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

Adult Respondents Age 18 and Older

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

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Table of Contents

NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2013 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

PROGRAMMING NOTE QA13_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA13_A1 What is your date of birth?
¿Cuál es su fecha de nacimiento?

AA1MON

MONTH _____ [RANGE: 1-12]

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

AA1DAY

DAY _____ [RANGE: 1-31]

AA1YR

YEAR _____ [RANGE: 1904-1996]

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

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

QA13_A2 What month and year were you born?
¿En qué mes y año nació?

AA1AMON

MONTH _____ [RANGE: 1-12]

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

AA1AYR

YEAR _____ [RANGE: 1904-1996]

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

PROGRAMMING NOTE QA13_A3:
IF QA13_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA13_A3;
ELSE GO TO QA13_A5

QA13_A3 What is your age, please?
¿Me podría decir su edad por favor?

AA2

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

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

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

QA13_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
¿Tiene usted entre 18 y 29 años, entre 30 y 39 años, entre 40 y 44 años, entre 45 y 49 años, entre 50 y 64 años o tiene 65 años de edad o más?

AA2A

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

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

QA13_A5 Are you male or female?
¿Es usted del sexo femenino o masculino?

AA3

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

QA13_A6 Are you Latino or Hispanic?
¿Es usted latino(a) o hispano(a)?

AA4

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

QA13_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.
¿Y cuál es su ascendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño- y si usted tiene más de uno, dígamelos todos.

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]
[CODE ALL THAT APPLY]

MEXICAN/MEXICAN AMERICAN/CHICANO 1
SALVADORAN.....4
GUATEMALAN 5
COSTA RICAN.....6
HONDURAN 7
NICARAGUAN 8
PANAMANIAN 9
PUERTO RICAN 10
CUBAN..... 11
SPANISH-AMERICAN (FROM SPAIN) 12
OTHER LATINO (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_A8 {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
{Me dijo que usted es latino(a) o hispano(a).} Además, por favor dígame cuál o cuáles de los siguientes usaría usted para describirse a sí mismo(a). ¿Se describiría como nativo(a) de Hawái o de otra isla del Pacífico, indígena americano, nativo de Alaska, asiático(a), negro(a), africano americano, o blanco(a)?

AA5A

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

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

WHITE.....1	**[GO TO PN QA13_A16]**
BLACK OR AFRICAN AMERICAN 2	**[GO TO PN QA13_A16]**
ASIAN 3	**[GO TO PN QA13_A12]**
AMERICAN INDIAN OR ALASKA NATIVE 4	**[GO TO PN QA13_A9]**
OTHER PACIFIC ISLANDER 5	**[GO TO PN QA13_A13]**
NATIVE HAWAIIAN 6	**[GO TO PN QA13_A16]**
OTHER (SPECIFY: _____) 91	
REFUSED ..... -7	
DON'T KNOW ..... -8	

PROGRAMMING NOTE QA13_A9:
IF QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA13_A9;
ELSE GO TO PROGRAMMING NOTE QA13_A12

QA13_A9 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.
Usted dijo indígena americano(a) o nativo(a) de Alaska. ¿De qué tribu es descendiente? Si es de más de una tribu, dígamelas todas.

AA5B

[CODE ALL THAT APPLY]

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

QA13_A10 Are you an enrolled member in a federally or state recognized tribe?
¿Es usted miembro inscrito en una tribu reconocida por el estado o el gobierno federal?

AA5C

YES 1
NO .....2 **[GO TO PN QA13_A12]**
REFUSED ..... -7 **[GO TO PN QA13_A12]**
DON'T KNOW ..... -8 **[GO TO PN QA13_A12]**

QA13_A11 Which tribe are you enrolled in?
¿En qué tribu está inscrito(a) usted?

AA5D

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

BLACKFEET
- BLACKFOOT/BLACKFEET.....4

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

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

NAVAJO
- NAVAJO (NOT SPECIFIED) 11

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

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

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

YAQUI
- PASCUA YAQUI TRIBE OF ARIZONA..... 23
- YAQUI (NOT SPECIFIED) 24
- OTHER YAQUI (SPECIFY: _____)..... 25

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

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

QA13_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.
Usted dijo asiático(a), ¿y de que grupo étnico específico es usted, tal como chino, filipino o vietnamita? Si usted es de más de un grupo, dígamelos todos.

AA5E

[CODE ALL THAT APPLY]

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

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

QA13_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
Usted dijo que es de una isla del Pacífico. ¿De qué grupo étnico específico es usted, tal como samoano, tongano o guamaniano? Si usted es de más de un grupo, dígamelos todos.

AA5E1

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA13_A14:
IF QA13_A6 = 1 (LATINO) AND [QA13_A8 = 6 (NATIVE HAWAIIAN) OR QA13_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA13_A8 = 3 (ASIAN) OR QA13_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA13_A8 = 1 (WHITE) OR QA13_A8 = 91 (OTHER)], CONTINUE WITH QA13_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA13_A8, QA13_A12, OR QA13_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA13_A14;
ELSE SKIP TO QA13_A16

QA13_A14 You said that you are:
Usted me dijo que es:
{INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?
¿Se identifica usted con alguna raza en particular?

AA5G

YES	1	
NO	2	**[GO TO QA13_A16]**
REFUSED	-7	**[GO TO QA13_A16]**
DON'T KNOW	-8	**[GO TO QA13_A16]**

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

QA13_A15 Which do you <u>most</u> identify with?
¿Con cuál se identifica usted <u>más</u>?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN	4
GUATEMALAN	5
COSTA RICAN	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN	11
SPANISH-AMERICAN (FROM SPAIN)	12
LATINO, OTHER SPECIFY	13
LATINO	14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	18
ASIAN	19
BLACK OR AFRICAN AMERICAN	20
WHITE	21
RACE, OTHER SPECIFY	22
BANGLADESHI	30

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

QA13_A16 Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?
¿Está usted ahora casado(a), viviendo con su pareja en una relación similar a la del matrimonio, viudo(a), divorciado(a), separado(a), o nunca se ha casado?

AH43

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

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

Section B – Health Conditions

QA13_B1 These next questions are about your health.
Estas preguntas que siguen son sobre su salud.

Would you say that in general your health is excellent, very good, good, fair, or poor?
En general, ¿diría usted que su salud es excelente, muy buena, buena, regular o mala?

AB1

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

QA13_B2 Has a doctor ever told you that you have asthma?
¿Le ha dicho un médico alguna vez que usted tenía asma?

AB17

YES 1
NO .....2 **[GO TO PN QA13_B18]**
REFUSED ..... -7 **[GO TO PN QA13_B18]**
DON'T KNOW ..... -8 **[GO TO PN QA13_B18]**

QA13_B3 Do you still have asthma?
¿Usted todavía tiene asma?

AB40

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

QA13_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?
Durante los últimos 12 meses, ¿ha tenido un episodio de asma o un ataque de asma?

AB41

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

PROGRAMMING NOTE QA13_B5:
IF [QA13_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA13_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA13_B9;
ELSE CONTINUE WITH QA13_B5

QA13_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…
Durante los últimos 12 meses, ¿cada cuándo ha tenido síntomas de asma como tos, resuello o silbido, dificultad para respirar, sintió el pecho oprimido, o tuvo flema? ¿Diría que...

AB19

Not at all, ...1
No tuvo síntomas, ...1
Less than every month, ...2
Los tuvo menos de una vez al mes 2
Every month, ...3
Todos los meses, ...3
Every week, or 4
Todas las semanas, o 4
Every day? 5
Todos los días? 5
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_B6 During the past 12 months**,** have you had to visit a hospital emergency room because of your asthma?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su asma?

AH13A

YES 1
NO .....2 **[GO TO QA13_B8]**
REFUSED ..... -7 **[GO TO QA13_B8]**
DON'T KNOW ..... -8 **[GO TO QA13_B8]**

QA13_B7 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
¿Fue a la sala de emergencias de un hospital debido al asma porque no pudo ver a su médico?

AB106

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

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

QA13_B8 During the past 12 months**,** were you admitted to the hospital overnight or longer for your asthma?
Durante los últimos 12 meses, ¿permaneció usted hospitalizado(a) por una noche o más debido al asma?

AH15A

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

QA13_B9 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?
¿Está tomando ahora algún medicamento diario para controlar el asma que le haya sido dado o recetado por un médico?

AB18

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

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

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

QA13_B10 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…\
En los últimos 12 meses, ¿con qué frecuencia ha tenido síntomas de asma tales como tos, resuello, dificultad para respirar, opresión en el pecho o flemas? ¿Diría que...

AB66

Not at all, ...1
Nunca, ...1
Less than every month, ...2
Menos de una vez al mes, ...2
Every month, ...3
Todos los meses, ...3
Every week, or 4
Todas las semanas, o 4
Every day? 5
Todos los días? 5
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_B11 During the past 12 months**,** have you had to visit a hospital emergency room because of your asthma?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su asma?

AB67

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

QA13_B12 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
¿Fue a la sala de emergencias de un hospital debido al asma porque no pudo ver a su médico?

AB107

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

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

QA13_B13 During the past 12 months**,** were you admitted to the hospital overnight or longer for your asthma?
Durante los últimos 12 meses, ¿permaneció usted hospitalizado(a) por una noche o más debido al asma?

AB80

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

PROGRAMMING NOTE QA13_B14:
IF AAGE > 69 GO TO QA13_B15;
ELSE CONTINUE WITH QA13_B14

QA13_B14 During the past 12 months, how many days of work did you miss due to asthma?
Durante los últimos 12 meses, ¿cuántos días de trabajo perdió debido al asma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

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

QA13_B15 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?
¿Han trabajado con usted sus médicos u otros proveedores de cuidados de la salud en la preparación de un plan para que usted sepa cómo controlar su asma?

AB43

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

QA13_B16 Do you have a written or printed copy of this plan?
¿Tiene usted una copia escrita o impresa de este plan?

AB98

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: *"Puede ser una copia electrónica o impresa."]*

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

QA13_B17 How confident are you that you can control and manage your asthma? Would you say you are…
¿Cuánta confianza tiene usted en que puede controlar y ocuparse de su asma? ¿Diría usted que tiene...

AB108

Very confident, ... 1
Mucha confianza, ... 1
Somewhat confident, ... 2
Algo de confianza, ... 2
Not too confident, or 3
No mucha confianza, o 3
Not at all confident? 4
Ninguna confianza? 4
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_B18 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?
{Sin contar los meses de embarazo, ¿le ha/ ¿Le ha} dicho un médico alguna vez que tenía diabetes o diabetes de azúcar?

AB22

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

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

QA13_B19 {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?
{Además de durante el embarazo, ¿le ha/ ¿Le ha} dicho un médico alguna vez que tiene pre-diabetes o diabetes marginal?

AB99

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

PROGRAMMING NOTE QA13_B20:
IF QA13_B18 = 1 THEN CONINTUE WITH QA13_B20;
ELSE SKIP TO PROGRAMMING NOTE QA13_B34

QA13_B20 How old were you when a doctor first told you that you have diabetes?
¿Qué edad tenía usted cuando un doctor le dijo por primera vez que usted tenía diabetes?

AB23

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

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

QA13_B21 Were you told that you had Type 1 or Type 2 diabetes?
¿Le dijeron que tenía diabetes Tipo 1, o Tipo 2?

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]
[IF NEEDED, SAY: *"La diabetes Tipo 1 es causada porque el cuerpo no puede producir insulina y se diagnostica normalmente en niños y adultos jóvenes. La diabetes Tipo 2 es causada por la resistencia a la insulina y es la forma más común de diabetes."]*

TYPE 1 1
TYPE 2 2
ANOTHER TYPE 3
REFUSED .....-7
DON'T KNOW .....-8

QA13_B22 Are you now taking insulin?
¿Está tomando insulina actualmente?

AB24

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

QA13_B23 Do you now take diabetic pills to lower your blood sugar?
¿Toma usted actualmente píldoras antidiabéticas para bajar el nivel de azúcar en la sangre?

AB25

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

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

QA13_B24 About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
¿Más o menos cuántas veces al día, a la semana, o al mes revisa usted, un miembro de su familia o un amigo, su nivel de glucosa o azúcar en la sangre?

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

_____ PER DAY [HR: 0-24; SR: 0-10]

_____ PER WEEK [HR: 0-70; SR: 0-34]

_____ PER MONTH [HR: 0-300; SR: 0-149]

_____ PER YEAR [HR: 0-3650; SR: 0-599]

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

QA13_B25 About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?
Más o menos, ¿cuántas veces en los últimos 12 meses le ha examinado un médico o un profesional de la salud para ver si tenía hemoglobina "A uno C"?

AB27

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

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

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

QA13_B26 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
¿Más o menos cuántas veces en los últimos 12 meses le ha examinado los pies un médico para ver si tenía inflamaciones o irritaciones?

AB28

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

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

QA13_B27 When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
¿Cuándo fue la última vez que le hicieron un examen de los ojos en el que le dilataron las pupilas? Este examen causa que los ojos queden más sensibles a la luz brillante durante un período de tiempo corto.

AB63

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

QA13_B28 During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su diabetes?

AB109

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

QA13_B29 Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
¿Fue a la sala de emergencias de un hospital debido a la diabetes porque no pudo ver a su médico?

AB110

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

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

QA13_B30 During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
Durante los últimos 12 meses, ¿estuvo hospitalizado(a) una noche o más debido a su diabetes?

AB111

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

QA13_B31 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?
¿Han trabajado con usted sus médicos u otros proveedores de atención médica en la preparación de un plan para que usted sepa cómo controlar su diabetes?

AB112

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

QA13_B32 Do you have a written or printed copy of this plan?
¿Tiene usted una copia escrita o impresa de este plan?

AB113

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: *"Puede ser una copia electrónica o impresa."*]

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

QA13_B33 How confident are you that you can control and manage your diabetes? Would you say you are…
¿Cuánta confianza tiene usted en que puede controlar y ocuparse de su diabetes? ¿Diría usted que tiene...

AB114

Very confident, ...1
Mucha confianza, ...1
Somewhat confident, ...2
Algo de confianza, ...2
Not too confident, or.....3
No mucha confianza, o 3
Not at all confident? 4
Ninguna confianza? 4
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_B34 Has a doctor ever told you that you had diabetes only during pregnancy?
¿Le ha dicho alguna vez un médico que usted tenía diabetes solamente durante el embarazo?

AB81

[IF NEEDED, SAY: "This is also known as gestational diabetes."]
[IF NEEDED, SAY: *"Esto se conoce también como diabetes de la gestación."*]

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

QA13_B35 Has a doctor ever told you that you have high blood pressure?
¿Le ha dicho alguna vez un médico que usted tenía la presión arterial alta?

AB29

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

QA13_B36 Are you now taking any medications to control your high blood pressure?
¿Está tomando actualmente algún medicamento para controlar su presión alta?

AB30

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

QA13_B37 Has a doctor ever told you that you have any kind of heart disease?
¿Le ha dicho un médico alguna vez que tenía algún tipo de enfermedad al corazón?

AB34

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

QA13_B38 Has a doctor ever told you that you have heart failure or congestive heart failure?
¿Le ha dicho alguna vez un médico que usted tenía una insuficiencia cardíaca o una insuficiencia congestiva del corazón?

AB52

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

QA13_B39 During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su enfermedad al corazón?

AB115

YES 1
NO .....2 **[GO TO QA13_B41]**
REFUSED ..... -7 **[GO TO QA13_B41]**
DON'T KNOW ..... -8 **[GO TO QA13_B41]**

QA13_B40 Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?
¿Fue a la sala de emergencias de un hospital debido a su enfermedad al corazón porque no pudo ver a su médico?

AB116

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

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

QA13_B41 During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?
Durante los últimos 12 meses, ¿estuvo hospitalizado/a por una noche o más debido a su enfermedad al corazón?

AB117

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

QA13_B42 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?
¿Han trabajado con usted sus médicos u otros proveedores de cuidados de la salud en la preparación de un plan para que usted sepa cómo controlar su enfermedad del corazón?

AB118

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

QA13_B43 Do you have a written or printed copy of this plan?
¿Tiene usted una copia escrita o impresa de este plan?

AB119

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: *"Puede ser una copia electrónica o impresa."*]

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

QA13_B44 How confident are you that you can control and manage your heart disease? Would you say you are…
¿Cuánta confianza tiene usted en que puede controlar y manejar su enfermedad al corazón? ¿Diría usted que tiene...

AB120

Very confident, ... 1
Mucha confianza, ... 1
Somewhat confident, ... 2
Algo de confianza, ... 2
Not too confident, or 3
No mucha confianza, o 3
Not at all confident? 4
Ninguna confianza? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_B45 During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist? (CHIS 2014 ONLY)

Durante los últimos 12 meses, ¿se ha puesto la vacuna contra la gripe, ya sea en inyección o en una vacuna nasal llamada Flumist?

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]
[IF NEEDED, SAY: *"La vacuna contra la gripe normalmente se administra en el otoño y protege contra la gripe durante la temporada."*]

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

Section C – Health Behaviors

QA13_C1 The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.
Las siguientes preguntas se refieren a caminar como medio de transporte. Por separado, le hare preguntas sobre caminar para relajarse o hacer ejercicio.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?
Durante los últimos 7 días, ¿caminó a algún lugar que le tomó por lo menos 10 minutos?

AD37W

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

QA13_C2 In the past 7 days, how many times did you do that?
En los últimos 7 días, ¿cuántas veces hizo eso?

AD38W

[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place."]
[IF NEEDED, SAY: *"Caminar al menos 10 minutos para llegar a algún lugar."*]

_____ TIMES PER WEEK	**[IF 0, GO TO QA13_C4]**
REFUSED ..... -7	**[GO TO QA13_C4]**
DON'T KNOW ..... -8	**[GO TO QA13_C4]**

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

QA13_C3 {How long did that walk take/On average, how long did those walks take}?
{¿Cuánto tiempo caminó? / Como promedio, ¿cuánto tiempo le tomó caminar a esos lugares?}

AD39W

_____ MINUTES PER DAY
_____ HOURS PER DAY
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_C4:
IF QA13_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

QA13_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}
A veces uno camina por placer, para relajarse, como ejercicio, o para pasear a un perro. En los últimos 7 días, ¿caminó al menos durante 10 minutos por alguna de estas razones? {No incluya las veces que caminó como medio de transporte.}

AD40W

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

QA13_C5 In the past 7 days, how many times did you do that?
En los últimos 7 días, ¿cuántas veces hizo eso?

AD41W

[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog."]
[IF NEEDED, SAY: *"Caminar al menos durante 10 minutos por diversión, para relajarse, como ejercicio, o para pasear a su perro."*]

_____ TIMES PER WEEK	**[IF 0, GO TO QA13_C7]**
REFUSED ..... -7	**[GO TO QA13_C7]**
DON'T KNOW ..... -8	**[GO TO QA13_C7]**

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

QA13_C6 {How long did that walk take/On average, how long did those walks take}?
{¿Cuánto tiempo caminó?/ Como promedio, ¿cuánto tiempo le tomaron esas caminatas?}

AD42W

_____ MINUTES PER DAY

_____ HOURS PER DAY

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

QA13_C7 [During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
[Durante el mes pasado,] ¿Con qué frecuencia bebió gaseosas regulares que contienen azúcar? No incluya refrescos de dieta.

AC11

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."]
[IF NEEDED, SAY: *"No incluya jugos ni tés en latas o en botellas. Me puede dar un número aproximado."*]

_____TIMES

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

QA13_C8 [During the past month,] how often did you drink sweetened fruit drinks, sports, or energy drinks?
[En el último mes,] ¿Con qué frecuencia tomó bebidas azucaradas de fruta, bebidas deportivas o bebidas energéticas?

AC46

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]
[IF NEEDED, SAY: *"Como limonada, Gatorade, Snapple o Red Bull."*]

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

_____TIMES

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

QA13_C9 Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.
¿Cuántos vasos de agua bebió usted ayer en el trabajo, en casa y en cualquier otro lugar? Cuente una taza como un vaso y cuente una botella de agua como dos vasos. Cuente unos pocos sorbos, como cuando bebe de una fuente de agua, como menos de un vaso. Está bien si me da su mejor cálculo.

AC47

[IF NEEDED SAY: "Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water."]
[IF NEEDED, SAY: *"Incluya agua corriente de un lavabo, un grifo, una fuente o una jarra y el agua embotellada como Aquafina®. No incluya el agua endulzada con sabores."*]

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

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

QA13_C10 Yesterday, how many glasses of nonfat or low-fat milk did you drink? Do not include 2% milk or whole milk.
Ayer, ¿cuántos vasos de leche sin grasa o con bajo contenido en grasa bebió? No incluya la leche con 2% de grasa o la leche entera.

AC48

[IF NEEDED, SAY: "Count one cup or 8 ounces as one glass."]
[IF NEEDED, SAY: *"Cuente una taza, u 8 onzas, Como un vaso."*]

[INTERVIEWER NOTE: ONLY INCLUDE <u>DAIRY</u> MILK.]

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

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

QA13_C11 Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.
Ahora piense en la semana pasada. En los últimos 7 días, ¿cuántas veces comió comida rápida? Cuente comida rápida que haya comido en el trabajo, en la casa, o en restaurantes de comida rápida, comprada para llevar o un "drive through"

AC31

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."]
[IF NEEDED, SAY: *"Como la comida del McDonald's, de Kentucky Fried Chicken, Panda Express o de Taco Bell."*]

_____# OF TIMES IN PAST 7 DAYS

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

QA13_C12 How often can you find fresh fruits and vegetables in your neighborhood? Would you say…
¿Con qué frecuencia puede encontrar frutas y verduras frescas en su vecindario? ¿Diría que...

AC42

Never,.....1
Nunca,.....1
Sometimes, ...2
A veces, ...2
Usually, or 3
Normalmente, o.....3
Always?.....4
Siempre?.....4
DOESN'T EAT F & V 5
DOESN'T SHOP FOR F&V 6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....7
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_C13 How often are they affordable? Would you say…
¿Con qué frecuencia están al alcance de su bolsillo? ¿Diría que...

AC44

[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]
[IF NEEDED, SAY: *"¿Con qué frecuencia está al alcance de su bolsillo el precio de las frutas y verduras frescas que encuentra en su vecindario? ¿Diría que..."*]

Never,.....1
Nunca,.....1
Sometimes, ...2
A veces, ...2
Usually, or 3
Normalmente, o.....3
Always?.....4
Siempre?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C14 Now, I am going to ask about various health behaviors.
Ahora voy a preguntarle sobre varios comportamientos relacionados con la salud.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?
En total, ¿ha fumado por lo menos 100 o más cigarrillos en toda su vida?

AE15

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

QA13_C15 Do you now smoke cigarettes every day, some days, or not at all?
¿Fuma usted ahora cigarrillos todos los días, algunos días o nunca?

AE15A

EVERY DAY.....1
SOME DAYS.....2 **[GO TO PN QA13_C17]**
NOT AT ALL.....3 **[GO TO PN QA13_C18]**
REFUSED ..... -7 **[GO TO PN QA13_C18]**
DON'T KNOW ..... -8 **[GO TO PN QA13_C18]**

QA13_C16 On average, how many cigarettes do you now smoke a day?
En promedio, ¿cuántos cigarrillos al día fuma usted actualmente?

AD32

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

_____ NUMBER OF CIGARETTES [HR: 0-120] **[GO TO PN QA13_C18]**

REFUSED ..... -7 **[GO TO PN QA13_C18]**
DON'T KNOW ..... -8 **[GO TO PN QA13_C18]**

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

QA13_C17 In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
En los últimos 30 días, cuando fumó, ¿cuántos cigarrillos fumó al día?

AE16

[IF NEEDED, SAY: "On the days you smoked." AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]
[IF NEEDED SAY: "*En los días que sí fumó."* AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

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

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

QA13_C18 How old were you when you first started to smoke cigarettes fairly regular? (CHIS 2014 ONLY)
¿Qué edad tenía la primera vez que comenzó a fumar cigarrillos habitualmente?

AC52

_____ YEARS OLD [HR: 0, 5 - 99]

NEVER SMOKED REGULARLY .....0 **[SKIP TO QA13_C20]**
REFUSED ..... -7 **[SKIP TO QA13_C20]**
DON'T KNOW ..... -8 **[SKIP TO QA13_C20]**

QA13_C19 How long has it been since you smoked on a daily basis? (CHIS 2014 ONLY)
¿Cuánto tiempo hace desde que fumaba diariamente?

AC53

_____ DAY(S) [HR: 0 - 365]

_____ MONTH(S) [HR: 0 - 12]

_____ YEAR(S) [HR: 0 - 99]

NEVER SMOKED DAILY……..... 999
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_C20:
IF QA13_C15 = 2 (SMOKE SOME DAYS), THEN DISPLAY "On days when you smoke, how";

QA13_C20 {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette? (CHIS 2014 ONLY)
{En los días que fuma, ¿qué /¿Qué} tan pronto después de despertarse fuma normalmente su primer cigarrillo?

AC54

[IF R SAYS, "IMMEDIATELY", CODE 0]
[IF R SAYS, "I DON'T SMOKE AFTER WAKING UP", CODE 999]

_____ AMOUNT OF TIME

_____ UNIT OF TIME

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

QA13_C21 Where do you <u>usually</u> buy your cigarettes? (CHIS 2014 ONLY)
¿Dónde compra <u>normalmente</u> sus cigarrillos?

