.}

["Sa loob ng nakaraang buwan,"] ilang beses kang kumain ng iba pang mga gulay gaya ng salad, sitaw, o patatas? {Huwag mong isama ang mga patatas na pinirito.}

[IF NEEDED, SAY: “You can tell me per day, per week, or month”]

[IF STRONGLY NEEDED, SAY: “Such as tomatoes, carrots, onions, or broccoli.”]

__________ TIMES

[CAT_AE7] -

- 01 PER DAY [HR: 0-20; SR: 0-9]
- 02 PER WEEK [HR: 0-20; SR: 0-9]
- 03 PER MONTH [HR: 0-210; SR: 0-149]
- -7 REFUSED
- -8 DON’T KNOW
During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

Nitong nakaraang buwan, gaano kadalas kayo uminom ng pinatamis na mga inuming may katas ng prutas, at ng sports o energy drink

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF NEEDED, SAY: “Such as lemonade, Gatorade, Snapple, or 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-FLAVORED TEAS.]

________ TIMES

[CAT_AC46] -

☐ 01 PER DAY [HR: 0-20; SR: 0-9]
☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
☐ -7 REFUSED
☐ -8 DON'T KNOW

Yesterday, how many glasses of water did you drink at work, home, and everywhere else?  Count one cup as one glass and count one bottle of water as two glasses.  Count only a few sips, like from a water fountain, as less than one glass.  Your best guess is fine.


IF NEEDED SAY: “Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®.  Do not include flavored sweetened water.

[IF NEEDED, SAY: "Bilangin ang tubig na galing sa gripo, gaya ng nakukuha sa lababo, gripo, fountain, o pitsel at saka tubig na nakabote gaya ng Aquafina®. Huwag bilangin ang tubig na pinamatamis at hinaluan ng pampalasa."]

[IF NEEDED, SAY:  Count one cup or 8 ounces as one glass.]

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

☐ 99 LESS THAN 1 GLASS (e.g., SIPS FROM A FOUNTAIN)
☐ 00 NONE
☐ -7 REFUSED
☐ -8 DON'T KNOW
How often can you find fresh fruits and vegetables in your neighborhood? Would you say…

Gaano kadalas kayo nakakahanap ng sariwang mga prutas at mga gulay sa inyong kapitbahayan? Masasabi ba ninyo na…

- 01 Never,
- 02 Sometimes,
- 03 Usually, or
- 04 Always?
- 05 DOESN'T EAT F & V
- 06 DOESN'T SHOP FOR F&V
- 07 DOESN'T SHOP IN HIS/HER NEIGHBORHOOD
- -7 REFUSED
- -8 DON'T KNOW

How often are they affordable? Would you say…

Gaano kadalas na abot-kaya ang mga iyon? Masasabi ba ninyo na…

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

- 01 Never
- 02 Sometimes
- 03 Usually, or
- 04 Always?
- -7 REFUSED
- -8 DON’T KNOW

Now, I am going to ask about various health behaviors. Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

Ngayon, tatanungin ko kayo tungkol sa mga iba’t-ibang ugaling pangkalusugan. Sa buong buhay ninyo, hindi kukulangin sa 100 sigarilyo ba ang nahihit ninyo sa kabuuan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, goto ‘QA18_C22’
Do you now smoke cigarettes every day, some days, or not at all?

Naninigarilyo ba kayo ngayon nang araw-araw, ilang araw lamang, o hindi kailanman?

- 01 EVERY DAY
- 02 SOME DAYS
- 03 NOT AT ALL
- -7 REFUSED
- -8 DON'T KNOW

If = 2, goto ‘QA18_C14’
If =3, -7, -8, goto “QA18_C22”

On average, how many cigarettes do you now smoke a day?

Sa karaniwan, nakaka-ilang sigarilyo ka sa isang araw?

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

_____ NUMBER OF CIGARETTES     [HR: 0-120]
- 07 REFUSED
- 08 DON'T KNOW

If = -7, -8, go to “QA18_C16”

In the past 30 days, when you smoked, how many cigarettes did you smoke per day?


[IF NEEDED, SAY: “On the days you smoked.” AND IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES     [HR: 0-120]
- 07 REFUSED
- 08 DON'T KNOW

Are the cigarettes you usually smoke menthol-flavored?

Ang mga sigarilyo ba na karaniwan ninyong hinihithit ay may lasang menthol?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Nitong nakaraang 12 buwan, tumigil na kayo sa paninigarilyo nang isang araw man lang o mas matagal pa dahil sinusubukan ninyong huminto sa paninigarilyo?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

Are you thinking about quitting smoking in the next six months?

Iniisip ba ninyong huminto sa paninigarilyo sa susunod na anim na buwan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

In the past 12 months, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?

{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, gumamit ba kayo ng nicotine gum, nicotine lozenges, o nicotine inhaler?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

In the past 12 months did you

{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, sinubukan ba ninyo

Call a telephone quitting helpline?

Ang pagtawag sa telepono ng isang helpline para sa paghinto ng paninigarilyo?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_C20’:
IF ‘QA18_C12’ = 1 (EVERY DAY) OR ‘QA18_C12’ = 2 (SOME DAYS), CONTINUE WITH ‘QA18_C20’;
ELSE IF ‘QA18_C12’ =3 (NOT AT ALL), SKIP TO PN ‘QA18_C22’

‘QA18_C20’ [AC77] -
In the past 12 months, did a doctor or other health professional advise you to quit smoking?
Nitong nakaraang 12 buwan, pinayuhan ba kayo ng doktor o ng iba pang health professional na huminto ng paninigarilyo?
☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA18_C21’ [AC78] -
In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?
Nitong nakaraang 12 buwan, ipinadala ba kayo ng doktor o ng iba pang health professional sa isang programa, o binigyan ba kayo ng impormasyon tungkol sa programa para sa paghinto ng paninigarilyo?
☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA18_C22’ [AC81B] -
Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?
Humithit na ba kayo kahit kailan ng electronic cigarettes, tinatawag din na e-cigarettes o vaporizer cigarettes?
☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 2, -7, -8, go to “QA18_C26”

‘QA18_C23’ [AC82B] -
During the past 30 days, on how many days did you use electronic cigarettes?
Anu-ano ang mga dahilan ninyo sa paggamit ng electronic cigarettes?
____ NUMBER OF DAYS [HR: 0 - 30]
If = 0, go to “QA18_C26”
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = -7, -8, go to “QA18_C26”
“QA18_C24” [AC134] -

Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?
Mayroon ba sa mga e-cigarette na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

“QA18_C25” [AC83B] -

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

[CODE ALL THAT APPLY]
- 01 QUIT SMOKING
- 02 REPLACE SMOKING
- 03 CUT DOWN OR REDUCE SMOKING
- 04 USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
- 05 CURIOSITY, JUST TRY IT
- 06 NO LINGERING ODOR
- 07 HELPS ME CONCENTRATE/STAY ALERT
- 08 COME IN MANY FLAVORS / LIKES TASTE
- 09 LESS EXPENSIVE
- 10 HEALTHIER THAN CIGARETTES
- 11 ENJOYMENT OR SOCIAL REASONS
- 12 STRESS, ANXIETY OR PAIN RELIEF
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

“QA18_C26” [AC135] -

During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?
Sa nakalipas na 30 araw, ilang araw kayong gumamit ng nginunguyang tabako, snuff, o snus?

- 01 0 DAYS
- 02 1-2 DAYS
- 03 3-5 DAYS
- 04 6-9 DAYS
- 05 10-19 DAYS
- 06 20-29 DAYS
- 07 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8 goto ‘QA18_C28’

“QA18_C27” [AC136] -

Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?
Mayroon ba sa mga tabako na nginuya ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

Sa nakalipas na 30 araw, ilang araw kayong humithit ng mga maliliit na cigar?

- 01 0 DAYS
- 02 1-2 DAYS
- 03 3-5 DAYS
- 04 6-9 DAYS
- 05 10-19 DAYS
- 06 20-29 DAYS
- 07 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, or -8 goto ‘QA18_C30’

Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga maliliit na cigar na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

During the past 30 days, on how many days did you smoke big cigars?

Sa nakalipas na 30 araw, ilang araw kayong humithit ng malalaking cigar?

- 01 0 DAYS
- 02 1-2 DAYS
- 03 3-5 DAYS
- 04 6-9 DAYS
- 05 10-19 DAYS
- 06 20-29 DAYS
- 07 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8 goto ‘QA18_C32’

Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga malalaki na cigar na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA18_C32’ [AC141] -

During the past 30 days, on how many days did you use a hookah water pipe?

Sa nakalipas na 30 araw, ilang araw kayong humithit ng hookah water pipe?

- 01 0 DAYS
- 02 1-2 DAYS
- 03 3-5 DAYS
- 04 6-9 DAYS
- 05 10-19 DAYS
- 06 20-29 DAYS
- 07 30 DAYS
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7 or -8 goto ‘QA18_C34’

‘QA18_C33’ [AC142] -

Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga hookah na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

‘QA18_C34’ [AC143] -

Which statement best describes the rules about smoking or vaping a tobacco product, including e-cigarette inside your home?

Aling pahayag ang pinakamahusay na naglarawan sa mga panuntunan sa loob ng inyong bahay tungkol sa paninigarilyo o pag-vape ng produktong tabako kabilang ang mga e-cigarette?

- 01 Smoking/vaping is not allowed anywhere or at any time inside my home
- 01 Hindi pinapayagan ang paninigarilyo/pag-vape sa loob ng aming bahay
- 02 Smoking/vaping is allowed in some places or at sometimes inside my home
- 02 Pinapayagan lamang ang paninigarilyo/pag-vape sa ilang mga lugar sa loob ng aming bahay
- 03 Smoking/vaping is allowed anywhere and at any time inside my home
- 03 Pinapayagan ang paninigarilyo/pag-vape sa loob ng aming bahay
- 07 REFUSED
- 08 DON'T KNOW

‘QA18_C35’ [AC144] -

In the last two weeks, have you ever been exposed to secondhand tobacco smoke or e-cigarette vapor in California?

Sa nakalipas na dalawang linggo, nakalanghap ba kayo ng secondhand na usok sa California?

[IF NEEDED: Secondhand smoke or vapor is tobacco smoke or e-cigarette vapor inhaled involuntarily from being smoked or vaped by others."

[IF NEEDED: Ang secondhand na usok ay usok na galing sa tabako o e-cigarette na hindi sinasadyang nalalanghap mula sa paninigarilyo o paggamit ng vape ng ibang tao. ]"

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, or -8 goto ‘QA18_C37’
Thinking of the most recent time, at what type of location did this occur?

Isipin ang pinakahuling beses itong nangyari sa inyo, saang lokasyon ninyo ito huling naranasan?

- 01 SIDEWALKS
- 02 HOME - OUTDOOR
- 03 HOME - INDOOR
- 04 SHOPPING MALLS OR STORES
- 05 WORKPLACE - OUTDOOR
- 06 WORKPLACE - INDOOR
- 07 PARK, BEACH, PLAYGROUND, OUTDOOR RECREATION
- 08 DRIVING
- 09 COMMON AREA OF AN APARTMENT COMPLEX, CONDO
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

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.

Have you ever, even once, tried marijuana or hashish in any form?

Ang mga sumusunod ay mga tanong tungkol sa marijuana, na tinatawag ding cannabis o damo, hashish, at iba pang mga produkto na may THC. Maraming paraan ng paggamit ng mga produktong iyo, tulad ng paghithit, pagkain, pag-inom, pagvavaporize (o pagsingaw), o dabbing. Nakasubok ka na ba, kahit Gaano na katagal mula noong huli kang gumamit ng marijuana o hashish?

[IF NEEDED: THC is the active ingredient in marijuana.]
[IF NEEDED: THC ay ang aktibong sangkap sa marijuana.]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, go to ‘QA18_C50’

How long has it been since you last used marijuana or hashish in any form?

Gaano na katagal mula noong huli kang gumamit ng marijuana o hashish?

- 01 DAYS [HR: 0-365]
- 02 MONTHS [HR: 0-12]
- 03 YEARS [0-99]
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_C39’;
IF AGE >25, THEN GO TO ‘QA18_C50’;
IF ‘QA18_C38’ >=30 DAYS OR >1 MONTH, THEN GO TO ‘QA18_C50’;
ELSE CONTINUE WITH ‘QA18_C39’;

‘QA18_C39’ [AC117] -

During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

Sa nakaraang tatlumpung araw, ilang araw kang gumamit ng marijuana, hashish, o iba pang produktong may THC?

- 01 0 DAYS
- 02 1-2 DAYS
- 03 3-5 DAYS
- 04 6-9 DAYS
- 05 10-19 DAYS
- 06 20-29 DAYS
- 07 30 DAYS OR MORE
- REFUSED
- DON'T KNOW

If = 1, go to ‘QA18_C50’

‘QA18_C40’ [AC118] -

How often have you used tobacco when you have also been using marijuana? Would you say…

Gaano kadalas kang gumamit ng tabako sa panahong gumagamit ka rin ng marijuana? Masasabi mo bang…

- 01 Usually
- 02 Sometimes
- 03 Never
- REFUSED
- DON'T KNOW

‘QA18_C41’ [AC119] -

During the past 30 days, how did you use marijuana? Did you… Smoke it in a joint, bong, or pipe?

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana? Hinithit mo ba ito nang nakabilot (sa isang joint) o gamit ng isang bong o pipe?

- 01 YES
- 02 NO
- REFUSED
- DON'T KNOW

‘QA18_C42’ [AC120] -

During the past 30 days, how did you use marijuana? Did you… Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit yung marijuana? Sumigarilyo ka ba ng isang cigar na may parte na ang laman ay marijuana o isang buong cigar na ang laman lang ay marijuana, na minsan ay tinatawag ring isang blunt?

- 01 YES
- 02 NO
- REFUSED
- DON'T KNOW
'QA18_C43' [AC121] -

[During the past 30 days, how did you use marijuana?] Did you...

Eat it?

[Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?] Kinain mo ba ito?

[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]
[IF NEEDED, SAY: Halimbawa, kahalo ng brownies, cake, cookies, o candy]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA18_C44' [AC122] -

[During the past 30 days, how did you use marijuana?] Did you...

Drink it?

[Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?] Ininom mo ba ito?

[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]
[IF NEEDED SAY: Halimbawa, kahalo ng tea, cola, alak o iba pang mga inumin]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA18_C45' [AC123] -

[During the past 30 days, how did you use marijuana?] Did you...

Vaporize it?

[Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?] Pinasingaw o vinaporize mo ba ito?

[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]
[IF NEEDED, SAY: Halimbawa, sa isang vaporizer na parang e-cigarette]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA18_C46' [AC124] -

[During the past 30 days, how did you use marijuana?] Did you...

Dab it?

[Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?] Dinab mo ba ito?

[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]
[IF NEEDED SAY: Halimbawa, gamit ng butane hash oil, wax o mga concentrate]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
“QA18_C47” [AC125] -

[During the past 30 days, how did you use marijuana?] Did you...

Use it some other way?

[Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?] Ginamit mo ba ito sa iba pang pamamaraan?

- 01 YES (SPECIFY_______)
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

“QA18_C48” [AC126] -

Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

Inirekomenda ba ng isang doktor o ibang health care provider ang paggamit mo ng marijuana sa nakaraang buwan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

If = 2, go to ‘QA18_C50’

“QA18_C49” [AC127] -

Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

Inirekomenda ba ng isang doktor o ibang health care provider ang paggamit mo ng marijuana sa nakaraang buwan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

“QA18_C50” [AC128] -

Have you used heroin in the past 12 months?

Gumamit ka ba ng heroin sa loob ng nakaraang labindalawang buwan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

“QA18_C51” [AC129] -

In the past 12 months, did you use any prescription pain killer in a way that did not follow your doctor’s directions? Examples include Vicodin, OxyContin, Norco, Hydrocodone, Percocet and Methadone.

Sa loob ng nakaraang labindalawang buwan, gumamit ka ba ng mga inireresetang painkiller sa paraang hindi sumusunod sa mga direksyon na ibinigay ng inyong doktor? Halimbawa, Vicodin, OxyContin, Norco, Hydrocodone, Percocet at Methadone.

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

If = 2, -7, -8, go to ‘QA18_D1’
‘QA18_C52’ [AC130] -
How many of these prescription pain killers are you taking?
Ilan sa mga inireresetang painkiller na ito ang iniinom mo ngayon?

- 00 0
- 01 1
- 02 2
- 03 3
- 04 More than 3
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_C53’ [AC131] -
Did you get the prescription(s) from one doctor or from more than one doctor?
Nakuha mo ba ang reseta mula sa isang doktor o mahigit sa isang doktor?

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

If = 3, -7, -8, go to ‘QA18_C55’

‘QA18_C54’ [AC132] -
Did you sign a contract with your doctor regarding these medicines?
Pumirma ka ba ng isang kontrata sa inyong doktor tungkol sa mga gamot na ito?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_C55’ [AC133] -
What condition or conditions are you taking the medicine for?
Para sa anong kondisyon o mga kondisyon mo iniinom ang gamot?

[CHECK ALL THAT APPLY]
- 01 DENTAL WORK/DENTAL PAIN
- 02 SURGERY, NOT ACCIDENT-RELATED
- 03 RECENT INJURY
- 04 CHRONIC PAIN, REGARDLESS OF CAUSE
- 91 OTHER (SPECIFY:_________________)
- -7 REFUSED
- -8 DON'T KNOW
Section D: General Health, Disability, and Sexual Health

'QA18_D1' [AE17] -

These next questions are about your height and weight. How tall are you without shoes?

Tungkol sa inyong tangkad at timbang ang sumusunod na mga tanong. Gaano katangkad kayo kapag walang suot na sapatos?

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

____ FEET
____ INCHES
____ METERS
____ CENTIMETERS
☐ -7 REFUSED
☐ -8 DON'T KNOW

'PN_QA18_D2' [PN_AE18] -

PROGRAMMING NOTE ‘QA18_D2’:
IF ‘QA18_A5’ = 2 (FEMALE) AND [AAGE < 50 OR ‘QA18_A4’ < 5 (YOUNGER THAN 50 YEARS OLD)],
DISPLAY "When not pregnant, how"; ELSE DISPLAY "How"

'QA18_D2' [AE18] -

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

{Kapag hindi buntis, gaano} kabigat kayo kapag walang suot na sapatos? {Gaano} kabigat kayo kapag walang suot na sapatos?

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

____ POUNDS
____ KILOGRAMS
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA18_D3' [AD50] -

Are you blind or deaf, or do you have a severe vision or hearing problem?

Kayo ba ay bulag, o bingi, o may malubhang problema sa paningin o pandinig?

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_D5”
**QA18_D4** [AL8] -

Are you legally blind?

Kayo ba ay legally blind?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

**QA18_D5** [AD43B] -

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

May ilang tanong kami tungkol sa mga karanasang sexual ng mga tao. Panatilihing lihim ang lahat ng mga sagot.

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

Nitong nakaraang 12 buwan, ilan na ang naging katalik ninyo?

_______ NUMBER OF PARTNERS [HR: 0 - 999, SR: 0 - 20]

If >=0 , goto “QA18_D7”

- 07 REFUSED
- 08 DON'T KNOW

If = -7, goto “QA18_D7”

**QA18_D6** [AD44B] -

Can you give me your best guess?

Maaari bang sabihin ninyo sa akin ang inyong pinakamagaling na tantya?

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

_______ NUMBER OF PARTNERS [HR: 0 - 999, SR: 0 - 20]

CAT_AD44B

- 01 0 PARTNERS
- 02 1 PARTNER
- 03 2-3 PARTNERS
- 04 4-5 PARTNERS
- 05 6-10 PARTNERS
- 06 MORE THAN 10 PARTNERS
- 07 REFUSED
- 08 DON'T KNOW
**'PN_QA18_D7' [PN_AD45B] -**

**PROGRAMMING NOTE 'PN_QA18_D7':**

IF 'QA18_D5' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 = 0, GO TO PROGRAMMING NOTE 'QA18_D8'; ELSE CONTINUE WITH 'PN_QA18_D7';

IF 'QA18_D5' 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”

**'QA18_D7' [AD45B] -**

(Is that partner male or female? In the past 12 months, have your sexual partners been male, female, or both male and female)?

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

- 01 MALE
- 02 FEMALE
- 03 BOTH MALE AND FEMALE
- -7 REFUSED
- -8 DON'T KNOW

**'PN_QA18_D8' [PN_AD46B] -**

**PROGRAMMING NOTE 'PN_QA18_D8':**

IF 'QA18_A5' = 1 (MALE), DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;
ELSE IF 'QA18_A5' = 2 (FEMALE), DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian” IN HELP SCREEN

**'QA18_D8' [AD46B] -**

Do you think of yourself as straight or heterosexual, as gay, lesbian, or homosexual, or bisexual?

Itiinuturing ba ninyo ang sarili ninyo na straight o heterosexual, na gay, lesbian, o homosexual, o bisexual?

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

[IF NEEDED, SAY: 「Nakikipagtalik o pangunahing naaakit ang mga taong Straight o Heterosexual sa mga tao sa kabilang kasarian, nakikipagtalik o pangunahing naaakit ang mga taong Gay (at Lesbian) sa mga tao ng may katulad na kasarian, at nakikipagtalik o naaakit ang mga taong Bisexual sa mga tao sa magkabilang kasarian.】]

- 01 STRAIGHT OR HETEROSEXUAL
- 02 GAY, LESBIAN, OR HOMOSEXUAL
- 03 BISEXUAL
- 04 NOT SEXUAL/CELIBATE/NONE
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

Registered Domestic Partner
### CHIS 2018 Adult Questionnaire Version 1.51 March 25, 2019

#### ‘PN_QA18_D9’ [PN_AD60B]

<table>
<thead>
<tr>
<th><strong>PROGRAMMING NOTE ‘PN_QA18_D9’:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ['QA18_A5' = 1 (MALE) AND 'QA18_D7' = 1 (MALE)] OR ['QA18_A5' = 2 (FEMALE) AND 'QA18_D7' = 2 (FEMALE)] OR ['QA18_D7' = 3, -7, OR -8] OR [IF ‘QA18_D8’ ≠ 1] CONTINUE WITH ‘QA18_D9’ ;</td>
</tr>
<tr>
<td>ELSE GO TO ‘QA18_D11’</td>
</tr>
</tbody>
</table>

#### ‘QA18_D9’ [AD60B] -

Are you legally married to someone of the same sex?

Legal na kasal ba kayo sa taong may kasarian na katulad ng inyo?

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 YES</td>
<td>02 NO</td>
</tr>
<tr>
<td>-7 REFUSED</td>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

If = 1, goto ‘QA18_D11’

#### ‘QA18_D10’ [AD61B] -

Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

Kinikilala ba kayo ng State of California bilang legally registered domestic partner ng taong may kasarian na katulad ng inyo?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 YES</td>
<td>02 NO</td>
</tr>
<tr>
<td>-7 REFUSED</td>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

#### ‘QA18_D11’ [AD65A] -

On your original birth certificate, was your sex assigned as male or female?

Anong kasarian ang itinala para sa inyo sa inyong orihinal na birth certificate noong ipinanganak kayo?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 MALE</td>
<td>02 FEMALE</td>
</tr>
<tr>
<td>-7 REFUSED</td>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

#### ‘QA18_D12’ [AD66B] -

Do you currently describe yourself as male, female, or transgender?

Sa kasalukuyan, inilalalarawan ba ninyo ang inyong sarili bilang lalaki, babae, o transgender?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 MALE</td>
<td>02 FEMALE</td>
</tr>
<tr>
<td>03 TRANSGENDER</td>
<td>04 NONE OF THESE</td>
</tr>
<tr>
<td>-7 REFUSED</td>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

If = 1, 2, 3, goto ‘PN_QA18_D14’
If = -7, -8, goto “QA18_D15”
What is your current gender identity?
Ano ang inyong kasalukuyang gender identity, o ang inyong itinuturing na kasarian ninyo?

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

Just to confirm, you were assigned {INSERT RESPONSE FROM AD65} at birth and now describe yourself as {INSERT RESPONSE FROM AD66 OR AD67B}. Is that correct?
Upang matiyak lamang, {INSERT RESPONSE FROM QA15_D25} ang itinala para sa inyo noong ipinanganak kayo, subalit sa kasalukuyan inilalarawan ninyo ang sarili na {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}. Tama ba ito?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

If = 2, goto "QA18_D12" AND FLAG 'QA18_D14' = 1
In the past 12 months, have you taken any PrEP or Truvada®?

Sa loob ng nakaraang labindalawang buwan, uminom ka ba ng PrEP o Truvada®?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto ‘QA18_D19’

Have you ever taken any PrEP or Truvada®?

Nakainom ka na ba ng PrEP o Truvada®?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto ‘QA18_D19’

Before today, have you ever heard of PrEP or Truvada®?

Bago ang araw na ito, narinig mo na ba ang tungkol sa PrEP o Truvada®?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

‘QA18_D19’ [AD83] -

Have you ever been tested for HIV, the virus that causes AIDS?

Nagpa-test na po ba kayo, kahit kailan, para sa HIV, ang virus na sanhi ng AIDS?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto “QA18_D21”

‘QA18_D20’ [AD84] -

For your most recent HIV test, were you offered the test or did you ask for the test?

Para sa pinakahuli mong HIV test, inalukan ka ba na magpatest o ikaw ba mismo ang nagtanong para magpatest?

- 01 I WAS OFFERED THE TEST
- 02 I ASKED FOR THE TEST
- 03 I DON'T REMEMBER
- 91 OTHER (SPECIFY:____________)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 91, -7, -8, goto PN_'QA18_E1'
Were you ever offered an HIV test?

