CHIS 2005
Adult Questionnaire

Version 6.5 October 24, 2012

(Adult Respondents Age 18 and older)

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- California Department of Health Services
- Public Health Institute

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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 2005 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 QA05_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA05_A1 What is your date of birth?
¿Cuál es su fecha de nacimiento?

AA1

MONTH _____ DAY _____ YEAR _____ **[GO TO QA05_A5]**
[RANGE: 1-12] [RANGE: 1-31] [RANGE: 1898-1985]

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

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

PROGRAMMING NOTE QA05_A2:
IF QA05_A1 = -7 OR –8 (REF/DK), CONTINUE WITH QA05_A2;
ELSE GO TO QA05_A5

QA05_A2 What month and year were you born?
¿En qué mes y año nació?

AA1A

MONTH _____ YEAR _____ **[GO TO QA05_A5]**
[RANGE: 1-12] [RANGE: 1898-1985]

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

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

PROGRAMMING NOTE QA05_A3:
IF QA05_A1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A3;
ELSE GO TO QA05_A5

QA05_A3 What is your age, please?
¿Cuál es su edad, por favor?

AA2

_____YEARS OF AGE **[GO TO QA05_A5]**

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

PROGRAMMING NOTE QA05_A4:
IF QA05_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A4;
ELSE GO TO QA05_A5

QA05_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

PROGRAMMING NOTE QA05_A5: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA05_A1, QA05_A2, OR QA05_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA05_A1, QA05_A2, OR QA05_A3 = -7 OR -8 (REF/DK), THEN USE QA05_A4;
ELSE USE ENUM.AGE

QA05_A5 Are you male or female?
¿Es usted del sexo femenino o masculino?

AA3

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

QA05_A6 Are you Latino or Hispanic?
¿Es usted latino(a) o hispano(a)?

AA4

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

[GO TO PN QA05_A8]

QA05_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 descendencia 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/MEXICANO 1
MEXICAN AMERICAN 2
CHICANO 3
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 QA05_A8:
IF QA05_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY "You said you are Latino or Hispanic. Also…"
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA05_A8, CONTINUE WITH PROGRAMMING NOTE QA05_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA05_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). ¿Usted 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 GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]

WHITE 1	**[GO TO PN QA05_A14 [IF ONLY ONE RACE]**
BLACK OR AFRICAN AMERICAN 2	
ASIAN 3	
AMERICAN INDIAN OR ALASKA NATIVE 4	
OTHER PACIFIC ISLANDER 5	
NATIVE HAWAIIAN 6	
OTHER (SPECIFY: _____) 91	
REFUSED ..... -7	**[GO TO QA05_A14]**
DON'T KNOW ..... -8	**[GO TO QA05_A14]**

PROGRAMMING NOTE QA05_A9:
IF QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_A9;
ELSE GO TO PROGRAMMING NOTE QA05_A12

QA05_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	

QA05_A10 Are you an enrolled member in a federally or state recognized tribe?
¿Es usted miembro inscrito(a) en una tribu federal o estatalmente reconocida?

AA5C

YES.....1
NO.....2
REFUSED..... -7
DON'T KNOW..... -8
} **[GO TO PN QA05_A12]**

QA05_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: _____) 91
BLACKFEET
BLACKFOOT/BLACKFEET.....3
CHEROKEE
WESTERN CHEROKEE 4
CHEROKEE (NOT SPECIFIED) 5
OTHER CHEROKEE (SPECIFY: _____)...92
CHOCTAW
CHOCTAW OKLAHOMA 6
CHOCTAW (NOT SPECIFIED).....7
OTHER CHOCTAW (SPECIFY: _____) ..93
NAVAJO
NAVAJO (NOT SPECIFIED) 8
POMO
HOPLAND BAND, HOPLAND RANCHERIA 9
SHERWOOD VALLEY RANCHERIA.....10
POMO (NOT SPECIFIED) 11
OTHER POMO (SPECIFY: _____).....94
PUEBLO
HOPI.....12
YSLETA DEL SUR PUEBLO OF TEXAS 13
PUEBLO (NOT SPECIFIED).....14
OTHER PUEBLO (SPECIFY: _____) 95
SIOUX
OGLALA/PINE RIDGE SIOUX.....15
SIOUX (NOT SPECIFIED) 16
OTHER SIOUX (SPECIFY: _____).....96
YAQUI
PASCUA YAQUI TRIBE OF ARIZONA.....17
YAQUI (NOT SPECIFIED) 18
OTHER YAQUI (SPECIFY: _____).....97
OTHER
OTHER (SPECIFY: _____)..... 98
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA05_A12:
IF QA05_A8= 3 (ASIAN) CONTINUE WITH QA05_A12;
ELSE GO TO PROGRAMMING NOTE QA05_A13

QA05_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.
Usted dijo asiático(a), ¿y de qué grupo étnico específico es usted, tal como {chino, filipino o vietnamita? Sí 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 QA05_A13:
IF QA05_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA05_A13;
ELSE GO TO PROGRAMMING NOTE QA05_A14

QA05_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 otra 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 QA05_A14:
IF QA05_A6 = 1 (LATINO) AND [QA05_A8= 6 (NATIVE HAWAIIAN) OR QA05_A8= 5 (OTHER PACIFIC ISLANDER) OR QA05_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA05_A8= 3 (ASIAN) OR QA05_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA05_A8= 1 (WHITE) OR QA05_A8 = 91 (OTHER)], CONTINUE WITH QA05_A14;
ELSE IF MULTIPLE RESPONSES TO QA05_A8, QA05_A12, OR QA05_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA05_A14;
ELSE GO TO QA05_A15

[NOTE: FOR QA05_A14 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF QA05_A7 = -7 (REFUSE), INSERT "Latino"]

IF QA05_A6 = 1 (YES, LATINO) AND ANY OF QA05_A7 = 1 THRU 12, DO NOT DISPLAY QA05_A14 = 14 (LATINO).
IF QA05_A8 = 5 (OTHER PACIFIC ISLANDER) AND QA05_A13 = 1 THRU 4, DO NOT DISPLAY QA05_A14 = 17 (OTHER PACIFIC ISLANDER).
IF QA05_A8= 3 (ASIAN) AND ANY OF QA05_A12 = 1 THRU 17, DO NOT SAY QA05_A14 = 19 (ASIAN)

QA05_A14 You said that you are:
Usted me dijo que es:
[INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1].
Of these, which do you most identify with?
De estos, ¿con cuál se identifica más?

AA5F

[IF R UNABLE TO CHOOSE ONE, OFFER OPTION "BOTH/ALL/MULTIRACIAL"]
[SI R NO PUEDE ESCOGER UNA, OFREZCA LA OPCIÓN "AMBOS TODOS/MULTIRRACIAL"]

MEXICAN/MEXICANO 1
MEXICAN AMERICAN 2
CHICANO 3
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

QA05_A14

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

QA05_A15 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

QA05_B1 These next questions are about your health.
Estas preguntas que siguen son acerca de 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

QA05_B2 Has a doctor ever told you that you have asthma?
¿Le ha dicho alguna vez un médico que tiene asma?

AB17

YES 1
NO .....2 **[GO TO QA05_B12]**
REFUSED ..... -7 **[GO TO QA05_B12]**
DON'T KNOW ..... - 8 **[GO TO QA05_B12]**

QA05_B3 Do you still have asthma?
¿Usted todavía tiene asma?

AB40

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

QA05_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 QA05_B5:
IF QA05_B3= 2, -7, or –8 (NO, REFUSED, DON'T KNOW) AND QA05_B4= 2, -7, or –8 (NO, REFUSED, DON'T KNOW), GO TO QA05_B7;
ELSE CONTINUE WITH QA05_B5

QA05_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 cuando ha tenido síntomas de asma como tos, resollando, 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

QA05_B6 During the past 12 months**,** have you had to visit a hospital emergency room or urgent care clinic because of your asthma?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de urgencias de un hospital o a un centro clínico de urgencia debido a su asma?

AH13A

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

QA05_B7 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?
¿Está actualmente tomando 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 QA05_B8:
IF QA05_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA05_B4 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO PROGRAMMING NOTE QA05_B10
ELSE CONTINUE WITH QA05_B8

QA05_B8 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 el pecho o flemas? ¿Diría que…

AB66

Not at all.....1
Nunca,.....1
Less than every month 2
Menos 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

QA05_B9 During the past 12 months**,** have you had to visit a hospital emergency room or urgent care clinic because of your asthma?
Durante los últimos 12 meses, ¿ha tenido usted que visitar la sala de emergencias de un hospital o una clínica de cuidados urgentes debido a su asma?

AB67

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

PROGRAMMING NOTE QA05_B10;
IF AAGE > 69 GO TO QA05_B11
ELSE CONTINUE WITH QA05_B10

QA05_B10 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

_____ DAYS (0-365)

NOT WORKING..... -6
REFUSED..... -7
DON'T KNOW..... -8

QA05_B11 Has a doctor or other health professional ever given you an asthma management plan?
¿Le ha dado alguna vez un médico u otro profesional de salud un plan para controlar el asma?

AB43

[IF NEEDED, SAY: "An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room."] [INCLUDE NURSES AND ASTHMA EDUCATORS]
[IF NEEDED, SAY: *"Un plan para controlar el asma es un folleto que le indica cuándo cambiar la cantidad o tipo de medicina, cuándo llamar al doctor para consultar, y cuándo ir a la sala de urgencias."*]

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

QA05_B12 Has a doctor ever told you that you have a lung disease other than asthma, such as emphysema or COPD?
¿Le ha dicho alguna vez un médico que tiene una enfermedad pulmonar que no sea asma, tal como enfisema o COPD?