AC55

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

QA13_C22 How much do you usually pay for a pack of cigarettes? (CHIS 2014 ONLY)
¿Cuánto paga normalmente por una cajetilla de cigarrillos?

AC56

_____ . _____ AMOUNT PER PACK

_____ . _____ AMOUNT PER CARTON

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

QA13_C23 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions? (CHIS 2014 ONLY)
La última vez que compró cigarrillos, ¿aprovechó cupones, descuentos, promociones de compre 1, lleve 1 gratis, 2 por 1 u otro tipo especial de promociones?

AC57

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

QA13_C24 Do you usually smoke menthol or non-menthol cigarettes? (CHIS 2014 ONLY)
¿Fuma normalmente cigarrillos mentolados o no mentolados?

AC58

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

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

QA13_C25 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (CHIS 2014 ONLY)
En los últimos 12 meses, ¿ha dejado usted de fumar por un día o más porque estaba tratando de dejar de fumar?

AC49

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

QA13_C26 During the past 12 months, how many times have you tried to quit smoking for one day or longer?
En los últimos 12 meses, ¿cuántas veces ha intentado dejar de fumar por un día o más?

AC59

_____ NUMBER OF TIMES

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

QA13_C27 Are you thinking about quitting smoking in the next six months?
¿Está pensando en dejar de fumar en los próximos seis meses?

AC50

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

PROGRAMMING NOTE QA13_C28:
IF QA13_C25 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS), CONTINUE WITH QA13_C28;
ELSE SKIP TO QA13_C44;

QA13_C29 There are many products called nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. The last time you tried to quit, did you use a nicotine replacement therapy such as a… (CHIS 2014 ONLY)
Hay muchos productos llamados Terapia de Reemplazo de nicotina o NRT, por sus siglas en inglés, que reemplazan la nicotina para ayudarles a las personas a dejar de fumar. La última vez que intentó dejar de fumar, ¿usó alguna terapia de reemplazo de nicotina, como...

AC60

…nicotine patch?
…parches de nicotina?

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

QA13_C30 [The last time you tried to quit, did you use a nicotine replacement therapy such as a…] (CHIS 2014 ONLY)

[La última vez que intentó dejar de fumar, ¿usó alguna terapia de reemplazo de nicotina, como...]

AC61

…nicotine gum?
…chicle de nicotina?

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

QA13_C30 [The last time you tried to quit, did you use a nicotine replacement therapy such as a…] (CHIS 2014 ONLY)

[La última vez que intentó dejar de fumar, ¿usó alguna terapia de reemplazo de nicotina, como...]

AC62

…nicotine inhaler?
…*inhalador de nicotina?*

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

QA13_C31 [The last time you tried to quit, did you use a nicotine replacement therapy such as a…] (CHIS 2014 ONLY)

[La última vez que intentó dejar de fumar, ¿usó alguna terapia de reemplazo de nicotina, como...]

AC63

…nicotine lozenge?
…*pastillas de chupar de nicotina?*

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

QA13_C32 There are prescription medications to help people quit smoking cigarettes. The last time you tried to quit, did you use … (CHIS 2014 ONLY)
Hay medicamentos que se venden con receta médica para ayudarles a las personas a dejar de fumar cigarrillos. La última vez que usted intentó dejar de fumar, ¿usó...

AC64

…Zyban, Wellbutrin, or Bupropion?
…*Zyban, Wellbutrin o Bupropión?*

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

QA13_C33 [The last time you tried to quit, did you use …] (CHIS 2014 ONLY)
[La última vez que intentó dejar de fumar, ¿usó...]

AC65

…Prozac?
…*Prozac?*

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

QA13_C34 [The last time you tried to quit, did you use …] (CHIS 2014 ONLY)
[La última vez que intentó dejar de fumar, ¿usó...]

AC66

…Chantix or Varenicline?
…Chantix o Varenicline?

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

QA13_C35 In the past 12 months, have you done any of the following to help you quit smoking? Did you… (CHIS 2014 ONLY)

En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...

AC67

…Switch to "light" cigarettes?
...¿Cambió a cigarrillos "light"?

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

QA13_C36 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC68

…Switch to smokeless tobacco?
…¿Cambió a tabaco que no se fuma?

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

QA13_C37 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC69

…Quit completely on your own or "cold turkey"?
…¿Dejó de fumar totalmente por su cuenta o lo dejó de golpe?

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

QA13_C38 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC70

Stop hanging out with friends who smoke?
¿Dejó de frecuentar a amigos que fuman?

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

QA13_C39 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC71

Try to quit with a friend?
¿Intentó dejar de fumar junto con un amigo?

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

QA13_C40 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC72

Exercise more to help you quit smoking?
¿Hizo más ejercicio para que le ayude a dejar de fumar?

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

QA13_C41 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC73

Use herbal remedies for quitting smoking?
¿Usó remedios a base de hierbas para que le ayude a dejar de fumar?

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

QA13_C42 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]
(CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC74

Use acupuncture or hypnosis to help you quit smoking?
¿Usó acupuntura o hipnosis para que le ayude a dejar de fumar?

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

QA13_C43 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]
(CHIS 2014 ONLY)

[En los últimos 12 meses, ¿ha hecho algo de lo siguiente para que le ayude a dejar de fumar? Usted...]

AC75

Call a telephone quitting helpline?
¿Llamó a una línea de ayuda para dejar de fumar?

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

QA13_C44 In the past 12 months, did a doctor or other health professional advise you to quit smoking?
(CHIS 2014 ONLY)

En los últimos 12 meses, ¿le aconsejó un médico u otro profesional de la salud que dejara de fumar?

AC77

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

QA13_C45 In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?
(CHIS 2014 ONLY)

En los últimos 12 meses, ¿lo remitió un médico u otro Profesional de la salud, o le dio información acerca de un programa para dejar de fumar?

AC78

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

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

QA13_C46 Have you ever smoked a Hookah pipe? (CHIS 2014 ONLY)
¿Alguna vez ha fumado Hookah?

AC79

[IF NEEDED, SAY: "Hookah is also known as shisha (she-sha), nargila (nar-geela), argila (argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the smoke."]
[IF NEEDED, SAY: *"A la Hookah también se le conoce como shisha, narguile, argila o lula. El humo pasa por agua en una pipa de agua para enfriar y filtrar el humo*."]

YES	1	
NO	2	**[GO TO QA13_C48]**
REFUSED	-7	**[GO TO QA13_C48]**
DON'T KNOW	-8	**[GO TO QA13_C48]**

QA13_C47 Do you now use a Hookah pipe every day, some days, or not at all? (CHIS 2014 ONLY)
Actualmente, ¿fuma en Hookah todos los días, algunos días o nunca?

AC80

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

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

QA13_C48 Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes? (CHIS 2014 ONLY)

¿Ha fumado alguna vez cigarrillos electrónicos también conocidos como e-cigarettes?

AC81

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

[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored."]
[IF NEEDED, SAY: *"Los cigarrillos electrónicos son aparatos que imitan el fumar cigarrillos tradicionales, pero funcionan con batería y producen vapor en vez de humo. Los líquidos que se usan en el aparato pueden tener nicotina y normalmente tienen sabores."*]

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

QA13_C49 During the past 30 days, how many days did you use electronic cigarettes? (CHIS 2014 ONLY)

¿Durante cuántos de los últimos 30 días, fumó cigarrillos electrónicos?

AC82

_____ NUMBER OF DAYS	**[IF 0, THEN SKIP TO QA13_C51]**
REFUSED ..... -7	**[SKIP TO QA13_C51]**
DON'T KNOW ..... -8	**[SKIP TO QA13_C51]**

QA13_C50 What are your reasons for using electronic cigarettes? (CHIS 2014 ONLY)
¿Por qué razones fuma cigarrillos electrónicos?

AC83

[CODE ALL THAT APPLY]

QUIT SMOKING..... 1
REPLACE SMOKING 2
CUT DOWN OR REDUCE SMOKING 3
USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED..... 4
CURIOSITY, JUST TRY IT 5
OTHER (SPECIFY :_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_C51 What are the current rules or restrictions about smoking inside your home? Would you say… (CHIS 2014 ONLY)

¿Cuáles son las reglas o restricciones actuales acerca de fumar dentro de su casa? ¿Diría que...

AC84

Smoking is completely banned for everyone, ...1
Fumar está totalmente prohibido para todos, ...1
Smoking is generally banned for everyone with few exceptions, ...2
Fumar está prohibido generalmente para todos, con algunas excepciones, ...2
Smoking is allowed in some rooms only, or.....3
Fumar se permite únicamente en algunas habitaciones o 3
There are no rules or restrictions on smoking inside your home? 4
No hay reglas ni restricciones acerca de fumar en su casa?.....4
NO SMOKERS/NO NEED 5
VOLUNTARILY DON'T SMOKE INSIDE HOME 6
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C52 Is your place of work completely smoke-free indoors? (CHIS 2014 ONLY)
¿Está totalmente prohibido fumar dentro de su sitio de trabajo?

AC85

YES 1	
NO 2	
DON'T WORK/RETIRED 3	**[SKIP TO QA13_C54]**
NOT APPLICABLE 4	**[SKIP TO QA13_C54]**
WORK OUTDOORS 5	**[SKIP TO QA13_C54]**
REFUSED ..... -7	**[SKIP TO QA13_C54]**
DON'T KNOW ..... -8	**[SKIP TO QA13_C54]**

QA13_C53 As far as you know, in the past 7 days, has anyone smoked in your work area? (CHIS 2014 ONLY)
Hasta donde usted sabe, en los últimos 7 días, ¿ha fumado alguien en su área de trabajo?

AC86

YES 1
NO 2
DON'T WORK/RETIRED 3
NOT APPLICABLE 4
WORK OUTDOORS 5
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C54 How many people with whom you regularly interact, including close friends and family, smoke cigarettes? (CHIS 2014 ONLY)
¿Cuántas personas con quienes interactúa regularmente, incluyendo amigos cercanos y familiares, fuman cigarrillos?

AC87

_____ NUMBER OF PEOPLE

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

QA13_C55 Please think about any messages against smoking that you saw on TV, heard on the radio, or saw on a billboard. In the past 60 days, did you see… (CHIS 2014 ONLY)
Piense acerca de algún mensaje en contra del consumo de cigarrillos que vio en televisión, oyó en la radio o vio en una valla publicitaria. En los últimos 60 días, ¿vio...

AC88

A lot of messages against smoking, ... 1
Muchos mensajes en contra de fumar, ... 1
A few messages against smoking, or 2
Unos pocos mensajes en contra de fumar o 2
No messages against smoking? 3
Ningún mensaje en contra de fumar? 3
NEVER/RARELY WATCH TV OR LISTEN TO THE RADIO 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C56 In the last few years, do you think advertising for tobacco products has… (CHIS 2014 ONLY)
En los últimos años, ¿cree que los anuncios de productos de tabaco han...

AC89

Increased a lot,.....1
Aumentado mucho, ...1
Increased a little, ...2
Aumentado un poco, ...2
Stayed the same, ...3
Permanecido igual, ...3
Decreased a little, or 4
Disminuido un poco o 4
Decreased a lot? 5
Disminuido mucho? 5
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C57 Please tell me if you agree or disagree with each of the following statements. (CHIS 2014 ONLY)
Dígame si está de acuerdo o en desacuerdo con cada una de las siguientes afirmaciones.

Taking a stand against smoking is important to you.
Pronunciarse en contra de fumar es importante para usted.

AC90

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

QA13_C58 You want to be involved in efforts to get rid of smoking. (CHIS 2014 ONLY)
Usted desea participar en los esfuerzos para erradicar el consumo de cigarrillos.

AC91

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

QA13_C59 How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Would you support a tax increase of… (CHIS 2014 ONLY)
¿Cuánto impuesto adicional en una cajetilla de cigarrillos estaría dispuesto a pagar si todo el dinero que se reuniera se usara para financiar programas destinados a prevenir el consumo de cigarrillos en niños, y para otros programas de salud? ¿Apoyaría un aumento de impuesto de...

AC92

50 cents a pack, ... 1
50 centavos por cajetilla, ... 1
$1.00, ... 2
$1.00, ... 2
$2.00, ... 3
$2.00, ... 3
$3.00, ... 4
$3.00, ... 4
More than $3.00 a pack, or 5
Más de $3.00 por cajetilla o 5
No tax increase? 6
Ningún aumento de impuesto? 6
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C60 Please tell me if you think smoking should be allowed or not allowed in each of the following places:
Dígame si cree que se debería permitir o no permitir fumar en los siguientes lugares:

Outdoor public places like parks, beaches, golf courses, zoos, and sports stadiums. (CHIS 2014 ONLY)

Sitios públicos al aire libre, como parques, playas, campos de golf, zoológicos y estadios deportivos.

AC93

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

QA13_C61 Outdoor restaurant dining patios. (CHIS 2014 ONLY)
Patios al aire libre de restaurantes.

AC94

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

QA13_C62 Indian casinos. (CHIS 2014 ONLY)
Casinos indígenas.

AC95

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

QA13_C63 Do you agree or disagree that there should be a total ban on smoking everywhere in your city or town, except in one's home? (CHIS 2014 ONLY)
¿Está de acuerdo o en desacuerdo con que debería haber una prohibición total de fumar en cualquier lugar de su ciudad, con excepción de la casa de uno?

AC96

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

QA13_C64 Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?
En los últimos 12 meses, ¿tomó usted algún tipo de bebida alcohólica?

AC32

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: *"Puede darnos una respuesta aproximada."*]

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

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

QA13_C65 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?
En los últimos 12 meses, ¿más o menos cuántas veces tomó 5 o más bebidas alcohólicas en un solo día?

AC34

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
[IF NEEDED, SAY: *"Por bebida, queremos decir una lata o vaso de cerveza de 12 onzas, un vaso de vino de 5 onzas, un trago mixto, o un vasito o 'shot' de licor."*]

_____TIMES [HR: 0-365; SR: 0-99]	**[GO TO QA13_D1]**
REFUSED ..... -7	**[GO TO QA13_D1]**
DON'T KNOW ..... -8	**[GO TO QA13_D1]**

QA13_C65 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?
En los últimos 12 meses, ¿más o menos cuántas veces tomó 4 o más bebidas alcohólicas en un solo día?

AC35

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
[IF NEEDED, SAY: *"Por bebida, queremos decir una lata o vaso de cerveza de 12 onzas, un vaso de vino de 5 onzas, un trago mixto, o un vasito o 'shot' de licor."*]

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

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

Section D – General Health, Disability, and Sexual Health

QA13_D1 These next questions are about your height and weight.
Las preguntas que siguen son sobre su estatura y peso.

How tall are you without shoes?
¿Cuánto mide usted sin zapatos?

AE17

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

_____ FEET _____ INCHES [FT HR: 3-7, IN HR: 0-11]

_____ METERS _____ CENTIMETERS [M HR: 1-2, CM HR: 0-99]

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

PROGRAMMING NOTE QA13_D2:
IF QA13_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA13_D2 {When not pregnant, how/How} much do you weigh without shoes?
{*Cuando no está embarazada, ¿cuánto / ¿Cuánto} pesa sin zapatos?*

AE18

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

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

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

QA13_D3 Are you blind or deaf, or do you have a severe vision or hearing problem?
¿Es usted ciego/a, sordo/a, o tiene algún problema grave con la vista u oído?

AD50

YES 1
NO .....2 **[GO TO QA13_D5]**
REFUSED ..... -7 **[GO TO QA13_D5]**
DON'T KNOW ..... -8 **[GO TO QA13_D5]**

QA13_D4 Are you legally blind?
¿Es usted legalmente ciego(a)?

AL8

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

QA13_D5 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
¿Tiene usted alguna condición que limite substancialmente una o más actividades físicas básicas como caminar, subir escaleras, extender los brazos, levantar objetos o transportar cosas?

AD57

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

QA13_D6 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:
Díganos si tiene alguna dificultad a causa de una afección física, mental o emocional que haya durado 6 meses o más:

Any difficulty learning, remembering, or concentrating?
¿Tiene alguna dificultad para aprender, recordar o concentrarse?

AD51

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

QA13_D7 Any difficulty dressing, bathing, or getting around inside the home?
¿Tiene alguna dificultad para vestirse, bañarse o para ir de un lado a otro dentro de su casa?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]
[IF NEEDED, SAY: *"Debido a una afección física, mental o emocional que haya durado 6 meses o más."*]

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

QA13_D8 Any difficulty going outside the home alone to shop or visit a doctor's office?
¿Tiene alguna dificultad para salir solo/a de su casa para ir de compras o al médico?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]
[IF NEEDED, SAY: *"Debido a una afección física, mental o emocional que haya durado 6 meses o más."*]

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

PROGRAMMING NOTE QA13_D9:
IF AAGE > 64 GO TO PN QA13_D11

QA13_D9 Any difficulty working at a job or business?
¿Tiene alguna dificultad para trabajar en un oficio o en una empresa?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]
[IF NEEDED, SAY: *"Debido a una afección física, mental o emocional que haya durado 6 meses o más."*]

YES	1	
NO	2	**[GO TO PN QA13_D11]**
REFUSED	-7	**[GO TO PN QA13_D11]**
DON'T KNOW	-8	**[GO TO PN QA13_D11]**

QA13_D10 Do you have a physical or mental condition that has kept you from working for at least a year?
¿Tiene usted una condición física o mental que le haya impedido trabajar por al menos un año?

AL8A

[IF NEEDED, SAY: "Current condition."]
[IF NEEDED, SAY: *"Esta pregunta se refiere a una condición actual."*]

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

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

QA13_D11 We are asking a few questions about people's sexual experiences. All answers will be kept private.
Estamos haciendo algunas preguntas sobre las experiencias sexuales de las personas. Todas las respuestas se mantendrán privadas

In the <u>past 12 months</u>, how many sexual partners have you had?
En los <u>últimos 12 meses</u>, ¿con cuántas personas ha tenido relaciones sexuales?

AD43

_____	NUMBER OF SEXUAL PARTNERS	**[GO TO PN QA13_D13]**
REFUSED	-7	**[GO TO PN QA13_D13]**
DON'T KNOW	-8	

QA131_D12 Can you give me your best guess?
¿Podría darme un número aproximado?

AD44

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

___ NUMBER OF PARTNERS

1 PARTNER 1
2-3 PARTNERS 2
4-5 PARTNERS 3
6-10 PARTNERS 4
MORE THAN 10 PARTNERS.....5
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_D13:
IF QA13_D11 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA13_D12=0, GO TO PROGRAMMING NOTE QA13_D14;
ELSE CONTINUE WITH QA13_D13;
IF QA13_D11 OR QA13_D12 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

QA13_D13 {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?
{¿Es esa persona de sexo masculino o femenino? / En los últimos 12 meses, ¿las personas con quienes ha tenido relaciones sexuales han sido de sexo masculino, femenino, o de ambos sexos, masculino y femenino?}

AD45

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

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

QA13_D14 Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?
¿Se considera usted heterosexual, gay, {lesbiana} u homosexual, o bisexual?

AD46

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

STRAIGHT OR HETEROSEXUAL 1
GAY, LESBIAN, OR HOMOSEXUAL 2
BISEXUAL.....3
NOT SEXUAL/CELIBATE/NONE 4
OTHER (SPECIFY: _____) 5
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_D15 Have you ever been tested for HIV, the virus that causes AIDS?
¿Le han hecho alguna vez la prueba del VIH, el virus que causa el SIDA o AIDS?

AD55

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

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

QA13_D16 In the past year, how many times have you been tested for HIV?
En los últimos 12 meses, ¿cuántas veces se ha hecho la prueba del VIH?

AD62

NOT TESTED IN PAST YEAR 0
ONE TIME.....1
TWO TIMES.....2
THREE TIMES.....3
FOUR TIMES.....4
FIVE TIMES 5
SIX OR MORE TIMES 6
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_D17 When was your last HIV test?
¿Cuándo fue la última vez que se hizo la prueba del VIH?

AD63

MONTH _____ [RANGE: 1-12]

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

YEAR _____ [RANGE: 1985-2013]

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

QA13_D18 Was the result of your HIV test positive or negative?
La prueba del VIH, ¿dio un resultado positivo o negativo?

AD64

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

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

QA13_D19 Are you legally married to someone of the same sex?
¿Está usted legalmente casado(a) con alguien de su mismo sexo?

AD60

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

YES	1	**[GO TO PN SECTION E]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA13_D20 Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?
¿Está usted legalmente reconocido(a) por el Estado de California como pareja doméstica de alguien del mismo sexo?

AD61

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

Section F – Mental Health

QA13_F1 The next questions are about how you have been feeling during the past 30 days.
Las siguientes preguntas son acerca de cómo se ha sentido durante los últimos 30 días

About how often during the past 30 days did you feel nervous—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?
Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido nervioso/a? ¿Diría usted que siempre, casi siempre, algunas veces, muy pocas veces, o nunca?

AJ29

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

QA13_F2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?
Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido sin esperanzas—siempre, casi siempre, algunas veces, muy pocas veces, o nunca?

AJ30

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

QA13_F3 During the past 30 days, about how often did you feel restless or fidgety?
Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido inquieto/a o intranquilo/a?

AJ31

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"*]

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

QA13_F4 How often did you feel so depressed that nothing could cheer you up?
¿Con qué frecuencia se ha sentido tan deprimido/a que nada le podía levantar el ánimo?

AJ32

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"*]

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

QA13_F5 During the past 30 days, about how often did you feel that everything was an effort?
Durante los últimos 30 días, ¿más o menos con qué frecuencia sintió que todo era un esfuerzo?

AJ33

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"*]

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

QA13_F6 During the past 30 days, about how often did you feel worthless?
Durante los últimos 30 días, ¿con qué frecuencia se sintió como que usted no valía nada?

AJ34

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"*]

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

QA13_F7 Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
¿Hubo algún mes en los últimos 12 meses en que se haya sentido así con más frecuencia que en los últimos 30 días?

AF62

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

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

QA13_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.
Las preguntas que siguen son acerca de ese mes en los últimos 12 meses cuando usted se sintió peor emocionalmente.

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?
Durante ese mismo mes, ¿con qué frecuencia se sintió nervioso(a) — siempre, casi siempre, algunas veces, muy pocas veces, o nunca?

AF63

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

QA13_F9 During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?
Durante ese mismo mes, ¿con qué frecuencia se sintió sin esperanzas, — siempre, casi siempre, algunas veces, muy pocas veces, o nunca?

AF64

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

QA13_F10 How often did you feel restless or fidgety?
¿Con qué frecuencia se sintió inquieto(a) o intranquilo(a)?

AF65

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, o nunca?"*]

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

QA13_F11 How often did you feel so depressed that nothing could cheer you up?
¿Con qué frecuencia se sintió tan deprimido(a) que nada le podía levantar el ánimo?

AF66

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, o nunca?"*]

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

QA13_F12 How often did you feel that everything was an effort?
¿Con qué frecuencia se sintió como que todo era un esfuerzo?

AF67

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, o nunca*?"]

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

QA13_F13 How often did you feel worthless?
¿Con qué frecuencia se sintió como que usted no valía nada?

AF68

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: *"¿Siempre, casi siempre, algunas veces, muy pocas veces, o nunca?"*]

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

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA13_F14intro:
IF (QA13_F1 + QA13_F2 + QA13_F3 + QA13_F4 + QA13_F5 + QA13_F6 > 8) OR
(QA13_F8 + QA13_F9 + QA13_F10 + QA13_F11 + QA13_F12 + QA13_F13 > 8) OR
(IF QA13_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
(IF QA13_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH QA13_F14intro;
IF QA13_F7 = 1 THEN DISPLAY "again, please";
ELSE SKIP TO QA13_F19

QA13_F14intro Think {again, please} about the month in the past 12 months when you were at your worst emotionally.
{Por favor,} piense {otra vez} en el mes, durante los últimos 12 meses, en el que se sintió peor emocionalmente.

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

QA13_F14 Did your emotions interfere a lot, some, or not at all with your performance at work?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en su desempeño en el trabajo?

AF69B

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

QA13_F15 Did your emotions interfere a lot, some, or not at all with your household chores?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en las tareas o quehaceres de su casa?

AF70B

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

QA13_F16 Did your emotions interfere a lot, some, or not at all with your social life?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en su vida social?

AF71B

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

QA13_F17 Did your emotions interfere a lot, some, or not at all with y our relationship with friends and family?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en las relaciones con sus amigos y su familia?

AF72B

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

QA13_F18 Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
Ahora piense en los últimos 12 meses. De los 365 días, ¿en cuántos días le fue imposible o no fue capaz de trabajar o llevar a cabo sus actividades normales debido a que se sentía nervioso(a), deprimido(a), o estresado(a) emocionalmente?

AF73B

[IF NEEDED, SAY: "You can use any number between 0 and 365 to answer."]
[IF NEEDED, SAY: *"Para responder, puede usar cualquier número entre 0 y 365."*]

_____NUMBER OF DAYS

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

QA13_F19 Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?
¿Hubo alguna vez en los últimos 12 meses en que usted pensó que posiblemente necesitaba ver a un profesional debido a problemas con su salud mental, sus emociones o nervios, o su consumo de alcohol o drogas?

AF81

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

QA13_F20 Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
¿Cubre su seguro tratamiento de problemas de salud mental, tal como visitas al psicólogo o al psiquiatra?