Naalukan ka na bang magpatest para sa HIV?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
Section E: Women's Health

To your knowledge, are you now pregnant?

Sa inyong kaalaman, buntis ba kayo sa kasalukuyan?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, -9, goto 'Section F_Mental Health'

In the 8 weeks after your baby was born, did you see a doctor or other health care provider?

Sa loob ng walong linggo pagkatapos maipanganak ang inyong sanggol, bumisita ka ba sa isang doktor o ibang health care provider?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

IF ‘QA18_E3’ =1 go to ‘QA18_E8’
‘QA18_E4’ [AE98] -
Did your doctor tell you to have a follow up visit after the birth of your baby?

Sinabihan ka ba ng inong doktor na bumalik ka para sa isang follow up checkup pagkatapos maipanganak ang inyong sanggol?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

‘QA18_E5’ [AE99] -
Did you try to get an appointment?

Sinubukan mo bang magpa-appointment?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

‘QA18_E6’ [AE100] -
Did you have a way to get to your appointment?

Nagkaroon ka ba ng paraan para makapunta sa inyong appointment?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

‘QA18_E7’ [AE101] -
What is the main reason you did not see the doctor?

Ano ang pangunahing dahilan kung bakit hindi ka pumunta at nagpatingin sa doktor?
- 01 I FELT WELL/ I DIDN'T THINK I NEEDED IT
- 02 INSURANCE PROBLEMS
- 03 COULDN'T GET AN APPOINTMENT WITHIN 8 WEEKS
- 04 TOO BUSY/TIME GOT AWAY FROM ME
- 05 HAD A VISIT MORE THAN 8 WEEKS POSTPARTUM
- 06 NO TRANSPORTATION
- 07 OTHER (SPECIFY: __________)
- 08 DON'T KNOW

‘QA18_E8’ [AE102] -
Did that doctor or other health care provider ask you about whether or not you were feeling sad or depressed?

Tinanong ka ba ng doktor o ng ibang health care provider kung nakakaramdam ka ba ng lungkot o depresyon o hindi?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
Section F: Mental Health

‘QA18_F1’ [AJ29] -

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

Tungkol sa inyong pakiramdam nitong nakaraang 30 araw ang sumusunod na mga tanong

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

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

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_F2’ [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?

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

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_F3’ [AJ31] -

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

Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam ng pagkabalisa o ng dimapalagay?

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

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW
‘QA18_F4’ [AJ32] -
How often did you feel so depressed that nothing could cheer you up?
Gaano kadalas kayo nakaramdam ng matinding kalungkutan na walang anumang makapagpatuwa sa inyo?

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

01 ALL
02 MOST
03 SOME
04 A LITTLE
05 NONE / NEVER
-7 REFUSED
-8 DON'T KNOW

‘QA18_F5’ [AJ33] -
During the past 30 days, about how often did you feel that everything was an effort?
Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na napakahirap gawin ang lahat?

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

01 ALL
02 MOST
03 SOME
04 A LITTLE
05 NONE / NEVER
-7 REFUSED
-8 DON'T KNOW

‘QA18_F6’ [AJ34] -
During the past 30 days, about how often did you feel worthless?
Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na bale-wala kayo?

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

01 ALL
02 MOST
03 SOME
04 A LITTLE
05 NONE / NEVER
-7 REFUSED
-8 DON'T KNOW

‘QA18_F7’ [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?
Mayroon bang buwan nitong nakaraang 12 buwan na mas madalas ninyong naranasan ang mga damdaming ito kay sa nitong nakaraang 30 araw?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW
The next questions are about the one month in the past 12 months when you were at your worst emotionally.

Ang sumusunod na mga tanong ay tungkol sa kaisa-isang buwan nitong nakaraang 12 buwan kung kailang pinakamalala ang kalagayan ng damdamin ninyo.

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

Noong buwan na iyon, gaano kadalas kayo nakaramdam ng pagkanerbiyos - palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW

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

Noong buwan ding na iyon, gaano kadalas kayo nakaramdam ng kawalang pag-asa - palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW

How often did you feel restless or fidgety?

Gaano kadalas kayo nakaramdam ng pagkabalisa o di-mapalagay?

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"]

[IF NEEDED, SAY: " Palagi, kadalasan, paminsan-minsan, kaunting panahon lamang, o hindi kailanman? "]

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW
How often did you feel so depressed that nothing could cheer you up?

Gaano kadalas kayo nakaramdam ng matinding kalungkutan na walang anumang makapagpatuwa sa inyo?

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

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE
- 06 REFUSED
- 07 DON'T KNOW

How often did you feel that everything was an effort?

Gaano kadalas kayo nakaramdam na napakahirap gawin ang lahat?

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

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- 06 REFUSED
- 07 DON'T KNOW

How often did you feel worthless?

Gaano kadalas kayo nakaramdam na bale-wala kayo?

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

- 01 ALL
- 02 MOST
- 03 SOME
- 04 A LITTLE
- 05 NONE / NEVER
- 06 REFUSED
- 07 DON'T KNOW

IF ‘QA18_F1’-'QA18_F6' > 0 THEN,
IF ‘QA18_F1’-'QA18_F6' = 1 THEN ‘QA18_F1’_R-'QA18_F6’_R = 4;
ELSE IF ‘QA18_F1’-'QA18_F6' = 2 THEN ‘QA18_F1’_R-'QA18_F6’_R = 3;
ELSE IF ‘QA18_F1’-'QA18_F6' = 3 THEN ‘QA18_F1’_R-'QA18_F6’_R = 2;
ELSE IF ‘QA18_F1’-'QA18_F6' = 4 THEN ‘QA18_F1’_R-'QA18_F6’_R = 1;
ELSE IF ‘QA18_F1’-'A
'SS_INTRO' [SS_INTRO] -

Think (again, please) about the month in the past 12 months when you were at your worst emotionally.

(Mangyaring muling) isipin ninyo ang kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng emosyon ninyo.

PROGRAMMING NOTE 'QA18_F14' :
IF AGE > 70 GO TO 'QA18_F15' ;
ELSE CONTINUE WITH 'QA18_F14'

'QA18_F14' [AF69B] -

Did your emotions interfere a lot, some, or not at all with your performance at work?

Masyado bang nakasagabal ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa paggawa ninyo ng trabaho?

- 01 A LOT
- 02 SOME
- 03 NOT AT ALL
- 04 DOES NOT WORK
- 07 REFUSED
- 08 DON'T KNOW

'QA18_F15' [AF70B] -

Did your emotions interfere a lot, some, or not at all with your household chores?

Sobra bang nakasagabal ba ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa mga gawaing-bahay?

- 01 A LOT
- 02 SOME
- 03 NOT AT ALL
- 07 REFUSED
- 08 DON'T KNOW

'QA18_F16' [AF71B] -

Did your emotions interfere a lot, some, or not at all with your social life?

Sobra bang nakasagabal ba ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa inyong pakikipagsosyalan?

- 01 A LOT
- 02 SOME
- 03 NOT AT ALL
- 07 REFUSED
- 08 DON'T KNOW

'QA18_F17' [AF72B] -

Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

Sobra bang nakasagabal ba ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa pakikipag- kapwa ninyo sa mga kaibigan at kaanak?

- 01 A LOT
- 02 SOME
- 03 NOT AT ALL
- 07 REFUSED
- 08 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?

Isipin ang nakaraang 12 buwan.. Humigt-kumulang, ilang araw sa nakaraang 365 araw kayo lubusang nawalan ng kakayahan na magtrabaho o gumawa ng mga pangkaraniwang gawain dahil kinakabahan, sobrang nalulungkot, o naguguluhan ang emosyon ninyo?

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

_________NUMBER OF DAYS

-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?

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

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

If = 2, -7, -8, goto “QA18_F21”

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

Saklaw ba ng inyong insurance ang paggagamot sa mga karamdamang naugnay sa kalusugang pangkaisipan, gaya ng mga pagpapatingin sa psychologist o psychiatrist?

01 YES
02 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?

Nitong nakaraang 12 buwan. nagpatingin na ba kayo sa inyong primary care doctor o sa general practitioner para sa mga problema sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW
In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, OR your use of alcohol or drugs?

Nitong nakaraang 12 buwan, nagpatingin na ba kayo sa sinumang iba pang propesyonal, gaya ng counselor, psychiatrist, o social worker para sa mga problem sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

Nitong nakaraang 12 buwan, ilang beses kayo nagpatingin sa propesyonal para sa mga problema sa inyong kalusugang pangkaisipan o pang-emosyon o sa pag-inom ng alak o paggamit ng mga droga? Huwag bilangin ang mga magdamag na pagpapa-ospital.

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

- 7 REFUSED
- 8 DON'T KNOW
Are you still receiving treatment for these problems from one or more of these providers?

Patuloy pa ba kayong nagpapagamot para sa ganitong mga problema sa isa o higit pang tinukoy na mga provider?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7, -8, goto “QA18_F28”

Did you complete the recommended full course of treatment?

Kinumpleto ba ninyo ang buong inirekomendang programa ng paggagamot?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7, -8, goto “QA18_F28”

What is the MAIN REASON you are no longer receiving treatment?

Ano ang PANGUNAHING DAHILAN kung bakit hindi na kayo ginagamot?

- 01 GOT BETTER/NO LONGER NEEDED
- 02 NOT GETTING BETTER
- 03 WANTED TO HANDLE PROBLEM ON OWN
- 04 HAD BAD EXPERIENCES WITH TREATMENT
- 05 LACK OF TIME/TRANSPORTATION
- 06 TOO EXPENSIVE
- 07 INSURANCE DOES NOT COVER
- 08 OTHER (SPECIFY: ______________)
- 09 REFUSED
- 08 DON'T KNOW

During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

Nitong nakaraang 12 buwan, uminom ba kayo ng anumang mga gamot na inireseta, gaya ng antidepressant o sedative, nang halos araw-araw sa loob ng dalawang linggo o higit pa, para sa problemang emotional o personal?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
‘QA18_F29’ [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.

Narito ang ilang katwiran ng iba kung bakit hindi sila humihingi ng tulong kahit na sa kanilang palagay maaaring kailangan nila ito. Pakisagot ng “oo” o “hindi” kung tugma ang bawat pahayag sa katwiran kung bakit hindi kayo nagpatingin sa isang propesyonal.

You were concerned about the cost of treatment.

Nabahala kayo sa gastos ng paggamot.
- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

‘QA18_F30’ [AF83] -

You did not feel comfortable talking with a professional about your personal problems.

Hindi kayo komportableng nakikipag-usap sa isang propesyonal tungkol sa inyong personal na mga problema.
- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

‘QA18_F31’ [AF84] -

You were concerned about what would happen if someone found out you had a problem.

Nag-alala kayo kung ano ang mangyayari kapag may makaalam na may problema kayo.
- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

‘QA18_F32’ [AF85] -

You had a hard time getting an appointment.

Nahirapan kayong makakuha ng appointment.
- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
Section G: Demographic Information, Part II

‘QA18_G1’ [AH33] -

Now a few more questions about your background.

Ngayon, mayroon akong ilang tanong pa tungkol sa inyong background.

In what country were you born?

Saang bansa kayo ipinanganak?

[SELECT FROM MOST LIKELY COUNTRIES]

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW
In what country was your mother born?

Saang bansa ipinanganak ang nanay ninyo?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON’T KNOW
In what country was your father born?

Saang bansa ipinanganak ang tatay ninyo?

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW
What languages do you speak at home?

Aling mga wika ang sinasalita ninyo sa tahanan?

*CODE ALL THAT APPLY.*

*PROBE: "Any others?"

*PROBE: "Mayroon pa bang iba?"

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER 1 (SPECIFY: ____________)
- 92 OTHER 2 (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

'SA18_G8' [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...

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

- 01 Very well,
- 02 Well,
- 03 Not well, or
- 04 Not at all?
- -7 REFUSED
- -8 DON'T KNOW
The next questions are about citizenship and immigration.

Are you a citizen of the United States?

Citizen ba kayo ng United States?

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘QA18_G11’

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

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

- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- -7 REFUSED
- -8 DON'T KNOW

About how many years have you lived in the United States?

Humigt-kumulang, ilang taon na kayong nakatira sa United States?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

[AH41Y] -

_____ YEAR (FIRST CAME TO LIVE IN U.S.)

- -7 REFUSED
- -8 DON'T KNOW
1. Is your (spouse/partner) also living in your household?
   - 01 YES
   - 02 NO
   - 7 REFUSED
   - 8 DON'T KNOW

2. May I have your (spouse/partner)’s first name, age, and gender?
   - ENTER SPOUSE’S/PARTNER’S NAME, AGE, AND SEX
     - SPOUSE/PARTNER NAME _______________________________________________
     - SPOUSE/PARTNER AGE __________________________
     - SPOUSE/PARTNER SEX _______________________________________________

3. Are you now living with either of your parents?
   - 01 YES
   - 02 NO
   - 7 REFUSED
   - 8 DON'T KNOW

**Interviewer Note:** If R mentions in-laws, code as YES.
‘QA18_G15’ [SC13A1] -

(Let’s start with the oldest) What is (the child’s/this child’s/the next child’s) first name or initials?
(Magsimula tayo sa pinakamatanda) Ano ang pangalan o mga initials (ng bata/ng batang ito/ng kasunod na bata)?

Name/ Initials given/Pangalan/ Initials na ibinigay (SPECIFY) ___________

-7 REFUSED

‘QA18_G16’ [SC13A2] -

What is (the child’s/this child’s) age?

Ano ang edad (ng bata/ng batang ito)?

-7 REFUSED

PROGRAMMING NOTE ‘QA18_G17’:
IF KIDCNT = 1 INSERT "the child’s"
IF KIDCNT > 1 INSERT "this child’s"

‘QA18_G17’ [GENDER6] -

What is (the child’s/this child’s) gender?

Ano ang kasarian o gender (ng bata/ng batang ito)?

- 1 MALE
- 2 FEMALE
- 3 REFUSED

PROGRAMMING NOTE SC15A: IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE
NOTE SC15A IS PART OF THE CHILD ROSTER
(IF ‘QA18_G16’ = 9, ASK SC15A IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)
(IF QA18_G15 = 9 AND QA18_G16 = 9 INSERT "the child” AND DO NOT DISPLAY CHILD NAME/SEX)

‘QA18_G18’ [SC15A4] -

Is (CHILD NAME/ the child) (READ LIST. ENTER ONE ONLY)
(Si CHILD NAME/Ang bata) ba ay

- 01 0 to 5 years old, or
- 01 0 hanggang sa 5 taong gulang, o
- 02 6 to 11 years old, or
- 02 6 hanggang sa 11 taong gulang, o
- 03 12 to 17 years old?
- 03 12 hanggang sa 17 taong gulang?
- 7 REFUSED
- 8 DON’T KNOW

PROGRAMMING NOTE ‘QA18_G20’:
IF KIDCNT = 1 INSERT "the child"
IF KIDCNT > 1 INSERT "all the children"
**‘QA18_G19’ [SC14B4] -**

Are you the parent or legal guardian of (the child/all the children) in your household?

Pakibigay po ng first name lang ng asawa ni (AR ADULT NAME /AGE/SEX)"/"Ano ang inyong first name o mga initials?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

**‘PN_QA18_G20’ [PN_SC14B] -**

ASK SC14B3 FOR EACH CHILD IN ROSTER

**‘QA18_G20’ [SC14B] -**

Are you the parent or legal guardian of (CHILD NAME/AGE/SEX)?

Kayo ba ang magulang o ang legal na guardian ni (PERSON NAME/AGE/SEX)?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

**PROGRAMMING NOTE ‘QA18_G21’:**

IF NAME GIVEN AT ‘QA18_G13’ INSERT ‘QA18_G13’ NAME
ELSE INSERT AR ADULT NAME/AGE/SEX’s spouse/partner
IF KIDCNT =1 INSERT "the child"
IF KIDCNT >1 INSERT "all the children"

**‘QA18_G21’ [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?

Pakibigay po ng first name lang ng asawa ni (AR ADULT NAME /AGE/SEX)"/"Ano ang inyong first name o mga initials?

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

**POST NOTE: IF ‘QA18_G21’ =1 AUTO POPULATE ‘QA18_G22’ AS ‘YES’ FOR ALL CHILDREN IN HH**

**PROGRAMMING NOTE ‘QA18_G22’: IF ‘QA18_G21’ =2**

ASK ‘QA18_G22’ FOR EACH CHILD IN THE ROSTER

**‘QA18_G22’ [SC14C2] -**

Is (INSERT AR ADULT NAME/ AGE/SEX’s husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

Kayo ba ang magulang o ang legal na guardian ni (PERSON NAME/AGE/SEX)?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_G23’: IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE: SC15A IS PART OF THE CHILD ROSTER

PROGRAMMING NOTE: IF ‘QA18_G20’=1 THEN
- CHILD1CNT = COUNT OF CHILDREN IN ‘QA18_G20’ AGED 0 TO 5 YRS
- CHILD2CNT = COUNT OF CHILDREN IN ‘QA18_G20’ AGED 6 TO 11 YRS
- TEENCNT = COUNT OF CHILDREN IN ‘QA18_G20’ AGED 12 TO 17 YRS
# Child selection from only those with SC14A=1 or ‘QA18_G20’=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, IF CHILD2CNT=1, CHILD AG ELSE,
  - FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 / (2 × CHILD1CNT + CHILD2CNT)
  - FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = 1 / (2 × CHILD1CNT + CHILD2CNT)
  - SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB
# Teen selection from only those with SC14A=1 or ‘QA18_G20’=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

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?

1 No, no one missed
2 Yes

If = 2, Go back to 'SC13A_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
‘PN_QA18_G25’ [PN_AH44A] -
PROGRAMMING NOTE ‘QA18_G25’:
ANY CHILDREN IN ‘QA18_G24’ ARE AGE 13 OR LESS, CONTINUE WITH ‘QA18_G25’;
ELSE GO TO AH47;
IF ANY CHILD IN ROSTER ‘QA18_G24’ < 14 AND ≥ 14 DISPLAY “for any children under age 14”;
IF ‘QA18_A16’ = 1 (MARRIED) AND ‘QA18_G12’ =1 (SPOUSE/PARTNER

‘QA18_G25’ [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?

Nitong nakaraang buwan, gumamit ba kayo ng anumang binabayarang childcare {para sa sinumang bata na hindi pa 14 taong gulang} habang {kayo o ang asawa ninyo/kayo o ang partner ninyo/kayo} ay nagtatrabaho, nasa eskwelahan, o naghahanap ng trabaho?

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

☐ 01 YES
☐ 02 NO
☐ 07 REFUSED
☐ 08 DON'T KNOW

If = 2, 07, 08, goto ‘AH47’

‘QA18_G26’ [AH44B] -
In the past month, how much did you pay for all child care arrangements and programs?

Nitong nakaraang buwan, magkano ang binayad ninyo para sa lahat ng mga kasunduan at mga program para sa child care?

[IF NEEDED, SAY: “If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household.”]
[IF NEEDED, SAY: “Kung mas madali sa inyo, maaari na inyong sabihin sa akin kung magkano ang binayad ninyo sa isang karaniwang linggo noong nakaraang buwan.” “Kayo o sinumang iba pang adult sa inyong pamahay.”]

[AH44BM] -
$_______ AMOUNT LAST MONTH   [HR: 0-8,000]

[AH44BW] -
$_______ AMOUNT IN TYPICAL WEEK     [HR: 0-3,000]

☐ 03 NO PAYMENT IN LAST MONTH OR WEEK
☐ 07 REFUSED
☐ 08 DON'T KNOW
What is the highest grade of education you have completed and received credit for?

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

- 30 NO FORMAL EDUCATION
- 02 GRADE SCHOOL
- 03 HIGH SCHOOL OR EQUIVALENT
- 04 4-YEAR COLLEGE OR UNIVERSITY
- 05 GRADUATE OR PROFESSIONAL SCHOOL
- 06 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- 07 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- -7 REFUSED
- -8 DON'T KNOW (OUT OF RANGE)

GRADE
- 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
- 09 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

COLLEGE
- 13 1ST YEAR (FRESHMAN)
- 14 2ND YEAR (SOPHOMORE)
- 15 3RD YEAR (JUNIOR)
- 16 4TH YEAR (SENIOR) (BA/BS)
- 17 5TH YEAR

GRADUATE
- 18 1ST YEAR GRAD OR PROF SCHOOL
- 19 2ND YEAR GRAD OR PROF SCHOOL (MA/MS)
- 20 3RD YEAR GRAD OR PROF SCHOOL
- 21 MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)

COMMUNITY
- 22 1ST YEAR
- 23 2ND YEAR (AA/AS)

BUSINESS
- 24 1ST YEAR
- 25 2ND YEAR
- 26 MORE THAN 2 YEARS

Did you ever serve on active duty in the Armed Forces of the United States?

Nag-active duty ba kayo kailanman sa Hukbong Sandatahan ng United States?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto "QA18_G29"
When did you serve?

Kailan kayo naglingkod?

FROM __________

TO __________

OR

[CHECK ALL THAT APPLY]

☐ 01 WORLD WAR II (SEPT 1940 TO JULY 1947)
☐ 02 KOREAN WAR (JUNE 1950 TO JAN 1955)
☐ 03 VIETNAM WAR (AUG 1964 TO APRIL 1975)
☐ 04 GULF WAR/OPERATION DESERT STORM (1990 TO 1991)
☐ 05 AFGHANISTAN/ OPERATION ENDURING FREEDOM (2001 TO PRESENT)
☐ 06 IRAQ WAR / OPERATION IRAQI FREEDOM (2003 TO PRESENT)
☐ -7 REFUSED
☐ -8 DON'T KNOW

Altogether, how long did you serve?

Sa kabuuan, gaano katagal kayong naglingkod?

[AG24Y] -

_____ YEARS

[AG24M] -

_____ MONTHS

☐ -7 REFUSED
☐ -8 DON'T KNOW

Which of the following were you doing last week?

Alin sa sumusunod ang ginawa ninyo noong nakaraang linggo?

☐ 01 Working at a job or business,
☐ 01 Nag trabaho sa pinapasukan o sa negosyo
☐ 02 With a job or business but not at work,
☐ 02 May pinapasukan o may negosyo ngunit hindi nag trabaho
☐ 03 Looking for work, or
☐ 03 Naghanap ng trabaho, o
☐ 04 Not working at a job or business?
☐ 04 Walang pinapasukan na trabaho o negosyo?
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, -7, -8, goto ‘PN_'QA18_G33’
What is the main reason you did not work last week?

Ano ang pangunahing dahilan na hindi kayo nagtrabaho nitong nakaraang linggo?

[IF NEEDED, SAY: "Main reason is the most important reason."

[IF NEEDED, SAY: "Ang pangunahing dahilan ay ang pinakamahalagang dahilan."]

- 01 TAKING CARE OF HOUSE OR FAMILY
- 02 ON PLANNED VACATION
- 03 COULDN'T FIND A JOB
- 04 GOING TO SCHOOL/STUDENT
- 05 RETIRED
- 06 DISABLED
- 07 UNABLE TO WORK TEMPORARILY
- 08 ON LAYOFF OR STRIKE
- 09 ON FAMILY OR MATERNITY LEAVE
- 10 OFF SEASON
- 11 SICK
- 91 OTHER
- -7 REFUSED
- -8 DON'T KNOW

If = 5, 6, goto ‘QA18_G32’

‘QA18_G31’ [AG10] -

Do you usually work?

Karaniwan ba kayong nagtatrabaho?

- 01 YES
- 02 NO
- 03 LOOKING FOR WORK
- -7 REFUSED
- -8 DON'T KNOW

‘PN_QA18_G32’ [PN_AL22] -

PROGRAMMING NOTE ‘QA18_G32’:

IF [AAGE = -7 OR -8 OR AAGE < 65] AND [‘QA18_G31’ = 2 (DOES NOT USUALLY WORK) OR
‘QA18_G30’ = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH ‘QA18_G32’;

ELSE GO TO PROGRAMMING NOTE ‘QA18_G33’

‘QA18_G32’ [AL22] -

Are you receiving Social Security Disability Insurance or SSDI?

Tumatanggap ba kayo ng Social Security Disability Insurance o SSDI?

- 01 YES
- 02 NO
- 03 LOOKING FOR WORK
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, -7, -8, goto ‘PN_'QA18_G37’”
On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

Sa iyong pangunahing trabaho, empeado ka ng isang pribadong kompanya, ng gobyerno, o nagtatrabaho para sa iyong sarili, o nagtatrabaho nang walang sahod sa isang negosyo o sakahan ng pamilya?

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

[IF NEEDED, SAY: “Saan kayo nagtrabaho nang pinakamaraming oras?”]

- 01 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- 02 GOVERNMENT
- 03 SELF-EMPLOYED
- 04 FAMILY BUSINESS OR FARM
- -7 REFUSED
- -8 DON’T KNOW

{What kind of agency or department is this? / What kind of business or industry is this?}

{Anong uri ng ahensya o departamento ito? / Anong uri ng negosyo o industrya ito?}

{[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: “Anong produkto ang yinaray o anong gawain ang ginagawa sa negosyong ito?”]

[INTERVIEWER: ENTER DESCRIPTION]

_________________________ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

- -7 REFUSED
- -8 DON’T KNOW
What is the main kind of work you do?