AB62

[IF NEEDED, SAY: "COPD means Chronic Obstructive Pulmonary Disease and is also known as Chronic Lower Respiratory Disease. Do not include Tuberculosis (TB)."]
[IF NEEDED, SAY: *"COPD son las siglas en inglés de Enfermedad pulmonar crónica obstructiva, que también se conoce como enfermedad respiratoria crónica inferior. No incluye la tuberculosis (TB)."*]

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

PROGRAMMING NOTE QA05_B13
IF QA05_A5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA05_B13 {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 dicho un médico alguna vez que tenía diabetes o diabetes de azúcar?

AB22

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

[GO TO QA05_B22]

QA05_B14 How old were you when a doctor first told you that you have diabetes?
¿Qué edad tenía usted cuando un médico 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

QA05_B15 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
REFUSED ..... -7
DON'T KNOW ..... -8

QA05_B16 Are you now taking insulin?
¿Está actualmente tomando insulina?

AB24

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

QA05_B17 Do you now take diabetic pills to lower your blood sugar?
¿Está usted actualmente tomando píldoras diabéticas para bajar el 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

QA05_B18 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 se revisa usted, un miembro de su familia o un amigo(a) 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

QA05_B19 About how many times in the last 12 months has a doctor checked you for hemoglobin "A one C"?
Más o menos, ¿cuántas veces en los últimos 12 meses le ha examinado un médico 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

QA05_B20 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 lesiones o irritaciones?

AB28

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

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

QA05_B21 When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
¿Cuándo fue la última vez que le hicieron un examen de los ojos en el que le dilataron las pupilas? Este examen causa que los ojos queden más sensibles a la luz brillante durante un periodo 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

QA05_B22 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
REFUSED..... -7 } **[GO TO QA05_B24]**
DON'T KNOW..... -8

QA05_B23 Are you now taking any medications to control your high blood pressure?
¿Está usted actualmente tomando algún medicamento para controlar su alta presión de la sangre?

AB30

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

QA05_B24 About how long ago did you have your blood cholesterol checked?
Más o menos, ¿cuánto tiempo hace que le hicieron un examen de sangre para ver si tenía colesterol en la sangre?

AB35

[IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."]
[IF NEEDED, SAY: *"El colesterol es una sustancia grasa que se encuentra en la sangre."*]

1 TO 12 MONTHS AGO 1
13 MONTHS TO 2 YEARS AGO 2
25 MONTHS TO 5 YEARS AGO 3
MORE THAN 5 YEARS AGO 4
NEVER.....5 **[GO TO QA05_B26]**
REFUSED..... -7 **[GO TO QA05_B26]**
DON'T KNOW..... -8 **[GO TO QA05_B26]**

QA05_B25 The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?
La última vez que le hicieron un examen para ver si tenía colesterol en la sangre, ¿le dijo un médico que su colesterol en la sangre estaba alto?

AB36

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

QA05_B26 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 cardíaca?

AB34

YES.....1
NO.....2
REFUSED..... -7 } **[GO TO PN QA05_B28]**
DON'T KNOW..... -8

QA05_B27 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 un paro cardíaca o un paro congestivo del corazón?

AB52

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

QA05_B28 Has a doctor ever told you that you had a stroke?
¿Le ha dicho alguna vez un médico que usted tenía un derrame cerebral?

AC6

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

QAO5_B29 Have you ever been told by a doctor that you have some form of arthritis, gout, lupus or fibromyalgia?
¿Le ha dicho alguna vez un médico que usted tiene alguna forma de artritis, gota, lupus o fibromialgia?

AB64

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

QA05_B30 Has a doctor ever told you that you have seizure disorder or epilepsy?
¿Le ha dicho alguna vez un médico que usted tenía ataques de epilepsia o epilepsia?

AB53

YES.....1
NO.....2
REFUSED..... -7
DON'T KNOW..... -8
} **[GO TO QA05_B35]**

QA05_B31 Are you now taking any medicine to control your seizure disorder or epilepsy?
¿Está tomando actualmente alguna medicina para controlar ataques de epilepsia o epilepsia que usted tiene?

AB54

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

QA05_B32 How many seizures of any type have you had in the last three months?
¿Cuántas convulsiones o ataques de cualquier tipo ha tenido en los últimos tres meses?

AB55

[IF R NORMALLY COUNTS "AURAS" AS SEIZURES, ACCEPT THE RESPONSE. IF R INDICATES THAT HE/SHE HAS HAD NOTHING MORE THAN AN AURA AND IS UNSURE ABOUT COUNTING THE AURA(S), DO NOT COUNT AURAS AS SEIZURES.]

NO SEIZURES.....0
ONE SEIZURE.....1
MORE THAN ONE SEIZURE.....2
NO LONGER HAS EPILEPSY/SD .....3 **[GO TO QA05_B35]**
REFUSED..... -7
DON'T KNOW/ NOT SURE ..... -8

QA05_B33 In the past 12 months, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?
En los últimos 12 meses, ¿ha visto usted a un neurólogo o un especialista de epilepsia con relación con sus problemas de epilepsia o ataques epilépticos?

AB65

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

QA05_B34 During the past month, to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say…
Durante el último mes, ¿hasta qué punto, la epilepsia que usted tiene o su tratamiento, ha interferido con sus actividades normales como trabajar, ir a la escuela o reunirse con familia o amigos? ¿Diría que…

AB56

Not at all.....1
Nada, ...1
Slightly 2
Ligeramente, ...2
Moderately 3
Moderadamente.....3
Quite a bit or 4
Bastante, o.....4
Extremely? 5
Extremadamente?.....5
REFUSED..... -7
DON'T KNOW..... -8

QA05_B35 During the past 12 months, have you had a flu shot?
Durante los últimos 12 meses, ¿le han puesto a usted una inyección contra la influenza?

AE30

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

Section C – Health Behaviors

QA05_C1 The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.
Las siguientes preguntas son acerca del caminar como medio de transporte. Por favor solo incluya las caminatas para hacer un mandado, o para llegar a algún lado. Le preguntaré por separado acerca del caminar por otras razones, tal como para relajarse o como ejercicio.

During the past seven days, did you walk for at least ten minutes at a time to get some place such as work, school, a store, or restaurant?
Durante los últimos 7 días, ¿caminó usted por lo menos 10 minutos a la vez para llegar a alguna parte tal como el trabajo, escuela, una tienda o restaurante?

AD37

YES	1	
NO	2	**[GO TO QA05_C4]**
UNABLE TO WALK	3	**[GO TO QA05_C7]**
REFUSED	-7	**[GO TO QA05_C4]**
DON'T KNOW	-8	**[GO TO QA05_C4]**

QA05_C2 On how many days did you do this?
¿Cuántos días hizo eso?

AD38

_____ DAYS PER WEEK	**[IF 0, GO TO QA05_C5]**
REFUSED -7	**[GO TO QA05_C4]**
DON'T KNOW -8	**[GO TO QA05_C4]**

PROGRAMMING NOTE QA05_C3
IF QA05_C2 = 1 DO NOT DISPLAY "usually" and display "that day"
IF QA05_C2 > 1 OR QA05_C2= -7 OR -8 DISPLAY "usually" and "one of those days"

QA05_C3 How much time did you {usually} spend walking on {one of those days/that day}?
{*Usualmente,} ¿Cuánto tiempo le tomó caminar {uno de esos días/ese día}?*

AD39

_____ HOURS PER DAY

_____ MINUTES PER DAY

REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA05_C4
IF QA05_C1 = 1 [WALK FOR TRANS, DISPLAY "Please do not include any walking that you already told me about"

QA05_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past seven days did you walk for at least ten minutes at a time for any of these reasons? Please do not include any walking that you already told me about.
Algunas veces uno camina por diversión, para relajarse, para hacer ejercicio o para pasear al perro. Durante los últimos 7 días, ¿caminó usted por lo menos 10 minutos por alguna de estas razones? Por favor no incluya las veces que caminó que ya me platicó.

AD40

YES	1	
NO	2	**[GO TO QA05_C7]**
REFUSED	-7	**[GO TO QA05_C7]**
DON'T KNOW	-8	**[GO TO QA05_C7]**

QA05_C5 On how many days did you do this?
¿Cuántos días hizo eso?

AD41

_____ DAYS PER WEEK **[IF 0, GO TO QA05_C7]**

REFUSED	-7	**[GO TO QA05_C7]**
DON'T KNOW	-8	**[GO TO QA05_C7]**

PROGRAMMING NOTE QA05_C6
IF QA05_C5 = 1 DO NOT DISPLAY "usually" and display "that day"
IF QA05_C5 > 1 OR QA05_C5 = -7 OR -8 DISPLAY "usually" and "one of those days"

QA05_C6 How much time did you (usually) spend walking on (one of those days/on that day)?
{*Usualmente,} ¿Cuánto tiempo le tomó caminar {uno de esos días/ese día}?*

AD42

[IF NEEDED, SAY: "For fun, relaxation, exercise or to walk the dog?"]
[IF NEEDED, SAY: *"¿Para divertirse, relajarse, hacer ejercicio o para pasear al perro?"*]

_____ HOURS PER DAY

_____ MINUTES PER DAY

REFUSED	-7
DON'T KNOW	-8

QA05_C7 The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking. First, think about activities that take moderate physical effort, such as bicycling, swimming, dancing, and gardening.
Las preguntas siguientes son acerca de las actividades físicas o el ejercicio que usted quizá haga en su tiempo libre durante 10 minutos por lo menos, además de caminar. Piense primero en las actividades que exigen un esfuerzo físico moderado, como montar en bicicleta, nadar, bailar o trabajar en el jardín.