AJ1

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

QA13_F21 In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
En los últimos 12 meses, ¿ha visto a su médico de atención primaria o doctor general para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

AF74

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

QA13_F22 In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
En los últimos 12 meses, ¿ha visto a cualquier otro profesional, tal como un consejero, un siquiatra, o un trabajador social para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

AF75

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

PROGRAMMING NOTE QA13_F23:
IF QA13_F21 = 1 OR QA13_F22 = 1 THEN CONTINUE WITH QA13_F23;
ELSE SKIP TO QA13_F28

QA13_F23 Did you seek help for your mental or emotional health or for an alcohol or drug problem?
¿Buscó usted ayuda para su salud mental o emocional, o por un problema de alcohol o drogas?

AF76

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

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

QA13_F24 In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.
En los últimos 12 meses, ¿cuántas veces fue a ver a un profesional debido a problemas con su {salud mental o emocional/consumo de alcohol o drogas/salud mental o emocional y consumo de alcohol o drogas}? No cuente las veces que tuvo que pasar la noche en el hospital.

AF77

_____ NUMBER OF VISITS

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

QA13_F25 Are you still receiving treatment for these problems from one or more of these providers?
¿Todavía está recibiendo tratamiento de alguno de estos proveedores debido a uno o más de estos problemas?

AF78

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

QA13_F26 Did you complete the recommended full course of treatment?
¿Terminó usted el completo tratamiento recomendado?

AF79

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

QA13_F27 What is the MAIN REASON you are no longer receiving treatment?
¿Cuál es el MOTIVO PRINCIPAL por el que ya no está recibiendo tratamiento?

AF80

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

QA13_F28 During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
Durante los últimos 12 meses, ¿tomó alguna medicina con receta, como antidepresivos o sedantes, casi a diario por dos semanas o más, debido a algún problema emocional o personal?

AJ5

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

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

QA13_F29 Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.
Una persona podría decidir no buscar ayuda de un profesional, aunque crea que posiblemente la necesita, por algunas razones que mencionamos a continuación. Dígame "sí" o "no" cada una de estas razones explica por qué no vio usted a un profesional.

You were concerned about the cost of treatment.
Le preocupaba el costo del tratamiento.

AF82

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

QA13_F30 You did not feel comfortable talking with a professional about your personal problems.
Se sentía incómodo/a hablando con un profesional acerca de sus problemas personales.

AF83

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

QA13_F31 You were concerned about what would happen if someone found out you had a problem.
Le preocupaba qué iba a pasar si alguien se enteraba de que tenía un problema.

AF84

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

QA13_F32 You had a hard time getting an appointment.
Le fue muy difícil conseguir una cita.

AF85

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

Section G – Demographic Information, Part II

QA13_G1 Now a few more questions about your background.
Ahora tengo algunas preguntas sobre usted

In what country were you born?
¿En qué país nació?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES… 1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND 6
FRANCE 7
GERMANY 8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA..... 12
IRAN..... 13
IRELAND..... 14
ITALY 15
JAPAN..... 16
KOREA..... 17
MEXICO 18
PHILIPPINES 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_G2:
IF QA13_G1 ≠ 1 (NOT BORN IN US) GO TO QA13_G4;
ELSE IF QA13_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA13_G2

QA13_G2 In what country was your mother born?
¿En qué país nació su madre?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES… 1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND 6
FRANCE 7
GERMANY 8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA 12
IRAN 13
IRELAND 14
ITALY 15
JAPAN 16
KOREA 17
MEXICO 18
PHILIPPINES 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_G3 In what country was your father born?
¿En qué país nació su padre?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES… 1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND 6
FRANCE 7
GERMANY 8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA..... 12
IRAN..... 13
IRELAND..... 14
ITALY 15
JAPAN..... 16
KOREA..... 17
MEXICO 18
PHILIPPINES 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA..... 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_G4 What languages do you speak at home?
¿Qué idiomas habla usted en su hogar?

AH36

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

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

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

QA13_G5 In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or read?
¿En qué idiomas son los programas de TV, las estaciones de radio, o los periódicos que usted normalmente ve, escucha, o lee?

AG21

ONLY ENGLISH.....1
BOTH ENGLISH AND OTHER LANGUAGE(S) 2
ONLY OTHER LANGUAGE(S).....3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_G6:
IF INTERVIEW CONDUCTED IN ENGLISH AND QA13_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA13_G6 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";
ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA13_G6.
ELSE GO TO PROGRAMMING NOTE QA13_G7

QA13_G6 {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English…
{*Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés.} ¿Diría usted que habla inglés...*

AH37

Very well,.....1
Muy bien,.....1
Well, ...2
Bien, ...2
Not well, or 3
No bien, o.....3
Not at all? 4
No lo habla? 4
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_G7 The next questions are about citizenship and immigration.
Las preguntas siguientes son acerca de ciudadanía e inmigración

Are you a citizen of the United States?
¿Es usted ciudadano/a de los Estados Unidos?

AH39

YES .....1 **[GO TO QA13_G9]**
NO.....2
APPLICATION PENDING.....3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_G8 Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
¿Es usted residente permanente con una tarjeta verde? Sus respuestas son confidenciales y no serán reportadas al Servicio de Inmigración.

AH40

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

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

QA13_G9 About how many years have you lived in the United States?
Aproximadamente, ¿cuántos años ha vivido usted en Estados Unidos?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

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

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

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

QA13_G10 Is your {spouse/partner} also living in your household?
¿Vive su {esposo/a} también en su casa?

AH44

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

QA13_G11 May I have your {spouse/partner}'s first name and age?
¿Podría darme el primer nombre y la edad de su {esposo(a)/pareja}?

SC11A

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

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA13_G12:
IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA13_G12;
IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA13_G12;
ELSE GO TO PROGRAMMING NOTE QA13_G13

QA13_G12 Are you now living with either of your parents?
¿Está usted viviendo ahora con su padre o con su madre?

AH43A

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

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

QA13_G13 Are there any children under the age of 18 living in the household, including babies?
¿Cuántos niños menores de 18 años de edad, incluyendo bebés, normalmente viven en su hogar?

SC12

YES 1
NO .....2 **[GO TO QA13_G21]**
REFUSED ..... -7 **[GO TO QA13_G21]**
DON'T KNOW ..... -8 **[GO TO QA13_G21]**

QA13_G14 Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.
Por favor dígame solamente el primer nombre y la edad de todos los niños menores de 18 años, incluyendo a bebés, que usualmente viven en su hogar.

SC13A

[PROBE: "Is there anyone else?"]
[PROBE: *"¿Hay alguno más?"*]

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

CHILD	FIRST NAME	AGE	M/F
1			
2			
3			
4			
5			

QA13_G15 Is (CHILD) …
¿Tiene (CHILD)…

SC15A

0 To 11 years old or 1	**[CODE AS CHILD]**
0 a 11 años de edad, o 1	**[CODE AS CHILD]**
12 To 17 years old? 2	**[CODE AS TEEN]**
12 a 17 años de edad? 2	**[CODE AS TEEN]**
REFUSED ..... -7	**[CODE AS TEEN]**
DON'T KNOW ..... -8	**[CODE AS TEEN]**

QA13_G16 I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?
He escrito que {numero} {niño/niños} menor{es} de 18 años vive{n} en este hogar ¿Hemos omitido algunos niños menores de 18 años que normalmente viven aquí pero que están fuera del hogar temporalmente?

SC13

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

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

QA13_G17 Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?
¿Es usted uno de los padres o guardianes legales de (NOMBRE/EDAD/SEXO)?

SC14A

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

PROGRAMMING NOTE QA13_G18:
IF ANY PEOPLE IN HH UNDER AGE 18 AND QA13_G10= 1, ASK QA13_G18 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;
ELSE SKIP TO QA13_G19

QA13_G18 Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?
¿Es (NOMBRE/EDAD/SEXO) uno de los padres o guardianes legales de (NOMBRE/EDAD/SEXO)?

SC14B

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

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

QA13_G19 In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?
Durante el mes pasado, ¿pagó algún tipo de cuidado infantil por cualquier niño menor de 14 años mientras {usted o su esposo/a/compañero/usted} trabajaba, iba a la escuela o buscaba empleo?

AH44A

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

YES 1
NO .....2 **[GO TO QA13_G21]**
REFUSED ..... -7 **[GO TO QA13_G21]**
DON'T KNOW ..... -8 **[GO TO QA13_G21]**

QA13_G20 In the past month, how much did you pay for all child care arrangements and programs?
En el mes pasado, ¿cuánto pagó en total por todos los arreglos y programas para cuidar niños?

AH44B

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household."]
[IF NEEDED, ASK: *"Si le es más fácil, puede decirme lo que pagó usted o cualquier otro adulto en su hogar en una semana normal durante el mes pasado."*]

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

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

NO PAYMENT IN LAST MONTH OR WEEK 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_G21 What is the highest grade of education you have completed and received credit for?
¿Cuál es el grado de educación más alto que usted ha completado y por el que ha recibido reconocimiento?

AH47

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

QA13_G22 Did you ever serve on active duty in the Armed Forces of the United States?
¿Ha estado usted alguna vez en el servicio military activo en las Fuerzas Armadas de los Estados Unidos?

AG22

YES 1
NO ..... 2 **[GO TO QA13_G25]**
REFUSED ..... -7 **[GO TO QA13_G25]**
DON'T KNOW ..... -8 **[GO TO QA13_G25]**

QA13_G23 When did you serve?
¿Cuándo estuvo en las Fuerzas Armadas?

AG23

FROM _____ TO _____

OR

[CHECK ALL THAT APPLY]

World War II (Sept 1940 to July 1947).....1
Korean War (June 1950 to Jan 1955).....2
Vietnam War (Aug 1964 to April 1975) 3
Gulf War/Operation Desert
Storm (1990 to 1991) 4
Afghanistan/Operation Enduring
Freedom (2001 to present) 5
Iraq War/Operation Iraqi
Freedom (2003 to present) 6
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_G24 Altogether, how long did you serve?
En total, ¿cuánto tiempo estuvo en las Fuerzas Armadas?

AG24

_____ YEARS

_____ MONTHS

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

QA13_G25 Which of the following were <u>you</u> doing last week?
¿Cuál de lo siguiente hizo la semana pasada?

AK1

Working at a job or business,.....1 **[GO TO QA13_G29]**
Trabajó en un empleo o negocio, ...1 **[GO TO QA13_G29]**
With a job or business but not at work,.....2
Tenía empleo o negocio pero no trabajó, ...2
Looking for work, or 3
Estaba buscando trabajo, o 3
Not working at a job or business?.....4
No trabajó en un empleo o negocio?.....4
REFUSED ..... -7 **[GO TO QA13_G29]**
DON'T KNOW ..... -8 **[GO TO QA13_G29]**

QA13_G26 What is the main reason you did not work last week?
¿Cuál es el motivo principal por el que no trabajó la semana pasada?

AK2

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

TAKING CARE OF HOUSE OR FAMILY 1	
ON PLANNED VACATION 2	
COULDN'T FIND A JOB 3	
GOING TO SCHOOL/STUDENT....4	
RETIRED 5	**[GO TO PN QA13_G28]**
DISABLED 6	**[GO TO PN QA13_G28]**
UNABLE TO WORK TEMPORARILY....7	
ON LAYOFF OR STRIKE 8	
ON FAMILY OR MATERNITY LEAVE....9	
OFF SEASON 10	
SICK.... 11	
OTHER.... 91	
REFUSED .... -7	
DON'T KNOW .... -8	

QA13_G27 Do you usually work?
¿Trabaja usted por lo general?

AG10

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

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

QA13_G28 Are you receiving Social Security Disability Insurance or SSDI?
¿Recibe usted Ingreso de Seguro Social por Incapacidad (o SSDI)?

AL22

YES 1	**[GO TO PN QA13_G30]**
NO....2	**[GO TO PN QA13_G30]**
REFUSED .... -7	**[GO TO PN QA13_G30]**
DON'T KNOW .... -8	**[GO TO PN QA13_G30]**

PROGRAMMING NOTE QA13_G29:
IF QA13_G25 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA13_G27 = 1 (USUALLY WORKS), CONTINUE WITH QA13_G29;
ELSE GO TO PROGRAMMING NOTE QA13_G32

QA13_G29 On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?
En su trabajo principal, ¿trabaja usted para: una compañía privada, el gobierno, trabaja por cuenta propia, o está trabajando sin recibir pago en un negocio o finca de la familia?

AK4

[IF NEEDED, SAY: "Where did you work most hours?"]
[IF NEEDED, SAY: *"¿Donde trabajó más horas?"*]

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

PROGRAMMING NOTE QA13_G30:
IF QA13_G29= 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.]";
ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make or do at this business?']"

QA13_G30 {What kind of agency or department is this?/What kind of business or industry is this?}
{¿Qué clase de agencia o departamento es? / ¿Qué tipo de negocio o industria es?}

AK5

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

[IF NEEDED, SAY: "What do they make or do at this business?"]}
[IF NEEDED, SAY: *"¿Qué hacen o producen en este negocio?"*]

[INTERVIEWER: ENTER DESCRIPTION]

_____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

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

QA13_G31 What is the main kind of work you do?
¿Cuál es el tipo de trabajo que usted hace principalmente?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

_____ (OCCUPATION)

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

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

QA13_G32 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?
{*Contándose usted mismo/a, ¿más o menos / ¿Mas o menos,} cuántos empleados trabajan para usted en todos los lugares donde funciona su empresa?*

AK8

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

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

PROGRAMMING NOTE QA13_G33:
IF QA13_ A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1, CONTINUE WITH QA13_G33;
IF QA13_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY "partner";
ELSE GO TO QA13_H1

QA13_G33 Which of the following was your {spouse/partner} doing last week?
¿Cuál de lo siguiente hizo la semana pasada su {esposo/a}?

AG8

Working at a job or business,	1	**[GO TO QA13_G35]**
Trabajó en un empleo o negocio,	1	**[GO TO QA13_G35]**
With a job or business but not at work,	2	**[GO TO QA13_G35]**
Tenía empleo o negocio pero no trabajó,	2	**[GO TO QA13_G35]**
Looking for work, or	3	
Estaba buscando trabajo, o	3	
Not working at a job/business?	4	
No trabajó en un empleo o negocio?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA13_G34 Does your {spouse/partner} usually work?
¿Trabaja su {esposo/a} por lo general?

AG11

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

QA13_G35 On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?
En el trabajo principal de su {esposo(a)}, ¿trabaja {él/ella} para: una compañía privada, el gobierno, trabaja por cuenta propia, o está trabajando sin recibir pago en un negocio o finca de la familia?

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]
[IF NEEDED, SAY: *"¿Donde trabajó {él/ella} más horas?"*]

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

Section H – Health Insurance

QA13_H1 The next topics are about health insurance and health care.
Los temas siguientes están relacionados con el seguro de salud y el cuidado de la salud.

Is there a place that you usually go to when you are sick or need advice about your health?
¿Hay algún lugar al que usted va normalmente cuando está enfermo/a o necesita consejos sobre su salud?

AH1

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

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

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

QA13_H2 {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?
{¿A qué tipo de lugar va usted con más frecuencia —el consultorio de un médico / ¿Está su médico en un consultorio particular de médico}, una clínica o clínica de hospital, {en} una sala de urgencias o {en} algún otro lugar?

AH3

DOCTOR'S OFFICE/KAISER/OTHER HMO 1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
EMERGENCY ROOM 3
SOME OTHER PLACE (SPECIFY:_____) 91
NO ONE PLACE 92
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_H3 During the past 12 months, did you visit a hospital emergency room for your own health?
Durante los últimos 12 meses, ¿fue a la sala de emergencias de un hospital debido a su propia salud?

AH12

YES 1	
NO 2	**[GO TO QA13_H5]**
REFUSED ..... -7	**[GO TO QA13_H5]**
DON'T KNOW ..... -8	**[GO TO QA13_H5]**

PROGRAMMING NOTE QA13_H4:
IF QA13_B6 = 1 OR QA13_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA13_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA13_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY "During the past 12 month, how many times did you visit a hospital emergency room for your own health?";
ELSE DISPLAY "How many times did you do that?"

QA13_H4 {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?
{Durante los últimos 12 meses, ¿cuántas veces fue a la sala de emergencias de un hospital debido a su propia salud? / ¿Cuántas veces hizo eso?}

AH95

[IF NEEDED, SAY: "During the past 12 months, how many times did you visit a hospital emergency room for your own health?"]
[IF NEEDED, SAY: *"Durante los últimos 12 meses, ¿cuántas veces fue a la sala de emergencias de un hospital debido a su propia salud?"*]

_____ NUMBER OF TIMES

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

QA13_H5 Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?
Medicare es un programa de seguro de salud para personas de 65 años o más o personas con ciertas incapacidades. En este momento, ¿está usted cubierto(a) por Medicare?

AI1

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

YES 1	**[GO TO QA13_H8]**
NO 2	
REFUSED ..... -7	**[GO TO QA13_H15]**
DON'T KNOW ..... -8	**[GO TO QA13_H15]**

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

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

QA13_H6 Is it correct that you are <u>not</u> covered by Medicare even though you told me earlier that you are 65 or older?
¿Es correcto que usted <u>no</u> está cubierto(a) por Medicare aun cuando usted me dijo anteriormente que tiene 65 años o es mayor?

AI2

CORRECT, NOT COVERED BY MEDICARE.....1	**[GO TO PN QA13_H15]**
NOT CORRECT, R IS COVERED BY MEDICARE..2	**[GO TO PN QA13_H8]**
AGE IS INCORRECT..... 93	
REFUSED ..... -7	**[GO TO PN QA13_H15]**
DON'T KNOW ..... -8	**[GO TO PN QA13_H15]**

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

QA13_H7 What is your age, please?
¿Cuál es su edad, por favor?

AI3

_____ YEARS OF AGE	[HR: 18-105]	**[GO TO PN QA13_H15]**
REFUSED ..... -7		**[GO TO PN QA13_H15]**
DON'T KNOW ..... -8		**[GO TO PN QA13_H15]**

POST NOTE QA13_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA13_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA13_H8:
IF ARMCARE = 1, CONTINUE WITH QA13_H8;
ELSE GO TO PROGRAMMING NOTE QA13_H15

QA13_H8 Is your MediCARE coverage provided through an HMO?
¿Es su cobertura de MediCARE proporcionada a través de un HMO?

AH49

[IF NEEDED, SAY: "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]
[IF NEEDED, SAY: *"Con un HMO, normalmente tiene que recibir atención médica del HMO o no se cubren los gastos, a menos que se trate de una urgencia médica."*]

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

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

POST-NOTE QA13_H8:
IF QA13_H8 = 1, SET ARMHMO = 1

QA13_H9 What is the name of your MediCARE HMO plan?
¿Cuál es el nombre de su plan MediCARE HMO?

AH50

AARP MEDICARE COMPLETE	1
AETNA	2
AETNA MEDICARE (SELECT/PREMIER)	3
ALAMEDA ALLIANCE FOR HEALTH	4
ALLIANCE COMPLETE CARE	5
ANTHEM BLUE CROSS/BLUE CROSS	6
ARCADIAN COMMUNITY CARE	7
BLUE CROSS SENIOR SECURE	8
BLUE SHIELD 65 PLUS	9
BLUE SHIELD OF CALIFORNIA	10
CAL OPTIMA	11
CARE 1ST HEALTH PLAN	12
CARE ADVANTAGE	13
CARE MORE	14
CEN CAL HEALTH	15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	16
CENTRAL HEALTH PLAN OF CALIFORNIA	17
CHINESE COMMUNITY HEALTH PLAN	18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM	19
CIGNA	20
CITIZENS CHOICE HEALTHPLAN	21
COMMUNICARE ADVANTAGE	22
COMMUNITY HEALTH GROUP	23
COMMUNITY HEALTH PLAN	24
CONTRA COSTA HEALTH PLAN	25
EASY CHOICE HEALTH PLAN	26
GEM CARE	27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN	28
GREAT-WEST	29

HEALTH NET....30
HEALTH PLAN OF SAN JOAQUIN....31
HEALTH PLAN OF SAN MATEO....32
HUMANA GOLD PLUS....33
IEHP (INLAND EMPIRE HEALTH PLAN)....34
IEHP MEDICARE DUAL CHOICE....35
INTER VALLEY HEALTH PLAN....36
KAISER....37
KERN COUNTY HEALTH PLAN....38
L.A. CARE HEALTH PLAN....39
MD CARE....40
MOLINA HEALTH PLAN....41
MOLINA MEDICARE OPTIONS....42
ON LOK....43
ON LOK SENIOR HEALTH SERVICES....44
ONE CARE....45
PACIFICARE....46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA....47
SALUD CON HEALTH NET....48
SAN FRANCISCO HEALTH PLAN....49
SANTA CLARA FAMILY HEALTH PLAN....50
SCAN HEALTH PLAN....51
SECURE HORIZONS....52
SENIOR ADVANTAGE....53
SENIORITY PLUS....54
SERVICE TO SENIORS....55
SHARP HEALTH PLAN....56
TOTAL FIT....57
VALLEY HEALTH PLAN....58
VENTURA COUNTY HEALTH CARE PLAN....59
WESTERN HEALTH ADVANTAGE....60
WESTERN HEALTH ADVANTAGE CARE+....61
CHAMPUS/CHAMP-VA....62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME....63
VA HEALTH CARE SERVICES....64
MEDI-CAL....65
MEDICARE....66
MEDICARE ADVANTAGE....67
OTHER....91
OTHER (SPECIFY:_____)....92
REFUSED....-7
DON'T KNOW....-8

POST-NOTE FOR QA13_H9:
ALL ANSWERS GO TO PROGRAMMING NOTE QA13_H11;
IF QA13_H9 = 62, 63, OR 64 THEN ARMILIT = 1

QA13_H10 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
Algunas personas que reunen los requisitos para MediCARE, también tienen un seguro que a veces se llama Medigap o póliza suplementaria de Medicare. ¿Está usted también cubierto por este tipo de seguro?

AI4

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

YES	1	
NO	2	**[GO TO PN QA13_H15]**
REFUSED	-7	**[GO TO PN QA13_H15]**
DON'T KNOW	-8	**[GO TO PN QA13_H15]**

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

PROGRAMMING NOTE QA13_H11:
IF QA13_H8 = 1 (MEDICARE HMO) CONTINUE WITH QA13_H11 AND DISPLAY "MediCARE HMO";
IF QA13_H10 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA13_H11 AND DISPLAY "MediCARE Supplement plan";
ELSE GO TO PROGRAMMING NOTE QA13_H15

QA13_H11 For the {MediCARE HMO/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?
Para el {MediCARE HMO/MediCARE Supplement plan}, ¿usted se inscribió directamente, o lo obtuvo a través de su empleador actual, un empleador anterior, un sindicato, un negocio familiar, AARP o de alguna otra forma?

AH52

[IF NEEDED, SAY: "AARP stands for the American Association of Retired Persons."]
[IF NEEDED, SAY: *"AARP son las siglas en inglés de American Association of Retired Persons."*]

DIRECTLY	1
CURRENT EMPLOYER	2
FORMER EMPLOYER	3
UNION	4
FAMILY BUSINESS	5
AARP	6
SPOUSE'S EMPLOYER	7
SPOUSE'S UNION	8
PROFESSIONAL/FRATERNAL ORGANIZATION	9
OTHER	91
REFUSED	-7
DON'T KNOW	-8

QA13_H12 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga usted una parte o toda la prima o el costo de este plan de salud? No incluya el costo de ningún pago compartido o de deducibles que usted o su familia tengan que pagar.

AH53

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: *"Los pagos compartidos son pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica mientras que alguien más paga por la cobertura principal de su atención médica."*]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted paga por su atención médica antes de que su plan de salud empiece a pagar."*]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: *"Prima es el cargo mensual por el costo de su plan de seguro de salud."*]

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

QA13_H13 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
¿Hay otras personas, tales como un empleador, un sindicato o una organización profesional que paguen toda, o una parte de la prima o del costo de este plan de salud?

AH54

YES 1
NO .....2 **[GO TO PN QA13_H15]**
REFUSED ..... -7 **[GO TO PN QA13_H15]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H15]**

QA13_H14 Who is that?
¿Quién lo paga?

AH55

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]
[IF NEEDED, SAY: *"¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional?"*]

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: *"¿Alguien más?"*]

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

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

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

QA13_H15 {Is it correct that you are/Are you} covered by Medi-CAL?
{¿Es cierto que usted tiene / ¿Tiene usted} cobertura de Medi-CAL?

AI6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: *"Un plan para ciertos niños de bajos ingresos y sus familias, mujeres embarazadas y personas incapacitadas o mayores."*]

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

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

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

QA13_H16 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?
{*¿Es correcto que usted está / ¿ Está usted} cubierto(a) por el Programa de Familias Saludables?*

AI7

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: *"El Programa de Familias Saludables es un programa estatal que paga el seguro de salud para los niños hasta los 19 años de edad."*]

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

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

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

QA13_H17 {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?
{Además del plan suplementario de Medicare/Además del plan Medicare HMO que me mencionó,} ¿Está usted cubierto(a) por un plan de seguro de salud o HMO a través de {un empleador/su propio empleador} o de un sindicato actual o anterior?