Ano ang pangunahing trabaho na inyong ginagawa?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

'OCC_AK6' [OCC_AK6] -

___________________________ (OCCUPATION)

• -7 REFUSED

• -8 DON'T KNOW

'PN_QA18_G36' [PN_AK8] - PROGRAMMING NOTE 'QA18_G36':
 IF 'QA18_G33' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA18_G36' = 8 AND GO TO 'QA18_G37';
 IF 'QA18_G33' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA18_G36' AND DISPLAY "Including yourself, about" and "you";
 ELSE CONTINUE WITH 'QA18_G36' AND DISPLAY "About" and "your employer";

'QA18_G36' [AK8] -

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

Ilang ang empleado ng inyong employer sa lahat ng mga sangay? Kabilang ang sarili ninyo, ilan ang empleado ninyo sa lahat ng mga sangay?
(Kabilang ang sarili ninyo, humigit-kumulang/Humigit-Kumulang) ilan ang empleado (ng inyong employer /ninyo) sa lahat ng mga sangay?

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

• 01 1 OR 2

• 02 3-9

• 03 10-24

• 04 25-50

• 05 51-100

• 06 101-200

• 07 201-999

• 08 1,000 OR MORE

• -7 REFUSED

• -8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_G37’: IF ‘QA18_A16’ = 1 (MARRIED) OR ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1, CONTINUE WITH ‘QA18_G37’; IF ‘QA18_A16’ = 1, THEN DISPLAY “spouse”; ELSE IF ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1, THEN DISPLAY “partner”; ELSE GO TO ‘QA18_H1’

‘QA18_G37’ [AG8] -
Which of the following was your {spouse/partner} doing last week?

- 01 Working at a job or business,
- 02 With a job or business but not at work,
- 03 Looking for work, or
- 04 Not working at a job or business?
- 7 REFUSED
- 8 DON’T KNOW

If = 1, 2, goto ‘QA18_G39’

‘QA18_G38’ [AG11] -
Does your {spouse/partner} usually work?

- 01 YES
- 02 NO
- 03 LOOKING FOR WORK
- 7 REFUSED
- 8 DON’T KNOW

If = 2, 3, -7, -8, goto “QA18_H1”

‘QA18_G39’ [AG9] -
On your {spouse’s/partner’s} main job, is {he/she} employed by a private company, the government, or {he/she} self-employed, or {he/she} working without pay in a family business or farm?

- 01 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- 02 GOVERNMENT
- 03 SELF-EMPLOYED
- 04 FAMILY BUSINESS OR FARM
- 7 REFUSED
- 8 DON’T KNOW

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

‘QA18_H1’ [AH1] -

The next topics are about health insurance and health care.

Tungkol sa health insurance at health care ang sumusunod na mga paksa.

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

Mayroon bang lugar na karaniwang pinupuntahan ninyo kapag may sakit kayo o nangangailangan ng payo tungkol sa inyong kalusugan?

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 YES</td>
</tr>
<tr>
<td></td>
<td>02 NO</td>
</tr>
<tr>
<td></td>
<td>03 DOCTOR/MY DOCTOR</td>
</tr>
<tr>
<td></td>
<td>04 KAISER</td>
</tr>
<tr>
<td></td>
<td>05 MORE THAN ONE PLACE</td>
</tr>
<tr>
<td></td>
<td>-7 REFUSED</td>
</tr>
<tr>
<td></td>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

If = 2, -7, -8, goto “QA18_H3”

‘PN_QA18_H2’ [PN_AH3] -

PROGRAMMING NOTE ‘QA18_H2’ :
IF ‘QA18_H1’ = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often—a medical"; ELSE IF ‘QA18_H1’ = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private"; ELSE IF ‘QA18_H1’ = 4 (KAISER) CIRCLE “1” FOR ‘QA18_H2’ AND GO TO ‘QA18_H3’

‘QA18_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?

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 DOCTOR’S OFFICE/KAISER/OTHER HMO</td>
</tr>
<tr>
<td></td>
<td>02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC</td>
</tr>
<tr>
<td></td>
<td>03 EMERGENCY ROOM</td>
</tr>
<tr>
<td></td>
<td>91 SOME OTHER PLACE (SPECIFY: __________)</td>
</tr>
<tr>
<td></td>
<td>92 NO ONE PLACE</td>
</tr>
<tr>
<td></td>
<td>-7 REFUSED</td>
</tr>
<tr>
<td></td>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

‘PN_QA18_H3’ [PN_AH12] -

PROGRAMMING NOTE ‘QA18_H3’ :
IF ‘QA18_B5’ = 1 OR ‘QA18_B8’ = 1 (YES, R VISITED ER FOR ASTHMA) OR SKIP TO ‘QA18_H4’ ; ELSE CONTINUE WITH ‘QA18_H3’

‘QA18_H3’ [AH12] -

During the past 12 months, did you visit a hospital emergency room for your own health?

Nitong nakaraang 12 buwan, nagpatingin ba kayo sa emergency room ng ospital para sa inyong sariling kalusugan?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 YES</td>
</tr>
<tr>
<td></td>
<td>02 NO</td>
</tr>
<tr>
<td></td>
<td>-7 REFUSED</td>
</tr>
<tr>
<td></td>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

If = 2, -7, -8, goto “QA18_H5”
PROGRAMMING NOTE ‘QA18_H4’:
IF ‘QA18_B5’ = 1 OR ‘QA18_B8’ = 1 (YES, R VISITED ER FOR ASTHMA), THEN DISPLAY “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”;
ELSE DISPLAY “How many times did you do that?”

‘QA18_H4’ [AH95] -
(During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that)?

{Nitong nakaraang 12 buwan, ilang beses kayo nagpagamot sa emergency room ng ospital para sa inyong kalusugan/ Ilang beses ninyo ginawa iyon?}

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

_______ NUMBER OF TIMES [HR: 0 - 200]

☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA18_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?

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

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

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 1, goto ‘QA18_H8’
If = -7, -8, goto “QA18_H16”

POST-NOTE ‘QA18_H5’:
IF ‘QA18_H5’ = 1, SET ARMCARE = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE ‘QA18_H6’ :
IF [AAGE > 64 OR ‘QA18_A4’ = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND ‘QA18_H5’ = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH ‘QA18_H6’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H8’

‘QA18_H6’ [A12] -
Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?
Tama ba na hindi kayo naka-insure sa MediCARE kahit na sinabi ninyo sa akin kanina na 65 taong gulang o higit na kayo?

- 01 CORRECT, NOT COVERED BY MEDICARE
- 02 NOT CORRECT, R IS COVERED BY MEDICARE
- 93 AGE IS INCORRECT
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8, goto ‘PN_’QA18_H16’’
If = 2, goto ‘PN_QA18_H8’

POST-NOTE ‘QA18_H6’ :
IF ‘QA18_H6’ =2, SET ARMCARE = 1 AND SET ARINSURE = 1

‘QA18_H7’ [A13] -
What is your age, please?
Kung pwede po sanang matanong, ano ang edad ninyo?

[A13Y] -
_____ YEARS OF AGE [HR: 18-105]
If >=0 , goto ‘PN_’QA18_H16’’

- 7 REFUSED
- -8 DON’T KNOW

If = -7, -8, goto ‘PN_’QA18_H16’’

POST NOTE ‘QA18_H7’ : AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = ‘QA18_H7’ ;
IF AAGE < 18, CODE AS IA AND TERMINATE
PROGRAMMING NOTE ‘QA18_H8’:
IF ARMCARE = 1, CONTINUE WITH ‘QA18_H8’;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H16’

‘QA18_H8’ [AH123] -
Is this a MediCARE Advantage Plan?

Medicare Advantage Plan ba ito?

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

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

POST-NOTE ‘QA18_H8’;
IF ‘QA18_H8’ = 1, SET ARMADV = 1

‘QA18_H9’ [AH124] -
Is your Medicare Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

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

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from
HMO doctors or the expense is not covered, unless there was a medical emergency.”]
[IF NEEDED, SAY: “Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangan ninyong gamitin ang
doktor sa HMO upang masakop ang gastos. Kung gagamit kayo ng doktor na hindi sa HMO, sa karanian hindi
mababayaran ito maliban kung ito’y emergency.”]
[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: “Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa
sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga
doktor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwiran magpagamot sa mga doktor
at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]
[IF NEEDED, SAY: “Private Fee-for-Service is where Medicare pays the set amount of money every month to the private
insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not
Medicare.”]
[IF NEEDED, SAY: “Sa Private Fee-for-Service, nagbabayad ang Medicare sa private insurance company ng tiyak na
halaga buwan-buwan. Sa Private Fee-for-Service, ang insurance company, hindi ang Medicare, ang nagpapasya kung
ano ang inyong babayaran para sa mga serbisyo.”]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE “1” (HMO).]
[INTERVIEWER NOTE: KUNG NAGBANGGIT SI R NG ISANG HEALTH PLAN GAYA NG "Kaiser" ILAGAY ANG “1” (HMO)
SA CODE.] [INTERVIEWER NOTE: CIRCLE “4” ONLY IF VOLUNTEERED. DO NOT PROBE.]
[INTERVIEWER NOTE: BILUGAN ANG “4” KUNG KUSANG IBINIGAY LAMANG. HUWAG USISAIN.]

- 01 HMO (HEALTH MAINTENANCE ORGANIZATION)
- 02 PPO (PREFERRED PROVIDER ORGANIZATION)
- 03 PFFS (PRIVATE FEE FOR SERVICE)
- 04 SNP (SPECIAL NEEDS PLAN)
- 91 OTHER (SPECIFY: _______________)
- -7 REFUSED
- -8 DON’T KNOW
What is the name of your Medicare plan?

Ano ang pangalan ng inyong Medicare plan?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Mayroon ba kayong insurance card o anumang bagay kung saan nakasulat ang pangalan ng plan?”]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 06 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIA CARE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIA KIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDRS’ INDEPENDENCE
- 24 COMMUNITY HEALTH GROUP
- 25 CONTRA COSTA HEALTH PLAN
- 26 DAVIDA HEALTHCARE PARTNERS PLAN
- 27 EASY CHOICE HEALTH PLAN
- 28 EPIC HEALTH PLAN
- 29 FAMILCO HEALTH PLAN
- 30 GEM CARE HEALTH PLAN
- 31 GOLD COAST HEALTH PLAN
- 32 GOLDEN STATE MEDICARE HEALTH PLAN
- 33 HEALTH NET
- 34 HEALTH NET SENIORITY PLUS
- 35 HEALTH PLAN OF SAN JOAQUIN
- 36 HEALTH PLAN SAN JP AUTHORITY
- 37 HEMIS HERITAGE PROVIDER NETWORK
- 38 HUMANA GOLD PLUS
- 39 HUMANA HEALTH PLAN
- 40 IEHP (INLAND EMPIRE HEALTH PLAN)
- 41 INTER VALLEY HEALTH PLAN
- 42 KAISER PERMANENTE
- 43 KAISER PERMANENTE SENIOR ADVANTAGE
- 44 KERN FAMILY HEALTH CARE
- 45 L.A. CARE HEALTH PLAN
- 46 MEDICA HEALTH PLAN
- 47 MONARCH HEALTH PLAN
- 48 MOHICAN HEALTHCARE OF CALIFORNIA
- 49 ON LOK SENIOR HEALTH SERVICES
- 50 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
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?

Ang ilang tao na karapat-dapat para sa MediCARE ay mayroon ding pribadong insurance na paminsan-minsan tinatawag na Medigap o Medicare Supplement. Mayroon ba kayong ganitong uri ng health insurance?

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

01 YES
02 NO
-7 REFUSED
-8 DON’T KNOW
'PN_QA18_H12' [PN_AH126] -
PROGRAMMING NOTE 'QA18_H12':
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA18_H16';
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HASUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'QA18_H12' [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 sa {MediCARE HMO/MediCARE Supplement plan}, nag-enrol ba kayo nang direkta, o nakuha ba ninyo ang insurance na ito sa kasalukuyang employer, sa dating employer, sa union, sa negosyong pampamilya, sa AARP, o sa iba pang paraan?

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

- 01 DIRECTLY
- 02 CURRENT EMPLOYER
- 03 FORMER EMPLOYER
- 04 UNION
- 05 FAMILY BUSINESS
- 06 AARP
- 07 SPOUSE'S EMPLOYER
- 08 SPOUSE'S UNION
- 09 PROFESSIONAL/FRATERNAL ORGANIZATION
- 91 OTHER
- -7 REFUSED
- -8 DON'T KNOW

'QA18_H13' [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.

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

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

[IF NEEDED, SAY: "Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan." "Premium is the monthly charge for the cost of your health insurance plan."]

[IF NEEDED, SAY: "Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan."]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

Mayroon bang sinumang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan na ito?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_H16’

Sino iyon?

[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]

[IF NEEDED, SAY: “Sino maliban sa inyo ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito, gaya ng inyong employer, union, o samahang pampropesyonal?”]

[CODING] ALL THAT APPLY

[PROBE: “Any others?”]

[PROBE: “May iba pa ba?”]

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE’S/PARTNER’S CURRENT EMPLOYER
- 05 SPOUSE’S/PARTNER’S FORMER EMPLOYER
- 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- 07 MEDICAID/MEDI-CAL ASSISTANCE
- 91 OTHER
- 07 REFUSED
- 08 DON'T KNOW

POST-NOTE FOR ‘QA18_H15’:
IF ‘QA18_H15’ = 7, SET ARMCAL = 1;
`PN_QA18_H16` [PN_AI6] -
PROGRAMMING NOTE ‘QA18_H16’ :
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

`QA18_H16` [AI6] -
(\text{Is it correct that you are}/\text{Are you}) covered by Medi-CAL?

(Tama ba na naka-insure kayo/Naka-insure ba kayo) sa 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: "Plan para sa ilang mga bata at pamilya nila na mabababa ang kita, mga babaeng buntis at mga taong may kapansanan o nakatatanda na"]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE FOR ‘QA18_H16’ :
IF ‘QA18_H16’ = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND ‘QA18_H16’ = 2, SET ARMCAL = 0

`PN_QA18_H17` [PN_AI8] -
PROGRAMMING NOTE ‘QA18_H17’ :
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"

`QA18_H17` [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?

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

[IF NEEDED, SAY: "...either through your own or someone else's employment?"]
[IF NEEDED, SAY: "... sa pamamagitan ng inyong sariling trabaho o kaya'y sa trabaho ng ibang tao?"]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE FOR ‘QA18_H17’ :
IF ‘QA18_H17’ = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
'PN_QA18_H18' [PN_A11] -
PROGRAMMING NOTE ‘QA18_H18’ :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH ‘QA18_H18’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H20’

‘QA18_H18’ [AI11] -
Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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

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

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON’T KNOW

If = 2, -7, -8, goto ‘PN_‘QA18_H20’

POST-NOTE FOR ‘QA18_H18’ :
IF ‘QA18_H18’ = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE ‘QA18_H19’ :
IF ARDIRECT = 1, THEN CONTINUE WITH ‘QA18_H19’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H20’

‘QA18_H19’ [AH104] -
How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direkta mula sa isang insurance company, HMO, o sa pamamagitan ng Covered California?

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 92 OTHER (SPECIFY: ____________)
- 07 REFUSED
- 08 DON’T KNOW

POST-NOTE FOR ‘QA18_H19’ :
IF ‘QA18_H19’ = 2, THEN SET ARHBEX = 1
**PN_QA18_H20** [PN_AI9] -
PROGRAMMING NOTE ‘QA18_H20’ :
IF ‘QA18_H17’ = 1 (EMPLOYER-BASED COVERAGE) OR ‘QA18_H18’ = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH ‘QA18_H20’;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H22’

**QA18_H20** [AI9] -
Was this plan obtained in your own name or in the name of someone else?
Kinuha ba ang plan na ito sa pangalan ninyo o sa pangalan ng ibang tao?

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

- 01 IN OWN NAME
- 02 IN SOMEONE ELSE’S NAME
- -7 REFUSED
- -8 DON’T KNOW

If = 1, -7, -8, goto ‘PN_QA18_H22’

**POST-NOTE FOR ‘QA18_H20’** :
IF ‘QA18_H17’ = 1 AND ‘QA18_H20’ = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF ‘QA18_H17’ = 1 AND ‘QA18_H20’ = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF ‘QA18_H18’ = 1 AND ‘QA18_H20’ = 1 SET ARDIROWN = 1 AND ARINSURE = 1;

**PN_QA18_H21’ [PN_AI9A] - PROGRAMMING NOTE ‘QA18_H21’ :
IF ‘QA18_A16’ = 1 (MARRIED) OR ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1 OR IF ‘QA18_G14’ = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR ‘QA18_A4’ =1 (BETWEEN 18 AND 29)], CONTINUE WITH ‘QA18_H21’;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H22’;
IF ‘QA18_G14’ = 1, THEN DISPLAY “spouse’s name”; IF ‘QA18_G14’ ≠ 1 AND (‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1), THEN DISPLAY “partner’s name; IF ‘QA18_G14’ = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;’

**QA18_H21’ [AI9A] -
Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?
Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,) {pangalan ng inyong magulang,) o pangalan ng iba pang tao?

- 01 IN SPOUSE’S/PARTNER’S NAME
- 02 IN PARENT’S NAME
- 03 IN SOMEONE ELSE’S NAME
- -7 REFUSED
- -8 DON’T KNOW

**POST-NOTE FOR ‘QA18_H21’** :
IF ‘QA18_H17’ = 1 AND ‘QA18_H21’ = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF ‘QA18_H19’ = 2 AND ‘QA18_H21’ = 1 SET AREMPS = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF ‘QA18_H17’ = 1 AND ‘QA18_H21’ = 2 SET AREMPPAR =1 AND AREMPOTH
‘PN_QA18_H22’ [PN_AH105] -
PROGRAMMING NOTE ‘QA18_H22’ :
IF ‘QA18_H17’ = 1 (EMPLOYER-BASED COVERAGE) AND ‘QA18_G36’ <= 5 (FIRM SIZE <=100), CONTINUE WITH ‘QA18_H22’ AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY (you);
IF AREMPS = 1 OR AREMPAR =1 OR AREMPOTH = 1 THEN DISPLAY (he or she);
ELSE GO TO PROGRAMMING NOTE QA18_H23;

‘QA18_H22’ [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?
Paano (kayo/siya) nagpatala para sa health insurance na ito - sa pamamagitan ng isang employer, union, o SHOP program ng Covered California?

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

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 04 OTHER (SPECIFY: __________)
- -7 REFUSED
- -8 DON’T KNOW

POST-NOTE FOR ‘QA18_H22’ :
IF ‘QA18_H22’ = 3, THEN SET ARHBEX = 1

‘PN_QA18_H23’ [PN_AH106] -
PROGRAMMING NOTE ‘QA18_H23’
IF ARHBEX = 1, THEN CONTINUE WITH ‘QA18_H23’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H25’ ;

‘QA18_H23’ [AH106] -
Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold o platinum plan ba ito?

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 07 OTHER (SPECIFY: __________)
- -7 REFUSED
- -8 DON’T KNOW
'PN_QA18_H24' [PN_AH107] -
PROGRAMMING NOTE ‘QA18_H24’ :
IF ‘QA18_H22’ = 3, THEN GO TO ‘QA18_H25’ ;
ELSE CONTINUE WITH ‘QA18_H24’ ;

‘QA18_H24’ [AH107] -

Was there a subsidy or discount on the premium for this plan?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium para sa plan na ito?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

'PN_QA18_H25' [PN_AH57] -
PROGRAMMING NOTE ‘QA18_H25’ :
IF ‘QA18_H17’ = 1 (EMPLOYER-BASED COVERAGE) OR ‘QA18_H18’ = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH ‘QA18_H25’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H30’

‘QA18_H25’ [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.

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

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

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

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

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

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

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

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 2, goto 'PN_QA18_H28'

'QA18_H26' [AH128] -

How much do you (does your family) pay each month for your (your family) health insurance plan? Your best guess is fine.

Magkano ang binabayaran mo (ng inyong pamilya) bawat buwan para sa inyong health insurance plan (ng inyong pamilya)? Okay lang ang pinakamalapit mong tantiya.

_______________________ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]
- -7 REFUSED
- -8 DON’T KNOW
Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

Mayroon bang sinumang iba pa, gaya ng isang employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan na ito?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_‘QA18_H30’

‘PN_QA18_H28’ [PN_AH56] -
PROGRAMMING NOTE ‘QA18_H28’ :
IF ‘QA18_H25’  = 2 THEN DISPLAY “Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization”; ELSE DISPLAY “Who is that”

‘QA18_H28’ [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}?

[Sino, maliban sa inyo, ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito , gaya ng isang employer, union, o samahang pampropesyonal/ Sino iyon]

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

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

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE’S/PARTNER’S CURRENT EMPLOYER
- 05 SPOUSE’S/PARTNER’S FORMER EMPLOYER
- 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- 07 MEDICAID/MEDI-CAL ASSISTANCE
- 09 MEDICARE
- 11 COVERED CALIFORNIA
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

POST-NOTE ‘QA18_H28’ :
IF ‘QA18_H28’  = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF ‘QA18_H28’  = 4 OR 5, THEN SET AREMPSP = 1;
IF ‘QA18_H28’  = 6, THEN SET AROTHER = 1;
IF ‘QA18_H28’  = 9, SET ARMCARe = 1 AND SET ARDIRECT = 0;
IF ‘QA18_H28’  = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
How much do they contribute to your plan each month?

Magkano ang inaambag nila sa inyong plan bawat buwan?

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

-7 REFUSED
-8 DON'T KNOW

PROGRAMMING NOTE ‘QA18_H30’:
IF ['QA18_G29' = 1 OR 2 (R WORKED LAST WEEK) OR 'QA18_G31' = 1 (R USUALLY WORKS)] AND 'QA18_G33' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH ‘QA18_H30’;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H34’

Does your employer offer health insurance to any of its employees?

Nag-aalok ba ng health insurance ang inyong employer sa mga empleado nito?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_H34''

Are you eligible to be in this plan?

Karapat-dapat ba kayong sumali sa plan na ito?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

If = 2, goto ‘QA18_H33’
If = -7, goto ‘PN_'QA18_H34''

What is the one main reason why you aren't in this plan?

Ano ang isang pangunahing dahilan na hindi kayo kasali sa plan na ito?

01 COVERED BY ANOTHER PLAN
02 TOO EXPENSIVE
03 DIDN'T LIKE PLAN OFFERED
04 DONT 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_'QA18_H34''
What is the one main reason why you are not eligible for this plan?

Ano ang isang pangunahing dahilan na hindi kayo karapat-dapat para sa plan na ito?

- 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

Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

Naka-insure ba kayo sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa iba pang pangangalagang pangkalusugan ng militar?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

---

**POST-NOTE ‘QA18_H34’**:  
IF ‘QA18_H34’ = 1, SET ARMILIT = 1 AND SET ARINSURE = 1
'QA18_H35' [AI17] -

Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, Healthy Kids, or something else?

Naka-insure ba kayo sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Family Pact, Healthy Kids, o iba pa?

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

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

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE ‘QA18_H35’:
IF ‘QA18_H35’ = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

'QA18_H36' [AI18] -

Do you have any health insurance coverage through a plan that I missed?

Mayroon ba kayong anumang health insurance sa pamamagitan ng isang plan na di ko nabanggit?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA18_H40’
What type of health insurance do you have?
Anong uri ng health insurance ang mayroon kayo?

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Nakukuha ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelawhan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o direkta mula sa health plan?]
**'PN_QA18_H38' [PN_AH59] -**
PROGRAMMING NOTE 'QA18_H38':
IF 'QA18_H37' = 1, 2, OR 3 CONTINUE WITH 'QA18_H38';
ELSE GO TO PROGRAMMING NOTE 'QA18_H40'

**'QA18_H38' [AH59] -**

Was this plan obtained in your own name or in the name of someone else?

Kinuha ba ang plan na ito sa inyong pangalan o sa pangalan ng ibang tao?

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

- 01 IN OWN NAME
- 02 IN SOMEONE ELSE’S NAME
- -7 REFUSED
- -8 DON’T KNOW

If = 1, -7, -8, goto ‘PN_’QA18_H40’

**POST-NOTE ‘QA18_H38’ :**
IF (‘QA18_H37’ = 1 OR 2 OR KA19 =11) AND ‘QA18_H38’ = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF (‘QA18_H37’ = 3 OR 10) AND ‘QA18_H38’ = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF (‘QA18_H37’ = 1

**PN_QA18_H39’ [PN_AH60] -**
PROGRAMMING NOTE ‘QA18_H39’ :
IF ‘QA18_A16’ = 1 (MARRIED) OR ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1 OR IF ‘QA18_G14’ = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH ‘QA18_H39’;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H40’;
IF ‘QA18_A16’ = 1 THEN DISPLAY “spouse’s name”;
IF ‘QA18_A16’

**’QA18_H39’ [AH60] -**

Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?

Nasa pangalan ba ng inyong {asawa} {partner} {magulang} o iba pa ang plan?

- 01 IN SPOUSE’S/PARTNER’S NAME
- 02 IN PARENT’S NAME
- 03 IN SOMEONE ELSE’S NAME
- -7 REFUSED
- -8 DON’T KNOW

**POST-NOTE ‘QA18_H39’ :**
IF ‘QA18_H39’ = 1, SET AREMPSP = 1 AND SET AREMPOWN = 0 AND ARSAMESP=1;
IF ‘QA18_H39’ = 2, SET AREMPPAR = 1 AND SET AREMPOWN = 0
PROGRAMMING NOTE ‘QA18_H40’:
IF ARIHS ≠ 1 AND ‘QA18_A8’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH ‘QA18_H40’;
ELSE GO TO PROGRAMMING NOTE QA18_H41 intro

‘QA18_H40’ [AI20] -
Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
Naka-insure ba kayo sa Indian Health Service, sa Tribal Health Program o sa Urban Indian Clinic?
 располагает ли вы страховым полисом у индейского здравоохранительного фонда, программы здравоохранения племен или фонда городских индейских клиник?
○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

POST-NOTE ‘QA18_H40’:
IF ‘QA18_H40’ = 1, SET ARIHS = 1

‘PN_AI37_INTRO’ [PN_AI37_INTRO] -
PROGRAMMING NOTE AI37intro :
IF [‘QA18_A16’ = 1 (MARRIED) OR ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1] AND ‘QA18_G12’ = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;
IF ‘QA18_A16’ = 1, THEN DISPLAY “spouse”; ELSE IF ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1, THEN DISPLAY “partner”; ELSE GO TO PROGRAMMING NOTE QA18_H62

[AI37intro] -
These next questions are about the type of health insurance your {spouse/partner} may have.
Ang susunod na mga tanong ay tungkol sa uri ng health insurance na maaaring mayroon ang inyong {asawa/partner}.