During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes, other than walking?
Durante los últimos 7 días, ¿hizo alguna actividad física moderada en su tiempo libre durante 10 minutos por lo menos?

AE26

[IF NEEDED, SAY: "Moderate physical activities make you breathe somewhat harder than normal."]
[IF NEEDED, SAY: *"Las actividades físicas moderadas le hacen respirar un poco más rápido de lo normal."*]
[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."]
[IF NEEDED, SAY: *"Piense solamente en las actividades físicas que hizo durante por lo menos 10 minutos seguidos."*]

YES	1	
NO	2	**[GO TO QA05_C10]**
REFUSED	-7	**[GO TO QA05_C10]**
DON'T KNOW	-8	**[GO TO QA05_C10]**

QA05_C8 On how many days did you do this?
¿Cuántos días hizo usted esto?

AE27

_____ DAYS PER WEEK	**[IF 0, GO TO QA05_C10]**
REFUSED -7	**[GO TO QA05_C10]**
DON'T KNOW -8	**[GO TO QA05_C10]**

PROGRAMMING NOTE QA05_C9
IF QA05_C8 = 1 DO NOT DISPLAY "usually" AND DISPLAY "that day"
IF QA05_C8 > 1 DISPLAY "usually" and "one of those days"

QA05_C9 How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?
¿Cuánto tiempo pasó generalmente {uno de esos días/ ese día} practicando actividades físicas moderadas en su tiempo libre?

AE27A

[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."]
[IF NEEDED, SAY: *"Piense solamente en las actividades físicas que practico por lo menos durante 10 minutos seguidos."*]

_____ HOURS PER DAY

_____ MINUTES PER DAY

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

QA05_C10 Now think about vigorous activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking.
Piense ahora en las actividades vigorosas que usted hizo en su tiempo libre y que requieren mucho esfuerzo físico, como por ejemplo ejercicio aeróbico, correr, jugar fútbol, montar en bicicleta rápidamente o nadar rápidamente. No incluya caminar.

During the last 7 days, did you do any vigorous physical activities in your free time?
Durante los últimos 7 días, ¿hizo alguna actividad física vigorosa durante su tiempo libre?

AE24

[IF NEEDED, SAY: "Vigorous activities make you breathe much harder than normal."]
[IF NEEDED, SAY: *"Las actividades vigorosas aumentan su respiración más de lo normal."*]
[IF NEEDED, SAY: "Think about only those vigorous physical activities that you did for at least 10 minutes at a time."]
[IF NEEDED, SAY: *"Piense solamente en las actividades vigorosas que hizo durante por lo menos 10 minutos seguidos."*]

YES	1	
NO	2	**[GO TO QA05_C13]**
REFUSED	-7	**[GO TO QA05_C13]**
DON'T KNOW	-8	**[GO TO QA05_C13]**

QA05_C11 On how many days did you do this?
¿Cuántos días hizo esto?

AE25

_____ DAYS PER WEEK **[IF 0, GO TO QA05_C13]**

REFUSED ..... -7 **[GO TO QA05_C13]**
DON'T KNOW ..... -8 **[GO TO QA05_C13]**

PROGRAMMING NOTE QA05_C12
IF QA05_C11 = 1 DO NOT DISPLAY "usually" and display "that day"
IF QA05_C11 > 1 DISPLAY "usually" and "one of those days"

QA05_C12 How much time did you {usually} spend on {one of those days/on that day} doing vigorous physical activities in your free time?
¿Cuánto tiempo hizo usted estas actividades físicas fuertes o vigorosas en su tiempo libre?

AE25A

[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."]
[IF NEEDED, SAY: *"Piense solo en actividades físicas que hizo por lo menos durante 10 minutos a la vez."*]

_____ HOURS PER DAY

_____ MINUTES PER DAY

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

QA05_C13 Now think about activities specifically designed to STRENGTHEN your muscles, such as lifting weights or other strength-building exercises. Include all such activities even if you have mentioned them before.
Ahora piense en actividades específicas para FORTALECER los músculos, tales como levantar pesas u otros ejercicios para aumentar la fuerza. Incluya todas estas actividades aunque las haya mencionado antes.

During the last 7 days, on how many days did you do activities to strengthen your muscles?
En los últimos 7 días, ¿cuántos días hizo actividades para fortalecer los músculos?

AC20

_____ DAYS PER WEEK

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

QA05_C14 Now think about <u>all</u> the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.
Ahora piense en <u>todo</u> lo que usted comió o bebió durante el mes pasado, es decir, en los últimos 30 días. Incluya comidas y bocados.

During the past month, how many times per day, week or month did you eat fruit? Do not count juices.
Durante el mes pasado, ¿cuántas veces al día, por semana, o por mes comió fruta? No incluya jugos.

AE2

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: *"Está bien si me da un número aproximado."*]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: *"¿Eso es por día, semana, o mes?"*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C15 During the past month, how many times per day, week or month did you eat green leafy or lettuce salad?
Durante el mes pasado, ¿cuántas veces por día, semana, o mes, comió ensalada de lechuga o de otras hojas verdes?

AE6

[IF NEEDED, SAY: "Include spinach salads."]
[IF NEEDED, SAY: *"Incluya las ensaladas de espinacas."*]

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: *"Está bien si me da un número aproximado."*]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: *"¿Eso es por día, semana, o mes?"*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C16 During the past month, how many times did you eat French fries, home fries or hash browns?
Durante el último mes, ¿cuántas veces comió papas fritas, papas caseras, papas a la francesa o hash browns?

AE3

[IF NEEDED, SAY: "Exclude potato chips."]
[IF NEEDED, SAY: *"No incluya las papas fritas en bolsas."*]

[IF R GIVES YOU A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]
[IF R GIVES YOU A NUMBER WITHOUT A TIME FRAME, ASK: *"¿Eso fue por día, semana o mes?"*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C17 During the past month, how many times did you eat <u>other</u> white potatoes?
Durante el último mes, ¿cuántas veces comió <u>otras</u> papas?

AE4

[IF NEEDED, SAY: "Do not include yams or sweet potatoes. Include red, yellow, purple, or brown-skinned potatoes."]
[IF NEEDED, SAY: *"No incluya papa dulce ni camotes. Incluya papas de piel roja, amarilla, morada o café."*]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY: THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS MASHED, BAKED, OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD. IT INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE.]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C18 During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.
Durante el último mes, ¿cuántas veces comió frijoles secos cocinados, tales como frijoles refritos, frijoles al horno, o sopa de frijoles? No incluya ejotes o habichuelas verdes.

AE5

[IF NEEDED, SAY: "Include red, black, white, pinto, or soy beans or lentils cooked in the same way."]
[IF NEEDED SAY: *"Incluya frijoles rojos, negros, blancos, pintos o de soya, o lentejas cocidas de la misma manera."*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C19 During the past month, how many times did you eat any vegetables other than the foods you already told me about?
Durante el mes pasado, ¿cuántas veces comió alguna verdura/vegetal además de las que ya me platicó?

AE7

[IF NEEDED, SAY: "Such as tomatoes, carrots, onions, bell peppers, zucchini, or broccoli."]
[IF NEEDED, SAY: *"Tal como jitomates, zanahorias, cebolla, pimiento, calabaza o brócoli."*]

[IF STRONGLY NEEDED, SAY: "Rice is not a vegetable."]
[IF STRONGLY NEEDED, SAY: *"El arroz no se considera un vegetal."*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C20 During the past month, how many times did you drink soda such as coke or 7-up? Do not include diet soda.
Durante el último mes, ¿cuántas veces bebió bebidas gaseosas como Coca-cola o 7-up? 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 o té en lata o botella. Está bien si me da un número aproximado."*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C21 During the past month, how many times did you drink 100% fruit juice such as orange or apple juice?
Durante el último mes, ¿cuántas veces bebió jugo de fruta100% puro, como el de naranja o manzana?

AE1

[IF NEEDED, SAY: "Only include 100% fruit juices. Your best guess is fine."]
[IF NEEDED, SAY: *"Sólo incluya los jugos que sean 100% puros. Está bien si me da un número aproximado."*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C22 During the past month, how many times did you drink fruit-flavored drinks such as lemonade, Sunny Delight, or Kool-Aid? Do not include diet drinks.
Durante el último mes, ¿cuántas veces tomó bebidas con sabor a frutas tales como limonada, Sunny Delight o Kool-Aid? No incluya las bebidas de dieta.

AC12

[IF NEEDED, SAY: "Do not include yogurt drinks or mineral water."]
[IF NEEDED, SAY: *"No incluya las bebidas de yogurt ni agua mineral."*]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, , SUGAR CANE JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C23 During the past month, how many times did you eat cake, pie, brownies or cookies? Include low-fat kinds.
En el último mes, ¿cuántas veces ha comido pastel, pai, brownies o galletas? Incluya los que son bajos en grasa.

AC13

[IF NEEDED, SAY: "Include ANY sweet pastries." "Do not include sugar-free kinds."]
[IF NEEDED, SAY: *"Incluya TODO dulce de repostería. No incluya aquellos sin azúcar."*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C24 During the past month, how many times did you eat ice cream or other frozen desserts? Include low-fat kinds.
Durante el último mes, ¿cuántas veces ha comido helado u otros postres congelados? Incluya los que son bajos en grasa.

AC14

[IF NEEDED, SAY: "Do not include sugar-free kinds. Your best guess is fine."]
[IF NEEDED, SAY: *"No incluya aquellos sin azúcar. Está bien si me da un número aproximado."*]

[IF STRONGLY NEEDED, SAY: "Other examples are frozen yogurt and popsicles."]
[IF STRONGLY NEEDED, SAY: *"Otros ejemplos son yogurt congelado y paletas heladas."*]

_____PER DAY

_____PER WEEK

_____PER MONTH

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

QA05_C25INTRO Do you now take any of the following types of medications regularly, that is, at least 3 times a week?
¿Toma ahora regularmente alguno de los medicamentos siguientes, es decir, al menos 3 veces por semana?