AI8

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

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

POST-NOTE FOR QA13_H17:
IF QA13_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

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

QA13_H18 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)
¿Está usted cubierto(a) por un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

AI11

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

YES	1	
NO	2	**[GO TO PN QA13_H20]**
REFUSED	-7	**[GO TO PN QA13_H20]**
DON'T KNOW	-8	**[GO TO PN QA13_H20]**

POST-NOTE FOR QA13_H18:
IF QA13_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA13_H19;
ELSE GO TO PROGRAMMING NOTE QA13_H20

QA13_H19 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)
¿Cómo compró este seguro de salud -- directamente a una compañía de seguro de salud o HMO o mediante Covered California?

AH104

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

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

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

QA13_H20 Was this plan obtained in your own name or in the name of someone else?
¿Se obtuvo este plan a nombre suyo o a nombre de otra persona?

AI9

[IF NEEDED, SAY: "Even someone who does not live in this household."]
[IF NEEDED, SAY: *"¿Aún de alguien que no viva en este hogar?"*]

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

POST-NOTE FOR QA13_H20:
IF QA13_H17 = 1 AND QA13_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA13_H17 = 1 AND QA13_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA13_H21:
IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1OR IF QA13_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA13_H21;
ELSE GO TO PROGRAMMING NOTE QA13_H22;
IF QA13_A16 = 1, THEN DISPLAY "spouse's name";
IF QA13_A16 ≠ 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "partner's name;
IF QA13_G13 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA13_H21 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
¿Está el plan a nombre de {esposo/esposa} {o} {padres} {o a nombre de otra persona}?

AI9A

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

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

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

QA13_H22 How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program? (CHIS 2014 ONLY)
¿Cómo se inscribió {usted/él o ella} en este seguro de salud – mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

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

AH105

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

POST-NOTE FOR QA13_H22:
IF QA13_H22 = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE QA13_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA13_H23;
ELSE GO TO PROGRAMMING NOTE QA13_H25;

QA13_H23 Was this a bronze, silver, gold or platinum plan? (CHIS 2014 ONLY)
¿Era un plan bronze, silver, gold o platinum (o sea, de bronce, plata, oro o platino)?

AH106

Bronze.....1
Silver 2
Gold 3
Platinum 4
MEDI-CAL / MEDICAID 5
CATASTROPHIC.....6
OTHER (SPECIFY:_____)..... 92
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_H24 Was there a subsidy or discount on the premium for this plan? (CHIS 2014 ONLY)
¿Había un subsidio o descuento en la prima de este plan?

AH107

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

PROGRAMMING NOTE QA13_H25:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA13_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_H25;
ELSE GO TO PROGRAMMING NOTE QA13_H28

QA13_H25 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga una parte o toda la prima o el costo de este plan de salud? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AH57

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."]
[IF NEEDED, SAY: *"Los pagos compartidos son pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica, mientras alguien diferente paga la cobertura principal de su atención médica."*]

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

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: *"Prima es el cargo mensual por el costo del su plan de seguro de salud."*]

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

QA13_H26 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
¿Hay otras personas, tales como un empleador, un sindicato o una organización profesional que pague toda, o una parte de la prima o costo de este plan de salud?

AH58

YES	1	
NO	2	**[GO TO PN QA13_H28]**
REFUSED	-7	**[GO TO PN QA13_H28]**
DON'T KNOW	-8	**[GO TO PN QA13_H28]**

PROGRAMMING NOTE QA13_H27:
IF QA13_H25 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

QA13_H27 {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?
{*¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional? / ¿Quién es?}*

AH56

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?]
[IF NEEDED, SAY: "*¿Quién, además de usted, paga cualquier parte del costo de este plan, como por ejemplo su empleador, un sindicato, o una organización profesional?"*]
[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: *"¿Alguién más?"*]

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION	3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER	4
SPOUSE'S/PARTNER'S FORMER EMPLOYER	5
PROFESSIONAL/FRATERNAL ORGANIZATION	6
MEDICAID/MEDI-CAL ASSISTANCE	7
HEALTHY FAMILIES	8
MEDICARE	9
HEALTHY KIDS	10
COVERED CALIFORNIA	11
OTHER	91
REFUSED	-7
DON'T KNOW	-8

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

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

QA13_H28 Does your employer offer health insurance to any of its employees?
¿Ofrece su empleador seguro de salud a alguno de sus empleados?

AI13

YES 1	
NO 2	**[GO TO PN QA13_H32]**
REFUSED ..... -7	**[GO TO PN QA13_H32]**
DON'T KNOW ..... -8	**[GO TO PN QA13_H32]**

QA13_H29 Are you eligible to be in this plan?
¿Califica usted para este plan?

AI14

YES 1	
NO 2	**[GO TO QA13_H31]**
REFUSED ..... -7	**[GO TO PN QA13_H32]**
DON'T KNOW ..... -8	

QA13_H30 What is the one main reason why you aren't in this plan?
¿Cuál es la razón principal por la cual usted no está inscrito en este plan?

AI15

COVERED BY ANOTHER PLAN 1	**[GO TO PN QA13_H32]**
TOO EXPENSIVE 2	**[GO TO PN QA13_H32]**
DIDN'T LIKE PLAN OFFERED 3	**[GO TO PN QA13_H32]**
DON'T NEED OR BELIEVE IN HEALTH INSURANCE 4	**[GO TO PN QA13_H32]**
OTHER (SPECIFY: _____) 91	**[GO TO PN QA13_H32]**
REFUSED ..... -7	**[GO TO PN QA13_H32]**
DON'T KNOW ..... -8	**[GO TO PN QA13_H32]**

QA13_H31 What is the <u>one</u> main reason why you are not eligible for this plan?
¿Cuál es <u>la</u> razón principal por la cual usted no puede estar inscrito en este plan?

AI15A

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

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

QA13_H32 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
¿Está cubierto(a) usted por CHAMPUS/CHAMP-VA, TRICARE, VA o algún otro plan de servicios de salud militar?

AI16

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

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

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

QA13_H33 Are you covered by the Healthy Kids program?
¿Está usted cubierta/o por el programa Healthy Kids?

AH70

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
[IF NEEDED, SAY: *"Healthy Kids es un programa para niños de su condado."*]

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

POST-NOTE QA13_H33:
IF QA13_H33 = 1, SET ARHKID = 1 AND SET ARINSURE = 1

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

QA13_H34 Are you covered by some other government health program, such as AIM, “Mister MIP,” the Family PACT program, PCIP, or something else?
¿Tiene usted cobertura de algún otro programa de salud del gobierno, como AIM, "Mister MIP", el programa Family PACT, PCIP, u otro programa?

AI17

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men; and PCIP is the pre-existing condition insurance plan."]
[IF NEEDED, SAY: *“AIM significa Acceso para Niños y Madres; "Mister MIP" significa Programa de Seguro Médico de Alto Riesgo; Family PACT es el programa estatal que paga por servicios de salud relacionados con la reproducción y anticonceptivos para mujeres y hombres que no tienen seguro; y PCIP es un seguro de salud para personas con enfermedad pre-existente.”*]

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

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

QA13_H35 **ASK IF NECESSARY:** "What is the name of this program?"
ASK IF NECESSARY: *“¿Cuál es el nombre de este programa?”*

AI17A

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

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

QA13_H36 Do you have any health insurance coverage through a plan that I missed?
¿Tiene usted alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

AI18

YES	1	
NO	2	**[GO TO PN QA13_H40]**
REFUSED	-7	**[GO TO PN QA13_H40]**
DON'T KNOW	-8	**[GO TO PN QA13_H40]**

QA13_H37 What type of health insurance do you have?
¿Qué tipo de seguro médico tiene?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: *"¿Consiguió usted este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?*]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
COVERED CALIFORNIA	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_H37:
IF QA13_H37 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 8, SET ARIHS = 1;
IF QA13_H37 = 9, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H38:
IF QA13_H37 = 1, 2, OR 3 CONTINUE WITH QA13_H38;
ELSE GO TO PROGRAMMING NOTE QA13_H40

QA13_H38 Was this plan obtained in your own name or in the name of someone else?
¿Obtuvo este plan a su nombre o a nombre de otra persona?

AH59

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

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

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

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

QA13_H39 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
¿Está el plan a nombre de su {esposo/esposa} {o} {padres} {o a nombre de otra persona}?

AH60

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

POST-NOTE QA13_H39:
IF QA13_H39 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA13_H39 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

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

QA13_H40 Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
¿Está cubierto(a) usted por el Servicio de Salud Indígena, el Programa de Salud Tribal o Clínica Indígena Urbana?

AI20

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

POST-NOTE QA13_H40:
IF QA13_H40 = 1, SET ARIHS = 1

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

QA13_H41_INTRO

These next questions are about the type of health insurance your {spouse/partner} may have.
Las siguientes preguntas son sobre el tipo de seguro de salud que pueda tener su {esposo}.

AI37intro

PROGRAMMING NOTE QA13_H41:
IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH QA13_H41 WITHOUT DISPLAY
ELSE IF ARMCARE = 1, CONTINUE WITH QA13_H41 AND DISPLAY "You said that you are covered by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA13_H44

QA13_H41 {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?
{Usted dijo que está cubierto(a) por Medicare.} ¿Está su {esposo/a} cubierto(a) {también} por Medicare?

AI37

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

POST-NOTE QA13_H41:
IF QA13_H41 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

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

QA13_H42 {You said that your Medicare coverage is provided through an HMO.} Is your {spouse's/partner's} Medicare {also} provided through an HMO?
Usted dijo que la cobertura de su Medicare se provee a través de un HMO. El Medicare de su {esposo/a}, ¿{también} es a través de un HMO?

AH61

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

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

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

QA13_H43 {You said that you have a Medicare Supplement plan.} Does your {partner/husband/wife/spouse} {also} have a Medicare supplemental policy?
{*Usted dijo que tiene una póliza como suplemento de Medicare.} ¿Tiene su {esposo/a} {también} una póliza como suplemento de Medicare?*

AI37A

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

POST-NOTE QA13_H43:
IF QA13_H43 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H44:
IF ARMCAL = 1, CONTINUE WITH QA13_H44 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H45

QA13_H44 You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?
Usted dijo que {también} tenía Medi-Cal. ¿Está {esposo/a} cubierto(a) también por Medi-Cal?

AI38

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

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

QA13_H45 You said you {also} have Healthy Families. Is (SPOUSE/PARTNER) also covered by Healthy Families?
Usted dijo que {también} tiene "Healthy Families." ¿Está {esposo/a} cubierto(a) también por Healthy Families?

AI39

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

POST-NOTE QA13_H45:
IF QA13_H45 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H46:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA13_H46;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H48

QA13_H46 You said you have insurance from <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?
Usted dijo que tiene seguro a través de <u>su</u> empleador o sindicato actual o antiguo. ¿Está su {esposo/a} cubierto(a) {también} por el seguro que usted tiene a través de <u>su</u> empleador o sindicato?

AI40

YES .....1 **[GO TO PN QA13_H49]**
NO 2
OTHER 3
REFUSED ..... -7
DON'T KNOW ..... -8

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

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

QA13_H47 You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance? (CHIS 2014 ONLY)
Usted dijo que tiene seguro de salud mediante el programa SHOP de Covered California. ¿Tiene su {esposo(a)/pareja} {también} cobertura de este seguro de salud?

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

AH108

YES	1	**[GO TO PN QA13_H49]**
NO	2	
OTHER	3	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_H47:
IF QA13_H47 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA13_H48:
IF QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS), CONTINUE WITH QA13_H48;
IF AREMPSP = 1 AND QA13_A16 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H49

QA13_H48 {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} <u>own</u> employer?
Usted dijo que tiene seguro a través del empleador o sindicato de su {esposo(a)/pareja}. ¿Tiene {él/ella} {también} seguro de salud a través de <u>su</u> <u>propio</u> empleador?

AI40A

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

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

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

QA13_H49 You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?
Usted dijo que {también} tiene un plan que compro directamente de la compañía de seguros. ¿Está su {esposo/a} cubierto(a) {también} por este plan?

AI41

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

POST-NOTE QA13_H49:
IF QA13_H49 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA13_H50:
IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA13_H50;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H51

QA13_H50 You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan? (CHIS 2014 ONLY)
Usted dijo que tiene un plan que compró directamente a Covered California. ¿Tiene su {esposo(a)/pareja} {también} cobertura de este plan?

AH109

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

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

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

QA13_H51 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?
Usted dijo que {también} tiene seguro de salud a través de CHAMPUS/CHAMPUS-VA, TRICARE, VA o algún otro tipo de seguro de salud para militares. ¿Está su {esposo/a} cubierto(a) también por este plan?

AI42

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

POST-NOTE QA13_H51:
IF QA13_H51 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA13_H52:
IF AROTHGOV = 1, CONTINUE WITH QA13_H52;
IF QA13_H35 = 1, THEN DISPLAY "AIM";
IF QA13_H35 = 2, THEN DISPLAY "MRMIP";
IF QA13_H35 = 3, THEN DISPLAY "Family PACT";
IF QA13_H35 = 4, THEN DISPLAY "PCIP";
IF QA13_H35 = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H53

QA13_H52 You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?
Usted dijo que {también} tiene seguro de salud a través de {AIM/MRMIP/Family PACT/PCIP /un plan de salud del gobierno}. ¿Está su {esposo/a} cubierto/a también por este plan?

AI42A

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

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

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

QA13_H53 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?
¿Tiene su {esposo(a)/pareja} {algún} seguro de salud {a través de otra fuente}?

AI46

YES	1	
NO	2	**[GO TO PN QA13_H55]**
REFUSED	-7	**[GO TO QA13_H59]**
DON'T KNOW	-8	**[GO TO QA13_H59]**

QA13_H54 What type of health insurance does {he/she} have?
¿Qué tipo de seguro médico tiene {él/ella}?

AI47

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]
[IF NEEDED, SAY: *"Tal como de un empleador actual o anterior, o comprado directamente de un plan de salud."*]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: *"¿Obtuvo {él/ella} este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?"*]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
COVERED CALIFORNIA	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_H54:
IF QA13_H54 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 8, SET SPIHS = 1;
IF QA13_H54 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H55:
IF SPINSURE ≠ 1, CONTINUE WITH QA13_H55;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA13_H57;
ELSE GO TO PROGRAMMING NOTE QA13_H59

QA13_H55 You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?
Usted dijo que su {esposo/a} no tiene seguro de salud de ninguna fuente. ¿Correcto?

AI48

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

QA13_H56 What type of health insurance does {he/she} have?
¿Qué tipo de seguro médico tiene {él/ella}?

AI49

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: *"¿Obtuvo {él/ella} este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?*]

EMPLOYER/UNION.....1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION 2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE).....3
MEDICARE.....4
MEDI-CAL 5
HEALTHY FAMILIES.....6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC.....8
HEALTHY KIDS.....9
COVERED CALIFORNIA 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN 91
OTHER NON-GOVERNMENT HEALTH PLAN 92
REFUSED ..... -7
DON'T KNOW..... -8

POST-NOTE QA13_H56:
IF QA13_H56 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 8, SET SPIHS = 1;
IF QA13_H56 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

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

QA13_H57 Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?
¿Este plan se obtuvo a nombre de su {esposo/a}, o a nombre de otra persona?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household."]
[IF NEEDED, SAY: *"Incluso alguien que no viva en esta casa."*]

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

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

QA13_H58 Is the plan in your name, parent's name, or someone else's name?
¿Está el plan a su nombre, a nombre de sus padres, o a nombre de otra persona?

AH63

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

POST-NOTE QA13_H58:
IF QA13_H58 = 1 AND [QA12_H54 = (1, 2, 3) OR QA13_H56 = (1, 2, 3)], SET SPEMPAR = 1 AND SET SPEMPOTH = 0 AND ARSAMESP=1;
IF QA13_H58 = 1 AND [QA12_H54 = (10, 11) OR QA13_H56 = (10, 11)], SET SPHBEX = 1 AND ARSAMESP=1;
IF QA13_H58 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0

PROGRAMMING NOTE QA13_H59:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA13_H63;
ELSE IF [QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS)] AND QA13_G33 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA13_H59;
IF QA13_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE QA13_H63

QA13_H59 Does your {spouse's/partner's} employer offer health insurance to any of its employees?
El empleador de su {esposo(a)}, ¿ofrece seguro de salud a alguno de sus empleados?

AI43

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

QA13_H60 Is {he/she} eligible to be in this plan?
¿Califica {él/ella} para inscribirse en este plan?

AI44

YES	1	
NO	2	**[GO TO QA13_H62]**
REFUSED	-7	**[GO TO PN QA13_H63]**
DON'T KNOW	-8	**[GO TO PN QA13_H63]**

QA13_H61 What is the ONE main reason why {he/she} isn't in this plan?
¿Cuál es la razón principal por la que {él/ella} no está inscrito/a en este plan?

AI45

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

QA13_H62 What is the one main reason why {he/she} is not eligible for this plan?
¿Cuál es la razón principal por la que {él/ella} no califica para inscribirse en este plan?

AI45A

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

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

QA13_H63 {Next, I have some questions about your own main health plan.}
{*Ahora tengo algunas preguntas sobre su propio plan de salud principal.}*

Is your {Medi-Cal} health plan an HMO?
¿Es su plan de salud {Medi-Cal} un HMO?

AI22C

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY: *"HMO son las iniciales de Health Maintenance Organization (Organización de Mantenimiento de la Salud). Con un HMO usted tiene que ir a los médicos y hospitales de la red de su plan. Si va fuera de la red, por lo general no cubrirán esos gastos a menos que haya sido una emergencia médica."*]

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: *"Su plan de salud PRINCIPAL."*]

YES 1	**[GO TO QA13_H64]**
NO 2	
REFUSED ..... -7	
DON'T KNOW ..... -8	

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

QA13_H63B Is your health plan a PPO or EPO? (CHIS 2014 ONLY)
¿Es su plan de salud un PPO o un EPO?

AH122

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: *"EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los médicos y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a médicos y especialistas directamente sin una remisión de su profesional de cuidado médico general."*]

[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: *"PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier médico y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico general."*]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: *"Su plan de salud PRINCIPAL."*]

PPO.....1
EPO.....2
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_H64:
IF (ARMCAL = 1 AND QA13_H63 = 1) OR (AROTHGOV = 1 AND QA13_H35 = 1) THEN LIST HMO MEDI-CAL BY COUNTY;
ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA13_H63 = 1 THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
ELSE IF QA13_H63 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF QA13_H63 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST NON-HMO BY COUNTY

QA13_H64 What is the name of your main health plan?
¿Cómo se llama su plan de salud {Medi-Cal}?

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: *"¿Tiene usted una tarjeta de seguro u otro documento donde aparezca el nombre del plan?"*]

AARP MEDICARE COMPLETE 1
AETNA 2
AETNA MEDICARE (SELECT/PREMIER) 3
ALAMEDA ALLIANCE FOR HEALTH 4
ALLIANCE COMPLETE CARE 5
ANTHEM BLUE CROSS/BLUE CROSS 6
ARCADIAN COMMUNITY CARE 7
BLUE CROSS SENIOR SECURE 8
BLUE SHIELD 65 PLUS 9
BLUE SHIELD OF CALIFORNIA 10
CAL OPTIMA 11
CARE 1ST HEALTH PLAN 12
CARE ADVANTAGE 13
CARE MORE 14
CEN CAL HEALTH.....15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
CENTRAL HEALTH PLAN OF CALIFORNIA 17
CHINESE COMMUNITY HEALTH PLAN.....18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM 19
CIGNA.....20
CITIZENS CHOICE HEALTHPLAN 21
COMMUNICARE ADVANTAGE 22
COMMUNITY HEALTH GROUP 23
COMMUNITY HEALTH PLAN.....24
CONTRA COSTA HEALTH PLAN 25
EASY CHOICE HEALTH PLAN 26
GEM CARE 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN28
GREAT-WEST 29
HEALTH NET.....30
HEALTH PLAN OF SAN JOAQUIN.....31
HEALTH PLAN OF SAN MATEO.....32
HUMANA GOLD PLUS 33
IEHP (INLAND EMPIRE HEALTH PLAN) 34
IEHP MEDICARE DUAL CHOICE.....35
INTER VALLEY HEALTH PLAN 36
KAISER.....37

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

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

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

QA13_H65 {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?
{Ahora tengo algunas preguntas acerca de su propio plan de salud.} ¿Su seguro cubre medicinas recetadas? Es decir, ¿paga el plan alguna parte de los costos?

AI25

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

PROGRAMMING NOTE QA13_H66:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA13_H66;
ELSE GO TO QA13_H71

QA13_H66 Does your health plan have a deductible that is more than $1,000?
¿Tiene su plan de salud un deducible de más de $1,000 dólares?

AH71

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES 1	
NO 2	**[GO TO QA13_H68]**
YES, ONLY WHEN I GO OUT OF NETWORK 3	**[GO TO QA13_H68]**
REFUSED ..... -7	
DON'T KNOW ..... -8	

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

QA13_H67 Does your health plan have a deductible that is more than $2,000?
¿Tiene su plan de salud un deducible de más de $2,000 dólares?

AH96

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES	1	**[GO TO PN QA13_H69]**
NO	2	
YES, ONLY WHEN I GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA13_H68 Does your health plan have a deductible for all covered persons that is more than $2,000?
¿Tiene su plan de salud un deducible de más de $2,000 dólares por todas las personas cubiertas?

AH72

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES	1	
NO	2	**[GO TO PN QA13_H70]**
YES, ONLY WHEN I GO OUT OF NETWORK	3	**[GO TO PN QA13_H70]**
REFUSED	-7	
DON'T KNOW	-8	

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

QA13_H69 Does your health plan have a deductible for all covered persons that is more than $4,000?
¿Tiene su plan de salud un deducible de más de $4,000 dólares por todas las personas cubiertas?

AH97

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES 1
NO 2
YES, ONLY WHEN I GO OUT OF NETWORK 3
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_H70 Do you have a special account or fund you can use to pay for medical expenses?
¿Tiene alguna cuenta o un fondo especial que pueda utilizar para pagar gastos médicos?

AH73

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]
[IF NEEDED, SAY: *"Las cuentas también se conocen por nombres como Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) y otras cuentas similares. Otras cuentas de este tipo pueden ser las Personal care accounts, Personal medical funds, o Choice funds, y son diferentes de las cuentas Flexible Spending Accounts proporcionadas por el empleador."*]

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

QA13_H71 Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?
Pensando en su seguro de salud actual, ¿tuvo usted este mismo seguro todos los 12 meses en los últimos 12 meses?

AI31

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

QA13_H72 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
Durante los últimos 12 meses, cuando no tenía la cobertura del seguro de salud que tiene ahora, ¿tenía usted otro seguro de salud?

AI32

YES	1	
NO	2	**[GO TO QA13_H75]**
REFUSED	-7	**[GO TO QA13_H74]**
DON'T KNOW	-8	**[GO TO QA13_H74]**

QA13_H73 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
¿Era su otro seguro de salud Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

MODIFIED AI33

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

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

QA13_H74 During the past 12 months, was there any time when you had no health insurance at all?
Durante los últimos 12 meses, ¿hubo un momento en el que usted no tuvo ningún seguro de salud?

AI34

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

QA13_H75 For how many months of the past 12 months did you have no health insurance at all?
¿Por cuántos meses durante los últimos 12 meses no tuvo usted ningún seguro de salud?

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11] **[IF 0 GO TO PN QA13_H84]**

REFUSED ..... -7 **[GO TO PN QA13_H84]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H84]**

QA13_H76 What is the ONE MAIN reason why you did not have any health insurance during those months?
¿Cuál es la razón principal por la que usted no tuvo ningún seguro de salud durante esos meses?

AI36

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H77 During the time that you were uninsured, did you try to find health insurance on your own?
Mientras estuvo sin seguro, ¿trató de hallar seguro médico por su cuenta?

AH74

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

QA13_H78 What is the ONE MAIN reason why you do not have any health insurance?
¿Cuál es el motivo principal por el que usted no tiene seguro de salud?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
OTHER (SPECIFY:_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H79 During the time that you have been uninsured, have you tried to find health insurance on your own?
Durante el tiempo que usted no ha tenido seguro, ¿ha tratado de encontrar seguro de salud por su cuenta?

AH75

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

QA13_H80 Were you covered by health insurance at any time during the past 12 months?
¿Estuvo cubierto(a) por un seguro de salud en algún momento durante los últimos 12 meses?

AI27

YES .....1 **[GO TO QA13_H82]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H81 How long has it been since you last had health insurance?
¿Cuánto tiempo hace desde la última vez que tuvo seguro de salud?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO .....1 **[GO TO PN QA13_H84]**
MORE THAN 3 YEARS AGO .....2 **[GO TO PN QA13_H84]**
NEVER HAD HEALTH INSURANCE.....3 **[GO TO PN QA13_H84]**
REFUSED ..... -7 **[GO TO PN QA13_H84]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H84]**

QA13_H82 For how many months out of the last 12 months did you have health insurance?
¿Por cuántos meses de los últimos 12 meses tuvo usted seguro de salud?

AI29

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

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

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

QA13_H83 During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

Durante ese tiempo en que tenía seguro de salud, ¿era el seguro que tenía Medi-CAL, Healthy Families, un plan que obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

AI30

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

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

PROGRAMMING NOTE QA13_H84:
IF ARINSURE ≠ 1 OR QA13_H72 = 2 OR ARDIRECT = 1 OR QA13_H83 = (5, 6) OR QA13_H73 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA13_H84;
ELSE GO TO PROGRAMMING NOTE QA13_H101

QA13_H84 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)
En los últimos 12 meses, ¿trató de comprar un plan de seguro de salud directamente a una compañía de seguros o HMO, o mediante Covered California?