‘PN_QA18_H41’ [PN_AI37] -
PROGRAMMING NOTE ‘QA18_H41’ :
IF SPOUSE 65 OR OLDER THEN
IF ARMCCARE ≠ 1, CONTINUE WITH ‘QA18_H41’ WITHOUT DISPLAY
ELSE IF ARMCCARE = 1, CONTINUE WITH ‘QA18_H41’ AND DISPLAY “You said that you are covered by Medicare,” AND “also”;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H44’

‘QA18_H41’ [AI37] -
(You said that you are covered by Medicare.) Is (SPOUSE/PARTNER) {also} covered by Medicare?
(Sinabi ninyo na naka-insure kayo sa Medicare.) Naka-insure {rin} ba sa Medicare ang inyong {asawa/partner}?
○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

POST-NOTE ‘QA18_H41’ :
IF ‘QA18_H41’ = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA18_H42’:
IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE ‘QA18_H43’;
DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH ‘QA18_H42’ WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH ‘QA18_H42’ AND DISPLAY “You said that you have”

‘QA18_H42’ [AH127] -
(You said that you have a Medicare Advantage plan.) Does your (spouse/partner) (also) have a Medicare Advantage plan?
(Sinabi ninyo na mayroon kayong Medicare Advantage plan.) Mayroon (din) bang isang Medicare Advantage Plan ang inyong {asawa/partner}?

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

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

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

POST-NOTE ‘QA18_H42’:
IF ‘QA18_H42’ = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE ‘QA18_H43’:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE ‘QA18_H44’;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH ‘QA18_H43’ WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH ‘QA18_H43’ AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”; IF QA18_A17 = 1 (MARRIED), THEN DISPLAY “spouse”; ELSE IF QA18_D9 = 1 OR QA18_D10 = 1 THEN DISPLAY “partner”; ELSE GO TO PROGRAMMING NOTE ‘QA18_H44’

‘QA18_H43’ [AI37A] -
(You said that you have a Medicare Supplement plan.) Does your (partner/spouse) (also) have a Medicare supplement plan?
(Sinabi ninyo na mayroon kayong Medicare supplement plan.) Mayroon (din) bang Medicare supplemental policy ang inyong {partner/asawa}?

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

POST-NOTE ‘QA18_H43’:
IF ‘QA18_H43’ = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1
'PN_QA18_H44' [PN_Ai38] -
PROGRAMMING NOTE 'QA18_H44':
IF ARMCAL = 1, CONTINUE WITH 'QA18_H44';
DISPLAY "also" IF ARMCARE =1;
ELSE GO TO PROGRAMMING NOTE 'QA18_H45'

'QA18_H44' [Ai38] -
You said you (also) have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

Sinabi ninyo na mayroon (din) kayong Medi-Cal. Naka-insure din ba sa Medi-Cal ang inyong (ASAWA/PARTNER)?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE 'QA18_H44':
IF 'QA18_H44' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE 'QA18_H45':
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA18_H45';
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA18_H46'

'QA18_H45' [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?

Sinabi ninyo na mayroon (din) kayong insurance mula sa inyong kasalukuyan o dating employer o union. Naka-insure {rin} ba ang inyong (ASAWA/PARTNER)? sa insurance mula sa inyong employer o union?

- 01 YES
- 02 NO
- 03 OTHER
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto 'PN_QA18_H48'

POST-NOTE 'QA18_H45':
IF 'QA18_H45' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE ‘QA18_H46’:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH
‘QA18_H46’;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H47’

‘QA18_H46’ [AH108] -
You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this
health insurance?

Sinabi ninyo na mayroon kayong health insurance sa pamamagitan ng SHOP program ng Covered California. Naka-insure {rin} ba ang inyong (ASAWA/PARTNER) sa health insurance na ito?

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

- 01 YES
- 02 NO
- 91 OTHER
- 8 DON’T KNOW

If = 1, goto ‘PN_QA18_H48’

POST-NOTE ‘QA18_H46’:
IF ‘QA18_H46’ = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1 AND SPHBEX = 1;

‘PN_QA18_H47’ [PN_AI40A] -
PROGRAMMING NOTE ‘PN_QA18_H47’:
IF ‘QA18_G37’ = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR ‘QA18_G38’ = 1 (USUALLY WORKS),
CONTINUE WITH ‘QA18_H47’;
IF AREMPSP = 1 AND ‘QA18_A16’ = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;
ELSE IF AREMPSP = 1 AND AH43 = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;
ELSE IF AREMPSP = 1 AND (‘QA18_D9’ = 1 OR ‘QA18_D10’ = 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 ‘QA18_H48’

‘QA18_H47’ [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?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

POST-NOTE ‘QA18_H47’:
IF ‘QA18_H47’ = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1
You said you have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) also covered by this plan?

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

POST-NOTE ‘QA18_H48’:
IF ‘QA18_H48’ = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

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

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

POST-NOTE ‘QA18_H49’:
IF ‘QA18_H49’ = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

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

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

POST-NOTE ‘QA18_H50’:
IF ‘QA18_H50’ = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE ‘QA18_H51’ :
IF AROTHGOV = 1, CONTINUE WITH ‘QA18_H51’ ;
IF ‘QA18_H38’ = 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 ‘QA18_H52’

‘QA18_H51’ [AI42A] -
You said you (also) have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

POST-NOTE ‘QA18_H51’ :
IF ‘QA18_H51’ = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

‘PN_QA18_H52’ [PN.AI46] -
PROGRAMMING NOTE ‘QA18_H52’ :
IF SPINSURE ≠ 1, DISPLAY “any”;
ELSE DISPLAY “through any other source”

‘QA18_H52’ [AI46] -
Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

Mayroon bang {anumang} health insurance ang inyong (ASAWA/PARTNER) sa pamamagitan ng iba pang pinanggagalingan?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

If = 2, goto ‘PN_QA18_H54’
If = -7, -8, goto ‘PN.’‘QA18_H58’
'QA18_H53' [AI47] -

What type of health insurance does (he/she) have?

Anong uri ng health insurance ang mayroon {siya}?

[CODE ALL THAT APPLY.]

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

[IF NEEDED, SAY: “Such as from a current or former employer, or that they purchased directly from a health plan.”]
[IF NEEDED, SAY: “Gaya ng mula sa kasalukuyan o dating employer, o na binili nila nang direkta mula sa health plan.”]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Did (he/she) get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]
[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Nakuha ba {niya} ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkta mula sa health plan?]}

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 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 ‘QA18_H53’ :

IF ‘QA18_H53’ = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 5, SET SPMCARE = 1 AND SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 6, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 7, SET SPINSURE = 1;
IF ‘QA18_H53’ = 8, SET SPMCARE = 1 AND SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 10, SET SPMHSEX = 1 AND SPPHSEX = 1 AND SET SPINSURE = 1 AND SPINSURE = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 11, SET SPMHSEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
IF ‘QA18_H53’ = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF ‘QA18_H53’ = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1
You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

Sinabi ninyo na walang health insurance ang inyong (ASAWA/PARTNER) mula sa anumang iba pang pinagkukunan? Tama ba ito?

- ☑ 01 YES
- ☑ 02 NO
- ☑ -7 REFUSED
- ☑ -8 DON'T KNOW

If = 1, -7, -8, goto ‘PN_’QA18_H58’"

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

[CODE ALL THAT APPLY]

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

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

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: ”Nakuha ba {niya} ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkta mula sa health plan?]
'PN_QA18_H56' [PN_AH62] -
PROGRAMMING NOTE 'QA18_H56':
IF 'QA18_H53' = (1, 2, 3, 10, 11) OR 'QA18_H55' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA18_H56';
IF 'QA18_A16' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA18_D9' = 1 OR 'QA18_D10' = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE 'QA18_H58'

'QA18_H56' [AH62] -
Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?
Kinuha ba ang plan na ito sa pangalan ng inyong {asawa/partner} o sa pangalan ng ibang tao?

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

- 01 IN SPOUSE'S/PARTNER'S NAME
- 02 IN SOMEONE ELSE'S NAME
- 03 IN SOMEONE ELSE'S NAME
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8, goto 'PN_'QA18_H58''

POST-NOTE 'QA18_H56':
IF 'QA18_H56' = 1 AND ['QA18_H53' = (1 OR 2) OR 'QA18_H55' = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;
IF 'QA18_H56' = 1 AND ['QA18_H53' = 3 OR 'QA18_H55' = 3], SET KSPDIROW = 1;
IF 'QA18_H56' = 1 AND ['QA18_H53' = 10 OR 'QA18_H55' = 10], SET SPHBEX = 1 AND SPODIROW = 1;

'QA18_H57' [AH63] -
Is the plan in your name, parent’s name, or someone else’s name?
Nasa pangalan ba ninyo ang plan, pangalan ng magulang ninyo, o pangalan ng ibang tao?

- 01 IN ADULT RESPONDENT’S NAME
- 02 IN ADULT RESPONDENT’S PARENT’S NAME
- 03 IN SOMEONE ELSE’S NAME
- 07 REFUSED
- 08 DON'T KNOW

POST NOTE 'QA18_H57':
IF 'QA18_H57' = 1 AND ['QA18_H53' = (1 OR 2) OR 'QA18_H55' = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;
IF 'QA18_H57' = 1 AND ['QA18_H53' = 3 OR 'QA18_H55' = 3], SET SPDIRAR = 1 AND ARSAMES = 1;
IF 'QA18_H57' = 1 AND ['QA18_H53' = 10 OR 'QA18_H55' = 10],
'PN_QA18_H58' [PN.AI43] -
PROGRAMMING NOTE 'QA18_H58' :
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA18_H62' ;
ELSE IF [('QA18_G37'=1 OR 2) OR('QA18_G38'=1)] AND 'QA18_G39'≠3 CONTINUE WITH 'QA18_H58' ;
IF 'QA18_A16' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA18_D9' = 1 OR 'QA18_D10' = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's" ELSE
GO TO PROGRAMMING NOTE 'QA18_H62'

'QA18_H58' [AI43] -
Does your {spouse's/partner's} employer offer health insurance to any of its employees?
Nag-aalok ba ng health insurance ang employer ng inyong {asawa/partner} sa sinuman sa mga empleado nito?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, goto 'PN_'QA18_H62''

'QA18_H59' [AI44] -
Is {he/she} eligible to be in this plan?
Karapat-dapat ba {siyang} sumali sa plan na ito?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, goto 'QA18_H61'
If = -7, -8, goto 'PN_'QA18_H62''

'QA18_H60' [AI45] -
What is the ONE main reason why {he/she} isn't in this plan?
Ano ISANG pangunahing dahilan na hindi {siya} kasali sa plan na ito?

- 01 COVERED BY ANOTHER PLAN
- 02 TOO EXPENSIVE
- 03 DOESN'T LIKE PLAN OFFERED
- 04 DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE
- 91 OTHER (SPECIFY: ____________)
- 07 REFUSED
- 08 DON'T KNOW

If = 1, 2, 3, 4, 91, -7, -8, goto 'PN_'QA18_H62''

'QA18_H61' [AI45A] -
What is the one main reason why {he/she} is not eligible for this plan?
Ano ang isang pangunahing dahilan na hindi {siya} karapat-dapat para sa plan na ito?

- 01 HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
- 02 CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN
- 03 DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
- 91 OTHER (SPECIFY: ____________)
- 07 REFUSED
- 08 DON'T KNOW
PROGRAMMING NOTE ‘QA18_H62’:
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN ‘QA18_H65’; IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO GO TO “QA18_H84” ; ELSE CONTINUE WITH “QA18_H62” DISPLAY; IF [QA18_A16 = 1 (MARRIED) OR QA18_D9 = 1 OR QA18_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other”; IF [QA18_A16 = 1 (MARRIED) OR QA18_D9 = 1 OR QA18_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”; IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”; IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1), DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”; IF [AH43 = 1 (MARRIED) OR ‘QA18_D9’= 1 OR ‘QA18_D10’= 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY “Next, I have some questions about your own main health plan.”; AND “Medi-Cal”; IF [AH43 = 1 (MARRIED) OR ‘QA18_D9’= 1 OR ‘QA18_D10’= 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan.” AND “Medi-Cal”; IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “Medi-Cal”; ELSE DISPLAY, “Is your health plan an HMO?”

‘QA18_H62’ [AI22C] -

(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.)

(Maliban sa MediCARE plan na binaggit ninyo sa akin kanina, mayroon akong mga katanungan tungkol sa inyong ibang health plan.)

Is your (Medi-Cal/other) health plan an HMO?
Isang HMO ba ang inyong (Medi-Cal/ibang) health plan?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency."]

[IF NEEDED, SAY: "Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin ninyo ang mga doktor at ospital na kaanib sa kanilang network. Kung lalabas kayo sa network, sa karaniwan hindi mababayaran ito maliban kung ito’y emergency."]

[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]

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

[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Ang PANGUNAHING health plan ninyo."]

01 YES
02 NO
-7 REFUSED
-8 DON’T KNOW

If = 1, goto ‘PN_QA18_H64’
Is your health plan a PPO or EPO?

PPO o EPO ba ang inyong health plan?

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doctor at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doctor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doctor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwiran magpagamot sa mga doktor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

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

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

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON’T KNOW
What is the name of (your main/this) health plan?

Ano ang pangalan ng inyong pangunahing health plan?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Mayroon ba kayong insurance card o anumang bagay kung saan nakasulat ang pangalan ng plan?”]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 06 ALAMEDA ALLIANCE FOR HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIA
- 07 BLUE CROSS LOW INCOME
- 01 BLUE SHIELD 65 PLUS
- 02 BLUE SHIELD OF CALIFORNIA
- 03 BRANDED NEW DAY (UNIVERSAL CARE)
- 04 CALIFORNIA HEALTH AND WELLNESS PLAN
- 05 CALIFORNIA KIDS (CAL KIDS)
- 06 CAL OPTIMA (CAL OPTIMA ONE CARE)
- 07 CALVIVA HEALTH
- 08 CARE 1ST HEALTH PLAN
- 09 CARE MORE HEALTH PLAN
- 10 CENTER FOR ELDER’S INDEPENDENCE
- 11 CEN CAL HEALTH
- 12 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 13 CENTRAL HEALTH PLAN
- 14 CHINESE COMMUNITY HEALTH PLAN
- 15 CHOICE PHYSICIANS NETWORK
- 16 CIGNA HEALTHCARE
- 17 CITIZENS CHOICE HEALTH PLAN
- 18 COMMUNITY CARE HEALTH PLAN
- 19 COMMUNITY HEALTH GROUP
- 20 CONTRA COSTA HEALTH PLAN
- 21 DAVITA HEALTHCARE PARTNERS PLAN
- 22 EASY CHOICE HEALTH PLAN
- 23 EPIC HEALTH PLAN
- 24 GEM CARE HEALTH PLAN
- 25 GOLD COAST HEALTH PLAN
- 26 GOLDEN STATE MEDICARE HEALTH PLAN
- 27 HEALTH NET
- 28 HEALTH NET SENIORITY PLUS
- 29 HEALTH PLAN OF SAN JOAQUIN
- 30 HEALTH PLAN SAN JP AUTHORITY
- 31 HERITAGE PROVIDER NETWORK
- 32 HUMANA GOLD PLUS
- 33 HUMANA HEALTH PLAN
- 34 IEHP (INLAND EMPIRE HEALTH PLAN)
- 35 INTER VALLEY HEALTH PLAN
- 36 HEALTH ADVANTAGE
- 37 KAISER PERMANENTE
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?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_H66’:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH ‘QA18_H66’;
ELSE GO TO ‘QA18_H71’

‘QA18_H66’ [AH71] -
Does your health plan have a deductible that is more than $1,000?

May deductible ba na higit sa $1,000 ang health plan ninyo?

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN I GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_H67’ [AH72] -
Does your health plan have a deductible for all covered persons that is more than $2,000?

May deductible ba na mahigit sa $2,000 para sa lahat ng taong naka-insure ang inyong health plan?

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN I GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW

‘PN_QA18_H68’ [PN_AH73B] -
PROGRAMMING NOTE ‘QA18_H68’:
IF ARINSURE = 1 AND (AREMPOTH = 1 OR ARDIRECT = 1 OR ARHBEX = 1 OR AREMPOWN = 1 OR ARDIROWN = 1 OR ARDIROTH = 1 OR AREMPSP = 1 OR ARDIRSP = 1 OR AREMPPAR = 1 OR SPHBEX = 1 OR ARDIRPAR = 1 THEN CONTINUE WITH ‘QA18_H68’;
ELSE CONTINUE WITH QA18_H70

‘QA18_H68’ [AH73B] -
Do you have a special account or fund you can use to pay for medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_H71”
CHIS 2018 Adult Questionnaire Version 1.51 March 25, 2019

‘QA18_H69’ [AH130] -
Do you have money in this account?

May pera ka ba sa account na ito?

☐  01 YES
☐  02 NO
☐  -7 REFUSED
☐  -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_H71”

‘QA18_H70’ [AH131] -
How much money do you have in this account? Your best guess is fine.  
___________________ (AMOUNT) [HR: 0 -9997]

Magkano ang pera na mayroon ka sa account na ito? Okay lang ang pinakamalapit mong tantiya.___________________
(HALAGA)

☐  -7 REFUSED
☐  -8 DON'T KNOW

‘QA18_H71’ [AI31] -
Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

Isipin ninyo ang inyong kasalukuyang health insurance, ito rin ba mismo ang insurance ninyo sa kabuuan 12 ng nakaraang 12 buwan.

☐  01 YES
☐  02 NO
☐  -7 REFUSED
☐  -8 DON'T KNOW

If = 2, goto ‘QA18_H73’
If = -7, goto “QA18_H79”
If = -8, goto “QA18_H74”

‘QA18_H72’ [AH132] -
How long have you had your current health insurance?

Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang iba pang health insurance?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

[AH132M] -

_____ NUMBER OF MONTHS

If >=0, goto “QA18_H77”

[AH132Y] -

_____ NUMBER OF YEARS

If >=0, goto “QA18_H77”

☐  -7 REFUSED
☐  -8 DON'T KNOW

If =-7, -8, goto “QA18_H77”
'QA18_H73' [AH133] -
Out of the last 12 months, how many months did you have your current health insurance plan?
Sa loob ng nakaraang labindalawang buwan, ilang buwan ka nagkaroon ng insurance sa kasalukuyan mong health insurance?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS
 -7 REFUSED
 -8 DON'T KNOW

‘QA18_H74’ [AI32] -
During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang iba pang health insurance?
 01 YES
 02 NO
 -7 REFUSED
 -8 DON'T KNOW

If -2, -7, -8, goto "QA18_H77"

‘QA18_H75’ [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?
Medi-Cal ba ang iba pang insurance ninyo, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY] [PROBE: “Any others?”] [PROBE: 「May iba pa ba?」]
 01 MEDI-CAL
 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
 05 PURCHASED DIRECTLY
 06 COVERED CALIFORNIA
 91 OTHER HEALTH PLAN
 -7 REFUSED
 -8 DON'T KNOW

'PN_QA18_H76' [PN_AH134] -
PROGRAMMING NOTE 'QA18_H76':
IF MORE THAN ONE RESPONSE FROM ‘QA18_H75’, THEN CONTINUE WITH ‘QA18_H76’;
ELSE CONTINUE WITH ‘QA18_H77’

‘QA18_H76’ [AH134] -
Prior to your current plan, which health insurance did you have?
Nitong nakaraang 12 buwan, mayroon bang panahon na wala kayong anumang health insurance?
 01 MEDI-CAL
 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
 05 PURCHASED DIRECTLY
 06 COVERED CALIFORNIA
 91 OTHER HEALTH PLAN
 -7 REFUSED
 -8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_H77’:
IF ‘QA18_H74’#1 OR ‘QA18_H71’ = 1, THEN CONTINUE WITH ‘QA18_H77’;
ELSE CONTINUE WITH ‘QA18_H78’

‘QA18_H77’ [AH135] -

Prior to 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?

Bago ang kasalukuyan mong plan, may iba ka bang health insurance na inilalaan ng Medi-CAL, ng isang employer, isang plan na direktang binili mo sa isang insurance company, isang plan na binili mo sa pamamagitan ng Covered California, o iba pang plan?

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 95 NO OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON’T KNOW

‘PN_QA18_H78’ [PN_AH136] -

PROGRAM NOTE ‘QA18_H78’:
IF ‘QA18_H77’ = 95, THEN SKIP TO ‘QA18_H79’, ELSE CONTINUE.

IF ONLY ONE RESPONSE FROM ‘QA18_H75’ THEN DISPLAY THAT RESPONSE
ELSE IF ‘QA18_H76’ >0 DISPLAY RESPONSE FROM ‘QA18_H76’
ELSE IF ‘QA18_H77’ >0 DISPLAY RESPONSE FROM ‘QA18_H77’

‘QA18_H78’ [AH136] -

How long did you have the plan from {AH134/AH135/AI33}?

Gaano ka katagal nagkaroon ng plan mula sa {AH134/AH135/AI33}?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

[AH136M] -

_____ NUMBER OF MONTHS

[AH136Y] -

_____ NUMBER OF YEARS

If >=0, goto “QA18_H79”

- 7 REFUSED
- 8 DON’T KNOW

‘QA18_H79’ [AH137] -

During the past 12 months, did you change your health insurance plan?

Sa loob ng nakaraang labindalawang buwan, binago ba ng inyong asawa ang kanyang health insurance plan?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

[IF NEEDED: Paki-bilang ang mga pagbabago sa kanyang health plan mula sa mga pareho o magkakaibang health insurance companies.]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW
During the past 12 months, was there any time when you had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala kayong anumang health insurance?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

For how many months of the past 12 months did you have no health insurance at all?

Ilang buwan nitong nakaraang 12 buwan na wala kayong health insurance?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, goto ‘PN_'QA18_H90”

- 07 REFUSED
- 08 DON'T KNOW

If = -7, -8, goto ‘PN_'QA18_H90”

What is the ONE MAIN reason why you did not have any health insurance during those months?

Ako ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance sa mga buwan na iyon?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- 07 REFUSED
- 08 DON'T KNOW
‘QA18_H83’ [AH74] -

During the time that you were uninsured, did you try to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, -7, -8, goto ‘PN_'QA18_H90’"

‘QA18_H84’ [AI24] -

What is the ONE MAIN reason why you do not have any health insurance?

Ano ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance?

[IF R SAYS NO NEED, PROBE WHY]

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DONT BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

‘QA18_H85’ [AH75] -

During the time that you have been uninsured, have you tried to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

‘QA18_H86’ [AI27] -

Were you covered by health insurance at any time during the past 12 months?

May health insurance ba kayo kailanman nitong nakaraang 12 buwan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto ‘QA18_H88’
How long has it been since you last had health insurance?

Gaano katagal na mula noong huling may health insurance kayo?

- 01 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto ‘PN_'QA18_H90’”

For how many months out of the last 12 months did you have health insurance?

Ilang buwan nitong nakaraang 12 buwan may health insurance kayo?

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

- -7 REFUSED
- -8 DON'T KNOW

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?

Noong mayroon kayong health insurance, Medi-CAL ba ang inyong insurance, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa isang insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER OR UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW
In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

Nitong nakaraang 12 buwan, sinubukan ba ninyong bumili ng health insurance plan nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_H107’"

Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

Binibili ba ninyo nang direkta mula sa insurance company o HMO, o sa pamamagitan ng Covered California, o kapwa mula sa insurance company at sa pamamagitan ng Covered California?

- 01 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- 02 THROUGH COVERED CALIFORNIA, OR
- 03 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- -7 REFUSED
- -8 DON'T KNOW

If = -7, -8, goto “QA18_H94”

How difficult was it to find a plan with the coverage you needed? Was it...

Gaano kahirap makahanap ng plan na may mga coverage na kailangan ninyo? Ito ba ay...

- 01 Very difficult,
- 02 Somewhat difficult,
- 03 Not too difficult, or
- 04 Not at all difficult?
- -7 REFUSED
- -8 DON'T KNOW
‘QA18_H93’ [AH99h] -

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

Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay…

- 01 Very difficult,
- 02 Somewhat difficult,
- 03 Not too difficult, or
- 04 Not at all difficult?
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_H94’ [AH100h] -

Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_’QA18_H96’”

‘QA18_H95’ [AH101h] -

Who helped you?

Sino ang tumulong sa inyo?

- 01 BROKER
- 02 FAMILY MEMBER/FRIEND
- 03 INTERNET
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW
'QA18_H96' [AH111h] -

{Now, think about your experience with Covered California.}
{Ngayon, isipin ang inyong karanasan sa Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California?