AC15

QA05_C25 Aspirin, Bayer, Bufferin, or Excedrin?
Aspirina, Bayer, Bufferin, o Excedrin,

AC15A

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C26 Advil, Ibuprofen, Motrin, or Nuprin.
Advil, Ibuprofen, Motrin, o Nuprin

AC15B

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C27 Aleve, Naprosyn, Naproxen, or Celebrex?
Aleve, Naprosyn, Naproxen o Celebrex,

AC15C

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

PROGRAMMING NOTE QA05_C28
IF (QA05_C25 = 1 OR QA05_C26 = 1 OR QA05_C27 =1) CONTINUE WITH QA05_C28;
ELSE GO TO QA05_C29

QA05_C28 Have you taken any of these kinds of medications regularly for the last 3 months?
¿Ha tomado regularmente alguno de estos tipos de medicamentos durante los últimos 3 meses?

AC16

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

QA05_C29 Now, I am going to ask about various health behaviors.
Ahora voy a preguntarle acerca de varios comportamientos relacionadas 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 cigarrillos o más en toda su vida?

AE15

YES.....1
NO.....2 **[GO TO QA05_C33]**
REFUSED..... -7
DON'T KNOW..... -8

QA05_C30 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 QA05_C32]**
NOT AT ALL .....3 **[GO TO QA05_C33]**
REFUSED..... -7 **[GO TO QA05_C33]**
DON'T KNOW..... -8 **[GO TO QA05_C33]**

QA05_C31 On the average, how many cigarettes do you now smoke a day?
Más o menos, ¿cuántos cigarrillos actualmente fuma al día?

AD32

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

_____ NUMBER OF CIGARETTES **[GO TO QA05_C33]**

REFUSED ..... -7 **[GO TO QA05_C33]**
DON'T KNOW ..... -8 **[GO TO QA05_C33]**

QA05_C32 In the past 30 days, when you smoked, how many cigarettes did you smoke per day (on the days you smoked)?
En los últimos 30 días, cuando fumó, ¿cuántos cigarrillos fumó al día (en los días que usted fumo)?

AE16

[IF NEEDED, SAY: "On the days you smoked".]
[IF NEEDED, SAY: *"En los días que usted fumó."*]

[IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0 – 120]

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

QA05_C33 Is smoking ever allowed inside your home?
¿Se permite fumar algunas veces dentro de su casa?

AC17

YES 1
NO .....2 **[GO TO QA05_C35]**
REFUSED ..... -7 **[GO TO QA05_C35]**
DON'T KNOW ..... -8 **[GO TO QA05_C35]**

QA05_C34 On average, about how many days per week is there smoking inside your home?
Más o menos, ¿cuántos días a la semana se fuma dentro de su casa?

AD34

RARELY OR LESS THAN 1 DAY PER WEEK 1

_____ DAYS (1-7).....2

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

QA05_C35 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
Durante los últimos 30 días, ¿ha tomado por lo menos una copa de alguna bebida alcohólica tal como cerveza, vino, refrescos de vino ('wine coolers') o licor?

AE11

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

[GO TO QA05_D1]

QA05_C36 During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average?
Durante los últimos 30 días, ¿cuántos días a la semana o al mes tomó alguna bebida alcohólica, como promedio?

AE12

_____ DAYS PER WEEK

_____ DAYS PER MONTH

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

QA05_C37 On the days when you drank, about how many drinks did you drink on the average?
En los días en los que usted tomó bebidas alcohólicas, ¿cuántas bebidas tomó en promedio?

AE13

[IF NEEDED, SAY: "A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor."]
[IF NEEDED, SAY: *"Una bebida es una lata o botella de cerveza, un vaso de vino, una lata o botella de refresco de vino o un cóctel o un trago de licor."*]

_____ NUMBER OF DRINKS

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

PROGRAMMING NOTE QA05_C38
IF QA05_A5 = 1 (MALE) CONTINUE WITH QA05_C38;
ELSE GO TO QA05_C39

QA05_C38 Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?
Tomando en cuenta todos los tipos de bebidas alcohólicas, durante los últimos 30 días, ¿más o menos cuántas veces tomó 5 o más copas en una ocasión?

AE14

_____ NUMBER OF TIMES

NONE.....0
REFUSED..... -7
DON'T KNOW..... -8
} **[GO TO QA05_D1]**

QA05_C39 Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 4 or more drinks on an occasion?
Incluyendo todos los tipos de bebidas alcohólicas, durante los últimos 30 días, ¿cuántas veces, aproximadamente, tomó 4 bebidas o más en una ocasión?

AE14A

_____ NUMBER OF TIMES

NONE.....0
REFUSED..... -7
DON'T KNOW..... -8

Section D – General Health, Disability, and Sexual Health

QA05_D1 Now, I am going to ask about your health over the past 30 days.
Ahora, voy a preguntar acerca de su salud en los últimos 30 días.

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
Pensando en su salud física, lo que incluye enfermedad o lesión física, ¿cuántos días durante los últimos 30 días no tuvo buena salud física?

AE31

[IF NEEDED, SAY: "On how many days was your physical health not good?"]
[IF NEEDED, SAY: *"¿En cuántos días no fue buena su salud física?"*]

_____ NUMBER OF DAYS

NONE.....0
REFUSED..... -7
DON'T KNOW..... -8

QA05_D2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
Ahora, pensando en su salud mental, lo que incluye tensión o estrés, depresión y problemas emocionales, ¿cuántos días durante los últimos 30 días no tuvo buena salud mental?

AE32

[IF NEEDED, SAY: "Mental health includes stress, feeling sad or not feeling like yourself. On how many days was your mental health not good?]
[IF NEEDED, SAY: *"La salud mental incluye tensión o estrés, sentirse triste o no sentirse como usted mismo(a). ¿Durante cuántos días no tuvo buena salud mental?"*]

_____ NUMBER OF DAYS

NONE.....0
REFUSED..... -7
DON'T KNOW..... -8

QA05_D3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
Durante los últimos 30 días, ¿más o menos cuántos días su mala salud física o mental le impidió hacer sus actividades de costumbre, tal como el cuidado personal, trabajo o recreación?

AE33

[IF NEEDED, SAY: "On how many days did poor health keep you from doing your usual things, such as taking care of yourself, working, and having fun?"]
[IF NEEDED, SAY: *"¿Durante cuántos días su mala salud le impidió hacer lo que hace normalmente, tal como el cuidarse a sí mismo, trabajar o divertirse?"*]

_____ NUMBER OF DAYS

NONE.....0
REFUSED..... -7
DON'T KNOW..... -8

QA05_D4 These next questions are about your height and weight. How tall are you without shoes?
Las preguntas que siguen son sobre su estatura y peso. ¿Cuánto mide usted sin zapatos?

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 QA05_D5:
IF QA05_5 = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA05_D5 {When not pregnant, how/How} much do you weigh without shoes?
{Cuando no está embarazada,} ¿Cuánto pesa sin zapatos?

AE18

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

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

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

PROGRAMMING NOTE QA05_D6:
IF AAGE = 18, GO TO QA05_D7;

QA05_D6 How much did you weigh at age 18?
¿Cuánto pesaba usted cuando tenía 18 años?

AE19

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

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

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

QA05_D7 Are you blind or deaf, or do you have a severe vision or hearing problem?
¿Es usted ciego, sordo, o tiene algún problema grave con la vista u oído?

AD50

YES.....1
NO.....2
REFUSED..... -7
DON'T KNOW..... -8
} **[GO TO QA05_D9]**

QA05_D8 Are you legally blind?
¿Está usted legalmente ciego(a)?

AL8

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

PROGRAMMING NOTE QA05_D9:
IF QA05_C1 = 3 (UNABLE TO WALK), CODE QA05_D9 = 1 AND GO TO QA05_D10;
ELSE CONTINUE WITH QA05_D9

QA05_D9 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

QA05_D10 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

QA05_D11 Any difficulty dressing, bathing, or getting around inside the home?
¿Tiene alguna dificultad para vestirse, bañarse o desplazarse dentro de su casa?

AD52

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

QA05_D12 Any difficulty going outside the home alone to shop or visit a doctor's office?
¿Tiene alguna dificultad para salir de casa por su cuenta para ir de compras o para ir al doctor?

AD53

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

PROGRAMMING NOTE QA05_D13:
IF AAGE > 64 GO TO PN QA05_D15;

QA05_D13 Any difficulty working at a job or business?
¿Tiene alguna dificultad para trabajar en un oficio o en una empresa?

AD54

YES.....1
NO.....2
REFUSED..... -7
DON'T KNOW..... -8
[GO TO PN QA05_D15]

QA05_D14 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 QA05_D15:
IF AAGE > 70 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D15

QA05_D15 We are asking a few questions about people's sexual experiences. All answers will be kept private.
Estamos haciendo algunas preguntas sobre las experiencias sexuales de las personas. Todas las respuestas se mantendrán privadas.

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

AD43

_____ NUMBER OF SEXUAL PARTNERS **[GO TO PN QA05_D17]**

REFUSED ..... -7 **[GO TO PN QA05_D17]**
DON'T KNOW ..... -8

QA05_D16 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 QA05_D17:
IF QA05_D15 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA05_D18;
ELSE CONTINUE WITH QA05_D17
IF QA05_D15 OR QA05_D16 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female?"