AH103

YES	1	
NO	2	**[GO TO PN QA13_H101]**
REFUSED	-7	**[GO TO PN QA13_H101]**
DON'T KNOW	-8	**[GO TO PN QA13_H101]**

QA13_H85 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California? (CHIS 2014 ONLY)
¿Fue directamente a una compañía de seguros o HMO, o mediante Covered California, o tanto de una compañía de seguros como mediante Covered California?

AH110

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

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

QA13_H86 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.} (MODIFIED FOR CHIS 2014)
{Primero, piense en su experiencia al intentar comprar un seguro directamente a una compañía de seguros o HMO.}

How difficult was it to find a plan with the coverage you needed? Was it…
¿Cuánta dificultad tuvo para encontrar un plan con la cobertura que necesitaba? ¿Fue...

AH98

Very difficult,.....1
Muy difícil, ...1
Somewhat difficult, ...2
Bastante difícil,.....2
Not too difficult, or 3
No muy difícil, o.....3
Not at all difficult? 4
No fue difícil? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H87 How difficult was it to find a plan you could afford? Was it…
¿Cuánta dificultad tuvo para encontrar un plan con un precio al alcance de su bolsillo? ¿Fue...

AH99

Very difficult,.....1
Muy difícil, ...1
Somewhat difficult, ...2
Bastante difícil,.....2
Not too difficult, or 3
No muy difícil, o.....3
Not at all difficult? 4
No fue difícil? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H88 Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de seguro de salud?

AH100

YES 1
NO .....2 **[GO TO PN QA13_H90]**
REFUSED ..... -7 **[GO TO PN QA13_H90]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H90]**

QA13_H89 Who helped you?
¿Quién le ayudó?

AH101

BROKER 1
FAMILY MEMBER/FRIEND 2
INTERNET 3
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_H90:
IF QA13_H85 = 2; THEN CONTINUE WITH QA13_H90;
IF QA13_H85 = 3; THEN CONTINUE WITH QA13_H90 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA13_H94;

QA13_H90 {Now, think about your experience with Covered California.}
{Ahora, piense en su experiencia con Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it… (CHIS 2014 ONLY)
¿Qué tan difícil fue encontrar un plan mediante Covered California con la cobertura que usted necesitaba? ¿Fue...

AH111

Very difficult,.....1
Muy difícil, ...1
Somewhat difficult, ...2
Bastante difícil,.....2
Not too difficult, or 3
No muy difícil, o.....3
Not at all difficult? 4
No fue difícil? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H91 How difficult was it to find a plan you could afford? Was it… (CHIS 2014 ONLY)
¿Qué tan difícil fue encontrar un plan que pudiera pagar? ¿Fue...

AH112

Very difficult,.....1
Muy difícil, ...1
Somewhat difficult, ...2
Bastante difícil,.....2
Not too difficult, or 3
No muy difícil, o.....3
Not at all difficult? 4
No fue difícil? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H92 Did anyone help you find a health plan? (CHIS 2014 ONLY)
¿Le ayudó alguien a encontrar un plan de salud?

AH113

YES	1	
NO	2	**[GO TO QA13_H94]**
REFUSED	-7	**[GO TO QA13_H94]**
DON'T KNOW	-8	**[GO TO QA13_H94]**

QA13_H93 Who helped you? (CHIS 2014 ONLY)
¿Quién le ayudó?

AH114

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

QA13_H94 Did you have all the information you felt you needed to make a good decision on a health plan? (CHIS 2014 ONLY)

¿Tenía toda la información que usted creyó que necesitaba para tomar una buena decisión respecto a un plan de salud?

AH115

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

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

QA13_H95 Were you able to get information about your health plan options in your language? (CHIS 2014 ONLY)

¿Pudo obtener información en su idioma acerca de sus opciones de plan de salud?

AH116

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

QA13_H96 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)
Al seleccionar su plan, ¿fue el costo del plan que seleccionó muy importante, algo importante o nada importante?

AH117

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

QA13_H97 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)
Al seleccionar su plan, ¿recibir atención de un médico en particular fue muy importante, algo importante o nada importante?

AH118

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

QA13_H98 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)
Al seleccionar su plan, ¿obtener atención de un hospital en particular fue muy importante, algo importante o nada importante?

AH119

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

QA13_H99 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)
Al seleccionar su plan, ¿la opción de médicos en la red del plan fue muy importante, algo importante o nada importante?

AH120

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

PROGRAMMING NOTE QA13_H100:
IF QA13_H23 = 1 THEN DISPLAY "Bronze"
ELSE IF QA13_H23 = 2 THEN DISPLAY "Silver"
ELSE IF QA13_H23 = 3 THEN DISPLAY "Gold"
ELSE IF QA13_H23 = 4 THEN DISPLAY "Platinum"
ELSE DISPLAY " ";

QA13_H100 Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?
(CHIS 2014 ONLY)

Finalmente, ¿cuál fue la razón <u>más</u> importante al seleccionar su plan {Bronze/Silver/Gold/Platinum}? ¿Fue el costo, el poder obtener atención de un médico en particular, el poder ir a un hospital en particular, la opción de profesionales de la salud en la red de su plan o fue otra razón?

AH121

COST 1
SPECIFIC DOCTOR 2
SPECIFIC HOSPITAL 3
CHOICE OF DOCTORS IN NETWORK 4
OTHER (SPECIFY: _____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_H101 During the past 12 months, were you a patient in a hospital overnight or longer?
Durante los últimos 12 meses, ¿fue usted paciente en un hospital durante la noche o por más tiempo?

AH14

YES 1
NO .....2 **[GO TO PN QA13_H104]**
REFUSED ..... -7 **[GO TO PN QA13_H104]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H104]**

PROGRAMMING NOTE QA13_H102:
IF QA13_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA13_B41 = 1 (HOSPITALIZED FOR HEART DISEASE), THEN DISPLAY "During the past 12 months, when you were hospitalized for any reason,"

QA13_H102 {During the past 12 months, when you were hospitalized for any reason,} Altogether how many nights were you in the hospital?
{Durante los últimos 12 meses, cuando estuvo hospitalizado/a por cualquier motivo,} en total, ¿cuántas noches estuvo en el hospital?

AH102

_____ NUMBER OF NIGHTS (HR: 1-365)

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

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

QA13_H103 Was any of that hospital care paid for by Medi-Cal?
¿Pagó Medi-Cal alguna parte del cuidado en ese hospital?

AH76

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

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

QA13_H104 During the last 12 months, did you get prenatal care that you didn't have to pay for?
Durante los últimos 12 meses, ¿recibió algún cuidado prenatal por el que no tuvo que pagar?

AH77

YES 1
NO .....2 **[GO TO PN QA13_I1]**
REFUSED ..... -7 **[GO TO PN QA13_I1]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I1]**

QA13_H105 Was it paid for by Medi-Cal?
¿Lo pagó Medi-Cal?

AH78

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

Section I – Child and Adolescent Health Insurance

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

QA13_I1 These next questions are about health insurance (CHILD) may have.
Las preguntas que siguen son acerca del seguro de salud que (CHILD) pueda tener.

Does (CHILD) have the same insurance as you?
¿Tiene (CHILD) el mismo seguro de salud que tiene usted?

CF10A

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

POST-NOTE QA13_I1:
IF QA13_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA13_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE QA13_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA13_I3;
ELSE IF QA13_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA13_I3;
ELSE CONTINUE WITH QA13_I2

QA13_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
¿Tiene (CHILD) el mismo seguro que tiene su {esposo(a)/pareja}?

MA1

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

POST-NOTE QA13_I2:
IF QA13_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPIHS = 1, SET CHIHS = 1
IF QA13_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

QA13_I3 Is {he/she} currently covered by Medi-CAL?
¿Está {él/ella} cubierto(a) actualmente por Medi-CAL?

CF1

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

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

POST-NOTE QA13_I3:
IF QA13_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA13_I4 Is (CHILD) covered by the Healthy Families Program?
¿Está (CHILD) cubierto(a) por el Programa de Familias Saludables o Healthy Families?

CF2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: *"El Programa de Familias Saludables es un programa estatal que paga el seguro de salud para niños hasta los 19 años de edad*."]

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

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

QA13_I5 Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿Está cubierto(a) (CHILD) por un plan de seguro de salud o HMO a través del empleo o sindicato suyo o de alguna otra persona?

CF3

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

YES 1
NO .....2 **[GO TO PN QA13_I7]**
REFUSED ..... -7 **[GO TO PN QA13_I7]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I7]**

POST-NOTE QA13_I5:
IF QA13_I5 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA13_I6 Is this plan through an employer, through a union, or through Covered California's SHOP program? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)
¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AI90

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

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

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

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

QA13_I7 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California? (MODIFIED FOR CHIS 2014 – COVERED CA ADDED)
¿Está (CHILD) cubierto(a) por un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

CF4

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

YES	1	
NO	2	**[GO TO PN QA13_I14]**
REFUSED	-7	**[GO TO PN QA13_I14]**
DON'T KNOW	-8	**[GO TO PN QA13_I14]**

POST-NOTE QA13_I7:
IF QA13_I7 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA13_I8:
IF CHDIRECT = 1, THEN CONTINUE WITH QA13_I8;
ELSE GO TO PROGRAMMING NOTE QA13_I9

QA13_I8 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)
¿Cómo compró este seguro de salud – directamente a una compañía de seguro de salud o HMO o mediante Covered California?

AI91

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

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

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

QA13_I9 Was this a bronze, silver, gold or platinum plan? (CHIS 2014 ONLY)
¿Era un plan bronze, silver, gold o platinum (o sea, de bronce, plata, oro o platino)?

AI92

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

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

QA13_H10 Was there a subsidy or discount on the premium for this plan?
¿Había un subsidio o descuento en la prima de este plan?

AI93

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

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

QA13_I11 Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga usted una parte o toda la prima o el costo del plan de salud de (CHILD)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AI54

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
[IF NEEDED, SAY: *"Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica, mientras alguien más paga la cobertura principal de su atención médica."*]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: *"Prima es el cargo mensual por el costo de su plan de seguro de salud."*]

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

QA13_I12 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?
¿Hay alguien más, tal como un empleador, un sindicato, o una organización profesional que pague toda o una parte de la prima o del costo del plan de salud de (CHILD)?

AI50

YES 1
NO .....2 **[GO TO PN QA13_I14]**
REFUSED ..... -7 **[GO TO PN QA13_I14]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I14]**

QA13_I13 Who else pays all or some portion of the cost for (CHILD)'s health plan?
¿Quién más paga por todo o por una parte del costo del plan de salud de (CHILD)?

AI51

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION.....3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION ...6
MEDICAID/MEDI-CAL ASSISTANCE 7
HEALTHY FAMILIES 8
HEALTHY KIDS 9
COVERED CALIFORNIA..... 10
OTHER..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

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

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

QA13_I14 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Está {él/ella} cubierto(a) por CHAMPUS/CHAMP VA, TRICARE, VA o algún otro plan de servicios de salud militar?

CF6

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

POST-NOTE QA13_I14:
IF QA13_I14 = 1, SET CHMILIT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA13_I15:
IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA13_ I11 AND DISPLAY "Healthy Kids";

QA13_I15 Is {he/she} covered by the Healthy Kids program?
¿Está (CHILD) cubierto(a) por el programa Healthy Kids?

AI70

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
[IF NEEDED, SAY: *"Healthy Kids es un programa para niños de su condado."*]

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

POST-NOTE QA13_I15:
IF QA13_I15 = 1, SET CHHKID = 1 AND SET CHINSURE = 1

QA13_I16 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", PCIP, or something else?
¿Está cubierto(a) {él/ella} por algún otro programa de salud del gobierno tal como AIM, "Mister MIP", PCIP, u otro programa?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and PCIP is the pre-existing condition insurance plan."]
[IF NEEDED, SAY: *"AIM significa Acceso para Niños y Madres; "Mister MIP" significa Programa de Seguro Médico de Alto Riesgo y PCIP es un seguro de salud para personas con enfermedad pre-existente."*]

AIM	1	**[GO TO PN QA13_I22]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA13_I22]**
PCIP	3	**[GO TO PN QA13_I22]**
NO OTHER PLAN	4	
SOMETHING ELSE (SPECIFY: _____)	91	**[GO TO PN QA13_I22]**
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I16:
IF QA13_I16 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA13_I17 Does {he/she} have any health insurance coverage through a plan that I missed?
¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

CF8

YES	1	
NO	2	**[GO TO PN QA13_I20]**
REFUSED	-7	**[GO TO PN QA13_I20]**
DON'T KNOW	-8	**[GO TO PN QA13_I20]**

QA13_I18 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy = Families, an employer or union, or from some other source?
¿Qué tipo de seguro de salud tiene {él/ella}? ¿Es éste a través de Medi-Cal, Familias Saludables, un empleador o sindicato, o de alguna otra fuente?

CF9

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: *"Algún otro?"*]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
COVERED CALIFORNIA	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_I18:
IF QA13_I18 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA13_I18 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA13_I18 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA13_I18 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA13_I18 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA13_I18 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA13_I18 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA13_I18 = 8, SET CHIHS = 1
IF QA13_I18 = 9, SET CHHKID = 1 AND CHINSURE = 1
IF QA13_I18 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA13_I18 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA13_I18 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA13_I18 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA13_I18 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA13_I19:
IF QA13_I18 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA13_I19;
ELSE SKIP TO PROGRAMMING NOTE QA13_I20

QA13_I19 Just to verify, you said that (CHILD) gets health insurance through Medicare?
Sólo para verificar, ¿usted dijo que (CHILD) tiene seguro de salud a través de Medicare?

CF9VER

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

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

QA13_I20 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
¿Cuál es la razón principal por la cual (CHILD) no está inscrito(a) en el programa Medi-Cal?

CF1A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE 2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE 5
DON'T BELIEVE IN HEALTH INSURANCE 6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED 9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I21 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?
¿Cuál es el motivo principal por el cual (CHILD) no está inscrito/a en el programa Healthy Families?

CF2A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE.....2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE.....5
DON'T BELIEVE IN HEALTH INSURANCE.....6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I22:
IF QA13_I1 = 1 AND ARMCARE = 1, THEN QA13_I22 = QA13_H8 AND QA13_I23 = QA13_H9 AND SKIP TO QA13_I24;
ELSE IF QA13_I1 = 1, THEN QA13_I22 = QA13_H63 AND QA13_I23 = QA13_H64 AND QA13_I24 = QA13_H65 AND GO TO PN QA13_I25;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA13_I22;
ELSE GO TO PN QA13_I25

QA13_I22 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
¿Es el plan de salud principal de (CHILD) un HMO, que significa "Health Maintenance Organization?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]

[IF NEEDED, SAY: *"HMO en español quiere decir Organización para el Mantenimiento de la Salud. Con un HMO, {él/ella} tiene que ir a los médicos y hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a menos que se trate de una urgencia médica."*]

YES .....1 **[GO TO QA13_I23]**
NO.....2
REFUSED ..... -7
DON'T KNOW ..... -8

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

QA13_I22B Is (CHILD)'s health plan a PPO or EPO? (CHIS 2014 ONLY)
¿Es el plan de {él/ella} una PPO o una EPO?

AI115

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: *"EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los médicos y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a médicos y especialistas directamente sin una remisión de su profesional de cuidado médico general."*]

[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: *"PPO son las siglas en inglés de Preferred Provider Organization(Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier médico y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico general."*]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: *"El plan de salud PRINCIPAL de {él/ella}."*]

PPO.....1
EPO.....2
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I23:
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA13_I23;
IF CHMCARE = 1 AND QA13_I22 = 1 THEN list HMO MediCare by county;
ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I22 = 1 THEN list HMO MEDI-CAL by county;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA13_I22 = 1 THEN list HMO Healthy Families by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 2) OR CHOTHER = 1) AND QA13_I22 = 1 THEN list HMO Commercial by county;
ELSE IF (CHEMP = 1 OR CHDIRECT =1 OR CHOTHER = 1) AND QA13_I22 = 2 THEN list Non-HMO by county

QA13_I23 What is the name of (CHILD)'s main health plan?
¿Cómo se llama el plan de salud {Medi-Cal} principal de (CHILD)?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "*¿Tiene {CHILD} una tarjeta del seguro u otro documento con el nombre del plan?"*]

AARP MEDICARE COMPLETE 1
AETNA 2
AETNA MEDICARE (SELECT/PREMIER) 3
ALAMEDA ALLIANCE FOR HEALTH 4
ALLIANCE COMPLETE CARE 5
ANTHEM BLUE CROSS/BLUE CROSS 6
ARCADIAN COMMUNITY CARE 7
BLUE CROSS SENIOR SECURE 8
BLUE SHIELD 65 PLUS 9
BLUE SHIELD OF CALIFORNIA 10
CAL OPTIMA 11
CARE 1ST HEALTH PLAN 12
CARE ADVANTAGE 13
CARE MORE 14
CEN CAL HEALTH.....15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
CENTRAL HEALTH PLAN OF CALIFORNIA 17
CHINESE COMMUNITY HEALTH PLAN.....18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM 19
CIGNA.....20
CITIZENS CHOICE HEALTHPLAN 21
COMMUNICARE ADVANTAGE 22
COMMUNITY HEALTH GROUP 23
COMMUNITY HEALTH PLAN.....24
CONTRA COSTA HEALTH PLAN 25
EASY CHOICE HEALTH PLAN 26
GEM CARE 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN28
GREAT-WEST 29
HEALTH NET.....30
HEALTH PLAN OF SAN JOAQUIN.....31
HEALTH PLAN OF SAN MATEO.....32
HUMANA GOLD PLUS 33
IEHP (INLAND EMPIRE HEALTH PLAN) 34
IEHP MEDICARE DUAL CHOICE.....35
INTER VALLEY HEALTH PLAN 36
KAISER.....37
KERN COUNTY HEALTH PLAN.....38

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

QA13_I24 Is (CHILD) covered for prescription drugs?
¿Tiene (CHILD) cobertura para medicinas recetadas?

CF14

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

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

QA13_I25 Does (CHILD)'s health plan have a deductible that is more than $1,000?
¿Tiene el plan de salud de (CHILD) un deducible de más de $1,000 dólares?

AI79

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES	1	
NO	2	**[GO TO QA13_I27]**
YES, ONLY WHEN GO OUT OF NETWORK	3	**[GO TO QA13_I27]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE FOR QA13_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA13_I26;
ELSE GO TO QA13_I27

QA13_I26 Does (CHILD)'s health plan have a deductible that is more than $2,000?
¿Tiene el plan de salud de (CHILD) un deducible de más de $2,000 dólares?

AI85

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES	1	**[GO TO PN QA13_I28]**
NO	2	
YES, ONLY WHEN GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA13_I27 Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?
¿Tiene el plan de salud de (CHILD) un deducible de más de $2,000 dólares por todas las personas cubiertas?

AI80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES	1	
NO	2	**[GO TO PN QA13_I29]**
YES, ONLY WHEN GO OUT OF NETWORK	3	**[GO TO PN QA13_I29]**
REFUSED	-7	
DON'T KNOW	-8	

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

QA13_I28 Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000?
¿Tiene el plan de salud de (CHILD) un deducible de más de $4,000 dólares por todas las personas cubiertas?

AI86

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES	1
NO	2
YES, ONLY WHEN GO OUT OF NETWORK	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I29:
IF (QA13_I25 = 1 OR 3) OR (QA13_I26 = 1 OR 3) OR (QA13_I27 = 1 OR 3), CONTINUE WITH QA13_I29;
ELSE SKIP TO PROGRAMMING NOTE QA13_I30

QA13_I29 Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?
¿Tiene usted una cuenta o un fondo especial que pueda utilizar para pagar los gastos médicos de (CHILD)?

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: *"Estas cuentas se conocen a veces como Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) u otras cuentas similares. Estas cuentas pueden tener otros nombres como - Personal care accounts, Personal medical funds, o Choice funds, y son diferentes de las cuentas llamadas Flexible Spending Accounts proporcionadas por un empleador."*]

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

PROGRAMMING NOTE QA13_I30:
IF CHINSURE = 1, GO TO QA13_I35;
ELSE CONTINUE WITH QA13_I30

QA13_I30 What is the one main reason (CHILD) does not have any health insurance?
¿Cuál es la razón principal por la cual (CHILD) no tiene ningún seguro de salud?

CF18

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
OTHER (SPECIFY)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I31 Was (CHILD) covered by health insurance at any time during the past 12 months?
¿Estuvo cubierto(a) (CHILD) por un seguro de salud en algún momento durante los últimos 12 meses?

CF20

YES	1	**[GO TO QA13_I33]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA13_I32 How long has it been since (CHILD) last had health insurance?
¿Cuánto tiempo hace desde la última vez que (CHILD) tuvo seguro de salud?

CF21

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

QA13_I33 For how many of the last 12 months did {he/she} have health insurance?
¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

CF22

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

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA13_I41]**

REFUSED	-7	
DON'T KNOW	-8	

QA13_I34 During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Durante ese tiempo cuando (CHILD) tenía seguro de salud, ¿era su seguro Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

CF23

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

MEDI-CAL	1	**[GO TO PN QA13_I41]**
HEALTHY FAMILIES	2	**[GO TO PN QA13_I41]**
THROUGH CURRENT OR FORMER EMPLOYER UNION	3	**[GO TO PN QA13_I41]**
HEALTHY KIDS	4	**[GO TO PN QA13_I41]**
PURCHASED DIRECTLY	5	**[GO TO PN QA13_I41]**
COVERED CALIFORNIA	6	**[GO TO PN QA13_I41]**
OTHER HEALTH PLAN	91	**[GO TO PN QA13_I41]**
REFUSED	-7	**[GO TO PN QA13_I41]**
DON'T KNOW	-8	**[GO TO PN QA13_I41]**

QA13_I35 Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?
Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (CHILD) este mismo seguro TODOS los 12 meses en los últimos 12 meses?

CF24

YES 1	**[GO TO PN QA13_I41]**
NO 2	
HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD) ... 3	**[GO TO PN QA13_I41]**
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA13_I36 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?
Cuando {él/ella} no estuvo cubierto(a) por su seguro de salud actual, ¿tuvo {él/ella} algún otro seguro de salud?

CF25

YES 1	
NO 2	**[GO TO QA13_I38]**
REFUSED ..... -7	**[GO TO QA13_I38]**
DON'T KNOW ..... -8	**[GO TO QA13_I38]**

QA13_I37 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
¿Era este otro seguro de salud Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

CF26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

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

QA13_I38 During the past 12 months, was there any time when {he/she} had no health insurance at all?
Durante los últimos 12 meses, ¿hubo un momento en que {él/ella} no tuvo ningún seguro de salud?

CF27

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

QA13_I39 For how many of the past 12 months did {he/she} have no health insurance?
¿Durante cuántos meses de los últimos 12 meses no tuvo {él/ella} seguro médico?

CF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

REFUSED	-7
DON'T KNOW	-8

QA13_I40 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
¿Cuál fue el motivo PRINCIPAL por el que (CHILD) no tuvo ningún seguro de salud durante ese tiempo?

CF29

[IF R SAYS, "No need," PROBE WHY]
[IF R SAYS, *"No necesita",* PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE	1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB	2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
FAMILY SITUATION CHANGED	5
DON'T BELIEVE IN INSURANCE	6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN	7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE	8
OTHER (SPECIFY)	91
REFUSED	-7
DON'T KNOW	-8

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

QA13_I41 These next questions are about health insurance (TEEN) may have.
Las siguientes preguntas son acerca del seguro de salud que (TEEN) pueda tener.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
¿Tiene (TEEN) el mismo seguro que tiene usted?

IA10A

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

POST-NOTE QA13_I41:
IF QA13_I41 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARIHS = 1, SET TEIHS = 1
IF QA13_I41 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA13_I42:
IF SPINSURE ≠ 1 THEN SKIP TO QA13_I43;
ELSE IF QA13_I41 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA13_I43;
ELSE CONTINUE WITH QA13_I42

QA13_I42 Does (TEEN) have the same insurance as your spouse?
¿Tiene (TEEN) el mismo seguro que tiene su {esposo/a}?

MA5

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

POST-NOTE QA13_I42:
IF QA13_I42 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA13_I42 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

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

QA13_I43 Does (TEEN) have the same insurance as (CHILD)?
¿Tiene (TEEN) el mismo seguro que tiene (CHILD)?

MA6

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

POST-NOTE QA13_I43:
IF QA13_I43 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I43= 1 AND CHIHS = 1, SET TEIHS = 1

QA13_I44 Is {he/she} currently covered by Medi-CAL?
¿Está {él/ella} cubierto(a) por Medi-CAL?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: *"Medi-Cal es un plan para ciertos niños de bajos ingreso y sus familias, mujeres embarazadas, y personas ancianas o incapacitadas."*]

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

POST-NOTE QA13_I44:
IF QA13_I44 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA13_I45 Is (TEEN) covered by the Healthy Families Program?
¿Está cubierto(a) (TEEN) por el Programa de Healthy Families o Familias Saludables?

IA2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: *"El Programa de Healthy Families es un programa estatal que paga por el seguro de salud de niños hasta 19 años de edad."*]

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

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

QA13_I46 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿Está cubierto(a) (TEEN) por un plan de seguro de salud o HMO a través del empleador o sindicato suyo o de otra persona?