Was it… Gaano kahirap humanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California? Ito ba ay…

- 01 Very difficult,
- 01 Talagang mahirap,
- 02 Somewhat difficult,
- 02 Medyo mahirap,
- 03 Not too difficult, or
- 03 Hindi masyadong mahirap, o
- 04 Not at all difficult?
- 04 Hindi masyadong mahirap kahit kaunti?
- -7 REFUSED
- -8 DON'T KNOW

'QA18_H97' [AH112h] -

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

Gaano kahirap humanap ng plan na abot-kaya ninyo? Ito ba ay…

- 01 Very difficult,
- 01 Talagang mahirap,
- 02 Somewhat difficult,
- 02 Medyo mahirap,
- 03 Not too difficult, or
- 03 Hindi masyadong mahirap, o
- 04 Not at all difficult?
- 04 Hindi masyadong mahirap kahit kaunti?
- -7 REFUSED
- -8 DON'T KNOW

'QA18_H98' [AH113h] -

Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_H100”
Who helped you?

- 01 BROKER
- 02 FAMILY MEMBER / FRIEND
- 03 INTERNET
- 04 CERTIFIED ENROLLMENT COUNSELOR
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

Did you have all the information you felt you needed to make a good decision on a health plan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

Were you able to get information about your health plan options in your language?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW
**‘QA18_H103’ [AH118h] -**

Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpapatong sa isang partikular na doctor ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 07 REFUSED
- 08 DON'T KNOW

**‘QA18_H104’ [AH119h] -**

Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpapatong sa isang partikular na ospital ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 07 REFUSED
- 08 DON'T KNOW

**‘QA18_H105’ [AH120h] -**

Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

Iyon ba ang mapagpipiliing mga doktor ba na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 07 REFUSED
- 08 DON'T KNOW

**‘PN_QA18_H106’ [PN_AH121h] -**

PROGRAMMING NOTE ‘QA18_H106’ :

IF ‘QA18_H23’ = 1 THEN DISPLAY “Bronze”
ELSE IF ‘QA18_H23’ = 2 THEN DISPLAY “Silver”
ELSE IF ‘QA18_H23’ = 3 THEN DISPLAY “Gold”
ELSE IF ‘QA18_H23’ = 4 THEN DISPLAY “Platinum”
ELSE IF ‘QA18_H23’ = 6 THEN DISPLAY “Minimum coverage”

**‘QA18_H106’ [AH121h] -**

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan’s network, or was it something else?

Pangwakas, ano ang nagiging pinaka-importante dahilang dahanan kung bakit binili ninyo ang inyong {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Iyon ba ay ang presyo, ang abilidad ninyo makapagpapatong sa isang partikular na doctor, ang abilidad ninyo makapunta sa isang partikular na ospital, ang inyong mapagpipiliing mga provider na kaanib sa network ng inyong plan, o iba pang dahilan?

- 01 COST
- 02 SPECIFIC DOCTOR
- 03 SPECIFIC HOSPITAL
- 04 CHOICE OF DOCTORS IN NETWORK
- 07 REFUSED
- 08 DON'T KNOW
PROGRAMMING NOTE ‘QA18_H107’:
IF ARINSURE = 1, CONTINUE WITH ‘QA18_H107’;
ELSE SKIP TO ‘QA18_H108’;

‘QA18_H107’ [AH139] -
Overall, how satisfied are you with your current health insurance plan? Are you...
Sa pangkalahatan, gaano ka nasisiyahan sa kasalukuyan mong health insurance plan? Masasabi mo bang ikaw ay...

- 01 Very satisfied
- 02 Somewhat satisfied
- 03 Somewhat dissatisfied, or
- 04 Very dissatisfied?
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_H108’ [AH14] -
During the past 12 months, were you a patient in a hospital overnight or longer?
Nitong nakaraang 12 buwan, naging pasyente ba kayo na na-ospital nang magdamag o mas matagal pa?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_PN_'QA18_H110''

‘PN_QA18_H109’ [PN_AH76] -
PROGRAMMING NOTE ‘QA18_H109’:
IF ARINSURE ≠ 1 OR ‘QA18_H81’ > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH ‘QA18_H109’;
ELSE GO TO PROGRAMMING NOTE ‘QA18_H110’

‘QA18_H109’ [AH76] -
Was any of that hospital care paid for by Medi-Cal?
Binayaran ba ng Medi-Cal ang anumang bahagi ng paggagamot ng ospital?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_H110’:
[IF ARINSURE ≠ 1 OR ‘QA18_H81’ > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND ‘QA18_A5’ =2 (FEMALE) AND ‘QA18_E1’ =1 (PREGNANT) OR SC14A =1 , THEN CONTINUE WITH ‘QA18_H110’; ELSE GO TO ‘QA18_H112’

‘QA18_H110’ [AH77] -
During the last 12 months, did you get prenatal care that you didn’t have to pay for?

Nitong nakaraang 12 buwan, nakapagpatingin ba kayo para sa pangangalaga habang buntis na hindi ninyo kinailangang bayaran?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto “QA18_H112”

‘QA18_H111’ [AH78] -
Was it paid for by Medi-Cal?

Binayaran ba ito ng Medi-Cal?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

PROGRAM NOTE ‘QA18_H112’:
IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO ‘QA18_H114’
ELSE IF ‘QA18_H74’ = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your spouse’s current health plan", AND CONTINUE WITH ‘QA18_H112’

‘QA18_H112’ [AH79B] -
(The following questions are about your current health plan.)
While you’ve had your current health plan, have you reached the limit of what your insurance company would pay for?

{Ang mga sumusunod na katanungan ay tungkol sa kasalukuyan mong health plan.} Naabot mo ba ang limit ng kaya lang bayaran ng inyong insurance company sa loob ng panahon na may insurance plan ka sa kanila?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto “QA18_H114”

‘QA18_H113’ [AH80B] -
Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang labindalawang buwan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
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?

Sa loob ng nakaraang labindawalang buwan, mayroon bang mga medical bill na nahirapan kang bayaran o hindi mo nabayaran, para sa sarili mo o sa sinumang miyembro ng pamilya sa inyong tahanan?

[IF NEEDED, SAY: “Dental bills should be included.”]

❖ 01 YES
❖ 02 NO
❖ -7 REFUSED
❖ -8 DON’T KNOW

If = 2, -7, -8, goto PN_'QA18_I1’

What is the total amount of medical bills?

Magkano ang kabuuang halaga ng mga medical bill na ito?

[IF NEEDED, SAY: “The bills can be from earlier years as well as this year.”]

❖ 01 LESS THAN $1,000
❖ 02 $1,000 TO LESS THAN $2,000
❖ 03 $2,000 TO LESS THAN $4,000
❖ 04 $4,000 TO LESS THAN $8,000
❖ 05 $8,000 OR MORE
❖ 06 NONE
❖ -7 REFUSED
❖ -8 DON’T KNOW

Were you or your family member uninsured at the time care was provided?

Ikaw ba o ang mga miyembro ng inyong pamilya ay walang insurance noong binigyan kayo ng pangangalaga?

❖ 01 YES
❖ 02 NO
❖ 03 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED
❖ -7 REFUSED
❖ -8 DON’T KNOW

Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

Dahil sa mga medical bill na ito, hindi ka ba nakabayad ng mga pangunahing pangangailangan gaya ng pagkain, heat, o renta?

❖ 01 YES
❖ 02 NO
❖ -7 REFUSED
❖ -8 DON’T KNOW
Because of these medical bills, did you take on credit card debt?

Dahil sa mga medical bill na ito, nagkaroon ka ba ng utang sa inyong credit card?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
Section I: Child Adolescent Health Insurance

**‘PN_QA18_I1’ [PN_CF10A] -**
PROGRAMMING NOTE ‘QA18_I1’:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE ‘QA18_I37’ TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE ‘QA18_I2’;
ELSE CONTINUE WITH ‘QA18_I1’

‘QA18_I1’ [CF10A] -
These next questions are about health insurance (CHILD) may have.
Ang sumusunod na mga katanungan ay tungkol sa health insurance na maaaring mayroon si (CHILD).

Does (CHILD) have the same insurance as you?
Iisa ba ang insurance ninyo at ni {CHILD}?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘QA18_I19’

**POST-NOTE ‘QA18_I19’:**
IF ‘QA18_I1’ = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA18_I1’ = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
**PN_QA18_I2** [PN_MA1] -

**PROGRAMMING NOTE 'QA18_I2'**:  
IF SPINSURE ≠ 1, THEN SKIP TO 'QA18_I3';  
ELSE IF 'QA18_I1' = 2 AND ARSAMESP = 1, THEN SKIP TO 'QA18_I3';  
ELSE CONTINUE WITH 'QA18_I2'

**‘QA18_I2’ [MA1]** -  
Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?  
lisa ba ang insurance ni (CHILD) at ng inyong {asawa/partner/PANGALAN NG ASAWA/PARTNER}?  

<table>
<thead>
<tr>
<th></th>
<th>01 YES</th>
<th>02 NO</th>
<th>-7 REFUSED</th>
<th>-8 DON'T KNOW</th>
</tr>
</thead>
</table>

If = 1, goto 'QA18_I19'

IF 'QA18_I2' = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
IF 'QA18_I2' = 1 AND SPIHS = 1, SET CHIHS = 1  
IF 'QA18_I2' = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
IF 'QA18_I2' = 1 AND SPARPAR = 1, THEN SET CHOT  
IF 'QA18_I2' = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
IF 'QA18_I2' = 1 AND SPMPPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
IF 'QA18_I2' = 1 AND SPMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  

**POST-NOTE ‘QA18_I2’**:  
IF 'QA18_I2' = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
IF 'QA18_I2' = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  

**‘QA18_I3’ [CF1]** -  
Is {he/she} currently covered by Medi-CAL?  
Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?  

<table>
<thead>
<tr>
<th></th>
<th>01 YES</th>
<th>02 NO</th>
<th>-7 REFUSED</th>
<th>-8 DON'T KNOW</th>
</tr>
</thead>
</table>

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

**POST-NOTE ‘QA18_I3’**:  
IF ‘QA18_I3’ = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
‘QA18_I4’ [CF3] -

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else’s employment or union?

Naka-insure ba si (CHILD) sa health insurance plan o sa HMO sa pamamagitan ng inyong trabaho o union o ng ibang tao?

[Interview Note: Code ‘YES’ if R mentions ‘SHOP’ program through Covered California]

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA18_I6’

POST-NOTE ‘QA18_I4’:
IF ‘QA18_I4’ = 1, SET CHEMP = 1 AND CHINSURE = 1

‘QA18_I5’ [AI90] -

Is this plan through an employer, through a union, or through Covered California’s SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, union, o ng SHOP program ng Covered California?

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

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 91 OTHER (SPECIFY: ____________)
- 07 REFUSED
- 08 DON'T KNOW

POST-NOTE FOR ‘QA18_I5’:
IF ‘QA18_I5’ = 3, THEN SET CHHBEX = 1
Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

Naka-insure ba si (CHILD) sa health insurance plan na binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital”]

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_I13’

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 91 OTHER (SPECIFY: ___________)
- 07 REFUSED
- 08 DON'T KNOW

If ‘QA18_I6’ = 1, SET CHDIRECT = 1 AND CHINSURE = 1

If ‘QA18_I7’ = 2, THEN SET CHHBEX = 1
Was this a bronze, silver, gold or platinum plan?

Bronze, silver, gold or platinum plan ba ito?

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 91 OTHER (SPECIFY: ___________)
- 07 REFUSED
- 08 DON'T KNOW

Was there a subsidy or discount on the premium for this plan?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any copays or deductibles you or your family may have had to pay.

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

(IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
(IF NEEDED, SAY: "Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.")

(IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying.")
(IF NEEDED, SAY: "Ang deductible ang halagang takilyan ninyong bayaran bago magsimulang magbayad ang inyong health plan para sa inyong pagpapagamot.")

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

Mayroon bang sinumang iba, gaya ng isang employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan ni (CHILD)?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA18_I13”

Who else pays all or some portion of the cost for (CHILD)'s health plan?

Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (CHILD)?

[CODE ALL THAT APPLY.]

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE’S/PARTNER’S CURRENT EMPLOYER
- 05 SPOUSE’S/PARTNER’S FORMER EMPLOYER
- 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- 07 MEDICAID/MEDI-CAL ASSISTANCE
- 10 COVERED CALIFORNIA
- 91 OTHER
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE ‘QA18_I12’:
IF ‘QA18_I12’ = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF ‘QA18_I12’ = 7, SET CHMCAL = 1
IF ‘QA18_I12’ = 10, SET CHHBEX = 1;

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

Naka-insure ba {siya/siya} sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa iba pang pangangalagang pangkalusugan ng militar?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘PN_QA18_I19’

POST-NOTE ‘QA18_I13’:
IF ‘QA18_I13’ = 1, SET CHMILIT = 1 AND CHINSURE = 1
‘QA18_I14’ [CF7] -

Is (he/she) covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

Naka-insure ba (siya/siya) sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Healthy Kids, o sa iba pa?

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."
[IF NEEDED, SAY: "Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program."

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 HEALTHY KIDS
- 04 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, 91, goto ‘PN_’QA18_I19’

POST-NOTE ‘QA18_I14’:
IF ‘QA18_I14’ = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

‘QA18_I15’ [CF8] -

Does (he/she) have any health insurance coverage through a plan that I missed?

Naka-insure ba (siya/siya) para sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_’QA18_I18’
What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakukuha ba niya ito sa pamamagitan ng Medi-CAL, isang employer o union, o mula sa iba pang pinagkukunan?

[CIRCLE ALL THAT APPLY.]

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

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, 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 ‘QA18_I16’ :
IF ‘QA18_I16’ = 1, SET CHEMP = 1 AND CHINSURE = 1
IF ‘QA18_I16’ = 2, SET CHEMP = 1 AND CHINSURE = 1
IF ‘QA18_I16’ = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF ‘QA18_I16’ = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF ‘QA18_I16’ = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF ‘QA18_I16’ = 8, SET CHIHS = 1
IF ‘QA18_I16’ = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF ‘QA18_I16’ = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF ‘QA18_I16’ = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF ‘QA18_I16’ = 92, SET CHOTHER = 1 AND CHINSURE =

‘PN_QA18_I17’ [PN_CF9VER] - PROGRAMMING NOTE ‘QA18_I17’ :
IF ‘QA18_I17’ = 4 (CHILD HAS MEDICARE), CONTINUE WITH ‘QA18_I17’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA18_I18’

‘QA18_I17’ [CF9VER] -

Just to verify, you said that (CHILD) gets health insurance through Medicare?

Upang beripikahan lamang, sinabi ba ninyo na nakakakuha si (CHILD) ng health insurance sa pamamagitan ng Medicare?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
'PN_QA18_I18' [PN_CF1A] -
PROGRAMMING NOTE 'QA18_I18':
IF CHINSURE ≠ 1 CONTINUE WITH 'QA18_I18';
ELSE GO TO 'QA18_I19';

'QA18_I18' [CF1A] -

What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (CHILD)?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: ___________)
- -7 REFUSED
- -8 DON'T KNOW

'PN_QA18_I19' [PN_MA3] -
PROGRAMMING NOTE 'QA18_I19':
IF 'QA18_I1' = 1 AND ARMCARE = 1 AND 'QA18_H9' = 1, THEN 'QA18_I19' = 'QA18_H9' AND 'QA18_I21' = 'QA18_H10' AND SKIP TO 'QA18_I22';
ELSE IF 'QA18_I1' = 1, THEN 'QA18_I19' = 'QA18_H62' AND 'QA18_I21' = 'QA18_H64' AND 'QA18_I22' = 'QA18_H65' AND GO TO PN 'QA18_I23';

'QA18_I19' [MA3] -

Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

Isang HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (CHILD)?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless its an emergency.”]

[IF NEEDED, SAY: "Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin {niya o niya} ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas {siya o siya} sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito."]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto 'QA18_I21'
PROGRAMMING NOTE ‘QA18_I20’:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO ‘QA18_I21’;
ELSE CONTINUE WITH ‘QA18_I20’;

‘QA18_I20’ [Al115] -
Is (CHILD)'s health plan a PPO or EPO?

PPO o EPO ba ang health plan ni (CHILD)?

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doktor at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”] [IF NEEDED, SAY: “Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doctor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwiran magpagamot sa mga doktor at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: “{His/Her} MAIN health plan.”]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “Ang kanyang PANGUNAHING health plan.”]

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: __________)
- -7 REFUSED
- -8 DON’T KNOW
What is the name of (CHILD)’s main health plan?

Ano ang pangalan ng pangunahing health plan ni (CHILD)?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an insurance card or something else with the plan name on it?”]

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: Mayroon bang insurance card si (CHILD) o anumang bagay kung saan nakasulat ang pangalan ng plan?”]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 06 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIA CARE
- 10 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 CALIFORNIA KIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 20 CENTER FOR ELDERS’ INDEPENDENCE
- 21 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 HEALTH PLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 30 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
- 37 HEALTH NET
- 38 HEALTH PLAN OF SAN JOAQUIN
- 39 HEALTH PLAN SAN JP AUTHORITY
- 40 HERITAGE PROVIDER NETWORK
- 41 HUMANA GOLD PLUS
- 42 HUMANA HEALTH PLAN
- 43 IEHP (INLAND EMPIRE HEALTH PLAN)
- 44 INTER VALLEY HEALTH PLAN
- 45 KERN FAMILY HEALTH CARE
- 46 L.A. CARE HEALTH PLAN
- 47 MD CARE
- 48 MOLINA HEALTHCARE OF CALIFORNIA
- 49 MONARCH HEALTH PLAN
- 50 ON LOK SENIOR HEALTH SERVICES
- 51 PARTNERSHIP HEALTH PLAN OF CALIFORNIA
Is (CHILD) covered for prescription drugs?

Naka-insure ba si (CHILD) para sa mga inireresetang gamot?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
'PN_QA18_I23' [PN_AI79] -
PROGRAMMING NOTE FOR 'QA18_I23':
IF (ARINSURE ≠ 1 OR 'QA18_I1' ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH 'QA18_I23';
ELSE SKIP TO PROGRAMMING NOTE ‘QA18_I26’

'QA18_I23' [AI79] -

Does (CHILD)'s health plan have a deductible that is more than $1,000?

Mayroon bang deductible na higit sa $1,000 ang health plan ni (CHILD)?

[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”] [IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

○ 01 YES
○ 02 NO
○ 03 YES, ONLY WHEN GO OUT OF NETWORK
○ -7 REFUSED
○ -8 DON'T KNOW

'QA18_I24' [AI80] -

Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

Mayroon bang deductible na higit sa $2,000 para sa lahat ng taong naka-insure ang health plan ni (CHILD)?

[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”] [IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

○ 01 YES
○ 02 NO
○ 03 YES, ONLY WHEN GO OUT OF NETWORK
○ -7 REFUSED
○ -8 DON'T KNOW

'PN_QA18_I25' [PN_AI81] -
PROGRAMMING NOTE ‘QA18_I25’:
IF ('QA18_I23' = 1 OR 3) OR ('QA18_I24' = 1 OR 3), CONTINUE WITH ‘QA18_I25’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA18_I26’

'QA18_I25' [AI81] -

Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (CHILD)?

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts.  Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”] [IF NEEDED, SAY: “Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o iba pang mga katulad na account. Kabilang sa mga iba pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.”]

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW
**Reasons for Lack of Coverage (Child)**

### Programm Note ‘QA18_I26’:

**IF CHINSURE = 1, GO TO ‘QA18_I31’ ; ELSE CONTINUE WITH ‘QA18_I26’**

### QA18_I26’ [CF18] -

What is the one main reason (CHILD) does not have any health insurance?

Ama ang isang pangunahing dahilan kung bakit walang anumang health insurance si (CHILD)?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

### QA18_I27’ [CF20] -

Was (CHILD) covered by health insurance at any time during the past 12 months?

May health insurance ba si (CHILD) kailanman nitong nakaraang 12 na buwan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

**If = 1, goto ‘QA18_I29’**

### QA18_I28’ [CF21] -

How long has it been since (CHILD) last had health insurance?

Gaano katagal na mula noong huling may health insurance si (CHILD)?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- -7 REFUSED
- -8 DON'T KNOW

**If = 1, 2, 3, -7, -8, goto ‘PN_'QA18_I37’”
For how many of the last 12 months did {he/she} have health insurance?

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

_____ MONTHS [HR: 0-12]

If = 0, goto ‘PN_'QA18_I37’

-7 REFUSED
-8 DON’T KNOW

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?

[CIRCLE ALL THAT APPLY]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON’T KNOW

If =1, 3, 5, 6, 91, -7, -8, goto ‘PN_'QA18_I37’

Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

- 01 YES
- 02 NO
- 03 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
- -7 REFUSED
- -8 DON’T KNOW

If = 1, 3, goto ‘PN_QA18_I37’

When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

- 01 YES
- 02 NO
- 03 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, goto “QA18_I34”
Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-CAL ba itong iba pang health insurance, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “May iba pa ba?”]

- 01 MEDI-CAL
- 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 09 OTHER HEALTH PLAN
- 07 REFUSED
- 08 DON’T KNOW

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

Nitong nakaraang 12 buwan, mayroon bang anumang panahon na {siya/siya} ay walang anumang health insurance?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON’T KNOW

If = 2, -7, -8, goto 'PN_'QA18_I37'

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

Nitong nakaraang 12 buwan, ilang buwan ba {siya/siya} walang health insurance?

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS  [RANGE: 1-12]

- 07 REFUSED
- 08 DON’T KNOW

What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn’t covered?

Ano ang ISANG PANGUNAHING dahilan kung bakit walang health insurance si (CHILD) noong panahon na hindi (siya/siya) naka-insure?

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

- 01 CAN’T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON’T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 09 OTHER (SPECIFY: ____________)
- 07 REFUSED
- 08 DON’T KNOW
These next questions are about health insurance (TEEN) may have.

Ang mga sumusunod na mga tanong ay tungkol sa health insurance na maaaring mayroon si (TEEN).

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

Iisa ba ang insurance {ninyo/PANGALAN NG ADULT RESPONDENT} at ni (TEEN)?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

If = 1, goto ‘QA18_I56’
**‘PN_QA18_I38’ [PN_MA5] -**

**Programming Note ‘QA18_I38’:**
- If SPINSURE ≠ 1 THEN SKIP TO ‘QA18_I39’;
- Else if ‘QA18_I37’ = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE ‘QA18_I39’;
- Else CONTINUE WITH ‘QA18_I38’

**‘QA18_I38’ [MA5] -**

Does (TEEN) have the same insurance as your spouse?

Iisa ba ang insurance ni (TEEN) at ng inyong {asawa}?  
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘QA18_I56’

**Post-Note ‘QA18_I38’:**
- IF ‘QA18_I38’ = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND SPOTH = 1, SET TEOTH =
- IF ‘QA18_I38’ = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND CHDIRECT = 1, SET
- IF ‘QA18_I38’ = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I38’ = 1 AND CHIHS = 1, SET TEIHS = 1;
- IF ‘QA18_I38’ = 1 AND CHOTHER = 1, SET TEOTHER = 1;
- IF ‘QA18_I38’ = 1 AND CHHBEX = 1, SET TEHBEX = 1

**‘PN_QA18_I39’ [PN_MA6] -**

**Programming Note ‘QA18_I39’:**
- If TEINSURE ≠ 1, THEN SKIP TO ‘QA18_I40’;
- Else if (‘QA18_I37’ = 2 AND ARSAMECH = 1) OR (‘QA18_I38’ = 2 AND SPSAMECH = 1), THEN SKIP TO ‘QA18_I40’;
- Else CONTINUE WITH ‘QA18_I39’;

**‘QA18_I39’ [MA6] -**

Does (TEEN) have the same insurance as (CHILD)?

Iisa ba ang insurance ni (TEEN) at ni (CHILD)?  
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘QA18_I68’

**Post-Note ‘QA18_I39’:**
- IF ‘QA18_I39’ = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I39’ = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I39’ = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I39’ = 1 AND CHDIRECT = 1, SET
- IF ‘QA18_I39’ = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
- IF ‘QA18_I39’ = 1 AND CHIHS = 1, SET TEIHS = 1;
- IF ‘QA18_I39’ = 1 AND CHOTHER = 1, SET TEOTHER = 1;
- IF ‘QA18_I39’ = 1 AND CHHBEX = 1, SET TEHBEX = 1
`QA18_I40` [IA1] -

Is (he/she) currently covered by Medi-CAL?

Naka-insure ba (siya/siya) sa kasalukuyan sa 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: "Ang Medi-CAL ay plan para sa ilang mga bata at pamilya nila na mabababa ang kita, mga babaeng buntis, at mga taong may kapansanan o nakatatanda."]

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

POST-NOTE ‘QA18_I40’:
IF ‘QA18_I40’ = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

`QA18_I41` [IA3] -

Is (TEEN) covered by a health insurance plan or HMO through your own or someone else’s employment or union?

Naka-insure ba si (TEEN) sa health insurance plan o sa HMO sa pamamagitan ng trabaho o union ninyo o ng ibang tao?

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

01 YES
02 NO
-7 REFUSED
-8 DON’T KNOW

If = 2, -7, -8, goto “QA18_I43”

POST-NOTE ‘QA18_I41’:
IF ‘QA18_I41’ = 1, SET TEEMP = 1 AND SET TEINSURE = 1

`QA18_I42` [AI94] -

Is this plan through an employer, through a union, or through Covered California’s SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, ng union, o ng SHOP program ng Covered California?