QA05_D17 {Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?
{¿Es tu pareja hombre o mujer?} En los últimos 12 meses, ¿las personas con quienes ha tenido relaciones sexuales han sido del 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 QA05_D18:
IF QA05_A5 = 1 (MALE), DISPLAY "Gay" in question and "Gay" in Help Screen,
ELSE IF QA05_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" in question and "Gay and Lesbian" in Help Screen

QA05_D18 The next question is about sexual orientation. All answers will be kept private.
Estamos haciendo algunas preguntas sobre las experiencias sexuales de las personas. Todas las respuestas se mantendrán privadas.

Do you think of yourself as straight or heterosexual, as gay {lesbian} or homosexual, or bisexual?
¿Usted se considera usted heterosexual, gay, homosexual o lesbiana, 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 sienten 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 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

QA05_D19 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 QA05_D20:
IF QA05_D15 =0 OR QA05_D16=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D20

QA05_D20 Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months, have you been tested for a sexually transmitted disease?
Ahora, pensando acerca de otras enfermedades transmitidas sexualmente, aparte del VIH— En los últimos 12 meses, ¿se ha hecho alguna prueba para ver si tenía alguna enfermedad transmitida sexualmente?

AD47

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

Section E – Women's Health

PROGRAMMING NOTE SECTION E:
IF QA05_A5 = 1 (MALE), GO NEXT SECTION;
ELSE CONTINUE QAO5_E1

QA05_E1 These next questions are about women's health.
Estas preguntas siguientes tratan acerca de la salud de las mujeres.

How old were you when your periods or menstrual cycles started?
¿Qué edad tenía usted cuando tuvo su primera regla o ciclo menstrual?

AD1

_____ AGE [HR: 6-27]

NEVER STARTED MENSTRUAL CYCLE 96
REFUSED ..... -7
DON'T KNOW/REMEMBER ..... -8

QA05_E2 Have you ever given birth to a live infant?
¿Alguna vez ha dado a luz?

AD2

YES 1
NO .....2 **[GO TO PN QA05_E5]**
REFUSED ..... -7 **[GO TO PN QA05_E5]**
DON'T KNOW ..... -8 **[GO TO PN QA05_E5]**

QA05_E3 How old were you when your first child was born?
¿Qué edad tenía usted cuando nació su primer hijo?

AD3

_____ YEARS OLD **[GO TO PN QA05_E5]**

REFUSED ..... -7 **[GO TO PN QA05_E5]**
DON'T KNOW ..... -8

QA05_E4 In what year was your first child born?
¿En qué año nació su primer hijo?

AE55

_____ YEAR

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

PROGRAMMING NOTE QA05_E5
IF AGE<30 GO TO PROGRAMMING NOTE QA05_E7
ELSE CONTINUE WITH QA05_E5

QA05_E5 Have you had a hysterectomy?
Le han hecho a usted una histerectomía?

AD12

[IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."]
[IF NEEDED, SAY: *"Una histerectomía es cuando se saca el útero, o la matriz, no solo cuando se ligan las trompas de Falopio para evitar embarazos."*]

YES	1	
NO	2	**[GO TO PN QA05_E7]**
REFUSED	-7	**[GO TO PN QA05_E7]**
DON'T KNOW	-8	**[GO TO PN QA05_E7]**

QA05_E6 Were your ovaries removed?
¿Le han hecho a usted una operación para sacarle los ovarios?

AD12A

YES	1	
NO	2	
ONE OVARY REMOVED	3	
REFUSED	-7	**[GO TO PN QA05_E16]**
DON'T KNOW	-8	

PROGRAMMING NOTE QA05_E7:
IF AGE >49 GO TO QA05_E8

QA05_E7 To your knowledge, are you <u>now</u> pregnant?
Que usted sepa, ¿está embarazada <u>ahora</u>?

AD13

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

QA05_E8 Have you ever had a Pap smear test to check for cervical cancer?
¿Se ha hecho alguna vez la prueba de Papanicolaou (también llamada prueba Pap) para detectar el cáncer cervical?

AD4

[IF NEEDED, SAY: "A pap smear is a routine cancer test for women in which the doctor examines the cervix during a gynecological exam, and takes a cell sample from the cervix with a small stick or brush and sends it to the lab. This is not a test for detecting sexually transmitted diseases."]
[IF NEEDED, SAY: *"El Papanicolaou es una prueba de rutina para detectar cáncer. En esta prueba el médico recoge con un palito o cepillo pequeño una muestra de células del cuello del útero y la envía al laboratorio. Esta prueba no es para detectar enfermedades transmitidas sexualmente."*]

YES	1	
NO	2	**[GO TO PN QA05_E11]**
REFUSED	-7	**[GO TO PN QA05_E13]**
DON'T KNOW	-8	**[GO TO PN QA05_E13]**

QA05_E9 How many Pap smear tests have you had in the last 6 years?
¿Cuántas pruebas de Papanicolaou ha tenido usted en los últimos 6 años?

AD5

_____ PAP SMEARS [HR: 0-99]		**[IF 0 GO TO PN QA05_E11]**
NONE	0	**[GO TO PN QA05_E11]**
REFUSED	-7	
DON'T KNOW	-8	

QA05_E10 How long ago did you have your most recent Pap smear test?
¿Hace cuánto tiempo se hizo la última prueba de Papanicolaou?

AD6

A YEAR AGO OR LESS	1	**[GO TO PN QA05_E13]**
MORE THAN 1 UP TO 2 YEARS AGO	2	**[GO TO PN QA05_E13]**
MORE THAN 2 UP TO 3 YEARS AGO	3	
MORE THAN 3 UP TO 5 YEARS AGO	4	
MORE THAN 5 YEARS AGO	5	
REFUSED	-7	**[GO TO PN QA05_E13]**
DON'T KNOW	-8	**[GO TO PN QA05_E13]**

QA05_E11 In the past 12 months, has a doctor recommended that you have a Pap smear?
En el pasado año, ¿le ha recomendó un médico que se hiciera una prueba de Papanicolaou?

AD11

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

PROGRAMMING NOTE QA05_E12:
IF QA05_E11 = 1 (DOCTOR REC PAP SMEAR) AND ((QA05_E10 > 3 (NO PAP SMEAR WITHIN LAST 3 YEARS) OR QA05_E9=0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA05_E8=2 (NEVER HAD PAP SMEAR))
CONTINUE WITH QA05_E12
IF QA05_E8 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear";
IF QA05_E10 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE GO TO PROGRAMMING NOTE QA05_E13

QA05_E12 What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}?
¿Cuál es EL motivo más importante por el que a usted {NUNCA/NO} le han hecho una prueba de Papanicolaou o "Pap" en los últimos 3 años?

AD10

NO REASON/NEVER THOUGHT ABOUT IT 1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST....2
DOCTOR DIDN'T TELL ME I NEEDED IT 3
HAVEN'T HAD ANY PROBLEMS 4
PUT IT OFF/LAZINESS.....5
TOO EXPENSIVE/NO INSURANCE/COST.....6
TOO PAINFUL, UNPLEASANT,
OR EMBARRASSING 7
HYSTERECTOMY.....8
DON'T HAVE A DOCTOR 9
OTHER 91
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_E13:
IF AAGE < 30 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QAO5_F1;
ELSE CONTINUE WITH QA05_E13 (INCLUDE WOMEN WITH AGE UNKNOWN)

QA05_E13 In the past 12 months, has a doctor examined your breasts for lumps?
En los últimos 12 meses, ¿le ha examinado sus senos un médico para ver si tiene bolitas o bultos?

AF37

[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]
[IF NEEDED, SAY: *"Este examen se refiere a cuando un médico toca sus pechos para ver si hay bolitas, quistes, o algún crecimiento anormal."*]

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

QA05_E14 Have you ever had a mammogram?
¿Se ha hecho alguna vez una mamografía?

AD14

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]
[IF NEEDED, SAY: *"Una mamografía es una radiografía que se toma de cada seno por separado con una máquina que aplana o aprieta cada seno."*]

YES.....1
NO.....2

[READ DEFINITION, IF STILL NO, GO TO PN QA05_E24]

REFUSED..... -7 **[GO TO PN QA05_E27]**
DON'T KNOW..... -8 **[GO TO PN QA05_E27]**

QA05_E15 How many mammograms have you had in the last 6 years? Your best estimate is fine.
¿Cuántas mamografías ha tenido usted en los últimos 6 años? Un número aproximado está bien.

AD16

_____ MAMMOGRAMS [HR: 0-99]

NONE.....0 **[GO TO QA05_E18]**
REFUSED..... -7
DON'T KNOW..... -8

QA05_E16 How long ago did you have your most recent mammogram?
¿Hace cuánto tiempo se hizo la última mamografía?

AD17

A YEAR AGO OR LESS.....1
MORE THAN 1 UP TO 2 YEARS AGO.....2
MORE THAN 2 UP TO 3 YEARS AGO.....3 **[GO TO QA05_E18]**
MORE THAN 3 UP TO 5 YEARS AGO.....4 **[GO TO QA05_E18]**
MORE THAN 5 YEARS AGO.....5 **[GO TO QA05_E18]**
REFUSED.....7 **[GO TO PN QA05_E27]**
DON'T KNOW..... -8 **[GO TO PN QA05_E27]**

QA05_E17 Tell me the main reason you had a mammogram. Was it…
Me puede decir el motivo principal por el que se hizo la mamografía. ¿Fue…

AD18

[IF NEEDED, SAY: "The main reason is the most important reason."]
[IF NEEDED, SAY: *"El motivo principal es la razón más importante."*]

Part of a routine exam.....1
Because of a specific breast problem.....2
A follow up to a previously identified breast problem.....3
Or due to family history?.....4
REFUSED..... -7
DON'T KNOW..... -8

QA05_E18 Have you ever had a mammogram where the results were not normal?
¿Ha tenido usted alguna vez una mamografía en el que los resultados NO fueron normales?