IA3

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

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

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

QA13_I47 Is this plan through an employer, through a union, or through Covered California's SHOP program? (CHIS 2014 ONLY)
¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AI94

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

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

POST-NOTE FOR QA13_I47:
IF QA13_I47 = 3, THEN SET TEHBEX = 1

PROGRAM NOTE QA13_I48:
IF TEINSURE = 1 THEN GO TO QA13_I49;
ELSE CONTINUE WITH QA13_I48

QA13_I48 Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
¿Está (TEEN) cubierto(a) por un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

IA4

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

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

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

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

QA13_I49 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)
¿Cómo compró este seguro de salud – directamente a una compañía de seguro de salud o HMO o mediante Covered California?

AI95

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

POST-NOTE FOR QA13_I49:
IF QA13_I49 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA13_I50
IF TEHBEX = 1, THEN CONTINUE WITH QA13_I50;
ELSE GO TO PROGRAMMING NOTE QA13_I52;

QA13_I50 Was this a bronze, silver, gold or platinum plan? (CHIS 2014 ONLY)
¿Era un plan bronze, silver, gold o platinum (o sea, de bronce, plata, oro o platino)?

AI90

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

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

QA13_I51 Was there a subsidy or discount on the premium for this plan? (CHIS 2014 ONLY)
¿Había un subsidio o descuento en la prima de este plan?

AI97

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

PROGRAMMING NOTE QA13_I52:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_I52;
ELSE GO TO PROGRAMMING NOTE QA13_I55

QA13_I52 Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga usted una parte o toda la prima o el costo del plan de salud de (TEEN)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.]
[IF NEEDED, SAY: "*Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica, mientras alguien más paga por la cobertura principal de su atención médica.*"]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted paga por la atención médica antes de que su plan de salud empiece a pagar."*]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: *"Prima es el cargo mensual por el costo de su plan de seguro de salud."*]

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

QA13_I53 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?
¿Hay alguien más, tal como un empleador, un sindicato o una organización profesional que pague toda o parte de la prima o del costo del plan de salud de (TEEN)?

AI52

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

QA13_I54 Who else pays all or some portion of the cost for (TEEN)'s health plan?
¿Quién más paga todo o una parte del costo del plan de salud de (TEEN)?

AI53

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION.....3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION ...6
MEDICAID/MEDI-CAL ASSISTANCE 7
HEALTHY FAMILIES 8
HEALTHY KIDS 9
OTHER..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

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

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

QA13_I55 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Está {él/ella} cubierto(a) por CHAMPUS/CHAMP VA, Tricare, VA o algún otro plan de salud para militares?

IA6

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

POST-NOTE QA13_I55:
IF QA13_I55 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE FOR QA13_I56:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA13_ I48 AND DISPLAY "Healthy Kids";

QA13_I56 Is {he/she} covered by the Healthy Kids program?
¿Está {él/ella} cubierto por el programa Healthy Kids?

AI71

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
[IF NEEDED, SAY: *"Healthy Kids es un programa para niños de su condado."*]

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

POST-NOTE QA13_I56:
IF QA13_I56 = 1, SET TEHKID = 1 AND SET TEINSURE = 1

QA13_I57 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, PCIP or something else?
¿Está cubierto(a) {él/ella} por algún otro programa de salud del gobierno tal como AIM, "Mister MIP", Family PACT, PCIP, u otro programa?

IA7

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

[IF NEEDED, SAY: *"AIM significa Acceso para Niños y Madres; "Mister MIP" significa Programa de Seguro de Alto Riesgo, Family PACT el programa estatal que paga por servicios de salud relacionados con la reproducción y anticonceptivos para mujeres y hombres que no tienen seguro; y PCIP es un seguro de salud para personas con enfermedad pre-existente."*]

AIM	1	**[GO TO PN QA13_I62]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA13_I62]**
Family PACT	3	**[GO TO PN QA13_I62]**
PCIP	4	**[GO TO PN QA13_I62]**
NO OTHER PLAN	5	
SOMETHING ELSE (SPECIFY: _____)	91	**[GO TO PN QA13_I62]**
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I57:
IF QA13_I57 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA13_I58 Does {he/she} have any health insurance coverage through a plan that I missed?
¿Tiene {él/ella} alguna cobertura de seguro médico a través de un plan que yo no haya mencionado?

IA8

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

QA13_I59 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?
¿Qué tipo de seguro de salud tiene {él/ella}? ¿Lo recibe a través de Medi-CAL, Healthy Families, un empleador o sindicato, o de otra fuente?

IA9

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: *"¿ Obtiene usted este plan a través de un empleador/sindicato actual o anterior, a través de una escuela, asociación profesional, grupo mercantil, u otra organización, o directamente del plan de salud?"*]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1	
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION	2	
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)	3	
MEDICARE	4	(VERIFY)
MEDI-CAL	5	
HEALTHY FAMILIES	6	
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7	
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC	8	
HEALTHY KIDS	9	
COVERED CALIFORNIA	10	
SHOP THROUGH COVERED CALIFORNIA	11	
OTHER GOVERNMENT HEALTH PLAN	91	
OTHER NON-GOVERNMENT HEALTH PLAN	92	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I59:
IF QA13_I59_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA13_I59_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA13_I59_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA13_I59_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA13_I59_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA13_I59_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1;
IF QA13_I59_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA13_I59_8 = 1, SET TEIHS = 1;
IF QA13_I59_9 = 1, SET TEHKID = 1 AND TEINSURE = 1;
IF QA13_I59 = 10, SET TEHBEX = 1 AND CHINSURE = 1;
IF QA13_I59 = 11, SET TEHBEX = 1 AND CHINSURE = 1;
IF QA13_I59_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA13_I59_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA13_I59 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA13_I60:
IF TEINSURE ≠ 1 CONTINUE WITH QA13_I60;
ELSE GO TO QA13_I62;

QA13_I60 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
¿Cuál es LA razon principal por la cual (TEEN) no está inscrito(a) en el Programa Medi-Cal?

IA1A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE.....2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE.....5
DON'T BELIEVE IN HEALTH INSURANCE.....6
DON'T NEED IT BECAUSE HEALTHY.....7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I61 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
¿Cuál es el motivo principal por el cual (TEEN) no está inscrito/a en el programa Healthy Families?

IA2A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE 2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE 5
DON'T BELIEVE IN HEALTH INSURANCE 6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY:_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I62:
IF QA13_I41 = 1 AND ARMCARE = 1, THEN QA13_I62 = QA13_H8 AND QA13_I63 = QA13_H9 AND SKIP TO QA13_I64;
ELSE IF QA13_I41 = 1, THEN QA13_I62 = QA13_H63 AND QA13_I63 = QA13_H64 AND QA13_I64 = QA13_H65 AND GO TO PN QA13_I65;
ELSE IF QA13_I43 = 1, THEN QA13_I62 = QA13_I22 AND QA13_I63 = QA13_I23 AND QA13_I64 = QA13_I24 AND GO TO PN QA13_I65;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA13_I62;
ELSE GO TO PROGRAMMING NOTE QA13_I65

QA13_I62 Is (TEEN)'s {Medi-Cal} health plan an HMO? (CHIS 2014 ONLY)
¿Es el plan de salud principal de (TEEN) un HMO, que quiere decir Health Maintenance Organization?

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]
[IF NEEDED, SAY: *"HMO en español quiere decir Organización para el Mantenimiento de la Salud. Con un HMO, {él/ella} tiene que ir a los médicos y hospitales que pertenecen a la red del HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a no ser que se trate de una urgencia médica."*]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]
[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: *"El plan de salud principal."*]

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

YES .....1 **[GO TO QA13_I63]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I62B:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA13_I63;
ELSE CONTINUE WITH QA13_I62B;

QA13_I62B Is (TEEN)'s health plan a PPO or EPO?
¿Es el plan de (TEEN) una PPO o una EPO?

AI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: *"EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los médicos y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a médicos y especialistas directamente sin una remisión de su profesional de cuidado médico general."*]

[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: *"PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier médico y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico general."*]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: *"El plan de salud PRINCIPAL de {él/ella}."*]

PPO.....1
EPO.....2
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I63:
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA13_I63;
IF TEMCARE = 1 AND QA13_I62= 1 THEN list HMO MediCare by county;
ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I62 = 1 THEN list HMO MEDI-CAL by county;
ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA13_I62 = 1 THEN list HMO Healthy Families by county;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA13_I57 = 2) OR TEOTHER = 1) AND QA13_I62 = 1 THEN list HMO Commercial by county;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA13_I62 = 2 THEN list Non-HMO by county

QA13_I63 What is the name of (TEEN)'s main health plan?
¿Cómo se llama el plan de salud {Medi-Cal} de (TEEN)?

MA7

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: *"¿Tiene (TEEN) una tarjeta del seguro u otro documento con el nombre del plan?"*]

AARP MEDICARE COMPLETE 1
AETNA 2
AETNA MEDICARE (SELECT/PREMIER) 3
ALAMEDA ALLIANCE FOR HEALTH 4
ALLIANCE COMPLETE CARE 5
ANTHEM BLUE CROSS/BLUE CROSS 6
ARCADIAN COMMUNITY CARE 7
BLUE CROSS SENIOR SECURE 8
BLUE SHIELD 65 PLUS 9
BLUE SHIELD OF CALIFORNIA 10
CAL OPTIMA 11
CARE 1ST HEALTH PLAN 12
CARE ADVANTAGE 13
CARE MORE 14
CEN CAL HEALTH 15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
CENTRAL HEALTH PLAN OF CALIFORNIA 17
CHINESE COMMUNITY HEALTH PLAN 18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM 19
CIGNA 20
CITIZENS CHOICE HEALTHPLAN 21
COMMUNICARE ADVANTAGE 22
COMMUNITY HEALTH GROUP 23
COMMUNITY HEALTH PLAN 24
CONTRA COSTA HEALTH PLAN 25
EASY CHOICE HEALTH PLAN 26
GEM CARE 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN 28
GREAT-WEST 29
HEALTH NET 30
HEALTH PLAN OF SAN JOAQUIN 31
HEALTH PLAN OF SAN MATEO 32
HUMANA GOLD PLUS 33
IEHP (INLAND EMPIRE HEALTH PLAN) 34
IEHP MEDICARE DUAL CHOICE 35
INTER VALLEY HEALTH PLAN 36
KAISER 37
KERN COUNTY HEALTH PLAN 38

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

QA13_I64 Is (TEEN) covered for prescription drugs?
¿Tiene (TEEN) cobertura para medicinas recetadas?

IA14

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

PROGRAMMING NOTE FOR QA13_I65:
IF [(ARINSURE ≠ 1 OR QA13_I41 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA13_I65;
ELSE SKIP TO PN QA13_I70

QA13_I65 Does (TEEN)'s health plan have a deductible that is more than $1,000?
¿Tiene el plan de salud de (TEEN) un deducible de más de $1,000 dólares?

AI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES 1	
NO 2	**[GO TO QA13_I67]**
YES, ONLY WHEN GO OUT OF NETWORK 3	**[GO TO QA13_I67]**
REFUSED ..... -7	
DON'T KNOW ..... -8	

PROGRAMMING NOTE QA13_I66:
IF TEEMP = 1, THEN CONTINUE WITH QA13_I66;
ELSE GO TO QA13_I64

QA13_I66 Does (TEEN)'s health plan have a deductible that is more than $2,000?
¿Tiene el plan de salud de (TEEN) un deducible de más de $2,000 dólares?

AI87

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES 1	**[GO TO PN QA13_I68]**
NO 2	
YES, ONLY WHEN GO OUT OF NETWORK 3	
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA13_I67 Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?
¿Tiene el plan de salud de (TEEN) un deducible de más de $2,000 dólares por todas las personas cubiertas?

AI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES 1	
NO 2	**[GO TO PN QA13_I69]**
YES, ONLY WHEN GO OUT OF NETWORK 3	**[GO TO PN QA13_I69]**
REFUSED ..... -7	
DON'T KNOW ..... -8	

PROGRAMMING NOTE QA13_I68:
IF TEEMP = 1, THEN CONTINUE WITH QA13_I68;
ELSE GO TO PROGRAMMING NOTE QA13_I69

QA13_I68 Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?
¿Tiene el plan de salud de (TEEN) un deducible de más de $4,000 dólares por todas las personas cubiertas?

AI88

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: *"El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."*]

YES 1
NO 2
YES, ONLY WHEN GO OUT OF NETWORK 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I69:
IF (QA13_I65 = 1 OR 3) OR (QA13_I66 = 1 OR 3) OR (QA13_I67 = 1 OR 3), CONTINUE WITH QA13_I69;
ELSE SKIP TO PROGRAMMING NOTE QA13_I70

QA13_I69 Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
¿Tiene usted una cuenta o un fondo especial que pueda utilizar para pagar los gastos médicos de (TEEN)?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "*Estas cuentas a veces se conocen como HealthSavings Accounts (HSAs), Health Reimbursement Accounts (HRAs) u otras cuentas similares. Estas cuentas pueden tener otros nombres como - Personal care accounts, Personal medical funds, o Choice funds, y son diferentes de las cuentas llamadas Flexible Spending Accounts proporcionadas por un empleador.*"]

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

PROGRAMMING NOTE QA13_I70:
IF TEINSURE = 1, GO TO QA13_I75;
ELSE CONTINUE WITH QA13_I70

QA13_I70 What is the one main reason (TEEN) does not have any health insurance?
¿Cuál es el motivo principal por el que (TEEN) no tiene seguro de salud?

IA18

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I71 Was (TEEN) covered by health insurance at any time during the past 12 months?
¿Estuvo (TEEN) cubierto/a por un seguro de salud en algún momento durante los últimos 12 meses?

IA20

YES .....1 **[GO TO QA13_I73]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I72 How long has it been since (TEEN) last had health insurance?
¿Cuánto tiempo hace desde la última vez que (TEEN) tuvo seguro de salud?

IA21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO .....1 **[GO TO QA13_I81]**
MORE THAN 3 YEARS AGO .....2 **[GO TO QA13_I81]**
NEVER HAD HEALTH INSURANCE COVERAGE ..3 **[GO TO QA13_I81]**
REFUSED ..... -7 **[GO TO QA13_I81]**
DON'T KNOW/NOT SURE ..... -8 **[GO TO QA13_I81]**

QA13_I73 For how many of the last 12 months did {he/she} have health insurance?
¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

IA22

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

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA13_I81]**

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

QA13_I74 During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Durante ese tiempo cuando (TEEN) tenía seguro de salud, ¿era su seguro Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

IA23

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

MEDI-CAL 1	**[GO TO QA13_I81]**
HEALTHY FAMILIES 2	**[GO TO QA13_I81]**
THROUGH CURRENT OR FORMER EMPLOYER/UNION 3	**[GO TO QA13_I81]**
HEALTHY KIDS 4	**[GO TO QA13_I81]**
PURCHASED DIRECTLY.....5	**[GO TO QA13_I81]**
COVERED CALIFORNIA.....6	**[GO TO QA13_I81]**
OTHER HEALTH PLAN..... 91	**[GO TO QA13_I81]**
REFUSED ..... -7	**[GO TO QA13_I81]**
DON'T KNOW ..... -8	**[GO TO QA13_I81]**

QA13_I75 Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?
Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (TEEN) este mismo seguro de salud TODO el tiempo en los últimos 12 meses?

IA24

YES 1	**[GO TO QA13_I81]**
NO 2	
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA13_I76 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
Cuando {él/ella} no estaba cubierto(a) por su actual seguro de salud, ¿tuvo {él/ella} algún otro seguro de salud?

IA25

YES 1	
NO 2	**[GO TO QA13_I78]**
REFUSED ..... -7	**[GO TO QA13_I78]**
DON'T KNOW ..... -8	**[GO TO QA13_I78]**

QA13_I77 Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?
¿Era su otro seguro de salud Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, o era otro plan?

IA26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: *"¿Algún otro?"*]

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

QA13_I78 During the past 12 months, was there any time when {he/she} had no health insurance at all?
Durante los últimos 12 meses, ¿hubo algún momento en el que {él/ella} no tuvo ningún seguro de salud?

IA27

YES 1
NO .....2 **[GO TO QA13_I81]**
REFUSED ..... -7 **[GO TO QA13_I81]**
DON'T KNOW ..... -8 **[GO TO QA13_I81]**

QA13_I79 For how many of the past 12 months did {he/she} have no health insurance?
¿Durante cuántos de los últimos 12 meses no tuvo {él/ella} seguro médico?

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QA13_I80 What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?
¿Cuál es la razón principal por la que (TEEN) no tuvo ningún seguro de salud durante el tiempo en que {él/ella} no tuvo cobertura?

IA29

[IF R SAYS, "No need," PROBE WHY]
[IF R SAYS, *"No hubo necesidad,"* PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
OTHER (SPECIFY)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I81:
IF NOT ANSWERED IN SECTION H (AH103 = -1 AND KAH103 =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA13_I31 = 2 OR QA13_I36 = 2 OR QA13_I38 = 1 OR QA13_I34 = (5, 6) OR QA13_I37 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA13_I81;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA13_I71 = 2 OR QA13_I76 = 2 OR QA13_I78 = 1 OR QA13_I74 = (5, 6) OR QA13_I77 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA13_I81;

ELSE GO TO PROGRAMMING NOTE QA13_I98

QA13_I81 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California? (CHIS 2014 ONLY)
En los últimos 12 meses, ¿trató de comprar un plan de seguro de salud directamente a una compañía de seguros o HMO, o mediante Covered California?

AH103

YES 1
NO .....2 **[GO TO PN QA13_I98]**
REFUSED ..... -7 **[GO TO PN QA13_I98]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I98]**

QA13_I82 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California? (CHIS 2014 ONLY)
¿Fue directamente a una compañía de seguros o HMO, o mediante Covered California, o tanto de una compañía de seguros como mediante Covered California?

AH110

DIRECTLY FROM AN INSURACNE COMPANY OR HMO, OR	1	
THROUGH COVRERED CALIFORNIA, OR	2	
BOTH, FROM AN INSURANCE COMPANY AND COVERED CALIFORNIA	3	
REFUSED	-7	**[GO TO PN QA13_I85]**
DON'T KNOW	-8	**[GO TO PN QA13_I85]**

PROGRAMMING NOTE QA13_I83:
IF QA13_I82 = 1; THEN CONTINUE WITH QA13_ I83;
IF QA13_I82 = 3; THEN CONTINUE WITH QA13_ I83 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA13_ I87;

QA13_I83 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
{Primero, piense en su experiencia al intentar comprar un seguro directamente a una compañía de seguros o HMO.}

How difficult was it to find a plan with the coverage you needed? Was it… (CHIS 2014 ONLY)
¿Cuánta dificultad tuvo para encontrar un plan con la cobertura que necesitaba? ¿Fue...

AH98

Very difficult,	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,	2
Not too difficult, or	3
No muy difícil, o	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA13_I84 How difficult was it to find a plan you could afford? Was it… (CHIS 2014 ONLY)
¿Cuánta dificultad tuvo para encontrar un plan con un precio al alcance de su bolsillo? ¿Fue...

AH99

Very difficult,	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,	2
Not too difficult, or	3
No muy difícil, o	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA13_I85 Did anyone help you find a health plan? (CHIS 2014 ONLY)
¿Le ayudó alguien a encontrar un plan de seguro de salud?

AH100

YES	1	
NO	2	**[GO TO PN QA13_ I87]**
REFUSED	-7	**[GO TO PN QA13_ I87]**
DON'T KNOW	-8	**[GO TO PN QA13_ I87]**

QA13_I86 Who helped you? (CHIS 2014 ONLY)
¿Quién le ayudó?

AH101

BROKER	1
FAMILY MEMBER/FRIEND	2
INTERNET	3
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I87:
IF QA13_I82 = 2; THEN CONTINUE WITH QA13_ I87;
IF QA13_I82 = 3; THEN CONTINUE WITH QA13_ I87 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA13_ I91;

QA13_ I87 {Now, think about your experience with Covered California.}
{Ahora, piense en su experiencia con Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it… (CHIS 2014 ONLY)
¿Qué tan difícil fue encontrar un plan mediante Covered California con la cobertura que usted necesitaba? ¿Fue...

AH111

Very difficult,	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,	2
Not too difficult, or	3
No muy difícil, o	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA13_I88 How difficult was it to find a plan you could afford? Was it… (CHIS 2014 ONLY)
¿Qué tan difícil fue encontrar un plan que pudiera pagar? ¿Fue...

AH112

Very difficult,.....1
Muy difícil, ...1
Somewhat difficult, ...2
Bastante difícil,.....2
Not too difficult, or 3
No muy difícil, o.....3
Not at all difficult? 4
No fue difícil? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I89 Did anyone help you find a health plan? (CHIS 2014 ONLY)
¿Le ayudó alguien a encontrar un plan de salud?

AH113

YES 1
NO.....2 **[GO TO QA13_ I91]**
REFUSED ..... -7 **[GO TO QA13_ I91]**
DON'T KNOW ..... -8 **[GO TO QA13_ I91]**

QA13_I90 Who helped you? (CHIS 2014 ONLY)
¿Quién le ayudó?

AH114

BROKER 1
FAMILY MEMBER / FRIEND.....2
INTERNET 3
CERTIFIED INSURANCE AGENTS.....4
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I91 Did you have all the information you felt you needed to make a good decision on a health plan? (CHIS 2014 ONLY)

¿Tenía toda la información que usted creyó que necesitaba para tomar una buena decisión respecto a un plan de salud?

AH115

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

PROGRAMMING NOTE QA13_I92:
IF QA13_G6 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA13_I92;
ELSE GO TO QA13_I93;

QA13_I92 Were you able to get information about your health plan options in your language? (CHIS 2014 ONLY)

¿Pudo obtener información en su idioma acerca de sus opciones de plan de salud?

AH116

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

QA13_I93 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

Al seleccionar su plan, ¿fue el costo del plan que seleccionó muy importante, algo importante o nada importante?

AH117

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

QA13_I94 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

Al seleccionar su plan, ¿recibir atención de un médico en particular fue muy importante, algo importante o nada importante?

AH118

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

QA13_I95 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)

Al seleccionar su plan, ¿obtener atención de un hospital en particular fue muy importante, algo importante o nada importante?

AH119

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

QA13_I96 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan? (CHIS 2014 ONLY)
Al seleccionar su plan, ¿la opción de médicos en la red del plan fue muy importante, algo importante o nada importante?

AH120

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

PROGRAMMING NOTE QA13_I97:
IF QA13_I9 = 1 OR QA13_I50 = 1, THEN DISPLAY "Bronze"
ELSE IF QA13_I9 = 2 OR QA13_I50 = 2, THEN DISPLAY "Silver"
ELSE IF QA13_I9 = 3 OR QA13_I50 = 3, THEN DISPLAY "Gold"
ELSE IF QA13_I9 = 4 OR QA13_I50 = 4, THEN DISPLAY "Platinum"
ELSE DISPLAY " ";

QA13_I97 Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else? (CHIS 2014 ONLY)

Finalmente, ¿cuál fue la razón <u>más</u> importante al seleccionar su plan {Bronze/Silver/Gold/Platinum}? ¿Fue el costo, el poder obtener atención de un médico en particular, el poder ir a un hospital en particular, la opción de profesionales de la salud en la red de su plan o fue otra razón?

AH121

COST 1
SPECIFIC DOCTOR.....2
SPECIFIC HOSPITAL.....3
CHOICE OF DOCTORS IN NETWORK.....4
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I98:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA13_I98 In what country was (TEEN)'s {mother/father} born?
¿En qué país nació {la madre/el padre} de (TEEN)?

AI56

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

UNITED STATES.....1
AMERICAN SAMOA.....2
CANADA.....3
CHINA.....4
EL SALVADOR.....5
ENGLAND.....6
FRANCE.....7
GERMANY.....8
GUAM.....9
GUATEMALA.....10
HUNGARY.....11
INDIA.....12
IRAN.....13
IRELAND.....14
ITALY.....15
JAPAN.....16
KOREA.....17
MEXICO.....18
PHILIPPINES.....19
POLAND.....20
PORTUGAL.....21
PUERTO RICO.....22
RUSSIA.....23
TAIWAN.....24
VIETNAM.....25
VIRGIN ISLANDS.....26
OTHER (SPECIFY: _____).....91
REFUSED.....-7
DON'T KNOW.....-8

PROGRAMMING NOTE QA13_I99:
IF QA13_I98 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO NEXT SECTION;
ELSE CONTINUE WITH QA13_I99;
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA13_I99 Does (TEEN)'s {mother/father} now live in the U.S.?
¿Vive ahora {la madre/el padre} de (TEEN) en los EE.UU.?

AI57

YES 1
NO 2
MOTHER/FATHER DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I100:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA13_I99 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA13_I100 {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?
¿{Es/Era} {la madre/el padre} de (TEEN) ciudadana de los Estados Unidos?

AI58

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES .....1 **[GO TO PN QA13_I102]**
NO 2
APPLICATION PENDING 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I101:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA13_I99 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA13_I101 {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?
¿{Es/Era} {la madre/el padre} de (TEEN) residente permanente con tarjeta verde?

AI59

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
[IF NEEDED, SAY: *"La gente la llama normalmente tarjeta verde o "Green Card", pero puede ser también de color rosa, azul o blanco."*]

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

PROGRAMMING NOTE QA13_I102:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA13_I102 About how many years has (TEEN)'s {mother/father} lived in the United States?
¿Cuántos años aproximadamente ha vivido {la madre/el padre} de (TEEN) en los Estados Unidos?