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

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

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

01 EMPLOYER
02 UNION
03 SHOP / COVERED CALIFORNIA
91 OTHER (SPECIFY: ______________)
-7 REFUSED
-8 DON’T KNOW

POST-NOTE FOR ‘QA18_I42’:
IF ‘QA18_I42’ = 3, THEN SET TEHBEX = 1
`PN_QA18_I43' [PN_IA4] -
PROGRAMMING NOTE ‘QA18_I43’ :
IF TEINSURE = 1 THEN GO TO ‘QA18_I44’ ;
ELSE CONTINUE WITH ‘QA18_I43’

`QA18_I43' [IA4] -
Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
Naka-insure ba si (TEEN) sa health insurance plan na binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital!”]
[IF NEEDED, SAY: “Huwag ninyong bilangin ang plan na nagbabayad lamang para sa tiyak na mga sakit kagaya ng cancer o stroke, o naglalaaan lamang ng "ekstrang pera" kung ma-ospital kayo.”]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW

If = 2, -7, -8, goto “QA18_I50”

POST-NOTE ‘QA18_I43’ :
IF ‘QA18_I43’  = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

`PN_QA18_I44' [PN_AI95] -
PROGRAMMING NOTE ‘QA18_I44’ :
IF TEDIRECT = 1, THEN CONTINUE WITH ‘QA18_I44’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_I45’

`QA18_I44' [AI95] -
How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
Paano ninyo binili itong health insurance - direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 91 OTHER (SPECIFY: ___________)
- 7 REFUSED
- 8 DON’T KNOW

POST-NOTE FOR ‘QA18_I44’ :
IF ‘QA18_I44’  = 2, THEN SET TEHBEX = 1
Was this a bronze, silver, gold or platinum plan?

Bronze, silver, gold or platinum plan ba ito?

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 09 OTHER (SPECIFY: ___________)
- -7 REFUSED
- -8 DON'T KNOW

Was there a subsidy or discount on the premium for this plan?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘PN_QA18_I47’ [PN_AI55] -
PROGRAMMING NOTE ‘QA18_I47’ :
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH ‘QA18_I47’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA18_I50’

‘QA18_I47’ [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.

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

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

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

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying.”]

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

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan.”]

[IF NEEDED, SAY: "Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.”]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_I48’ [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?

Mayroon bang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o
gastos sa health plan ni (TEEN)?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_.’QA18_I50’
Who else pays all or some portion of the cost for (TEEN)'s health plan?

Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (TEEN)?

[CODE ALL THAT APPLY.]

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE’S/PARTNER’S CURRENT EMPLOYER
- 05 SPOUSE’S/PARTNER’S FORMER EMPLOYER
- 06 PROFESSIONAL FRATERNAL ORGANIZATION
- 07 MEDICAID MEDI-CAL ASSISTANCE
- 08 COVERED CALIFORNIA
- 09 OTHER
- 07 REFUSED
- 08 DON'T KNOW

POST-NOTE ‘QA18_I49’ :
IF ‘QA18_I49’ = 1-6, SET TEEMP = 1 AND TEDITECT = 0;
IF ‘QA18_I49’ = 7, SET TEMCAL = 1;
IF ‘QA18_I49’ = 10, SET TEHBEX = 1;

‘PN_QA18_I50’ [PN_IA6] -
PROGRAMMING NOTE ‘QA18_I50’ :
IF TEINSURE = 1, GO TO PROGRAMMING NOTE ‘QA18_I55’ ;
ELSE CONTINUE WITH ‘QA18_I50’

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

Naka-insure ba {siya/siya} sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa iba pang pangangalagang pangkalusugan ng militar?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1, goto ‘PN_QA18_I56’

POST-NOTE ‘QA18_I50’ :
IF ‘QA18_I50’ = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
'QA18_I51' [IA7] -

Is he/she covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?

Naka-insure ba siya sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Family PACT, Healthy Kids, o ng iba pa?

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

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

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 Family PACT
- 04 HEALTHY KIDS
- 05 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, 4, 91, goto ‘PN_’QA18_I56’

POST-NOTE ‘QA18_I51’:
IF ‘QA18_I51’ = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

'QA18_I52' [IA8] -

Does he/she have any health insurance coverage through a plan that I missed?

Naka-insure ba siya sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_’QA18_I56’
What type of health insurance does he/she have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakuha ba ito sa pamamagitan ng MediCAL, isang employer o union, o mula sa iba pang pinagkukunan?

[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?”]

[CIRCLE ALL THAT APPLY]

[PROBE: “Any others?”]

- Through current or former employer/union
- Through school, professional association, trade group or other organization
- Purchased directly from a health plan (by R or anyone else)
- Medicare
- Medi-CAL
- Covered California
- Shop through Covered California
- Other government health plan
- Other non-government health plan
- Refused
- Don’t know

Post-note 'QA18_I53':
- If ‘QA18_I53’ = 1, SET TEEMP = 1 AND TEINSURE = 1;
- If ‘QA18_I53’ = 2, SET TEEMP = 1 AND TEINSURE = 1;
- If ‘QA18_I53’ = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
- If ‘QA18_I53’ = 4, SET TEMCARE = 1 AND TEINSURE = 1;
- If ‘QA18_I53’ = 5, SET TEMCAL = 1 AND TEINSURE = 1;
- If ‘QA18_I53’ = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
- If ‘QA18_I53’ = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
- If ‘QA18_I53’ = 91, SET TOOTHGOV = 1 AND TEINSURE = 1;
- If ‘QA18_I53’ = 92, SET TOOTHER = 1 AND TEINSURE = 1;
- If ‘QA18_I53’ = -7 OR -8, SET TEIN

‘PN_QA18_I54’ [PN_IA9VER] -

Programming note 'QA18_I54':
- If ‘QA18_I53’ = 4 (Teen has Medicare), continue with ‘QA18_I54’;
- Else skip to programming note ‘QA18_I55’

‘QA18_I54’ [IA9VER] -

Just to verify, you said that (teen) gets health insurance through Medicare?

Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (teen) ng health insurance sa pamamagitan ng Medicare?

- Yes
- No
- Refused
- Don’t know
What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (TEEN)?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DONT BELIEVE IN HEALTH INSURANCE
- 07 DONT NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DONT LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: ___________)
- -7 REFUSED
- -8 DON'T KNOW

Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (TEEN)?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, (he/she) must use the doctors and hospitals belonging to its network. If (he/she) goes outside the network, generally it will not be paid unless it’s an emergency.”]

[IF NEEDED, SAY: “Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin {niya o niya} ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas {siya o siya} sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito.”]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “{his/her} MAIN health plan.”]

[NOTE: IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “ang PANGUNAHING health plan {niya o niya}.”]


- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘QA18_I58'
PROGRAMMING NOTE ‘QA18_I57’ :
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO ‘QA18_I58’ ;
ELSE CONTINUE WITH ‘QA18_I57’ ;

‘QA18_I57’

Is (TEEN)’s health plan a PPO or EPO?

PPO o EPO ba ang health plan ni (TEEN)?

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doktor at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doktor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwirang magpagamot sa mga doktor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “(His/Her) MAIN health plan.”]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “Ang kanyang PANGUNAHING health plan.”]

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: ___________)
- 7 REFUSED
- 8 DON’T KNOW
What is the name of (TEEN)'s main health plan?

Ano ang pangalan ng pangunahing health plan ni (TEEN)?

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

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 06 ALTMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 10 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
- 20 CENTER FOR ELDER’S INDEPENDENCE
- 21 CONTRA COSTA HEALTH PLAN
- 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
- 30 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 EMERSON HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 37 HEALTH NET
- 38 HEALTH NET SENIORITY PLUS
- 39 HEALTH PLAN OF SAN JOAQUIN
- 40 HEALTH PLAN SAN JP AUTHORITY
- 41 HERITAGE PROVIDER NETWORK
- 42 HMO PLUS
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 52 MOLINA HEALTHCARE OF CALIFORNIA
- 53 MONARCH HEALTH PLAN
- 54 ON LOK SENIOR HEALTH SERVICES
- 55 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POST NOTE 'QA18_I58' :
IF 'QA18_I58' = 93, 87, OR 89 THEN SET TEMILIT=1

'QA18_I59' [IA14] -
Is (TEEN) covered for prescription drugs?
Naka-insure ba si (TEEN) para sa inireresetang mga gamot?

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

PROGRAMMING NOTE FOR 'QA18_I60' :
IF [(ARINSURE ≠ 1 OR 'QA18_I37' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH 'QA18_I60' ; ELSE SKIP TO PN 'QA18_I63'
‘QA18_I60’ [AI82] -
Does (TEEN)'s health plan have a deductible that is more than $1,000?
Mayroon bang deductible na higit sa $1,000 ang health plan ni (TEEN)?

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

01 YES
02 NO
03 YES, ONLY WHEN GO OUT OF NETWORK
-7 REFUSED
-8 DON'T KNOW

‘QA18_I61’ [AI83] -
Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?
Mayroon bang deductible na higit sa $2,000 para sa lahat ng taong naka-insure ang health plan ni (TEEN)?

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

01 YES
02 NO
03 YES, ONLY WHEN GO OUT OF NETWORK
-7 REFUSED
-8 DON'T KNOW

‘PN_QA18_I62’ [PN_AI84] -
PROGRAMMING NOTE ‘QA18_I62’ :
IF ('QA18_I60'  = 1 OR 3)  OR  ('QA18_I61'  = 1 OR 3), CONTINUE WITH ‘QA18_I62’ ;
ELSE SKIP TO PROGRAMMING NOTE ‘QA18_I63’

‘QA18_I62’ [AI84] -
Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (TEEN)?

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]
[IF NEEDED, SAY: Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o iba pang mga katulad ng account. Kabilang sa mga iba pang pangalang ang Personal care accounts, Personal medical funds, o Choice funds, at nailiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.”]

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW
What is the one main reason (TEEN) does not have any health insurance?

Ano ang isang pangunahing dahilan na walang anumang health insurance si (TEEN)?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 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?

May health insurance ba si (TEEN) sa anumang panahon nitong nakaraang 12 buwan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

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

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

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

_____ MONTHS [HR: 0-12]

If = 0, goto ‘PN_’QA18_I74’”

‘QA18_I66’ [IA22] -

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

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

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

_____ MONTHS [HR: 0-12]

If = 0, goto ‘PN_’QA18_I74’”
During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Noong panahon na may health insurance si (TEEN), ang insurance ba niya ay Medi-CAL, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direktang mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "May iba pa ba?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 3, 5, 6, 91, -7, -8, goto 'PN_'QA18_I74''

Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (TEEN) para sa KABUUAN ng nakaraang 12 buwan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto 'PN_QA18_I74'

When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang iba pang health insurance?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_I71"
Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

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

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"

[PROBE: "May iba pa ba?"]

- 01 MEDI-CAL
- 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 07 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

During the past 12 months, was there any time when (he/she) had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala (siyang) anumang health insurance?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_’QA18_I74’”

For how many of the past 12 months did (he/she) have no health insurance?

Nitong nakaraang buwan, ilang buwan ba siya walang health insurance?

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

- 01 CANT AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DONT BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 09 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW
In what country was (TEEN)’s {mother/father} born?
Saang bansa ipinanganak ang nanay ni {TEEN}?

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: ______________)
- 7 REFUSED
- 8 DON’T KNOW
**'PN_QA18_I75' [PN_AI57] -**

**PROGRAMMING NOTE 'QA18_I75':**

IF 'QA18_I74' = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH 'QA18_I75';
IF 'QA18_A5' = 1 (R IS MALE), DISPLAY "mother";
IF 'QA18_A5' = 2 (R IS FEMALE), DISPLAY "father";
IF 'QA18_A5' = 3 (REFUSED/DON'T KNOW) AND SC11A Sex = 1 DISPLAY "father" OR IF SC11A = 2 DISPLAY "mother";
ELSE IF DISPLAY "other parent"

**'QA18_I75' [AI57] -**

Does (TEEN)'s {mother/father} now live in the U.S.?

Nakatira ba ngayon sa U.S. ang nanay ni {TEEN}?

- **01** YES
- **02** NO
- **03** MOTHER/FATHER DECEASED
- **04** MOTHER/FATHER NEVER LIVED IN US
- **-7** REFUSED
- **-8** DON'T KNOW

**'PN_QA18_I76' [PN_AI58] -**

**PROGRAMMING NOTE 'QA18_I76':**

IF 'QA18_A5' = 1 (R IS MALE), DISPLAY "mother";
IF 'QA18_A5' = 2 (R IS FEMALE), DISPLAY "father";
IF 'QA18_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA18_G13' Sex = 1 DISPLAY "father" OR IF 'QA18_G13' = 2 DISPLAY "mother" ELSE IF DISPLAY "other parent"

**'QA18_I76' [AI58] -**

{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

Citizen ba ng United States ang nanay ni {TEEN}?

- **01** YES
- **02** NO
- **03** APPLICATION PENDING
- **-7** REFUSED
- **-8** DON'T KNOW
‘PN_QA18_I77’ [PN_AI59] -
PROGRAMMING NOTE ‘QA18_I77’:
IF ‘QA18_I76’ = 1 SKIP TO PN_'QA18_I78'
IF ‘QA18_A5’ = 1 (R IS MALE), DISPLAY “mother”;
IF ‘QA18_A5’ = 2 (R IS FEMALE), DISPLAY “father”;
IF ‘QA18_A5’ = 3 (REFUSED/DON’T KNOW) AND ‘QA18_G13’ Sex = 1 DISPLAY "father" OR IF ‘QA18_G13’ =2
DISPLAY "mother"

‘QA18_I77’ [AI59] -
(Is/Was) (TEEN)’s (mother/father) a permanent resident with a green card?
Permanent resident na may green card ba ang nanay ni (TEEN)?

[IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY: Karaniwang tinatawag ito na “Green Card” ngunit maaari ding rosas, asul o puti ang kulay nito.”]
   ☐ 01 YES
   ☐ 02 NO
   ☐ 03 APPLICATION PENDING
   ☐ -7 REFUSED
   ☐ -8 DON’T KNOW

‘PN_QA18_I78’ [PN_AI60] -
PROGRAMMING NOTE ‘QA18_I78’:
IF ‘QA18_A5’ = 1 (R IS MALE), DISPLAY “mother”;
IF ‘QA18_A5’ = 2 (R IS FEMALE), DISPLAY “father”

‘QA18_I78’ [AI60] -
About how many years has (TEEN)’s (mother/father) lived in the United States?
Humigit-kumulang, ilang taon nang nakatira sa United States ang (nanay/tatay) ni (TEEN)?

_____ NUMBER OF YEARS
_____ YEAR FIRST COME AND LIVE IN U.S.
   ☐ 01 NUMBER OF YEARS
   ☐ 02 YEAR FIRST CAME TO LIVE IN US
   ☐ 03 MOTHER/FATHER DECEASED
   ☐ 04 MOTHER/FATHER NEVER LIVED IN US
   ☐ -7 REFUSED
   ☐ -8 DON’T KNOW
Section J: Health Care Utilization and Access

**‘PN_QA18_J1’ [PN_AH5] -**

PROGRAMMING NOTE ‘QA18_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”

‘QA18_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?

{Ngayon, gusto kong magtanong tungkol sa pangangalagang pangkalusugan na tinatanggap ninyo.} Nitong nakaraang 12 buwan, ilang beses na kayong nagpatingin sa medical doctor?

_____ TIMES [HR: 0-365]

-7 REFUSED
-8 DON'T KNOW

**‘PN_QA18_J2’ [PN_AH6] -**

PROGRAMMING NOTE ‘QA18_J2’:
IF ‘QA18_J1’ = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH ‘QA18_J2’; ELSE GO TO PROGRAMMING NOTE ‘QA18_J3’

‘QA18_J2’ [AH6] -

About how long has it been since you last saw a doctor about your own health?

Humigt-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa medical doctor tungkol sa inyong kalusugan?

- 00 ONE YEAR AGO OR LESS
- 01 MORE THAN 1 UP TO 2 YEARS AGO
- 02 MORE THAN 2 UP TO 5 YEARS AGO
- 03 MORE THAN 5 YEARS AGO
- 04 NEVER
-7 REFUSED
-8 DON'T KNOW
**PN_QA18_J3** [PN_AJ114] - 
**PROGRAMMING NOTE 'QA18_J3':**
IF ‘QA18_J2’ = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE ‘QA18_J4’; ELSE CONTINUE WITH ‘QA18_J3’

**QA18_J3** [AJ114] -
About how long has it been since you last saw a doctor or medical provider for a routine check-up?

Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa doktor o iba pang medical provider para sa isang routine r na check-up?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 ONE YEAR AGO OR LESS</td>
</tr>
<tr>
<td>01 MORE THAN 1 UP TO 2 YEARS AGO</td>
</tr>
<tr>
<td>02 MORE THAN 2 UP TO 5 YEARS AGO</td>
</tr>
<tr>
<td>03 MORE THAN 5 YEARS AGO</td>
</tr>
<tr>
<td>04 NEVER</td>
</tr>
<tr>
<td>-7 REFUSED</td>
</tr>
<tr>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>

**PN_QA18_J4** [PN_AJ77] - 
**PROGRAMMING NOTE ‘QA18_J4’:**
IF ‘QA18_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH ‘QA18_J4’; ELSE GO TO PROGRAMMING NOTE ‘QA18_J5’

**QA18_J4** [AJ77] -
Do you have a personal doctor or medical provider who is your main provider?

Mayroon ba kayong personal doctor o medical provider na siyang main provider ninyo?

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

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 YES</td>
</tr>
<tr>
<td>02 NO</td>
</tr>
<tr>
<td>-7 REFUSED</td>
</tr>
<tr>
<td>-8 DON'T KNOW</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE ‘QA18_J5’:
IF ARINSURE =1 OR ‘QA18_H1’ = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH ‘QA18_J5’
ELSE GO TO PROGRAMMING NOTE ‘QA18_J7’
IF ‘QA18_J4’ = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

‘QA18_J5’ [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?

Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa inyong doctor o medical provider sa loob ng dalawang araw dahil nagkasakit o nasaktan kayo?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]
[IF NEEDED, SAY: "Huwag bilangin ang pagpapatingin sa urgent care, o pagpapagamot sa emergency. Tungkol sa mga appointment lamang ang tanong ko."]

 Madden 01 YES
 Madden 02 NO
 Madden -7 REFUSED
 Madden -8 DON'T KNOW

IF = 2, -7, -8 go to ‘PN_’QA18_J7’

‘QA18_J6’ [AJ103] -
How often were you able to get an appointment within two days? Would you say...

Gaano kadalas kayo nakukuha ng appointment sa loob ng dalawang araw? Masasabi ba ninyo na...

 Madden 01 Never,
 Madden 02 Sometimes,
 Madden 03 Usually,
 Madden 04 Always
 Madden -7 DON'T KNOW
 Madden -8 REFUSED

PROGRAMMING NOTE ‘QA18_J7’:
IF ‘QA18_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND ‘QA18_J4’ = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [‘QA18_B3’ = 1 OR ‘QA18_B4’ = 1 (HAS ASTHMA)] OR ‘QA18_B13’ = 1 (HAS DIABETES) OR ‘QA18_B25’ = 1 (HAS HEART DISEASE), THEN CONTINUE WITH ‘QA18_J7’; ELSE GO TO ‘QA18_J8’

‘QA18_J7’ [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?

Mayroon bang sinuman sa opisina o clinic ng inyong doktor na tumutulong na isaayos ang pangangalaga sa inyo sa iba pang mga doktor o mga serbisyo, gaya ng mga test o mga pagsusuri?
During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?


If = 2, -7, -8, goto ‘PN_‘QA18_J10’

Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

Itong pagpapagamot ba ay para sa isang problema sa balat o mata, isang problema sa emosyon o kalusugan ng kaisipan, o iba pang problema sa kalusugan?

If = 1, goto ‘QA18_J12’
If = -7, -8, goto ‘PN_‘QA18_J15’

The last time you saw a doctor, did you have a hard time understanding the doctor?

Noong huli kayong nagpatingin sa doktor, nahirapan ba kayong intindihin ang doktor?

If = 1, goto ‘QA18_J12’
If = -7, -8, goto ‘PN_‘QA18_J15’
PROGRAMMING NOTE ‘QA18_J11’:
IF ‘QA18_J10’ = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR ‘QA18_G7’ > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH ‘QA18_J11’;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME ‘QA18_J11’ WAS ASKED; ELSE SKIP TO PROGRAMMING NOTE ‘QA18_J15’

‘QA18_J11’ [AJ50] -

In what language did the doctor speak to you?
Sa anong wika kayo kinausap ng doktor?

☐ 01 ENGLISH
☐ 02 SPANISH
☐ 03 CANTONESE
☐ 04 VIETNAMESE
☐ 05 TAGALOG
☐ 06 MANDARIN
☐ 07 KOREAN
☐ 08 ASIAN INDIAN LANGUAGES
☐ 09 RUSSIAN
☐ 91 OTHER (SPECIFY: ____________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, goto ‘QA18_J13’
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto ‘PN_’QA18_J15’

‘QA18_J12’ [AJ9] -

Was this because you and the doctor spoke different languages?
Ito ba ay dahil kayo at ang doctor ninyo ay nagsasalita ng magkaibang wika?

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA18_J13’ [AJ10] -

Did you need someone to help you understand the doctor?
Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doctor?

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_’QA18_J15’
Who was this person who helped you understand the doctor?

Sino ang tumulong sa inyo na maintindihan ang doktor?

[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.]

- 01 MINOR CHILD (UNDER AGE 18)
- 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- 03 NON-MEDICAL OFFICE STAFF
- 04 MEDICAL STAFF INCLUDING NURSES/DOCTORS
- 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- 06 OTHER (PATIENTS, SOMEONE ELSE)
- 07 DID NOT HAVE SOMEONE TO HELP
- -7 REFUSED
- -8 DON'T KNOW

In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

Sa California, may karapatan kayong humingi ng tulong mula sa interpreter nang walang bayad para sa pagpapatingin ninyo. Alam ba ninyo ito bago ngayong araw?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

Nitong nakaraang 12 buwan, ipinagpaliban ba ninyong bumili o kaya'y hindi kayo bumili ng gamot na inireseta sa inyo ng doktor?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_J19”

Was cost or lack of insurance a reason why you delayed or did not get the prescription?

Ang gastos ba o ang kawalan ng insurance ang dahilan na ipinagpaliban ninyo ang pagbili ng reseta o hindi ninyo binili ang reseta?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_J18’:
IF ARINSURE = 1, THEN CONTINUE WITH ‘QA18_J18’;
ELSE GO TO ‘QA18_J19’

‘QA18_J18’ [AJ176] -
Did you delay or not get a medicine while you had your current insurance plan?
Naghintay ka ba bago bumili ng gamot o hindi ka bumili ng gamot habang insured ka sa kasalukuyan mong insurance plan?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_J19’ [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?
Nitong nakaraang 12 buwan, ipinagpaliban ba ninyo o hindi kayo nagpatingin para sa anumang iba pang paggagamot na sa akala ninyo ay kinakailangan ninyo - gaya ng pagpapatingin sa doktor, espesyalista o iba pang health professional?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_J25”

‘QA18_J20’ [AJ129] -
Did you get the care eventually?
Nagamot din ba kayo sa bandang huli?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_J21’ [AJ20] -
Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
Ang gastos ba o ang kawalan ng insurance ang dahilan na ipinagpaliban ninyo ang pagpapagamot o na hindi kayo nakapagpatingin para sa pagpapagamot na nadama ninyong kinakailangan ninyo?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_J23”
Was that the *main* reason?

Iyon ba ang pangunahing dahilan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8, goto “QA18_J25”

What was the *one* main reason why you delayed getting the care you felt you needed?

Ano ang pangunahing dahilan sa inyong pagpapaliban ng pagpapagamot na sa tingin ninyong kinakailangan ninyo?

- 01 COULDN'T GET APPOINTMENT
- 02 MY INSURANCE NOT ACCEPTED
- 03 INSURANCE DID NOT COVER
- 04 LANGUAGE PROBLEMS
- 05 TRANSPORTATION PROBLEMS
- 06 HOURS NOT CONVENIENT
- 07 NO CHILD CARE FOR CHILDREN AT HOME
- 08 FORGOT OR LOST REFERRAL
- 09 I DIDN'T HAVE TIME
- 10 COULDN'T AFFORD/COST TOO MUCH
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA18_J24’:**
IF ARINSURE = 1, THEN CONTINUE WITH ‘QA18_J24’;  
ELSE GO TO ‘QA18_H78’

Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

Naghintay ka ba bago tumanggap o hindi na lang talaga tumanggap ng ibang medikal na pangangalaga na pakiramdam mo ay kinailangan mo habang insured ka sa kasalukuyan mong insurance plan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

Ang susunod na mga tanong ay tungkol sa mga espesyalista. Ang mga espesyalista ay mga doktor gaya ng mga surgeon (siruhano), mga doktor sa puso, mga doktor sa allergy (alerhiya), mga doktor sa balat, at iba pang mga nagdadulhaha sa isang larangan ng paggagamot.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

Nitong nakaraang 12 buwan, naisip ba ninyo o ng doctor na kailangan ninyong magpatingin sa espesyalistang doktor?

[IF NEEDED: Do not include dental visits.]
[IF NEEDED, SAY: 「Huwag bilangin ang pagbisita sa dentista.」]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE ‘QA18_J26’:
IF ‘QA18_J25’ = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH ‘QA18_J26’;
ELSE GO TO ‘QA18_J29’

During the past 12 months, did you have any trouble finding a medical specialist who would see you?