AD19

YES.....1
NO.....2
REFUSED..... -7 **[GO TO PN QA05_E24]**
DON'T KNOW..... -8 **[GO TO PN QA05_E24]**

QA05_E19 Have you ever had an operation to remove a lump from your breast?
¿Ha tenido usted alguna vez una operación para eliminar un bulto o bolita de un seno?

AD20

YES.....1
NO.....2 **[GO TO PN QA05_E22]**
REFUSED..... -7 **[GO TO PN QA05_E22]**
DON'T KNOW..... -8 **[GO TO PN QA05_E22]**

QA05_E20 Did the lump turn out to be cancer?
¿Resultó que el bulto o bolita fue canceroso?

AD21

YES.....1 **[GO TO PN QA05_E22]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

QA05_E21 How many breast operations have you had to remove a lump that wasn't cancer?
¿Cuántas operaciones le han hecho para sacarle un bulto que no era cáncer?

AD22

[NOTE: THE CONCERN IS WITH LUMPS THAT ARE NOT CANCEROUS.]

_____ NUMBER OF OPERATIONS [HR: 0-20; SR: 0-5]

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

QA05_E22 Did you have any other tests and/or surgery when your mammogram was not normal?
¿Le hicieron a usted alguna otra prueba y/o cirugía cuando su mamografía no fue normal?

AD23

YES.....1
NO.....2 **[GO TO PN QA05_E24]**
REFUSED..... -7 **[GO TO PN QA05_E24]**
DON'T KNOW..... -8 **[GO TO PN QA05_E24]**

QA05_E23 What additional tests and/or surgery did you have?
¿Qué otras pruebas y/o cirugía le hicieron?

AD24

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any other?"]
[PROBE: *"¿Algún otro?"*]

NO TESTS/NO SURGERY.....1
MASTECTOMY (SURGERY TO REMOVE BREAST).....2
LUMPECTOMY (SURGERY TO REMOVE LUMP) .3
NEEDLE BIOPSY 4
ULTRASOUND TEST 5
ANOTHER MAMMOGRAM 6
CLINICAL BREAST EXAM 7
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_E24:
IF QA05_E14 =2 OR QA05_E15 =0 OR QA05_16 > 2 (NO MAMMOGRAM IN PAST 2 YEARS) CONTINUE WITH QA05_E24
ELSE GO TO PROGRAMMING NOTE QA05_E25

QA05_E24 In the past 2 years, has a doctor recommended that you have a mammogram?
En los últimos 2 años, ¿le ha recomendado un médico que se haga una mamografía?

AD26

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

PROGRAMMING NOTE QA05_E25:
IF QA05_E24 = 1 (YES, DOCTOR RECOMMENDED MAMMOGRAM) AND ((QA05_E16 >2 (NO MAMMOGRAM IN PAST 2 YEARS) OR QA05_E14 = 2 (NEVER HAD A MAMMOGRAM) OR QA05_E15=0 (NO MAMMOGRAMS IN PAST 6 YEARS))
CONTINUE WITH QA05_E25
IF QA05_E16 = 3, 4, 5, -8 (MOST RECENT MAMMOGRAM MORE THAN 2 YEARS AGO OR DK) DISPLAY "NOT had a mammogram in the past 2 years";
IF QA05_E14 = 2 (NEVER HAD MAMMOGRAM), DISPLAY "NEVER had a mammogram"
ELSE GO TO PROGRAMMING NOTE QA05_E26

QA05_E25 What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram} in the past 2 years?
¿Cuál es la razón más importante por la que (NUNCA tuvo una mamografía/NO tuvo una mamografía} en los últimos 2 AÑOS?

AD25

NO REASON/NEVER THOUGHT ABOUT IT 1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST 2
DOCTOR DIDN'T TELL ME I NEEDED IT 3
HAVEN'T HAD ANY PROBLEMS 4
PUT IT OFF/LAZINESS 5
TOO EXPENSIVE/NO INSURANCE/COST 6
TOO PAINFUL, UNPLEASANT, EMBARRASSING. 7
TOO YOUNG 8
DON'T HAVE A DOCTOR 9
OTHER 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA05_E26
IF QA05_E16 =1 OR 2 (MOST RECENT MAMMOGRAM WITHIN LAST 2 YEARS) CONTINUE WITH QA05_E26; ELSE GO TO PROGRAMMING NOTE QA05E_27

QA05_E26 Was your most recent mammogram recommended by a doctor?
Su mamografía más reciente, ¿fue recomendada por un médico?

AE50

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

PROGRAMMING NOTE QA05_E27_INTRO
IF AGE<34 GO TO PROGRAMMING NOTE QA05_F1
ELSE CONTINUE WITH QA05_E27

QA05_E27_INTRO

Are you currently taking any of the following medications?
¿Está usted tomando alguno de los siguientes medicamentos?

PROGRAMMING NOTE QA05_E27
IF AGE>44 CONTINUE WITH QA05_E27
ELSE GO TO QA05_E28

QA05_E27 Hormone replacement therapy?
Terapia hormonal en la actualidad?

AD28

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

QA05_E28 Tamoxifen or Molvadex?
¿Tamoxifen o Molvadex?

AE51

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

PROGRAMMING NOTE QA05_E29
IF AGE>44 CONTINUE WITH QA05_E29
ELSE GO TO QA05_E30

QA05_E29 Raloxifen or Evista?
¿Raloxifen o Evista?

AE52

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

PROGRAMMING NOTE QA05_E30
IF AGE<55 CONTINUE WITH QA05_E30
ELSE GO TO QA05_F1

QA05_E30 Birth control pills, the patch, or birth control shots?
¿La píldora, el parche o inyecciones anticonceptivas o para el control de la natalidad?

AE53

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

Section F – Cancer History and Prevention

PROGRAMMING NOTE QA05_F1
IF QA05_E20 =1 (BREAST CANCER) DISPLAY "Besides the breast cancer you told me about"

QA05_F1 {Besides the breast cancer you told me about,} Has a doctor ever told you that you had a cancer of any kind?
{Además del cáncer de seno que ha mencionado,} ¿Le ha dicho alguna vez un médico que usted tenía algún tipo de cáncer?

AF1

YES 1
NO 2
REFUSED ..... -7 **[GO TO PN QA05_F7]**
DON'T KNOW ..... -8

QA05_F2 What kind of cancer was it?
¿Qué tipo de cáncer era?

AF2

[CODE ALL THAT APPLY, ACCEPT ONLY FIRST 6 RESPONSES]

[PROBE: "Any others?"]
[PROBE: *"¿Alguna otra?"*]

BLADDER 1
BLOOD 2
BONE 3
BRAIN 4
BREAST 5
CERVIX 6
COLON 7
ESOPHAGUS 8
GALLBLADDER 9
KIDNEY 10
LARYNX-WINDPIPE 11
LEUKEMIA 12
LIVER 13
LUNG 14
LYMPHOMA 15
MOUTH/TONGUE/LIP 16
OVARY 17
PANCREAS 18
PROSTATE 19
RECTUM 20
SKIN 21
SOFT TISSUE (MUSCLE OR FAT) 24
STOMACH 25
TESTIS 26
THROAT-PHARYNX 27
THYROID 28
UTERUS 29
OTHER 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA05_F3:
IF QA05_F2 = 5 (BREAST CANCER) OR QA05_E20 = 1 (BREAST CANCER), CONTINUE WITH QA05_F3;
ELSE GO TO PROGRAMMING NOTE QA05_F5

QA05_F3 Tell me how you first found out about your breast cancer. Was it by…
Dígame cómo se enteró por primera vez que tenía cáncer del seno. ¿Lo encontró…

AB60

Finding it yourself by accident 1
Usted misma por casualidad, ...1
Finding it yourself during a self breast examination .2
Usted misma durante un autoexamen del seno, ...2
Your husband or partner finding it 3
Su marido o compañero, ...3
Your doctor finding it during a routine breast exam..4
Su médico durante un examen del seno de rutina, ..4
Finding it by a mammogram 5
Al hacerse una mamografía, o.....5
Or some other way? (SPECIFY: _____) 91
De otra manera? (SPECIFY: _____).....91
REFUSED..... -7
DON'T KNOW..... -8

QA05_F4 Was your breast cancer diagnosed at an early or late stage?
¿Le diagnosticaron el cáncer de seno en una etapa temprana o tardía?

AF52

EARLY STAGE (STAGE 1 OR 2).....1
LATE STAGE (STAGE 3 OR 4).....2
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F5:
IF QA05_F2 = 21 (SKIN CANCER), CONTINUE WITH QA05_F5;
ELSE GO TO QA05_F6

QA05_F5 Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?
El cáncer de la piel que usted mencionó, ¿no era un melanoma, era un melanoma, o era un tipo de cáncer desconocido?

AF2A

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

[IF NEEDED, SAY: "Melanoma is a serious form of skin cancer that usually begins as skin moles. Non-melanoma skin cancers are a more common but less serious form of skin cancer."]

NON-MELANOMA 1
MELANOMA 2
UNKNOWN TYPE.....3
REFUSED..... -7
DON'T KNOW..... -8

QA05_F6 How old were you when cancer was first diagnosed?
¿Qué edad tenía usted cuando se le diagnosticó cáncer por primera vez?