AI60

[IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED ..... -7
DON'T KNOW ..... -8

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA13_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";
ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

QA13_J1 {Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor}?
{Ahora, voy a preguntar acerca de la atención médica que usted recibe.} Durante los últimos 12 meses, ¿cuántas veces ha visto usted a un médico?

AH5

_____ TIMES [HR: 0-365]

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

PROGRAMMING NOTE QA13_J2:
IF QA13_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA13_J2;
ELSE GO TO PROGRAMMING NOTE QA13_J3

QA13_J2 About how long has it been since you last saw a doctor about your own health?
Más o menos, ¿hace cuánto tiempo fue la última vez que vio a un médico para su propia salud?

AH6

ONE YEAR AGO OR LESS 0
MORE THAN 1 UP TO 2 YEARS AGO 1
MORE THAN 2 UP TO 5 YEARS AGO 2
MORE THAN 5 YEARS AGO 3
NEVER 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_J3:
IF QA13_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA13_J4;
ELSE CONTINUE WITH QA13_J3

QA13_J3 About how long has it been since you last saw a doctor or medical provider for a routine check-up?
Aproximadamente, ¿hace cuánto tiempo fue la última vez que vio a un médico o a otro proveedor de cuidados de la salud para hacerse un examen físico de rutina?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]
[IF NEEDED, SAY: "*Un examen físico de rutina es una visita que no se debe a una enfermedad o un problema. En esa visita pueden hacerle preguntas acerca de comportamientos de salud tal como el fumar.”*]

AJ114

ONE YEAR AGO OR LESS.....0
MORE THAN 1 UP TO 2 YEARS AGO.....1
MORE THAN 2 UP TO 5 YEARS AGO.....2
MORE THAN 5 YEARS AGO.....3
NEVER.....4
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA13_J4:
IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J4;
ELSE GO TO PROGRAMMING NOTE QA13_J5

QA13_J4 Do you have a personal doctor or medical provider who is your main provider?
¿Tiene usted un médico de cabecera o un proveedor de la salud como proveedor principal?

AJ77

[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]
[IF NEEDED, SAY: *"Puede ser un médico general, un médico especialista, un asistente médico, una enfermera u otro proveedor de salud."*]

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

PROGRAMMING NOTE QA13_J5:
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR) OR [QA13_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA13_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH QA13_J5;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J7

QA13_J5 During the past 12 months, did you phone or e-mail the doctor's office with a medical question?
Durante los últimos 12 meses, ¿llamó por teléfono o envió un e-mail a la oficina del médico con una pregunta médica?

AJ78

YES	1	
NO	2	**[GO TO QA13_J7]**
REFUSED	-7	**[GO TO QA13_J7]**
DON'T KNOW	-8	**[GO TO QA13_J7]**

QA13_J6 How often did you get an answer as soon as you needed it? Would you say…
¿Con qué frecuencia recibió respuesta cuando la necesitaba? ¿Diría usted que fue...

AJ79

Never,	1
Nunca,	1
Sometimes,	2
A veces,	2
Usually, or	3
Normalmente, o	3
Always?	4
Siempre?	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_J7:
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA13_J7;
ELSE GO TO PROGRAMMING NOTE QA13_J9

QA13_J7 How often does your doctor or medical provider listen carefully to you? Would you say…
¿Con qué frecuencia le escucha con atención su médico o proveedor de atención médica? ¿Diría que...

AJ112

Never,	1
Nunca,	1
Sometimes,	2
A veces,	2
Usually, or	3
Normalmente, o	3
Always?	4
Siempre?	4
REFUSED	-7
DON'T KNOW	-8

QA13_J8 How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say…
¿Con qué frecuencia su médico o proveedor de atención médica le explica claramente lo que usted necesita hacer para cuidar de su salud? ¿Diría que...

AJ113

Never,.....1
Nunca,.....1
Sometimes, ...2
A veces, ...2
Usually, or 3
Normalmente, o.....3
Always?.....4
Siempre?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_J9:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J9;
ELSE GO TO PROGRAMMING NOTE QA13_J11;
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA13_J9 In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?
En los últimos 12 meses, ¿trató de hacer una cita para ver a su médico o proveedor de atención médica en dos días a más tardar porque usted estaba enfermo/a o lesionado/a?

AJ102

[IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only asking about appointments."]
[IF NEEDED, SAY: *"No incluya cuidado de urgencia o idas a la sala de emergencias. Solo estoy preguntando sobre citas."*]

YES 1
NO .....2 **[GO TO QA13_J11]**
REFUSED ..... -7 **[GO TO QA13_J11]**
DON'T KNOW ..... -8 **[GO TO QA13_J11]**

QA13_J10 How often were you able to get an appointment within two days? Would you say…
¿Con qué frecuencia consiguió hacer una cita para dos días a más tardar? ¿Diría que...

AJ103

Never,.....1
Nunca, ...1
Sometimes, ...2
A veces, ...2
Usually, or 3
Normalmente, o.....3
Always?.....4
Siempre?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE FOR QA13_J11:
IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA13_J4 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)) OR QA13_B18 = 1 (HAS DIABETES) OR QA13_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA13_J11;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J12

QA13_J11 Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?
¿Hay alguien en el consultorio o clínica de su médico que le ayude a coordinar el cuidado de su salud con otros médicos o servicios, como pruebas o tratamientos?

AJ80

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

PROGRAMMING NOTE QA13_J12:
IF QA13_J1 > 0 OR QA13_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA13_J12;
ELSE GO TO PROGRAMMING NOTE QA13_J17

QA13_J12 The last time you saw a doctor, did you have a hard time understanding the doctor?
La última vez que vio a un médico, ¿tuvo dificultad para entender lo que el médico decía?

AJ8

YES 1	**[GO TO PN QA13_J14]**
NO 2	
REFUSED ..... -7	**[GO TO QA13_J17]**
DON'T KNOW ..... -8	**[GO TO QA13_J17]**

PROGRAMMING NOTE QA13_J13:
IF QA13_J12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA13_J13;
ELSE SKIP TO PROGRAMMING NOTE QA13_J17

QA13_J13 In what language did the doctor speak to you?
¿En qué idioma habló con usted su médico?

AJ50

ENGLISH 1	**[GO TO QA13_J15]**
SPANISH 2	**[GO TO PN QA13_J17]**
CANTONESE.....3	**[GO TO PN QA13_J17]**
VIETNAMESE 4	**[GO TO PN QA13_J17]**
TAGALOG.....5	**[GO TO PN QA13_J17]**
MANDARIN 6	**[GO TO PN QA13_J17]**
KOREAN 7	**[GO TO PN QA13_J17]**
ASIAN INDIAN LANGUAGES.....8	**[GO TO PN QA13_J17]**
RUSSIAN 9	**[GO TO PN QA13_J17]**
OTHER (SPECIFY: _____)..... 91	**[GO TO PN QA13_J17]**
REFUSED ..... -7	**[GO TO PN QA13_J17]**
DON'T KNOW ..... -8	**[GO TO PN QA13_J17]**

QA13_J14 Was this because you and the doctor spoke different languages?
¿Se debió esto a que usted y su médico hablan diferentes idiomas?

AJ9

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

QA13_J15 Did you need someone to help you understand the doctor?
¿Necesitó ayuda de otra persona para comprender al médico?

AJ10

YES 1
NO .....2 **[GO TO PN QA13_J17]**
REFUSED ..... -7 **[GO TO PN QA13_J17]**
DON'T KNOW ..... -8 **[GO TO PN QA13_J17]**

QA13_J16 Who was this person who helped you understand the doctor?
¿Quién fue esta persona que le ayudó a entender al médico?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

MINOR CHILD (UNDER AGE 18) 1
AN ADULT FAMILY MEMBER OR FRIEND OF MINE.....2
NON-MEDICAL OFFICE STAFF 3
MEDICAL STAFF INCLUDING NURSES/DOCTORS 4
PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) 5
OTHER (PATIENTS, SOMEONE ELSE).....6
DID NOT HAVE SOMEONE TO HELP.....7
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_J17:
IF QA13_G7 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA13_J17; ELSE GO TO PROGRAMMING NOTE QA13_J18

QA13_J17 In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?
En California, usted tiene derecho a obtener ayuda de un intérprete gratis durante sus visitas al médico. ¿Sabía esto antes de hoy?

AJ105

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

PROGRAMMING NOTE QA13_J18:
IF [ARINSURE = 1 OR QA13_H80 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J18;
ELSE GO TO QA13_J20

QA13_J18 In the past 12 months, did you change where you usually go for health care?
En los últimos 12 meses, ¿cambió usted el lugar adonde normalmente va a recibir atención médica?

AJ106

YES	1	
NO	2	**[GO TO QA13_J20]**
REFUSED	-7	**[GO TO QA13_J20]**
DON'T KNOW	-8	**[GO TO QA13_J20]**

QA13_J19 Did you have to change because of your health insurance plan?
¿Tuvo que cambiar de lugar debido a su plan de seguro de salud?

AJ107

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]
[IF NEEDED, SAY: *"¿Tuvo usted que cambiar el lugar al que normalmente va a recibir atención médica por un motivo relacionado con su plan de seguro de salud?"*]

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

QA13_J20 During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?
Durante los últimos 12 meses, ¿tuvo usted que postergar la compra o no comprar algún medicamento que un doctor le recetó?

AH16

YES	1	
NO	2	**[GO TO QA13_J25]**
REFUSED	-7	**[GO TO QA13_J25]**
DON'T KNOW	-8	**[GO TO QA13_J25]**

QA13_J21 Was cost or lack of insurance a reason why you delayed or did not get the prescription?
¿Fue el costo o el no tener seguro de salud un motivo por el que postergó la compra o quedó sin comprar el medicamento que le habían recetado?

AJ19

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

PROGRAMMING NOTE FOR QA13_J22:
IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)) AND QA13_J21= 1 (COST/LACK OF INSURANCE REASON FOR DELAY)] CONTINUE WITH QA13_J22;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J23

QA13_J22 Was this prescription for your asthma?
Esta receta, ¿era para su asma?

AJ81

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

PROGRAMMING NOTE FOR QA13_J23:
IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J21= 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J23;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J24

QA13_J23 Was this prescription for your diabetes?
Esta receta, ¿era para su diabetes?

AJ82

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

PROGRAMMING NOTE FOR QA13_J24:
IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J24;
ELSE GO TO QA13_J25

QA13_J24 Was this prescription for your heart disease?
Esta receta, ¿era para su enfermedad del corazón?

AJ83

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

QA13_J25 During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?
Durante los últimos 12 meses, ¿tardó en recibir, o quedó sin recibir alguna otra atención médica que usted consideraba necesaria, — como ver un doctor, un especialista u otro profesional de la salud?

AH22

YES 1
NO .....2 **[GO TO QA13_J33]**
REFUSED ..... -7 **[GO TO QA13_J33]**
DON'T KNOW ..... -8 **[GO TO QA13_J33]**

QA13_J26 Did you get the care eventually?
¿Recibió los cuidados finalmente?

AJ129

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

QA13_J27 Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
¿Fueron los costos o el no tener seguro de salud una razón por la que se demoró en obtener o no obtuvo la atención que usted creyó que necesitaba?

AJ20

YES 1
NO .....2 **[GO TO QA13_J29]**
REFUSED ..... -7 **[GO TO QA13_J29]**
DON'T KNOW ..... -8 **[GO TO QA13_J29]**

QA13_J28 Was that the main reason?
¿Fue esa la razón principal?

AJ130

YES .....1 **[GO TO PN QA13_J30]**
NO 2
REFUSED ..... -7 **[GO TO PN QA13_J30]**
DON'T KNOW ..... -8 **[GO TO PN QA13_J30]**

QA13_J29 What was the one main reason why you delayed getting the care you felt you needed?
¿Cuál fue la razón principal por la que se demoró en obtener el cuidado que usted creyó que necesitaba?

AJ131

COULDN'T GET APPOINTMENT 1
MY INSURANCE NOT ACCEPTED 2
INSURANCE DID NOT COVER 3
LANGUAGE PROBLEMS 4
TRANSPORTATION PROBLEMS 5
HOURS NOT CONVENIENT 6
NO CHILD CARE FOR CHILDREN AT HOME 7
FORGOT OR LOST REFERRAL 8
I DIDN'T HAVE TIME 9
COULDN'T AFFORD/COST TOO MUCH 10
NO INSURANCE 11
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_J30:
IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)] AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J30;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J31

QA13_J30 Was this medical care for your asthma?
Esta atención médica, ¿era para su asma?

AJ84

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

PROGRAMMING NOTE QA13_J31:
IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J31;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J32

QA13_J31 Was this medical care for your diabetes?
Esta atención médica, ¿era para su diabetes?

AJ85

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

PROGRAMMING NOTE QA13_J32:
IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J32;
ELSE GO TO QA13_J33

QA13_J32 Was this medical care for your heart disease?
Esta atención médica, ¿era para su enfermedad del corazón?

AJ86

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

QA13_J33 The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
Las preguntas siguientes se refieren a especialistas. Los especialistas son médicos como los cirujanos, médicos del corazón, de las alergias, de la piel y otros médicos que se especializan en un área del cuidado de la salud.

In the past12 months, did you or a doctor think you needed to see a medical specialist?
En los últimos 12 meses, ¿pensó usted o un médico que necesitaba ir a un especialista?

AJ136

[IF NEEDED, SAY: "Do not include dental visits."]
[IF NEEDED, SAY: *"No incluya las visitas al dentista."*]

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

PROGRAMMING NOTE QA13_J34:
IF QA13_J33 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA13_J34;
ELSE GO TO QA13_J37

QA13_J34 During the past 12 months, did you have any trouble finding a medical specialist who would see you?
En los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un médico especialista que lo(a) viera?

AJ137

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

QA13_J35 During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?
En los últimos 12 meses, ¿le dijeron en el consultorio de un especialista médico que no lo(a) iban a aceptar como paciente nuevo(a)?

AJ138

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

PROGRAMMING NOTE QA13_J36:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J36;
ELSE SKIP TO QA13_J37

QA13_J36 During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?
En los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no aceptarían su seguro de salud principal?

AJ139

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

QA13_J37 Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?
Ahora piense en los médicos generales. En los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un médico general que lo(a) viera?

AJ133

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

QA13_J38 During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?
En los últimos 12 meses, ¿le dijeron en un consultorio médico que no lo(a) iban a aceptar como paciente nuevo(a)?

AJ134

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

PROGRAMMING NOTE QA13_J39:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J39;
ELSE SKIP TO QA13_J40

QA13_J39 During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?
En los últimos 12 meses, ¿le dijeron en un consultorio médico que no iban a aceptar su principal seguro de salud?

AJ135

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

PROGRAMMING NOTE QA13_J40:
IF AGE >49 AND SONOMA COUNTY RESIDENT CONTINUE WITH QA13_J40;
ELSE SKIP TO QA13_J41

QA13_J40 Do you currently have something in writing that states your wishes regarding end-of-life medical care?
¿Tiene usted por escrito algo que indique cuáles son sus deseos respecto a la atención médica al final de su vida?

AJ151

[INTERVIEWER NOTE: IF R MENTIONS "advance health care directive" or " power of attorney for health care" THEN CODE "Yes"]
[IF R MENTIONS *"instrucciones anticipadas sobre decisiones de salud"* OR *"poder legal para el cuidado médico"* THEN CODE "YES"]

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

QA13_J41 Have you ever used the Internet?
¿Ha usado Internet alguna vez?

AJ108

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

YES 1	
NO 2	**[GO TO QA13_J44]**
REFUSED ..... -7	**[GO TO QA13_J44]**
DON'T KNOW ..... -8	**[GO TO QA13_J44]**

QA13_J42 How confident are you that you can fill out an application on-line on your own? Would you say you are…
¿Qué tan seguro/a se siente de que puede llenar una solicitud o aplicación en línea usted solo/a, sin ayuda? ¿Diría que está....

AJ110

Very confident, ...1	**[GO TO PN QA13_J45]**
Muy seguro/a, ...1	**[GO TO PN QA13_J45]**
Somewhat confident, ...2	**[GO TO PN QA13_J45]**
Un tanto seguro/a, ...2	**[GO TO PN QA13_J45]**
Not too confident, or,.....3	
No muy seguro/a, o.....3	
Not at all confident?, ...4	
Nada seguro/a?.....4	
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA13_J43 If you wanted to fill out an application on-line, is there someone who could help you with it?
Si quisiera llenar una solicitud en línea, ¿hay alguien que podría ayudarle?

AJ111

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

PROGRAMMING NOTE QA13_J44:
IF QA13_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA13_J48;
ELSE CONTINUE WITH QA13_J44;

QA13_J44 During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?
En los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad de parte de un médico o de otro proveedor de cuidados médicos?

AJ140

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

QA13_J45 During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?
En los últimos 12 meses, ¿ha recibido usted un método de control de la natalidad o una receta para el control de la natalidad de un médico o un proveedor de cuidados médicos?

AJ141

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VASECTOMY OF PARTNER]

YES 1
NO .....2 **[GO TO QA13_ J51]**
REFUSED ..... -7 **[GO TO QA13_ J51]**
DON'T KNOW ..... -8 **[GO TO QA13_ J51]**

QA13_J46 What MAIN birth control method or prescription did you receive?
¿Cuál fue el PRINCIPAL método o receta para el control de la natalidad que recibió?

AJ142

[IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]
[IF MORE THAN ONE METHOD, ASK: *"¿Cuál método recibió más recientemente?"*]
[IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT) 1
VASECTOMY (MALE STERILIZATION) 2
IUD (MIRENA, PARAGARD) 3
IMPLANT (IMPLANON, NEXPLANON) 4
BIRTH CONTROL PILLS 5
OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING) 6
CONDOMS (MALE) 7
OTHER (SPECIFY: _____) 8
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_J47 Where did you receive the main birth control method or prescription?
¿Dónde recibió el principal método o receta para el control de la natalidad?

AJ143

PRIVATE DOCTOR'S OFFICE 1
HMO FACILITY 2
HOSPITAL OR HOSPITAL CLINIC 3
PLANNED PARENTHOOD 4
COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC 5
SCHOOL OR SCHOOL-BASED CLINIC 6
EMPLOYER OR COMPANY CLINIC 7
INDIAN HEALTH SERVICE 8
PHARMACY 9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_J48:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA13_J51;
ELSE CONTINUE WITH QA13_J48;

QA13_J48 During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?
En los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad para varones o para mujeres de un médico o un proveedor de cuidados médicos?

AJ144

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

QA13_J49 During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?
En los últimos 12 meses, ¿ha recibido usted un método de control de la natalidad para varones, como condones o vasectomía, de un médico o un proveedor de cuidados médicos?

AJ145

YES	1	
NO	2	**[GO TO QA13_ J51]**
REFUSED	-7	**[GO TO QA13_ J51]**
DON'T KNOW	-8	**[GO TO QA13_ J51]**

QA13_J50 Where did you receive it?
¿Dónde lo recibió?

AJ146

PRIVATE DOCTOR'S OFFICE	1
HMO FACILITY	2
HOSPITAL OR HOSPITAL CLINIC	3
PLANNED PARENTHOOD	4
COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC	5
SCHOOL OR SCHOOL-BASED CLINIC	6
EMPLOYER OR COMPANY CLINIC	7
INDIAN HEALTH SERVICE	8
PHARMACY	9
SOME OTHER PLACE (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA13_J51 These next questions are about dental health.
Las siguientes preguntas son acerca de la salud dental.

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.
Más o menos, ¿hace cuánto tiempo fue la última vez que usted fue a un dentista o a una clínica dental? Incluya higienistas y todo tipo de especialistas dentales.

AG1

HAVE NEVER VISIT	0
6 MONTHS AGO OR LESS	1
MORE THAN 6 MONTHS UP TO 1 YEAR AGO	2
MORE THAN 1 YEAR UP TO 2 YEARS AGO	3
MORE THAN 2 YEARS UP TO 5 YEARS AGO	4
MORE THAN 5 YEARS AGO	5
REFUSED	-7
DON'T KNOW	-8

QA13_J52 Do you now have any type of insurance that pays for part or all of your dental care?
¿Tiene usted actualmente algún tipo de seguro que pague por parte o toda la atención dental que usted recibe?

AG3

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

PROGRAMMING NOTE QA13_J53:
IF NO TEEN SELECTED, GO TO Section K;
ELSE CONTINUE WITH QA13_J53

QA13_J53 Do you now have any type of insurance that pays for part or all of (TEEN) dental care?
¿Tiene actualmente usted algún tipo de seguro que pague por parte o toda la atención dental que recibe (TEEN)?

MA10

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

Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA13_K1:
IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA13_G28 = 1 (R USUALLY WORKS) CONTINUE WITH QA13_K1;
ELSE GO TO PROGRAMMING NOTE QA13_K5

QA13_K1 The next questions are about your employment.
Las preguntas siguientes se refieren a su empleo.

How many hours per week do you usually work at all jobs or businesses?
¿Cuántas horas a la semana trabaja usted normalmente en todos sus empleos o negocios?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

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

QA13_K2 How long have you worked at your main job?
¿Cuánto tiempo ha trabajado usted en su trabajo principal?

AK7

[IF NEEDED, SAY: "That is, for your current employer."]
[IF NEEDED, SAY: *"Es decir en su empleo actual"*]

_____ MONTHS [HR: 0-12]

_____ YEARS [HR: 0-50]

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

PROGRAMMING NOTE QA13_K4:
IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA13_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA13_K4;
ELSE SKIP TO PROGRAMMING NOTE QA13_K5

QA13_K4 What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
¿Cuál es su mejor cálculo de todas las ganancias suyas el mes pasado antes de impuestos y de otras deducciones de todos los trabajos y negocios incluyendo sueldos por hora, salarios, propinas y comisiones?

AK10

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA13_K5;
IF QA13_G31 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA13_G32 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA13_K5 AND:
IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND QA13_A16 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "The next question is about your partner's employment."
IF QA13_A16 = 1 THEN DISPLAY "spouse";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1THEN DISPLAY "partner";
ELSE SKIP TO QA13_K7

QA13_K5 {The next question is about your spouse's employment.}
{Las siguientes preguntas se refieren al empleo de su esposo/a.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
¿Cuántas horas a la semana trabaja normalmente su {esposo/a} en todos los empleos o negocios que tiene?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

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

PROGRAMMING NOTE QA13_K6:
IF QA13_K5 ≠ 0 CONTINUE WITH QA13_K6;
IF QA13_QA13_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY "partner's";
ELSE GO TO QA13_K7

QA13_K6 What is your best estimate of all your {spouse's/partner's} earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?
¿Cuánto calcula que ganó su {esposo(a)/pareja} <u>el mes pasado</u> antes de los impuestos y otras deducciones en todos los empleos y negocios que tiene, incluyendo sueldo por horas, salarios, propinas y comisiones?

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

QA13_K7 What is your best estimate of your household's total annual income from all sources before taxes in *{2012/2013}?*
¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de impuestos en el {2012/2013}?

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]
[IF NEEDED, SAY: *"Incluya dinero de trabajos, seguro social, jubilación, pagos por desempleo, asistencia pública y fuentes similares. También incluya ingresos por intereses, dividendos, ingreso neto de negocios, finca o rancho o alquiler, y cualquier otro ingreso de dinero."*]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

REFUSED ..... -7 **[GO TO PN QA13_K9]**
DON'T KNOW ..... -8 **[GO TO PN QA13_K9]**

QA13_K8 PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?
He anotado que los ingresos de su hogar son (AMOUNT). ¿Correcto?

AK22A

YES .....1 **[GO TO PN QA13_K15]**
NO .....2 **[GO BACK TO QA13_K7]**

PROGAMMING NOTE QA13_K9:
IF QA13_K7 = -7 OR -8 CONTINUE WITH QA13_K9;
ELSE GO TO PROGRAMMING NOTE QA13_K15

QA13_K9 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than $20,000 per year or is it less?
No necesitamos saber exactamente, ¿pero podría decirme si el ingreso anual de su hogar de todas las fuentes antes de impuestos es más de $20,000 al año o menos?

AK11

MORE .....1 **[GO TO QA13_K11]**
EQUAL TO $20K OR LESS 2
REFUSED ..... -7 **[GO TO PN QA13_K15]**
DON'T KNOW ..... -8 **[GO TO PN QA13_K15]**

QA13_K10 Is it …
¿Es…

AK12

$5,000 or less,	1	**[GO TO PN QA13_K15]**
$5,000 o menos,	1	**[GO TO PN QA13_K15]**
$5,001 to $10,000,	2	**[GO TO PN QA13_K15]**
$5,001 a $10,000,	2	**[GO TO PN QA13_K15]**
$10,001 to $15,000, or	3	**[GO TO PN QA13_K15]**
$10,001 a $15,000, o	3	**[GO TO PN QA13_K15]**
$15,001 to $20,000?	4	**[GO TO PN QA13_K15]**
$15,001 a $20,000?	4	**[GO TO PN QA13_K15]**
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA13_K15]**

QA13_K11 Is it more or less than $70,000 per year?
¿Es más o menos de $70,000 al año?