Nitong nakaraang 12 buwan, nahirapan ba kayong makahanap ng espesyalistang doktor na titingin sa inyo?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
During the past 12 months, did a medical specialist’s office tell you that they did not take your main health insurance?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila tinanggap ang inyong pangunahing health insurance?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

Ngayon, isipin ninyo ang mga general doctor. Nitong naraang 12 buwan, nahirapan ba kayong makahanap ng general doctor na titingin sa inyo?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tatanggapin ang inyong pangunahing health insurance?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA18_J32’:
IF AGE > 49 YEARS GO TO ‘QA18_J41’;
ELSE IF ‘QA18_A5’ = 1 THEN GO TO ‘QA18_J37’;
ELSE CONTINUE WITH ‘QA18_J32’

‘QA18_J32’ [AJ169] -

Which of the following statements best describes your pregnancy plans? Would you say…

- 01 You do not plan to get pregnant within the next 12 months,
- 02 You are not sexually active
- 03 You are planning to get pregnant within the next 12 months, or
- 04 You are currently pregnant?
- 05 Kasalukuyan ka bang buntis?
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE ‘QA18_J33’:
IF ‘QA18_E1’ = 1 (PREGNANT), GO TO ‘QA18_J41’;
IF ‘QA18_A5’ = 2 (FEMALE) AND ‘QA18_D8’ = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO ‘QA18_J41’;
IF ‘QA18_J32’ = 2, 4 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO ‘QA18_J36’;
ELSE CONTINUE WITH ‘QA18_J33’

‘QA18_J33’ [AF40B] -

Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

Gumagamit ba kayo o ang inyong lalaking katalik ng isang paraan na pampigil sa pagbubuntis upang mahadlangan ang pagkabuntis? Kabiliang dito ang male o female sterilization

[IF NEEDED, SAY: “Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.”]
[IF NEEDED, SAY: “Kabilang sa sterilization ang papapatalsi (tubal ligatn at vasectomy) o pagpapa-opera upang hindi maaaring magkaroon ng mga anak.”]

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- -7 REFUSED
- -8 DON’T KNOW

If = 3, -7, -8, goto ‘PN_'QA18_J36’
If = 2, goto ‘PN_'QA18_J35’
Which birth control method or methods are you using?
Aling paraan o mga paraan ng pampigil sa pagbubuntis ang inyong ginagamit?

**[CODE ALL THAT APPLY] [PROBE: “Any others?”]**

**[CODE ALL THAT APPLY] [PROBE: “May iba ba?”]**

- 01 TUBAL LIGATION (TUBES TIED OR CUT)
- 02 VASECTOMY (MALE STERILIZATION)
- 03 IUD (MIRENA, PARAGARD)
- 04 IMPLANT (IMPLANON, NEXPLANON)
- 05 BIRTH CONTROL PILLS
- 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- 07 CONDOMS (MALE)
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA18_J35’:**
IF ‘QA18_J33’ =2 (NO), CONTINUE WITH ‘QA18_J35’
ELSE GO TO ‘QA18_J36’;

What is the MAIN reason you are NOT currently using birth control?
Ano ang PANGUNAHING dahilan kung bakit HINDI ka kasalukuyang gumagamit ng birth control?

- 01 TRYING TO GET PREGNANT/WANT A BABY
- 02 HAVEN'T FOUND A METHOD I LIKE
- 03 COST
- 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- 05 NO TRANSPORTATION
- 06 DON'T KNOW WHERE TO GET IT
- 07 DON'T BELIEVE IN BIRTH CONTROL
- 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 09 PARTNER WON'T LET ME
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA18_J36’:**
IF ‘QA18_J34’ = 3 (IUD), GO TO ‘QA18_J37’;
ELSE CONTINUE WITH ‘QA18_J36’;

Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant (that thing in your arm)?
Mayroon na bang doktor, medical provider, o family planning counselor na nakapag-usap sa iyo tungkol sa IUD o sa isang implant (ang bagay na nasa inyong braso)?

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- -7 REFUSED
- -8 DON'T KNOW
'PN_QA18_J37' [PN_AJ144B] -
PROGRAMMING NOTE ‘QA18_J37’:
IF ‘QA18_A5’=2 (FEMALE) THEN GO TO ‘QA18_J41’;
ELSE IF ‘QA18_A5’=1 (MALE) CONTINUE WITH ‘QA18_J37’;

‘QA18_J37’ [AJ144B] -
During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

Nitong nakaraang 12 buwan, nakatanggap ba kayo mula sa doktor o medical provider ng counseling o impormasyon tungkol a pagpupil sa pagbubuntis para sa lalaki o para sa babaee?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON’T KNOW

‘QA18_J38’ [AJ172] -
Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

Gumagamit ba kayo o ang inyong lalaking katalik ng isang paraan na pampigil sa pagbubuntis upang mahadlangan ang pagkabuntis? Kabilang dito ang male o female sterilization.

- 01 YES
- 02 NO
- 03 NO FEMALE SEXUAL PARTNER
- 07 REFUSED
- 08 DON’T KNOW

PROGRAMMING NOTE ‘QA18_J39’:
IF ‘QA18_J38’ = 2 (NO) or 3 (NO FEMALE PARTNER) THEN GO TO ‘QA18_J40’;
ELSE CONTINUE WITH ‘QA18_J39’;

‘QA18_J39’ [AJ174] -
Which birth control method or methods are you using?

Aling paraan o mga paraan na pampigil sa pagbubuntis ang inyong ginagamit?

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

- 03 IUD (MIRENA, PARAGARD)
- 04 IMPLANT (IMPLANON, NEXPLANON)
- 05 BIRTH CONTROL PILLS
- 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH/VAGINAL RING/NUVA RING)
- 07 CONDOMS (MALE)
- 09 OTHER (SPECIFY: _______________)
- 07 REFUSED
- 08 DON’T KNOW
'QA18_J40' [AJ175] -
What is the MAIN reason you are NOT currently using birth control?
Ano ang PANGUNAHING dahilan kung bakit HINDI ka kasalukuyang gumagamit ng birth control?

- 01 TRYING TO GET PREGNANT/WANT A BABY
- 02 HAVEN'T FOUND A METHOD I LIKE
- 03 COST
- 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- 05 NO TRANSPORTATION
- 06 DON'T KNOW WHERE TO GET IT
- 07 DON'T BELIEVE IN BIRTH CONTROL
- 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 09 PARTNER WON'T LET ME
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

'QA18_J41' [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.
Tungkol sa kalusugan ng ngipin ang sumusunod na mga tanong. Humigit-kumulang, gaano katagal na mula noong huli kayong nagpatingin sa dentista o sa pagamutan ng ngipin? Bilangin ang mga hygienist at lahat ng uri ng mga espesyalista sa ngipin.

- 00 HAVE NEVER VISIT
- 01 6 MONTHS AGO OR LESS
- 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 05 MORE THAN 5 YEARS AGO
- -7 REFUSED
- -8 DON'T KNOW

If = 0, -7, -8, goto “QA18_J43”

'QA18_J42' [AJ167] -
Was it for a routine checkup or cleaning, or was it for a specific problem?
Para ba ito sa rutinang checkup o paglilinis, o para sa partikular na problema?

- 01 ROUTINE CHECKUP OR CLEANING
- 02 SPECIFIC PROBLEM
- 03 BOTH
- -7 REFUSED
- -8 DON'T KNOW

'QA18_J43' [AG3] -
Do you now have any type of insurance that pays for part or all of your dental care?
Mayroon ba kayo ngayon na anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng iyong pangangalagang dental?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

Paano mo ilalarawan ang kalagayan ng iyong mga ngipin: mabuting-mabuti, napakabuti, mabuti, mabuti-buti, o mahina?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 06 HAS NO NATURAL TEETH
- 07 REFUSED
- 08 DON'T KNOW
Section K: Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE ‘QA18_K1’:
IF ‘QA18_G29’ = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUIINESS BUT NOT AT WORK) OR ‘QA18_G31’ = 1 (R USUALLY WORKS) CONTINUE WITH ‘QA18_K1’;
ELSE GO TO PROGRAMMING NOTE ‘QA18_K4’

‘QA18_K1’ [AK3] -
The next questions are about your employment.
Tungkol sa inyong empleo ang sumusunod na mga katanungan.
How many hours per week do you usually work at all jobs or businesses?
Ilang oras sa bawat linggo kayo karaniwang nagtatrabaho sa lahat ninyong mga trabaho bilang isang empleo o sa mga negosyo?
[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS          [HR: 0-95]
-7 REFUSED
-8 DON'T KNOW

‘QA18_K2’ [AK7] -
How long have you worked at your main job?
Gaano katagal na kayo nagtatrabaho sa inyong pangunahing trabaho?
[IF NEEDED, SAY: “That is, for your current employer.”]
[IF NEEDED, SAY: ‘Sa ibang salita, para sa inyong kasalukuyang employer.”]
[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

[AK7M] -
_____ MONTHS          [HR: 0-12]

[AK7Y] -
_____ YEARS             [HR: 0-50]
-7 REFUSED
-8 DON'T KNOW
What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

Ano ang pinakamahusay ninyong tantya sa lahat ng inyong kinita nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

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

$_____________ AMOUNT [HR: 0-999995]

-7 REFUSED
-8 DON'T KNOW

The next question is about your partner’s employment.

How many hours per week does your spouse usually work at all jobs or businesses?

_____ HOURS [HR: 0-95]

-7 REFUSED
-8 DON'T KNOW
What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

Ano ang pinakamahusay ninyong tantya sa lahat ng kinita ng inyong {asawa/partner} nitong nakaraang buwan sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na porHora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

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

$__________

-7 REFUSED
-8 DON'T KNOW

What is your best estimate of your household’s total annual income from all sources before taxes in 2017?

Ano ang pinakamahusay ninyong tantya sa kita ng buong pamamahay sa isang taon mula sa lahat ng pinangggagalingan bago nabuwis noong 2014?

[IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]

[IF NEEDED, SAY: “Bilangin ang pera mula sa mga trabaho, social security, retirement income, bayad para sa unempolyment, tulong mula sa gobyerno, at iba pa. Bilangin din ninyo ang kita mula sa interest, mga dividend, netong kita mula sa negosyo, sa sakahan o upa at anumang iba pang kinikitang pero.”]

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

$____________ AMOUNT [HR: 0-999995]

-7 REFUSED
-8 DON'T KNOW

If = -7, -8, goto ‘PN_QA18_K8”

PLEASE VERIFY AMOUNT ENTERED: I have entered that your annual household income is (AMOUNT). Is that correct?

MANGYARING TIYAKIN ANG HALAGANG NAKATATALA: Itinala ko ang kita na (AMOUNT). Tama ba ito?

1 YES
2 NO

If = 1, goto ‘PN_QA18_K14’
If = 2, Go back to ‘QA18_K6’
We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

Hindi namin kailangang malaman nang eksakto, ngunit masasabi ba ninyo sa akin kung higit ba o mas mababa sa $20,000 ang taunang kita ng inyong pamamahay mula sa lahat ng pinanggagalingan bago nabuwisang taon?

- 01 MORE
- 02 EQUAL TO $20K OR LESS
- 07 REFUSED
- 08 DON'T KNOW

If = 1, goto ‘QA18_K10’
If = -7, -8, goto ‘PN_’QA18_K14’

Is it ...
Ito ba ay ...

- 01 $5,000 or less,
- 02 $5,001 to $10,000,
- 03 $10,001 to $15,000, or
- 04 $15,001 to 20,000?
- 07 REFUSED
- 08 DON'T KNOW

If = 1, 2, 3, 4, -7, -8, goto ‘PN_’QA18_K14’

Is it more or less than $70,000 per year?

Higit ba o mas mababa sa $70,000 sa bawat taon?

- 01 MORE
- 02 EQUAL TO $70K OR LESS
- 07 REFUSED
- 08 DON'T KNOW

If = 1, goto ‘QA18_K12’
If = -7, -8, goto ‘PN_’QA18_K14’

Is it …
Ito ba ay ...

- 01 $20,001 to $30,000,
- 02 $30,001 to $40,000,
- 03 $40,001 to $50,000,
- 04 $50,001 to $60,000, or
- 05 $60,001 to $70,000?
- 07 REFUSED
- 08 DON'T KNOW

If = 1, 2, 3, 4, 5, -7, -8, goto ‘PN_’QA18_K14’
Is it more or less than $135,000 per year?

Higit ba o mas mababa sa $135,000 sa bawat taon?

- 01 MORE
- 02 EQUAL TO $135K OR LESS
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA18_K14''

Is it …

Ito ba ay…

- 01 $70,001 to $80,000,
- 02 $80,001 to $90,000,
- 03 $90,001 to $100,000, or
- 04 $100,001 to $135,000?
- 07 REFUSED
- 08 DON'T KNOW

Including yourself, how many people living in your household are supported by your total household income?

Kabilang ang inyong sarili, ilang tao na tumitira sa inyong pamahayang ang tinututusan ng buong kita ng inyong pamahayang?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 07 REFUSED
- 08 DON'T KNOW

How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

Ilan sa {INSERT NUMBER FROM QA15_K15} taong ito ay mga bata na hindi pa 18 taong gulang?

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

- 07 REFUSED
- 08 DON'T KNOW
'QA18_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?

Mayroon bang sinumang nakatira sa U.S., ngunit hindi kasalukuyang tumitira sa inyong pamamahay, na tinutustusan ng kita ng inyong pamamahay?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, goto 'PN_AM1'

'QA18_K17' [AK33] -

How many?

Ilan?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 07 REFUSED
- 08 DON'T KNOW

'PN_QA18_K18' [PN_AM1B] -

PROGRAMMING NOTE ‘QA18_K18’ :
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH ‘QA18_K18’;
IF HH Income ≤ 300% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1) AND SAMPLED COUNTY IS SAN FRANCISCO OR ALAMEDA], CONTINUE WITH ‘QA18_K18’;
ELSE GO TO ‘QA18_L1’

'QA18_K18' [AM1B] -

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Tungkol sa mga pagkain na kinain sa inyong pamamahay nitong nakaraang 12 buwan ang sumusunod na mga tanong at kung nakaya ninyong mamili ng pagkain.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

Babasahin ko ang dalawang pahayag ng mga tao tungkol sa kanilang kalagayan sa pagkain. Para sa bawat isa, pakisabi sa akin kung isinasalarawan ng pahayag ang isang bagay na totoo nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan.

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

"Ang unang pahayag ay: "Talagang hindi nagtagal ang pagkaing binili (ko/namin), at wala (akong/kaming) pera upang bumili ng pandagdag."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

Totoo ba iyon nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- 07 REFUSED
- 08 DON'T KNOW
'PN_QA18_K19' [PN_AM2B] -
PROGRAMMING NOTE 'QA18_K19':
IF 'QA18_K14' = 1, THEN DISPLAY "I",
ELSE IF 'QA18_K14' > 1 DISPLAY "We"

'QA18_K19' [AM2B] -
The second statement is:
"[I/We] couldn't afford to eat balanced meals."

Ang ikalawang pahayag ay: "Hindi [ko/namin] kayang kumain ng balanseng agahan/tanghalan/hapunan."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

Totoo ba iyon nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- -7 REFUSED
- -8 DON’T KNOW

'QA18_K20' [AM3B] -
Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

Pakisagot ng oo o hindi. Nitong nakaraang 12 buwan, binawasan ba ninyo o ng iba pang adult sa inyong pamamahay ang dami ng pagkain o hindi kumain ng almusal/tanghalan/hapunan dahil sa hindi sapat ang pera para sa pagkain?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, goto “QA18_K22”

'QA18_K21' [AM3C] -
How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

Gaano kadalas ito nangyayari -- halos bawat buwan, ilang buwan ngunit hindi bawat buwan, o sa isa o dalawang buwan lamang?

- 01 ALMOST EVERY MONTH
- 02 SOME MONTHS BUT NOT EVERY MONTH
- 03 ONLY IN 1 OR 2 MONTHS
- -7 REFUSED
- -8 DON’T KNOW

'QA18_K22' [AM4B] -
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

Nitong nakaraang 12 buwan, kumain ba kayo kailanman ng mas kaunti kaysa sa inyong nadadamang dapat kainin dahil walang sapat na pera upang ipambili ng pagkain?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW
In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

Nitong nakaraang 12 buwan, nagutom ba kayo kailanman ngunit hindi kumain dahil hindi ninyo kayang bumili ng sapat na pagkain?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
Section L: Public Program Participation

PROGRAMMING NOTE ‘QA18_L1’:
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY < 6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L; ELSE GO TO ‘QA18_M1’

‘QA18_L1’ [AL2] -
Are you now receiving TANF or CalWORKs?
Tumatanggap ba kayo ngayon ng TANF o CalWORKS?

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

[IF NEEDED, SAY: “Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKS. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.”]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘PN_QA18_L2’ [PN_IAP1] -
PROGRAMMING NOTE ‘QA18_L2’:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH ‘QA18_L2’; ELSE GO TO ‘QA18_L3’;

‘QA18_L2’ [IAP1] -
Is(TEEN) now receiving TANF or CalWORKs?
Tumatanggap ba ngayon si (TEEN) ng TANF o CalWORKS?

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

[IF NEEDED, SAY: "Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKS. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.”]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

Food Stamps
Are you receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba kayo ng mga benepisyo ng Food Stamp na kilala rin bilang CalFresh?

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: "Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba si (TEEN) ng mga benepisyong Food Stamp na kilala din bilang CalFresh?

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: "Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugan na Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

Are you receiving Supplemental Security Income (SSI)?

Tumatanggap ba kayo ng SSI?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

[IF NEEDED, SAY: "Ang kahulugan ng SSI ay Supplemental Security Income. Iba ito sa Social Security.]

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

Are you receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba kayo ng mga benepisyo ng Food Stamp na kilala rin bilang CalFresh?

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: "Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW

Are you receiving Supplemental Security Income (SSI)?

Tumatanggap ba kayo ng SSI?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

[IF NEEDED, SAY: "Ang kahulugan ng SSI ay Supplemental Security Income. Iba ito sa Social Security.]

01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW
‘QA18_L6’ [AL7] -

Are you on WIC?

Naka-enrol ba kayo sa WIC?

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

[IF NEEDED, SAY: Ang WIC ay ang 'Supplemental Food Program for Women, Infants and Children]

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

‘PN_QA18_L7’ [PN_AL9] -

PROGRAMMING NOTE ‘QA18_L7’:

IF ‘QA18_D4’ = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR ‘QA18_A4’ = 6) AND (POVERTY < 6 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH ‘QA18_L7’; ELSE SKIP TO PROGRAMMING NOTE ‘QA18_L14’;

OBTAIN THE PROPERTY LIMIT VALUE FROM:

IF ‘QA18_K14’ = 1 DISPLAY $2000;
IF ‘QA18_K14’ = 2 DISPLAY $3000;
IF ‘QA18_K14’ = 3 DISPLAY $3150;
IF ‘QA18_K14’ = 4 DISPLAY $3300;
IF ‘QA18_K14’ = 5 DISPLAY $3450;
IF ‘QA18_K14’ = 6 DISPLAY $3600;
IF ‘QA18_K14’ = 7 DISPLAY $3750;
IF ‘QA18_K14’ = 8 DISPLAY $3900;
IF ‘QA18_K14’ = 9 DISPLAY $4050;
IF ‘QA18_K14’ ≥ 10 DISPLAY $4200;

IF ‘QA18_A16’ = 1 (MARRIED) OR ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “your family’s”;
ELSE DISPLAY “your”

‘QA18_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}?

Huwag bibilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo, masasabi ba ninyo na higit sa {PROPERTY LIMIT} ang halaga ng mga ari-arian (ninyo/ng inyong pamilya), ibig sabihin, lahat ng inyong perang cash, mga savings, mga investment na pinagsama-sama?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘PN_QA18_L14’

‘PN_QA18_L14’ [PN_AL15B] -

PROGRAMMING NOTE ‘QA18_L14’:

IF ‘QA18_A16’ = 1 (MARRIED) AND ‘QA18_G12’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse”;
ELSE IF [‘QA18_A16’ = 2 (LIVING WITH PARTNER) OR ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA18_G12’ = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner”;
ELSE DISPLAY "you"
Did {you or your spouse/you or your partner/you} receive any money last month for child support?

Nakatanggap ba kayo  {kayo} ng anumang pera nitong nakaraang buwan para sa child support o sustento sa anak?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_L16''

What was the {combined} total amount that you {and your spouse/partner} received from child support last month {for both you and your spouse/partner}?  

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

$______________ AMOUNT [000001-999995]

- 07 REFUSED
- 08 DON'T KNOW

Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

Nagbayad ba {kayo o ang inyong partner o kayong dalawa/ kayo o ang inyong asawa o kayong dalawa} ng anumang child support nitong nakaraang buwan?

- 01 YES, RESPONDENT PAID
- 02 YES, SPOUSE/PARTNER PAID
- 03 YES, BOTH PAID
- 04 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 4, -7, -8, goto ‘PN_'QA18_L18''
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?

Ano ang kabuuang halaga ng child support ang binayaran {ninyo o ng inyong asawa o ninyong dalawa/ ninyo o ng inyong partner o ninyong dalawa} nitong nakaraang buwan?

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

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-7 REFUSED</td>
<td></td>
</tr>
<tr>
<td>-8 DON'T KNOW</td>
<td></td>
</tr>
</tbody>
</table>

Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

Tumanggap ba{ kayo o ang inyong asawa/kayo o ang inyong partner/kayo } ng anumang pera para sa workers compensation nitong nakaraang buwan?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 YES</td>
<td></td>
</tr>
<tr>
<td>02 NO</td>
<td></td>
</tr>
<tr>
<td>-7 REFUSED</td>
<td></td>
</tr>
<tr>
<td>-8 DON'T KNOW</td>
<td></td>
</tr>
</tbody>
</table>

If = 2, -7, -8, goto ‘PN_’QA18_L20’
CHIS 2018 Adult Questionnaire

`PN_QA18_L19' [PN_AL33] -
PROGRAMMING NOTE ‘QA18_L19' :
IF ‘QA18_A16’ = 1 (MARRIED) AND ‘QA18_G12’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
“combined” AND "and your spouse";
ELSE IF ['QA18_A16’ = 2 (LIVING WITH PARTNER) OR ‘QA18_D9’ = 1 OR ‘QA18_D10’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA18_G12’

`QA18_L19’ [AL33] -
What was the (combined) total amount that you (and your spouse/and your partner) received from workers compensation last month?
Ano ang (pinagsama-samang) kabuuang halaga na natanggap ninyo (at ng inyong asawa/at ng inyong partner) mula sa workers compensation nitong nakaraang buwan?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]
$_____________ AMOUNT [000001-999995]

-7 REFUSED
-8 DON'T KNOW

`PN_QA18_L20' [PN_AL18A] -
PROGRAMMING NOTE ‘QA18_L20': IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND ‘QA18_G12’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH AL18A AND DISPLAY "you or your spouse"; ELSE IF AGE ≥ 65 AND ‘QA18_G12’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA18_L20’ AND DISPLAY "you or your partner"; ELSE IF AGE ≥ 65, THEN CONTINUE WITH'QA18_L20’ AND DISPLAY "you"; ELSE GO TO PROGRAMMING NOTE ‘QA18_L22’

`QA18_L20’ [AL18A] -
Did (you or your spouse/you or your partner/you) receive any Social Security or Pension payments last month?
Nakatanggap ba (kayo o ang inyong asawa/kayo o ang inyong partner) ng anumang bayad mula sa Social Security o Pension nitong nakaraang buwan?

-7 REFUSED
-8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_L22’

`PN_QA18_L21' [PN_AL18B] -
PROGRAMMING NOTE ‘QA18_L21': IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND ‘QA18_G12’ = 1 (MARRIED) AND ‘QA18_L26’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH) DISPLAY "you or your spouse"; ELSE IF AGE ≥ 65 AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner"; ELSE IF AGE ≥ 65, DISPLAY "you";

`QA18_L21’ [AL18B] -
What was the total amount received last month from Social Security and Pensions (for both you and your spouse/partner)?
Ano ang kabuuang halagang tinanggap nitong nakaraang buwan mula sa Social Security at mga Pension?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]
$_____________ AMOUNT [000001-999995]

-7 REFUSED
-8 DON'T KNOW
What is the one main reason why you are not enrolled in the Medi-Cal program?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

You previously said you had Medi-Cal. How long did you have Medi-Cal?

- [AL40Y] -
  _____ YEARS
- [AL40M] -
  _____ MONTHS
- -7 REFUSED
- -8 DON'T KNOW

Was your Medi-Cal renewed automatically in the past year (with no input or action needed on your part)?

- 01 YES
- 02 NO
- 03 DID NOT RENEW
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 3, -7, -8, go to PN_'QA18_L32'
'QA18_L25' [AL42] -

Did you need to provide additional information for your Medi-Cal renewal by phone, mail, fax, online, or in person?

Kinailangan ba ninyong magbigay ng karagdagang impormasyon para sa inyong Medi-Cal sa telepono, mail, fax, online, o personal kang pumunta para mag-renew?

[CHECK ALL THAT APPLY]

- 01 PHONE
- 02 MAIL
- 03 FAX
- 04 ONLINE
- 05 IN PERSON
- 06 DIDN'T NEED TO PROVIDE INFORMATION
- 07 OTHER
- -7 REFUSED
- -8 DON'T KNOW

IF ‘QA18_L25’ = 6, -7, -8 goto ‘QA18_L27’

'QA18_L26' [AL43] -

What information was needed?

Anong impormasyon ang kinailangan?

[CHECK ALL THAT APPLY]

- 01 INCOME INFORMATION
- 02 HOUSEHOLD INFORMATION
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

'QA18_L27' [AL44] -

Did you have any problems when renewing your Medi-Cal?

Noong nag-renew kayo ng inyong Medi-Cal, may naranasan ka bang anumang mga isyu o problema? Nagkaroon ka ba ng anumang problema nang ni-renew ninyo ang inyong Medi-Cal?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QA18_L28' [AL45] -

Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

Pansamantala ka bang nawalan ng coverage ng isa o dalawang buwan, tuluyang nawalan ng coverage, o kinailangang mong mag-apply ulit?