AF3

[IF MORE THAN ONE CANCER, ASK FOR AGE WHEN EARLIEST CANCER WAS DIAGNOSED]

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

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

PROGRAMMING NOTE QA05_F7
IF AGE > 64 SKIP TO PROGRAMMING NOTE QA05_FB1;
ELSE, CONTINUE WITH QA05_F7;

QA05_F7 These next questions ask about your family history of cancer. By family we mean only your blood relatives, including half brothers and sisters.
Las siguientes preguntas se relacionan con el historial de cáncer de su familia. Por familia nos referimos a sus familiares de sangre, incluyendo los medios hermanos y las medias hermanas.

First, have any of your grandparents ever had cancer of any kind?
Primero, ¿tuvieron alguna vez sus abuelos, algún tipo de cáncer?

AP7

[IF NEEDED, SAY: "We want you to include information about both living and deceased blood relatives. Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]
[IF NEEDED, SAY: *"Queremos incluir información acerca de familiares de sangre vivos o fallecidos. No incluya a miembros de la familia emparentados por matrimonio, como un padrastro o una hermanastra, o miembros de la familia que han sido adoptados."*]

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

QA05_F8 Have any of your <u>parents</u>' brothers or sisters, that is, your uncles or aunts, ever had cancer of any kind?
¿Ha tenido alguna vez alguna de los hermanos o hermanas de sus <u>padres</u>, es decir, sus tíos o tías, algún tipo de cáncer?

AP8

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

PROGRAMMING NOTE QA05_F9
IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "brothers or sisters"
ELSE DISPLAY "brothers, sisters, sons, or daughters"

QA05_F9 Has your father or mother, or have any of your {brothers or sisters/brothers, sisters, sons, or daughters} ever had cancer of any kind?
¿Ha tenido alguna vez su padre o su madre, o alguno de sus {hermanos o hermanas/ hermanos, hermanas, hijos o hijas} algún tipo de cáncer?

AP9

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

PROGRAMMING NOTE QA05_F10:
IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1;
IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F11A
IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F11B
ELSE CONTINUE WITH QA05_F10
ALSO, IF QA05_F9 = 2, DISPLAY "grandmothers and aunts."
ELSE IF QA05_F7 NE 2, DISPLAY "grandmothers"
ELSE IF QA05_F8 NE 2, DISPLAY "aunts"
AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "and sisters."
ELSE DISPLAY "sisters, and daughters."

QA05_F10 Now, please think about your female relatives who have had cancer. By female relatives, I mean mother, grandmothers, aunts, {and} sisters, {and daughters}.
Ahora, piense acerca de sus familiares que son mujeres y que hayan sufrido de cáncer. Cuando digo familiares que son mujeres me refiero a las abuelas, tías, madre, hermanas e hijas.

Have any of your female relatives been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?
¿Le han diagnosticado a alguna de estas familiares que son mujeres cáncer de seno, ovario, útero, colon o recto?

AP10

YES.....1
NO.....2 **[GO TO QA05_F40]**
REFUSED..... -7 **[GO TO QA05_F40]**
DON'T KNOW..... -8 **[GO TO QA05_F40]**

PROGRAMMING NOTE QA05_F11:
IF QA05_F7 NE 2, DISPLAY "grandmother"
IF QA05_F8 NE 2, DISPLAY "aunt"
IF QA05_F9 NE 2, DISPLAY "mother and sister"
IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY "daughter"

QA05_F11 Which female relatives have been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum? Was it your…
¿A qué familiares que son mujeres les han diagnosticado cáncer de seno, ovario, útero, colon o recto? ¿Fue a su...

AP11

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: *"¿Alguna otra?"*]

Grandmother(s).....1
Abuela(s)?.....1
Aunt(s) 2
Tía(s)?.....2
Mother.....3
Madre?.....3
Sister(s).....4
Hermana(s)?.....4
Daughter(s).....5
Hija(s)?.....5
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F12:
IF QA05_F11=1 (GRANDMOTHER), CONTINUE WITH QA05_F12;
ELSE GO TO PN QA05_F19

QA05_F12 Is the grandmother on your mother's or father's side, or both?
¿Es la abuela por parte de su madre o de su padre, o de ambos?

AP12

MOTHER'S MOTHER.....1
FATHER'S MOTHER.....2
BOTH GRANDMOTHERS.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F13
IF QA05_F12 = 3 DISPLAY "First tell me about your mother's mother."

QA05_F13 {First tell me about your mother's mother.} Did she have cancer of the breast, ovary, uterus, colon, or rectum?
{Primero hábleme acerca de la mamá de su madre.} ¿Tuvo cáncer de seno, ovario, útero, colon o recto?

AP13

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

BREAST	1	
OVARIAN	2	
UTERINE OR ENDOMETRIAL	3	
COLON OR RECTAL	4	
"FEMALE PROBLEMS"	5	
NONE OF THESE CANCER TYPES	6	**[GO TO PN QA05_F16]**
REFUSED	-7	**[GO TO PN QA05_F16]**
DON'T KNOW	-8	**[GO TO PN QA05_F16]**

PROGRAMMING NOTE QA05_F14
IF MORE THAN ONE CANCER REPORTED IN QA05_F13 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F14 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP14

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

PROGRAMMING NOTE QA05_F15
IF QA05_F14 =1 AND MORE THAN ONE CANCER REPORTED IN QA05_F13 CONTINUE WITH QA05_F15
ELSE GO TO PROGRAMMING NOTE QA05_F16

QA05_F15 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP15

BREAST	1
OVARIAN	2
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F16
IF QA05_F12 = 3 (both grandmothers), CONTINUE WITH QA05_F16
ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F16 Now, tell me about your father's mother. Did she have cancer of the breast, ovary, uterus, colon, or rectum?
Ahora, háblame acerca de la mamá de su padre. ¿Tuvo cáncer de seno, ovario, útero, colon o recto?

AP16

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

BREAST	1	
OVARIAN	2	
UTERINE OR ENDOMETRIAL	3	
COLON OR RECTAL	4	
"FEMALE PROBLEMS"	5	
NONE OF THESE CANCER TYPES	6	**[GO TO PN QA05_F19]**
REFUSED	-7	**[GO TO PN QA05_F19]**
DON'T KNOW	-8	**[GO TO PN QA05_F19]**

PROGRAMMING NOTE QA05_F17
IF MORE THAN ONE CANCER REPORTED IN QA05_F16 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F17 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?}¿Fue diagnosticada antes de cumplir 50 años?

AP17

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

PROGRAMMING NOTE QA05_F18
IF QA05_F17 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_16 CONTINUE WITH QA05_F18
ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F18 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP18

BREAST	1
OVARIAN	2
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F19:
IF QA05_F11 = 2, (AUNT/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F19; ELSE GO TO PN QA05_F24

QA05_F19 Is the aunt or aunts you mentioned on your mother's side, your father's side, or on both sides?
¿Es la tía o son las tías que mencionó hermana de su madre, de su padre, o de ambos?

AP19

MOTHER'S SIDE.....1
FATHER'S SIDE.....2
BOTH SIDES.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F20:
IF QA05_F19 = 1 (MOTHER'S SIDE) OR QA05_19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F20; ELSE GO TO PN QA05_F24

QA05_F20 How many of your mother's sisters had cancer of the breast, ovary, uterus, colon, or rectum?
¿Cuántas hermanas de su madre tuvieron cáncer de seno, ovario, útero, colon o recto?

AP20

_____ NUMBER OF AUNTS

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

PROGRAMMING NOTE QA05_F21:
IF QA05_F20 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F20>1 DISPLAY "Thinking about the (youngest/next youngest) of your mother's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F21; ELSE GO TO PN QA05_F24

QA05_F21 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your mother's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
{*¿Tuvo cáncer de seno, ovario, útero, colon o recto?} Piense en {la más joven/ la siguiente más joven} de las hermanas de su madre que tuvo cáncer, ¿tuvo cáncer de seno, ovario, útero, colon o recto?*

AP21

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

BREAST.....1
OVARIAN.....2
UTERINE OR ENDOMETRIAL.....3
COLON OR RECTAL.....4
"FEMALE PROBLEMS".....5
NONE OF THESE CANCER TYPES.....6 **[GO TO PN_X1]**
REFUSED..... -7 **[GO TO PN_X1]**
DON'T KNOW..... -8 **[GO TO PN_X1]**

PROGRAMMING NOTE QA05_F22
IF MORE THAN ONE CANCER REPORTED IN QA05_F21 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F22 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP22

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

PROGRAMMING NOTE QA05_F23
IF QA05_F22 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F21 CONTINUE WITH QA05_F23
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F23 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP23

BREAST.....1
OVARIAN.....2
UTERINE OR ENDOMETRIAL.....3
COLON OR RECTAL.....4
"FEMALE PROBLEMS".....5
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE X1
IF QA05_F20>1, REPEAT SERIES QA05_F21 THRU QA05_F23 FOR EACH MOTHER'S SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F24

PROGRAMMING NOTE QA05_F24
IF QA05_F19 = 2 or QA05_F19 = 3 CONTINUE WITH QA05_F20
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F24 How many of your father's sisters had cancer of the breast, ovary, uterus, colon, or rectum?
¿Cuántas de las hermanas de su padre tuvieron cáncer de seno, ovario, útero, colon o recto?

AP24

_____ NUMBER OF AUNTS

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

PROGRAMMING NOTE QA05_F25:
IF QA05_F24 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F24 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your father's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES) , CONTINUE WITH QA05_F25;
ELSE GO TO PN QA05_F28

QA05_F25 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your father's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
{¿Tuvo cáncer de seno, ovario, útero, colon o recto?} Piense en {la más joven/ la siguiente más joven} de las hermanas de su padre que tuvo cáncer, ¿tuvo cáncer de seno, ovario, útero, colon o recto?