AK13

MORE	1	**[GO TO QA13_K13]**
EQUAL TO $70K OR LESS	2	
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA13_K15]**

QA13_K12 Is it …
¿Es…

AK14

$20,001 to $30,000,	1	**[GO TO PN QA13_K15]**
$20,001 a $30,000,	1	**[GO TO PN QA13_K15]**
$30,001 to $40,000,	2	**[GO TO PN QA13_K15]**
$30,001 a $40,000,	2	**[GO TO PN QA13_K15]**
$40,001 to $50,000,	3	**[GO TO PN QA13_K15]**
$40,001 a $50,000,	3	**[GO TO PN QA13_K15]**
$50,001 to $60,000, or	4	**[GO TO PN QA13_K15]**
$50,001 a $60,000, o	4	**[GO TO PN QA13_K15]**
$60,001 to $70,000?	5	**[GO TO PN QA13_K15]**
$60,001 a $70,000?	5	**[GO TO PN QA13_K15]**
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA13_K15]**

QA13_K13 Is it more or less than $135,000 per year?
¿Es más o menos de $135,000 al año?

AK15

MORE	1	**[GO TO PN QA13_K15]**
EQUAL TO $135K OR LESS	2	
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA31_K15]**

QA13_K14 Is it …
¿Es…

AK16

$70,001 to $80,000, ...1
$70,001 a $80,000, ...1
$80,001 to $90,000, ...2
$80,001 a $90,000, ...2
$90,001 to $100,000, or 3
$90,001 a $100,000, o 3
$100,001 to $135,000? 4
$100,001 a $135,000? 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA13_K16;
ELSE CONTINUE WITH QA13_K15

QA13_K15 Including yourself, how many people living in your household are supported by your total household income?
Incluyéndose usted mismo, ¿cuántas de las personas que viven en su hogar son mantenidas por el ingreso total de su hogar?

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA13_K16:
QA13_K16 MUST BE LESS THAN QA13_K15;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA13_K15 GO TO PROGRAMMING NOTE QA13_19;
ELSE CONTINUE WITH QA13_K16

QA13_K16 How many of these {INSERT NUMBER FROM QA13_K15} people are children under the age of 18?
¿Cuántas de estas {INSERT NUMBER FROM QA11_K15} personas son niños menores de 18 años de edad?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

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

QA13_K17 Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?
¿Hay alguna persona que viva en los Estados Unidos pero que no vive actualmente en su casa y que dependa de los ingresos de su hogar?

AK32

YES	1	
NO	2	**[GO TO PN QA13_K19]**
REFUSED	-7	**[GO TO PN QA13_K19]**
DON'T KNOW	-8	**[GO TO PN QA13_K19]**

QA13_K18 How many?
¿Cuántas?

AK33

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_K19:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA13_K15 AND QA13_K16 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2010 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2010" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)
IF EITHER QA13_K15 OR QA13_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA13_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA13_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA13_K25;
ELSE IF QA13_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, ASK QA13_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA13_K7= -7 OR -8 (REF/DK) AND IF QA13_K9 = -7 OR QA13_K11 = -7 OR QA13_K13 = -7, GO TO PROGRAMMING NOTE QA13_K25
ELSE GO TO PROGRAMMING NOTE QA13_K20

QA13_K19 I need to ask just one more question about income.
Necesito hacerle una pregunta más acerca de su ingreso.

Was your total annual household income before taxes less than or more than ${POVRT50}?
El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de ${POVRT50}, o más?

AK29

EQUAL TO OR LESS	1	**[GO TO PN QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K20:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K21

QA13_K20 I need to ask just one or two more questions about income.
Necesito hacerle una o dos preguntas más acerca de su ingreso.

Was your total annual household income before taxes less than or more than ${POVRT100}?
El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de ${POVRT100}, o más?

AK18A

EQUAL TO OR LESS	1	**[GO TO PN QA13_K25]**
MORE	2	
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K21:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QA13_K20 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QA13_K22

QA13_K21 {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than ${POVRT133}?
{Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue / ¿Fue} menos de ${POVRT133}, o más?

AK30

EQUAL TO OR LESS	1	**[GO TO PN QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K23

QA13_K22 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT200}?
Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de ${POVRT200}, o más?

AK18B

EQUAL TO OR LESS	1	**[GO TO PN QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K23:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K23 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K24

QA13_K23 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT300}?
Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de ${POVRT300}, o más?

AK18C

EQUAL TO OR LESS	1	**[GO TO PN QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K24:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K25

QA13_K24 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT400}?
Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de ${POVRT400}, o más?

AK31

EQUAL TO OR LESS	1
MORE	2
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_K25:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN), CONTINUE WITH QA13_K25; ELSE GO TO QA13_L1

QA13_K25 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
Las siguientes preguntas son acerca de los alimentos que se han consumido en su hogar en los últimos 12 meses, y si a ustedes les alcanzó el dinero para comprar comida.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:
Voy a leer dos comentarios que la gente ha hecho sobre su situación en cuanto a la comida. Para cada una, por favor dígame si lo que yo digo es algo que fue cierto frecuentemente, fue cierto algunas veces, o no, nunca fue cierto en su hogar en los últimos 12 meses. El primer comentario es:

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."
"Los alimentos que {yo/nosotros} compré/compramos no duraron, y {yo/nosotros} no {tenía/teníamos} dinero para comprar más."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
¿Fue esto cierto frecuentemente, fue cierto algunas veces, o nunca fue cierto en su hogar en los últimos 12 meses?

AM1

OFTEN TRUE 1
SOMETIMES TRUE.....2
NEVER TRUE 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_K26 The second statement is: "{I/We} couldn't afford to eat balanced meals."
La segunda declaración es: "{Yo/Nosotros} no (pude/pudimos) costear comidas balanceadas".

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
¿Fue eso frecuentemente cierto, algunas veces cierto, o nunca fue cierto para usted y para su hogar en los últimos 12 meses?

AM2

OFTEN TRUE 1
SOMETIMES TRUE.....2
NEVER TRUE 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_K27 Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
Por favor, dígame si o no. En los últimos 12 meses, usted y otros adultos de su hogar alguna vez redujeron el tamaño de sus comidas o dejaron de comer porque no había suficiente dinero para alimentos.

AM3

YES	1	
NO	2	**[GO TO QA13_K29]**
REFUSED	-7	**[GO TO QA13_K29]**
DON'T KNOW	-8	**[GO TO QA13_K29]**

QA13_K28 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?
¿Con qué frecuencia pasó esto -- casi todos lo meses, algunos meses pero no todos los meses, o sólo 1 o 2 meses?

AM3A

ALMOST EVERY MONTH	1
SOME MONTHS BUT NOT EVERY MONTH	2
ONLY IN 1 OR 2 MONTHS	3
REFUSED	-7
DON'T KNOW	-8

QA13_K29 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
En los últimos 12 meses, ¿comió alguna vez menos de lo que sentía que debía comer porque no había suficiente dinero para comprar alimentos?

AM4

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

QA13_K30 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
En los últimos 12 meses, ¿tuvo hambre alguna vez pero no comió porque no tenía dinero para comprar suficientes alimentos?

AM5

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

Section L - Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L:
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) CONTINUE WITH SECTION L;
ELSE GO TO QA13_M1

QA13_L1 Are you now receiving TANF or CalWORKs?
¿Está usted recibiendo ahora TANF o CalWORKS?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: *"TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el antiguo programa de bienestar social en California."*]

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

PROGRAMMING NOTE QA13_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L2;
ELSE GO TO QA13_L3;

QA13_L2 Is (TEEN) now receiving TANF or CalWORKs?
¿Está (TEEN) recibiendo ahora TANF o CalWORKS?

IAP1

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: *"TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el antiguo programa de bienestar social en California."*]

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

QA13_L3 Are you receiving Food Stamp benefits, also known as CalFresh?
¿Recibe usted Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

AL5

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: *"Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage."*]

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

PROGRAMMING NOTE QA13_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L4;
ELSE GO TO QA13_L5

QA13_L4 Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
¿Recibe (TEEN) Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: *"Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage."*]

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

QA13_L5 Are you receiving SSI?
¿Recibe usted SSI?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]
[IF NEEDED, SAY: *"SSI significa Ingreso Suplementario de Seguridad. Es distinto al Seguro Social."*]

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

PROGRAMMING NOTE QA13_L6:
IF QA13_A5 = 2 (FEMALE) AND [QA13_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA13_L6;
ELSE GO TO PROGRAMMING NOTE QA13_L7

QA13_L6 Are you on WIC?
¿Usted está inscrita en el WIC?

AL7

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]
[IF NEEDED, SAY: *"WIC es el Programa de Alimentos Suplementarios para Mujeres, Lactantes, y Niños."*]

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

PROGRAMMING NOTE QA13_L7:
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA13_K15.

IF QA13_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA13_K15 = 1 DISPLAY $3000;
IF QA13_K15 = 2 DISPLAY $3000;
IF QA13_K15 = 3 DISPLAY $3150;
IF QA13_K15 = 4 DISPLAY $3300;
IF QA13_K15 = 5 DISPLAY $3450;
IF QA13_K15 = 6 DISPLAY $3600;
IF QA13_K15 = 7 DISPLAY $3750;
IF QA13_K15 = 8 DISPLAY $3900;
IF QA13_K15 = 9 DISPLAY $4050;
IF QA13_K15 ≥ 10 DISPLAY $4200;

IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

QA13_L7 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?
Sin contar el valor de alguna casa o automóvil que es posible que usted posea, ¿diría usted que {sus bienes/ los bienes de su familia}, es decir, todo su dinero en efectivo, ahorros, inversiones, y muebles juntos valen más de {PROPERTY LIMIT}?

AL9

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

PROGRAMMING NOTE QA13_L8:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA13_L8 Did {you or your spouse/you or your partner/you} receive any money last month for alimony, or child support?
¿Recibió {usted o su cónyuge/usted} algún dinero el mes pasado por pensión alimenticia o manutención del niño?

AL15

YES	1	
NO	2	**[GO TO PN QA13_L10]**
REFUSED	-7	**[GO TO PN QA13_L10]**
DON'T KNOW	-8	**[GO TO PN QA13_L10]**

PROGRAMMING NOTE QA13_L9:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA13_L9 What was the {combined} total amount that you {and your spouse/and your partner} received from alimony or child support last month?
¿Cuál fue la cantidad total {combinada} que usted {y su cónyuge} (recibió/recibieron) el mes pasado por pensión alimenticia o manutención del niño?

AL16

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_L10:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA13_L10 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?
¿Pagó {usted/ o su conyuge/ o ustedes dos} alguna pensión alimenticia o manutención de niños el mes pasado?

AL17

YES, RESPONDENT PAID	1	
YES, SPOUSE/PARTNER PAID	2	
YES, BOTH PAID	3	
NO	4	**[GO TO PN QA13_L12]**
REFUSED	-7	**[GO TO PN QA13_L12]**
DON'T KNOW	-8	**[GO TO PN QA13_L12]**

PROGRAMMING NOTE QA13_L11:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

QA13_L11 What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in alimony or support last month?
¿Cuál fue la cantidad total que {usted/su conyuge/su pareja/ustedes dos} pagó/pagaron en pensión alimenticia o manutención al niño el mes pasado?

AL18

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_L12:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA13_L12 Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?
¿Recibió {usted o su cónyuge} algún dinero el mes pasado como compensación por accidentes de trabajo?

AL32

YES 1	
NO 2	**[GO TO PN QA13_L14]**
REFUSED ..... -7	**[GO TO PN QA13_L14]**
DON'T KNOW ..... -8	**[GO TO PN QA13_L14]**

PROGRAMMING NOTE QA13_L13:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA13_L13 What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?
¿Cuál fue la cantidad total {combinada} que recibió usted {y su cónyuge} como compensación por accidentes de trabajo el mes pasado?

AL33

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA13_L14:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA13_L12 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA13_L14 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA13_L14 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA13_L16

QA13_L14 Did { you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?
¿Recibió {usted o su conyuge} pagos de Seguro Social o de (Pensión/Jubilación) durante el mes pasado?

AL18A

YES 1	
NO 2	**[GO TO PN QA13_L16]**
REFUSED ..... -7	**[GO TO PN QA13_L16]**
DON'T KNOW ..... -8	**[GO TO PN QA13_L16]**

QA13_L15 What was the total amount received last month from Social Security and Pensions?
¿Cuál fue la cantidad total de dinero que recibió del Seguro Social y Pensiones el mes pasado?

AL18B

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA13_L16:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA13_L16;
ELSE GO TO QA13_M1

QA13_L16 What is the one main reason why you are not enrolled in the Medi-Cal program?
¿Cuál es el motivo principal por el que no está inscrito(a) en el programa Medi-Cal?

AL19

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE 2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE 5
DON'T BELIEVE IN HEALTH INSURANCE 6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED 9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

Section M – Housing and Social Cohesion

QA13_M1 These next questions are about your housing and neighborhood.
Las preguntas siguientes son acerca de su hogar y su vecindario.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
¿Vive usted en una casa, un dúplex, un edificio con 3 o más unidades, o en una casa móvil?

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]
[IF NEEDED, SAY: *"Un dúplex es un edificio con 2 unidades."*]

HOUSE 1
DUPLEX.....2
BUILDING WITH 3 OR MORE UNITS.....3
MOBILE HOME.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_M2 Do you own or rent your home?
¿Es usted propietario de su casa, o la alquila?

AK25

OWN 1
RENT 2
OTHER ARRANGEMENT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_M3:
IF AGE ≥ 65 AND QA13_M2 = 1 (OWNS HOME), THEN CONTINUE WITH QA13_M3
ELSE GO TO QA13_M4

QA13_M3 Are you currently paying off a mortgage or loan on this home?
¿Está usted pagando una hipoteca o préstamo sobre esta casa?

AM37

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

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

QA13_M4 About how long have you lived at your current address?
¿Más o menos cuánto tiempo ha vivido usted en la dirección donde vive ahora?

AM14

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

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

PROGRAMMING NOTE QA13_M5:
IF QA13_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA13_M7;
ELSE CONTINUE WITH QA13_M5

QA13_M5 About how long have you lived in your current neighborhood?
¿Más o menos cuánto tiempo ha vivido en el vecindario donde vive ahora?

AM15

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

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

QA13_M6 The last time you moved, what was your main reason for moving?
La última vez que se mudó, ¿cuál fue el motivo principal por el que se mudó?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD.....2
FOR CHILD'S EDUCATION 3
TO ATTEND OR LEAVE COLLEGE 4
WORK RELATED 5
COULDN'T AFFORD MORTGAGE/RENT 6
OTHER HOUSING RELATED 7
BETTER NEIGHBORHOOD/LESS CRIME.....8
OTHER..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_M7:
IF QA13_M7 THROUGH QA13_M11 NOT ANSWERED IN CHILD INTERVIEW, THEN CONTINUE WITH QA13_M7;
ELSE GO TO QA13_M12

QA13_M7 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo con las siguientes declaraciones:

People in my neighborhood are willing to help each other.
La gente en mi vecindario está dispuesta a ayudarse unos a otros.

AM19

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: *"¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?"*]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_M8 People in this neighborhood generally do NOT get along with each other.
Por lo general, la gente en este vecindario o barrio NO se lleva bien.

AM20

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: *"¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?"*]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_M9 People in this neighborhood can be trusted.
Uno puede confiar en la gente de este vecindario.

AM21

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: *"¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?"*]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_M10 You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.
Uno puede contar con que los adultos en este vecindario prestan atención a los niños para que estén a salvo y no se metan en problemas.

AM35

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: *"¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?"*]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_M11 Do you feel safe in your neighborhood…
¿Se siente seguro(a) en su vecindario...

AK28

All of the time, ...1
Siempre, ...1
Most of the time,.....2
La mayor parte del tiempo, ...2
Some of the time, or.....3
A veces, ...3
None of the time.....4
Nunca?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_M12 In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
Durante los últimos 12 meses, ¿ha hecho algún trabajo voluntario o servicio a la comunidad por el que no ha recibido ningún pago?

AM36

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

QA13_M13 In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?
En los últimos 12 meses, ¿ha servido como voluntario/a en un comité, concejo, u organización local encargada de solucionar los problemas de la comunidad?

AM39

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

QA13_M14 In the past 12 months, have you gotten together informally with others to deal with community problems?
En los últimos 12 meses, ¿se ha reunido informalmente con otros para buscar solución a los problemas de la comunidad?

AM40

[IF NEEDED SAY: "For example, with a neighborhood watch group."]
[IF NEEDED SAY: *"Por ejemplo, con un grupo de vigilancia contra la delincuencia en su vecindario."*]

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

Section S – Suicide Ideation and Attempts

QA13_S1 The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.
La sección siguiente trata de ideas acerca de causarse daño a sí mismo/a. De nuevo, si alguna pregunta le molesta no tiene que responderla.

Have you ever seriously thought about committing suicide?
¿Alguna vez ha pensado seriamente en cometer suicidio?

AF86

YES	1	
NO	2	**[GO TO PN QA13_N1]**
REFUSED	-7	**[GO TO PN QA13_N1]**
DON'T KNOW	-8	**[GO TO PN QA13_N1]**

QA13_S2 Have you seriously thought about committing suicide at any time in the past 12 months?
¿En algún momento durante los últimos 12 meses, ha pensado seriamente en cometer suicidio?

AF87

YES	1	
NO	2	**[GO TO QA13_S4]**
REFUSED	-7	**[GO TO QA13_S4]**
DON'T KNOW	-8	**[GO TO QA13_S4]**

QA13_S3 Have you seriously thought about committing suicide at any time in the past 2 months?
En algún momento en los últimos 2 meses, ¿ha seriamente pensado suicidarse?

AF91

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

QA13_S4 Have you ever attempted suicide?
¿Ha intentado suicidarse alguna vez?

AF88

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

PROGRAMMING NOTE QA13_S5:
IF QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA13_S3 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA13_S3 = 1 AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA13_S5

QA13_S5 Have you attempted suicide at any time in the past 12 months?
¿Ha intentado suicidarse alguna vez en los últimos 12 meses?

AF89

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

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).
Tenemos un número gratis al que puede llamar si desea hablar con alguien acerca de ideas o intentos de suicidio. Hay alguien disponible 24 horas al día para proporcionarle información que puede ayudarle. El número es el 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org

O, puede ir a un sitio web para encontrar información de cómo puede obtener ayuda. La dirección del sitio web es www.suicidepreventionlifeline.org

POST-NOTE FOR SUICIDE RESOURCE:
IF QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN SKIP TO PN QA13_N1 (NEXT SECTION); ELSE CONTINUE

QA13_S6 Would you like to discuss your thoughts with this person?
¿Desea hablar con esta persona acerca de sus ideas?

AF90

YES 1	**[GO TO SUICIDE PROTOCOL]**
NO 2	**[GO TO PN QA13_N1]**
REFUSED ..... -7	**[GO TO PN QA13_N1]**
DON'T KNOW ..... -8	**[GO TO PN QA13_N1]**

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA13_N1:
IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA13_N1;
ELSE SKIP TO QA13_N7

QA13_N1 Just a few final questions and then we are done.
Faltan solamente unas pocas preguntas y acabamos.

To be sure we are covering the entire state, what county do you live in?
Para asegurarnos de cubrir todo el estado, ¿en qué condado vive usted?

AH42

ALAMEDA 1
ALPINE 2
AMADOR 3
BUTTE 4
CALAVERAS.....5
COLUSA 6
CONTRA COSTA.....7
DEL NORTE.....8
EL DORADO 9
FRESNO 10
GLENN..... 11
HUMBOLDT 12
IMPERIAL 13
INYO 14
KERN 15
KINGS..... 16
LAKE..... 17
LASSEN..... 18
LOS ANGELES..... 19
MADERA..... 20
MARIN..... 21
MARIPOSA 22
MENDOCINO..... 23
MERCED..... 24
MODOC 25
MONO..... 26
MONTEREY..... 27
NAPA 28
NEVADA 29
ORANGE..... 30
PLACER..... 31
PLUMAS 32
RIVERSIDE..... 33
SACRAMENTO..... 34
SAN BENITO 35
SAN BERNARDINO..... 36
SAN DIEGO 37
SAN FRANCISCO..... 38
SAN JOAQUIN..... 39
SAN LUIS OBISPO 40
SAN MATEO 41
SANTA BARBARA..... 42

SANTA CLARA 43
SANTA CRUZ 44
SHASTA 45
SIERRA 46
SISKIYOU 47
SOLANO 48
SONOMA 49
STANISLAUS 50
SUTTER 51
TEHAMA 52
TRINITY 53
TULARE 54
TUOLUMNE 55
VENTURA 56
YOLO 57
YUBA 58
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_N2:
IF ADVANCE LETTER SENT, ASK QA13_N2;
IF R'S ADDRESS IS A P.O. BOX, GO TO QA13_N3;
ELSE GO TO QA13_N3

QA13_N2 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.

Su número de teléfono ha sido seleccionado al azar por una computadora para este estudio. Hemos podido encontrar la dirección que corresponde a su número para enviarle una carta explicando el propósito de este estudio. Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, nos gustaría confirmar su dirección. Esta información se mantendrá confidencial y será destruida una vez que termine la encuesta completa.

Do you now live at {R's ADDRESS AND STREET}?
¿Vive usted ahora en {R's ADDRESS AND STREET}?

AO1

YES ..... 1 **[GO TO QA13_N6]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_N3 What is your zip code?
Cuál es su código postal?

AM7

_____ ZIP CODE

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

QA13_N4 To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.
Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, nos gustaría confirmar su dirección. Esta información se mantendrá confidencial y será destruida una vez que termine la encuesta completa.

AO2

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING) **[GO TO QA13_N6]**

_____ STREET TYPE

_____ APT. NO

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

QA13_N5 Can you tell me just the name of the street you live on?
¿Podría darme solamente el nombre de la calle en donde usted vive?

AM8

_____ NAME OF STREET

REFUSED ..... -7 **[GO TO QA13_N7]**
DON'T KNOW ..... -8 **[GO TO QA13_N7]**

QA13_N6 And what is the name of the street down the corner from you that crosses your street?
¿Y cuál es el nombre de la calle que cruza con su calle?

AM9

_____ NAME OF CROSS-STREET

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

PROGRAMMING NOTE QA13_N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA13_N11;
ELSE CONTINUE WITH QA13_N7

QA13_N7 I'm won't ask you for the number, but do you have a working cell phone?
No le voy a pedir el número, pero quisiera saber si usted tiene un teléfono celular que funcione.

AM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES 1
NO 2
SHARES CELL PHONE 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_N8:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA13_N10;
ELSE CONTINUE WITH QA13_N8

QA13_N8 Is there a regular or landline telephone in your household?
¿Tiene un teléfono regular, o línea fija, en su casa?

AN6

YES	1	
NO	2	**[GO TO PN QA13_N10]**
REFUSED	-7	**[GO TO PN QA13_N10]**
DON'T KNOW	-8	**[GO TO PN QA13_N10]**

QA13_N9 Is that telephone for personal use or business use only?
¿Es ese teléfono para uso personal o para uso de trabajo solamente?

AN7

PERSONAL USE ONLY	1
BUSINESS USE ONLY	2
BOTH PERSONAL USE AND BUSINESS USE	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_N10:
IF QA13_N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA13_N9 = 1 OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA13_N10;
ELSE SKIP TO PROGRAMMING QA13_N11

QA13_N10 Of all the telephone calls that you receive, are...
Las llamadas telefónicas que recibe usted, son...

AM34

All or almost all calls received on a cell phone,	1
Todas o casi todas recibidas en el teléfono celular,	1
Some on cell phones & some on regular phones, or	2
Algunas recibidas en el teléfono celular y otras en el teléfono normal, o	2
Very few or none on cell phones	3
Muy pocas o ningunas en el teléfono celular?	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_N11:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA13_N11

QA13_N11 Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?
Finalmente, ¿cree usted que estaría dispuesto(a) a participar en una posible continuación de esta encuesta en el futuro?

AM10

YES 1
MAYBE/PROBABLY YES 2
DEFINITELY NOT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA13_S6 = (2, -7, -8),
AND [QA13_S3 = 1 OR (QA13_S3 = 2, -7, -8 AND QA13_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:
As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you.The toll-free number is 1-800-273-TALK (8255).

Como le mencioné anteriormente, si desea hablar con alguien acerca de ideas o intentos de suicidio, hay alguien disponible 24 horas al día que puede ayudarle. El número es el 1-800-273-TALK (8255).

Or you can visit their website at www.suicidepreventionlifeline.org

O, puede ir a un sitio web www.suicidepreventionlifeline.org

QA13_N12 Would you like to speak with someone now?
¿Quiere hablar con alguien ahora?

AN8

YES 1	**[GO TO SUICIDE PROTOCOL]**
NO 2	**[GO TO CLOSE1 AND CLOSE2]**
REFUSED ..... -7	**[GO TO CLOSE1 AND CLOSE2]**
DON'T KNOW ..... -8	**[GO TO CLOSE1 AND CLOSE2]**

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

CLOSE1 Let me check to see if there is anyone else. [GO TO HHSELECT]
Permítame verificar para ver si hay alguna otra persona con quien necesitamos hablar.

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

Muchas gracias, le agradezco el tiempo que me ha brindado y su cooperación. Usted ha colaborado en una encuesta muy importante sobre la salud. Si tiene alguna pregunta acerca del estudio, por favor llame a la Dra. Ninez Ponce que es jefa del estudio. Puede llamar gratis a la Dra. Ponce al teléfono 1-866-275-2447. Gracias, y adiós.