- 1 LOST COVERAGE FOR 1-2 MONTHS
- 2 LOST COVERAGE
- 3 HAD TO REAPPLY
- 4 REFUSED
- 5 DON'T KNOW
Prior to having Medi-Cal coverage, what health coverage did you have?

Bago ka nagkaroon ng Medi-Cal coverage, anong health coverage ang dating mayroon ka?

- 01 UNINSURED
- 02 EMPLOYER-BASED
- 03 PRIVATE
- 04 COVERED CALIFORNIA
- 05 OTHER
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_L30':
IF 'QA18_L29' = 4, THEN CONTINUE WITH 'QA18_L30';
ELSE GO TO PN 'QA18_L32'

Did you have problem in changing to Medi-Cal?

Nagkaroon ka ba ng problema sa paglipat sa Medi-Cal?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto “QA18_L32”

What kind of problem?

Anong klaseng problema?

- 01 GAP IN HEALTH COVERAGE
- 02 FILED AN APPEAL AS ELIGIBILITY DECISIONS WAS INCORRECT
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE 'QA18_L32':
IF 'QA18_L6' = 1 (YES) GO TO 'QA18_L56'
IF HH INCOME <=300% FPL AND (HHS WITH FEMALES <=45 YEARS OLD OR CHILDREN <= 10 YEARS OLD OR ‘QA18_E1’ =1 OR ‘QA18_J32’ =4 (AR FEMALE IS PREGNANT), THEN CONTINUE WITH ‘QA18_L32’;
ELSE GO TO ‘QA18_M1’;

During the past 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Special Supplemental Nutrition Program for Women, Infants and Children?

Sa loob ng nakaraang labindalawang buwan, nakatanggap ka ba o sinumang miyembro ng inyong sambahayan ng mga benepisyo mula sa WIC program, o ang Special Supplemental Nutrition Program for Women, Infants and Children?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto ‘QA18_L56’
If = -7, -8, goto ‘QA18_M1’
'QA18_L33' [AL50] -
Have you or any member of your household received benefits from the WIC program in the past 5 years?
Nakatanggap ka ba o ang sinuman sa inyong sambahayan ng mga benepisyo mula sa WIC program sa nakaraang limang taon?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2 goto “QA18_L45”
If = -7, -8 goto ‘QA18_M1’

'QA18_L34' [AL51] -
Why did you leave WIC?
Did you leave because you were no longer eligible?
Bakit ka umalis sa WIC program? Umalis ka ba dahil hindi ka na kwalipikado?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1 goto PN ‘QA18_L56’

'QA18_L35' [AL52] -
Did you leave because you only wanted baby formula?
Umalis ka ba dahil gusto mo lang ng baby formula o gatas na tinitimpla para sa mga sanggol?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QA18_L36' [AL53] -
Did you leave because shopping for WIC foods was a hassle?
Umalis ka ba dahil nakakaasar bumili ng mga pagkain na WIC?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QA18_L37' [AL54] -
[Did you leave because]….you had a bad experience at WIC?
[Umalis ka ba dahil]... may hindi ka magandang karanasan sa WIC?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
Did you leave because you didn't value the information received?

[Umalis ka ba dahil hindi mo pinahalagahan ang natanggap mong impormasyon?]
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because you thought you were taking the place of someone who needed WIC more?

[Umalis ka ba dahil sa tingin mo kinukuha mo ang lugar ng ibang taong mas nangangailangan ng WIC?]
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because the amount of food benefits received were not worth your time and effort?

[Umalis ka ba dahil ang halaga ng mga benepisyo na pagkain ay hindi katumbas ng inyong panahon?]
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because you would rather not rely on a government program?

[Umalis ka ba dahil mas gusto mong huwag umasa sa isang programa ng gobyerno?]
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because of transportation issues?

[Umalis ka ba dahil sa mga problema sa transportasyon?]
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because of any other reasons?

[Umalis ka ba dahil sa anumang iba pang mga dahilan?]
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, goto 'PN 'QA18_L56'"

190
'QA18_L44' [AL61] -

What were those reasons?

Ano ang mga kadahilanang iyon?

- 01 OTHER (SPECIFY: ____________)
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1, 7, 8 goto PN 'QA18_L56'

'QA18_L45' [AL62] -

Why didn't you enroll yourself or any member of your household on WIC? Was it because you didn't know about WIC?

Bakit hindi mo inenroll ang inyong sarili o ang sinumang miyembro ng inyong sambahayan sa program ng WIC? Dahil ba dati hindi mo alam ang tungkol sa WIC?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1, 7, 8 goto 'QA18_M1'

'QA18_L46' [AL63] -

Was it because you didn't qualify?

Dahil ba hindi ka kwalipikado?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1, 3, 4, goto 'QA18_M1'

'QA18_L47' [AL64] -

[Was it]...because you didn't think you needed WIC?

Dahil ba hindi mo inisip na kinakailangan mo ang WIC?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

'QA18_L48' [AL65] -

[Was it]...because you didn't value what WIC offered?

Dahil ba hindi mo pinahalagahan ang mga inalok ng WIC?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
'QA18_L49' [AL66] -

[Was it]...because it was too difficult to apply?

Dahil ba masyadong mahirap mag-apply?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QA18_L50' [AL67] -

[Was it]...because of language issues?

Dahil ba hindi sila nagsasalita ng inyong wika at mahirap silang maintindihan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QA18_L51' [AL68] -

[Was it]...because you didn’t trust WIC?

Dahil ba hindi ka nagtiwala sa WIC?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QA18_L52' [AL69] -

[Was it]...because you heard negative things about WIC?

Dahil ba may mga narinig kang mga negatibong bagay tungkol sa WIC?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QA18_L53' [AL70] -

[Was it]...because of transportation issues?

Dahil ba sa mga problema sa transportasyon?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QA18_L54' [AL71] -

Did you not enroll because of any other reasons?

Hindi ka ba nag-enroll dahil sa anumang iba pang mga dahilan?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto “QA18_M1”
What were those reasons?

Ano ang mga kadahilanang iyon?

- 01 OTHER (SPECIFY:_______________)
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7, -8 goto "QA18_M1"

PROGRAM NOTE 'QA18_L56':
IF 'QA18_L6' = 1 OR 'QA18_L33' = 1 DISPLAY "You previously mentioned you were on WIC"
ELSE IF 'QA18_L32' =1, GO TO 'QA18_L56'
ELSE IF 'QA18_L32'=2 AND 'QA18_L33' =2 SKIP TO 'QA18_M1'

What benefits have you liked getting from the WIC program?

Did you like WIC checks for food?

Nabanggit mo na dati kang nasa program ng WIC. Anong nakuha mong benepisyo ang nagustuhan mo na mula sa WIC program? Nagustuhan mo ba ang mga tseke mula sa WIC para sa pagkain?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

Did you like WIC checks for baby formula?

Nagustuhan mo ba ang mga tseke mula sa WIC para sa baby formula o gatas na gawa o tinitimpla para sa mga sanggol?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

Did you like education for having healthy pregnancy?

[Nagustuhan mo ba]… ang nakuha mong edukasyon para sa pagkakaroon ng malusog na pagbubuntis?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW
"QA18_L59" [AL76] -
[Did you like]... individual counseling?
[Nagustuhan mo ba]... ang indibidwal na counseling?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

"QA18_L60" [AL77] -
[Did you like]... education on improving the health and nutrition of my family?
[Nagustuhan mo ba]... ang nakuha mong edukasyon sa pagpapabuti ng kalusugan at nutrisyon ng inyong pamilya?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

"QA18_L61" [AL78] -
[Did you like]... support for breastfeeding?
[Nagustuhan mo ba]... ang binigay na suporta sa inyo para sa pagpapasuso?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

"QA18_L62" [AL79] -
[Did you like]... help getting a breast pump?
[Nagustuhan mo ba]... ang tulong na ibinigay sa inyo para makakuha ng isang breast pump?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

"QA18_L63" [AL80] -
[Did you like]... information on how to get health care services?
[Nagustuhan mo ba]... ang mga impormasyon kung paano makakuha ng mga mga serbisyo sa pangangalaga sa kalusugan?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW
'QA18_L64' [AL81] -

[Did you like]… information on community programs?

[Nagustuhan mo ba]… ang impormasyon tungkol sa mga programa sa komunidad?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 88 DON'T KNOW

‘QA18_L65’ [AL82] -

[Did you like]… one-on-one education?

[Nagustuhan mo ba]… ang one-on-one na pagtuturo?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 88 DON'T KNOW

‘QA18_L66’ [AL83] -

[Did you like]… group classes?

[Nagustuhan mo ba]… ang mga klaseng panggrupong?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 88 DON'T KNOW

‘QA18_L67’ [AL84] -

Did you like WIC benefits for any other reasons?

Nagustuhan mo ba ang mga benepisyo ng WIC para sa anumang iba pang mga dahilan?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 88 DON'T KNOW

If = 2,-7,-8 go to ‘QA18_M1’

‘QA18_L68’ [AL85] -

What were those reasons?

Ano ang mga kadahilanang iyon?

- 07 REFUSED
- 88 DON'T KNOW
Section M: Housing and Social Cohesion

‘QA18_M1’ [AK23] -
These next questions are about your housing and neighborhood.
Tungkol sa inyong pabahay at kapitbahayan ang susunod na mga tanong.
Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
Nakatira ba kayo sa bahay, sa duplex, sa gusaling may 3 o higit pang unit, o sa mobile home?

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]

[IF NEEDED, SAY: "Gusali na may dalawang unit ang duplex."]

- 01 HOUSE
- 02 DUPLEX
- 03 BUILDING WITH 3 OR MORE UNITS
- 04 MOBILE HOME
- 7 REFUSED
- 8 DON'T KNOW

‘QA18_M2’ [AK25] -
Do you own or rent your home?
Pag-aari ba ninyo o inuupahanang inyong bahay?

- 01 OWN
- 02 RENT
- 03 OTHER ARRANGEMENT
- 7 REFUSED
- 8 DON'T KNOW

‘PN_QA18_M3’ [PN_AM37] -
PROGRAMMING NOTE ‘QA18_M3’: If AAGE >= 65 AND AK25 = 1, Only ask ‘QA18_M3’

‘QA18_M3’ [AM37] -
Are you currently paying off a mortgage or loan on this home?
Kasalukuyan ka bang nagbabayad ng buwanang hulog o mortgage, o utang sa bahay na ito?

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

Handang tumulong sa isa't-isa ang mga tao sa aking kapitbahayan.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang disang-ayon?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW

People in this neighborhood generally do NOT get along with each other.

Hindi nagkakasundo nang mabuti sa isa't-isa ang mga tao sa kapitbahayang ito.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang disang-ayon?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW

People in this neighborhood can be trusted.

Mapagkakatiwalaan ang mga tao sa kapitbahayang ito.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang disang-ayon?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW
‘QA18_M7’ [AM35] -

You can count on adults in this neighborhood to watch out that children are safe and don’t get in trouble.

Maaasahan ninyo na babantayan ng mga adult sa kapitbahayang ito ang mga bata upang matiyak na ligtas at hindi napapasok sa gulo.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang disang-ayon?”]

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 05 NOT APPLICABLE
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_M8’ [AK28] -

Do you feel safe in your neighborhood...

Panatag ba ang pakiramdam ninyo sa inyong kapitbahayan...

- 01 All of the time,
- 01 palagi,
- 02 Most of the time,
- 02 kadalasan,
- 03 Some of the time, or
- 03 paminsan- minsan, o
- 04 None of the time
- 04 hindi kalianman?
- -7 REFUSED
- -8 DON'T KNOW

‘QA18_M9’ [AC146] -

For the next three questions, please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder would you say you personally feel you stand at this time?

Para sa mga susunod na tatlong tanong, isipin ang isang hagdan na may bilang kung saan zero ay ang nasa pinakaibaba at sampu ay ang nasa pinakaaitas. Ang pinakaaitas ng hagdan ay kumakatawan sa pinakamagandang buhay na posible para sa inyo habang ang pinakaibaba naman ng hagdan ay kumakatawan sa pinakamiserableng buhay para sa inyo..

Sa inyong palagay, sa aling hakbang sa hagdan kayo ngayon napapabilang?

_________ NUMBER [HR: 0-10]

- -7 REFUSED
- -8 DON'T KNOW
'QA18_M10' [AC147] -

On which step do you think you will stand about five years from now?
Sa inyong palagay, sa aling hakbang sa hagdan kayo mapapabilang pagkatapos ng limang taon?

_____ NUMBER [HR: 0-10]

- REFUSED
- DON'T KNOW

'QA18_M11' [AC148] -

Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you.

Ngayon naman, ipagpalagay na ang pinakaitaas ng hagdan ay kumakatawan sa pinakamagandang sitwasyong pampinansyal para sa inyo, at ang pinakaibaba naman ng hagdan ay kumakatawan sa pinakamiserableng sitwasyong pampinansyal para sa inyo.

[IF NEEDED: Imagine a ladder with steps numbered from zero at the bottom to ten at the top.]
[IF NEEDED: Isipin ang isang hagdan na may mga hakbang na may bilang kung saan zero ay ang nasa pinakaibaba at sampu ay ang nasa pinakaitaas.]

On which step of the ladder would you say you stand at this time?
Sa inyong palagay, sa aling hakbang sa hagdan kayo ngayon napapabilang?

_____ NUMBER [HR: 0-10]

- REFUSED
- DON'T KNOW

'QA18_M12' [AC149] -

How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?
Gaano kadalas kayong nakakakuha ng suporta galing sa ibang tao at suportang pang-emosyonal na kailangan mo? Masasabi niyo bang palagi, karaniwan, minsan, bihira, o hindi kailanman?

- ALWAYS
- USUALLY
- SOMETIMES
- RARELY
- NEVER
- REFUSED
- DON'T KNOW
How strongly do you agree with this statement?

“I lead a purposeful and meaningful life.”

Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Gaano kayo kasang-ayon sa pahayag na ito?

“Pinangungunahan ko ng makabuluhan at puno hangarin ang aking buhay.”

Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?

- 01 STRONGLY AGREE
- 02 AGREE
- 03 NEITHER AGREE NOR DISAGREE
- 04 DISAGREE
- 05 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA18_M14’: IF ‘QA18_M14’ WAS ASKED IN CHILD INTERVIEW, THEN ‘QA18_M14’ = KAM36, AND SKIP TO SECTION P
ELSE CONTINUE WITH ‘QA18_M14’

In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

Nitong nakaraang 12 buwan, mayroon ka bang ginawang boluntaryong trabaho o serbisyo sa pamayanan na hindi ka pa nababayaran?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
Section P: Voter Engagement

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Are you currently registered to vote? | 01 YES, REGISTERED  
02 NOT REGISTERED  
03 NOT SURE IF REGISTERED  
04 NOT ELIGIBLE TO VOTE/REGISTER  
-7 REFUSED  
-8 DON'T KNOW |
| What is the main reason why you are not registered to vote? | 01 TOO BUSY  
02 VOTING DOESN'T MAKE A DIFFERENCE  
03 I DON'T KNOW HOW  
04 I DON'T KNOW WHERE TO GO TO REGISTER  
05 LANGUAGE BARRIER  
06 I'M NOT ELIGIBLE  
07 I DON'T KNOW ENOUGH ABOUT THE ISSUES  
08 I DON'T KNOW ENOUGH ABOUT THE CANDIDATES  
09 I DON'T LIKE ANY OF THE CANDIDATES  
91 OTHER (SPECIFY:________________)  
-7 REFUSED  
-8 DON'T KNOW |
| Did you vote in the last general elections in November 2016? | 01 YES  
02 NO  
-7 REFUSED  
-8 DON'T KNOW |
Q18 M17 [AP73] -
How often do you vote in presidential elections?
Gaano ka kadalas bumoboto sa mga eleksyon para sa presidente?

- 01 Always,
- 01 palagi,
- 02 Sometimes, or
- 02 paminsan- minsan, o
- 03 Never?
- 03 Hindi kailanman
- -7 REFUSED
- -8 DON'T KNOW

Q18 M18 [AP74] -
How often do you vote in state elections, such as for Governor or state proposition?
Gaano ka kadalas bumoboto sa mga eleksyon ng estado, gaya ng para sa Gorbenador o proposisyon sa estado?

- 01 Always,
- 01 palagi,
- 02 Sometimes, or
- 02 paminsan- minsan, o
- 03 Never?
- 03 Hindi kailanman
- -7 REFUSED
- -8 DON'T KNOW

Q18 M19 [AP75] -
How often do you vote in local elections, such as for Mayor or school board?
Gaano ka kadalas bumoboto sa mga lokal na eleksyon, gaya ng para sa Mayor o lupon ng paaralan?

- 01 Always,
- 01 palagi,
- 02 Sometimes, or
- 02 paminsan- minsan, o
- 03 Never?
- 03 Hindi kailanman
- -7 REFUSED
- -8 DON'T KNOW
Section S: Suicide Ideation and Attempts

‘QA18_S1’ [AF86] -

The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.

Ang susunod na bahagi ay tungkol sa mga inisip na pananakit sa sarili. Sa uulitin, kung may anumang tanong na nakakagulo sa inyo, hindi ninyo kailangang sagutin iyon.

Have you ever seriously thought about committing suicide?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan na magpakamatay?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, goto ‘PN_’QA18_N1’

‘QA18_S2’ [AF87] -

Have you seriously thought about committing suicide at any time in the past 12 months?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan ang pagpapakamatay nitong nakaraang 12 buwan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, goto “QA18_S4”

‘QA18_S3’ [AF91] -

Have you seriously thought about committing suicide at any time in the past 2 months?

May pagkakataon bang seryoso ninyong pinag-isipan ang pagpapakamatay kailanman nitong nakaraang 2 buwan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW

‘QA18_S4’ [AF88] -

Have you ever attempted suicide?

Nagtangka na ba kayong magpakamatay kailanman?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW
'PN_QA18_S5' [PN_AF89] -
PROGRAMMING NOTE 'QA18_S5':
IF 'QA18_S2' = (2, -7, -8) AND 'QA18_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF 'QA18_S3' = (2, -7, -8) AND 'QA18_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF 'QA18_S3' = 1 AND 'QA18_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

'QA18_S5' [AF89] -
Have you attempted suicide at any time in the past 12 months?

Nagtangka na ba kayong magpakamatay kailanman nitong nakaraang 12 buwan?

- 01 YES
- 02 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? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

[POST_SUICIDE RESOURCE] -

POST-NOTE FOR SUICIDE RESOURCE:
IF 'QA18_S2' = (2, -7, -8) AND 'QA18_S4' = (2, -7, -8) THEN SKIP TO PN 'QA18_N1' (NEXT SECTION); ELSE CONTINUE

'QA18_S6' [AF90] -
Would you like to discuss your thoughts with this person or would you like to continue with the survey?

Gusto ba ninyong pag-usapan ang mga iniisip ninyo sa taong ito?

- 01 DISCUSS THOUGHTS WITH PERSON
- 02 CONTINUE WITH SURVEY
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_'QA18_N1’"
Section N: Demographic Information Part III and Closing

**‘PN_QA18_N1’ [PN_AH42] -**

PROGRAMMING NOTE ‘QA18_N1’:

IF ‘QA18_N1’ WAS ASKED IN THE CHILD INTERVIEW, THEN ‘QA18_N1’ = KAH42, AND SKIP TO ‘QA18_N7’:

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO ‘QA18_N2’

IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH ‘QA18_N1’

**‘QA18_N1’ [AH42] -**

Just a few final questions and then we are done.

Ilang pangwakas na tanong na lang at tapos na tayo.

To be sure we are covering the entire state, what county do you live in?

Upang matiyak na nasasakop namin ang buong estado, {mangyaring sabihin kung saang county kayo nakatira/saang county kayo nakatira?}

- 01 ALAMEDA
- 02 ALPINE
- 03 AMADOR
- 04 BUTTE
- 05 CALAVERAS
- 06 COLUSA
- 07 CONTRA COSTA
- 08 DEL NORTE
- 09 EL DORADO
- 10 FRESNO
- 11 GLENN
- 12 HUMBOLDT
- 13 IMPERIAL
- 14 INYO
- 15 KERN
- 16 KINGS
- 17 LAKE
- 18 LASSEN
- 19 LOS ANGELES
- 20 MADERA
- 21 MARIN
- 22 MARIPOSA
- 23 MENDOCINO
- 24 MERCED
- 25 MODOC
- 26 MONO
- 27 MONTEREY
- 28 NAPA
- 29 NEVADA
- 30 ORANGE
- 31 PLACER
- 32 PLUMAS
- 33 RIVERSIDE
- 34 SACRAMENTO
- 35 SAN BENITO
- 36 SAN BERNARDINO
- 37 SAN DIEGO
- 38 SAN FRANCISCO
- 39 SAN JOAQUIN
- 40 SAN LUIS OBISPO
- 41 SAN MATEO
- 42 SANTA BARBARA
- 43 SANTA CLARA
- 44 SANTA CRUZ
Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R’s ADDRESS AND STREET}?

Nakatira ba kayo ngayon sa {R’s ADDRESS AND STREET}?

If = 1, goto ‘QA18_N6’
What is your zip code?
Ano ang inyong zip code?

_______ ZIP CODE

-7 REFUSED
-8 DON'T KNOW

To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Upang matulungan kaming maintindihan nang mas mabuti ang kapaligiran na inyong tinitirahan at kung paano maaaring makaapekto ito sa inyong kalusugan, gusto naming tiyakin ang inyong address. Pananatilihing kompidensyal ang impormasyong ito at sisirain pagkatapos makumpleto ang buong pagsusuri.

[AO2ANUM] -

___________ HOUSE ADDRESS NUMBER

[AO2ADDR] -

________ NAME OF STREET (VERIFY SPELLING)
If TRUE, goto 'QA18_N6'

[AO2STTY] -

________ STREET TYPE

[AO2ADD2] -

________ APT. NO

-7 REFUSED
-8 DON'T KNOW

Can you tell me just the name of the street you live on?

Masasabi ba ninyo sa akin ang pangalan lamang ng kalye na tinitirahan ninyo?

-7 REFUSED
-8 DON'T KNOW
And what is the name of the street down the corner from you that crosses your street?

At ano ang pangalan ng kalye sa kanto na tumatawid sa kalye ninyo?

-7 REFUSED
-8 DON'T KNOW

I'm won't ask you for the number, but do you have a working cell phone?

Hindi ko hihilingin ang inyong number, pero mayroon ba kayong gumaganang cell phone?

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

-7 REFUSED
-8 DON'T KNOW

How many different cell phone numbers do you currently use for personal calls?

Ilang iba-ibang cell phone number ang ginagamit ninyo sa kasalukyan para sa mga personal na tawag?

-7 REFUSED
-8 DON'T KNOW

Is there a regular or landline telephone in your household?

Mayroon bang regular na telepono o landline sa inyong pamamahay?
"QA18_N10" [AN7] -

Is that telephone for personal use or business use only?

Ang teleponong iyon ba ay para sa personal na pangangailangan o pangnegosyong pangangailangan lamang?

- 01 PERSONAL USE ONLY
- 02 BUSINESS USE ONLY
- 03 BOTH PERSONAL USE AND BUSINESS USE
- -7 REFUSED
- -8 DON'T KNOW

If = 2, goto ‘PN_QA18_N13’

"QA18_N11" [AN11] -

How many telephone lines do you have for personal use?

Ilang linya ng telepono mayroon kayo para sa personal na gamit?

_______ REGULAR OR LANDLINE NUMBERS

- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA18_N12’:
IF ‘QA18_N7’ = 1 (YES) OR 3 (SHARES CELL PHONE), OR ‘QA18_N10’ = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH ‘QA18_N12’;
ELSE SKIP TO PROGRAMMING ‘QA18_N13’

"QA18_N12" [AM34] -

Of all the telephone calls that you receive, are...

Sa lahat ng tawag sa telepono na inyong natatanggap, ...

- 01 All or almost all calls received on a cell phone,\
- 01 Lahat ba o halos lahat ng tawag ay natatanggap sa mga cell phone,
- 02 Some on cell phones & some on regular phones, or
- 02 Ang ilan ba ay natatanggap sa cell phone at ang ilan ay sa regular na mga telepono, o
- 03 Very few or none on cell phones
- 03 Kaunting-kaunti o wala sa mga cell phone?
- -7 REFUSED
- -8 DON'T KNOW
Follow-Up Survey Permission

PROGRAMMING NOTE ‘QA18_N13’ :
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH ‘QA18_N13’

‘QA18_N13’ [AM10] -

Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

Sa wakas, sa palagay ba ninyo papayag kayo sa isang follow-up sa survey na ito sa hinaharap? Sa wakas, sa palagay ba ninyo papayag kayo sa isang follow-up sa survey na ito sa hinaharap?

☐ 01 YES
☐ 02 MAYBE/PROBABLY YES
☐ 03 DEFINITELY NOT
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘PN_SR2’ [PN_SR2] -
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF ‘QA18_S6’  = (2, -7, -8),
AND [‘QA18_S3’  = 1 OR (‘QA18_S3’  = 2, -7, -8 AND ‘QA18_S5’ =1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:
As I mentioned earlier, if you’d like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]
Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org.[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

‘QA18_N14’ [AN8] -

Would you like to speak with someone now?

Gusto ba ninyong makipag-usap sa isang tao ngayon?

☐ 01 YES
☐ 02 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] -
Let me check to see if there is anyone else.
If true, goto 'HH_SELECT'

[Titingnan ko kung mayroon sinumang iba pang kailangan naming kausapin]

[CLOSE2] -
Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.