AP25

BREAST	1	
OVARIAN	2	
UTERINE OR ENDOMETRIAL	3	
COLON OR RECTAL	4	
"FEMALE PROBLEMS"	5	
NONE OF THESE CANCER TYPES	6	**[GO TO PN X2]**
REFUSED	-7	**[GO TO PN X2]**
DON'T KNOW	-8	**[GO TO PN X2]**

PROGRAMMING NOTE QA05_F26
IF MORE THAN ONE CANCER REPORTED IN QA05_F25 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F26 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP26

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

PROGRAMMING NOTE QA05_F27
IF QA05_F26 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F25 CONTINUE WITH QA05_F27
ELSE GO TO PROGRAMMING NOTE QA05_F28

QA05_F27 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres le diagnosticó antes de los 50 años?

AP27

BREAST	1
OVARIAN	2
UTERINE OR ENDOMETRIAL	3
COLON OR RECTAL	4
"FEMALE PROBLEMS"	5
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE X2
IF QA05_F24 > 1, REPEAT SERIES QA05_F25 THRU QA05_F27 FOR EACH FATHER'S SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F28

PROGRAMMING NOTE QA05_F28
IF QA05_F11 = 3 (MOTHER) CONTINUE WITH QA05_28
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F28 Did your mother have cancer of the breast, ovary, uterus, colon, or rectum?
¿Tuvo su madre cáncer de seno, ovario, útero, colon o recto?

AP28

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

BREAST	1	
OVARIAN	2	
UTERINE OR ENDOMETRIAL	3	
COLON OR RECTAL	4	
"FEMALE PROBLEMS"	5	
NONE OF THESE CANCER TYPES	6	**[GO TO PN QA05_F31]**
REFUSED	-7	**[GO TO PN QA05_F31]**
DON'T KNOW	-8	**[GO TO PN QA05_F31]**

PROGRAMMING NOTE QA05_F29
IF MORE THAN ONE CANCER REPORTED IN QA05_F28 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F29 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP29

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

PROGRAMMING NOTE QA05_F30
IF QA05_F29=1 AND MORE THAN ONE CANCER REPORTED IN QA05_F28 CONTINUE WITH QA05_F30
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F30 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP30

BREAST.....1
OVARIAN.....2
UTERINE OR ENDOMETRIAL.....3
COLON OR RECTAL.....4
"FEMALE PROBLEMS" 5
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F31
IF QA05_F11 = 4 (SISTER) CONTINUE WITH QA05_F31;
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F31 How many of your sisters had cancer of the breast, ovary, uterus, colon, or rectum?
¿Cuántas de sus hermanas tuvieron cáncer de seno, ovario, útero, colon o recto?

AP31

_____ NUMBER OF SISTERS

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

PROGRAMMING NOTE QA05_F32:
IF QA05_F31 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_31 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?"
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F32 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
{¿Tuvo cáncer de seno, ovario, útero, colon o recto?} Piense en {la más joven/ la siguiente más joven} de sus hermanas que tuvo cáncer, ¿tuvo cáncer de seno, ovario, útero, colon, o recto?

AP32

BREAST.....1
OVARIAN.....2
UTERINE OR ENDOMETRIAL.....3
COLON OR RECTAL.....4
"FEMALE PROBLEMS" 5
NONE OF THESE CANCER TYPES .....6 **[GO TO X3]**
REFUSED..... -7 **[GO TO X3]**
DON'T KNOW..... -8 **[GO TO X3]**

PROGRAMMING NOTE QA05_F33
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F33 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP33

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

PROGRAMMING NOTE QA05_F34
IF QA05_F33 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F32 CONTINUE WITH QA05_F34
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F34 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP34

BREAST.....1
OVARIAN.....2
UTERINE OR ENDOMETRIAL.....3
COLON OR RECTAL.....4
"FEMALE PROBLEMS".....5
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F35
ASK QA05_F35 A SINGLE TIME FOR EACH SISTER, DISPLAYING THE QUESTION AFTER SERIES QA05_F34 THRU QA05_F34 IS COMPETED FOR THE SISTER.

QA05_F35 Was this sister a full sister, a half-sister on your father's side, or a half-sister on your mother's side?
¿Era esta hermana de padre y madre, media hermana por parte de padre, o media hermana por parte de madre?

AP35

FULL.....1
HALF ON FATHER'S SIDE.....2
HALF ON MOTHER'S SIDE.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE X3
IF QA05_F31 > 1, REPEAT SERIES QA05_32 THRU QA05_F35 FOR EACH SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F36

PROGRAMMING NOTE QA05_F36
IF QA05_F11 = 5 (DAUGHTER) CONTINUE WITH QA05_F36;
ELSE GO TO QA05_F40

QA05_F36 How many of your daughters had cancer of the breast, ovary, uterus, colon, or rectum?
¿Cuántas de sus hijas tuvieron cáncer de seno, ovario, útero, colon o recto?

AP36

_____ NUMBER OF DAUGHTERS

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

PROGRAMMING NOTE QA05_F37:
IF QA05_F36 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F36 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?"
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F37 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
{¿Tuvo cáncer de seno, ovario, útero, colon o recto?} Piense en {la más joven/ la siguiente más joven} de sus hijas que tuvo cáncer, ¿tuvo cáncer de seno, ovario, útero, colon, o recto?

AP37

BREAST 1
OVARIAN 2
UTERINE OR ENDOMETRIAL 3
COLON OR RECTAL 4
"FEMALE PROBLEMS" 5
NONE OF THESE CANCER TYPES ..... 6 **[GO TO PN X4]**
REFUSED ..... -7 **[GO TO PN X4]**
DON'T KNOW ..... -8 **[GO TO PN X4]**

PROGRAMMING NOTE QA05_F38
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F38 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP38

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

PROGRAMMING NOTE QA05_F39
IF QA05_F38 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F37 CONTINUE WITH QA05_F39
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F39 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP39

BREAST.....1
OVARIAN.....2
UTERINE OR ENDOMETRIAL.....3
COLON OR RECTAL.....4
"FEMALE PROBLEMS" 5
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F40:
IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1;
IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F41A
IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F41B
ELSE CONTINUE WITH QA05_F40
ALSO, IF QA05_F9 = 2, DISPLAY "grandfathers and uncles."
ELSE IF QA05_F7 NE 2, DISPLAY "grandfathers"
ELSE IF QA05_F8 NE 2, DISPLAY "uncles"
AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "and brothers."
ELSE DISPLAY "brothers, and sons."

QA05_F40 Now, I'll ask about your male relatives. By male relatives, I mean father, grandfathers, uncles, {and} brothers, and sons.
Ahora, le preguntaré acerca de sus familiares varones. Cuando digo familiares varones, me refiero a padre, abuelos, tíos y hermanos e hijos.

Have any of your male relatives been diagnosed with cancer of the prostate, colon, rectum, or breast?
¿Se ha diagnosticado a alguno de sus familiares varones con cáncer de próstata, colon, recto o pecho?

AP40

YES.....1
NO.....2 **[GO TO QA05_FB1]**
REFUSED..... -7 **[GO TO QA05_FB1]**
DON'T KNOW..... -8 **[GO TO QA05_FB1]**

PROGRAMMING NOTE QA05_F41:
IF QA05_F7 NE 2, DISPLAY "grandfather"
IF QA05_F8 NE 2, DISPLAY "uncle"
IF QA05_F9 NE 2, DISPLAY "father and brother"
IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY son"

QA05_F41 Which male relatives have been diagnosed with cancer of the prostate, colon, rectum, or breast? Was it your…
¿Qué familiares varones han sido diagnosticados con cáncer de próstata, colon, recto o pecho? ¿Fue su...

AP41

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

Grandfather(s).....1
Abuelo(s)?.....1
Uncle(s).....2
Tío(s)?.....2
Father.....3
Padre? 3
Brother(s) 4
Hermano(s)?.....4
Son(s) 5
Hijo(s)?.....5
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F42:
IF QA05_F41 =1 (GRANDFATHER), CONTINUE WITH QA05_F42;
ELSE GO TO PROGRAMMING NOTE QA05_F47

QA05_F42 Is the grandfather on your mother's or father's side, or both?
¿Es el abuelo por parte de madre, por parte de su padre o de ambos?

AP42

MOTHER'S FATHER.....1
FATHER'S FATHER.....2
BOTH GRANDFATHERS.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F43
IF QA05_F42 = 3 DISPLAY "First tell me about your mother's father."

QA05_F43 {First tell me about your mother's father.} Did he have cancer of the prostate, colon, rectum, or breast?
{Primero hábleme acerca del papá de su madre.} ¿Tuvo cáncer de próstata, colon, recto o pecho?

AP43

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

PROSTATE	1	
COLON OR RECTAL	2	
BREAST	3	
NONE OF THESE CANCER TYPES	4	**[GO TO PN QA05_F46]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA05_F44
IF MORE THAN ONE CANCER REPORTED IN QA05_F43 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F44 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP44

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

PROGRAMMING NOTE QA05_F45
IF QA05_F44 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F43 CONTINUE WITH QA05_F45
ELSE GO TO PROGRAMMING NOTE QA05_F46

QA05_F45 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP45

PROSTATE	1
COLON OR RECTAL	2
BREAST	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F46
IF QA05_F43 = 3 (BOTH GRANDFATHERS), CONTINUE WITH QA05_F46
ELSE GO TO PROGRAMMING NOTE QA05_F48

QA05_F46 Now tell me about your father's father. Did he have cancer of the prostate, colon, rectum, or breast?
Ahora háblame acerca del papá de su padre. ¿Tuvo cáncer de próstata, colon, recto o pecho?

AP46

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

PROSTATE	1	
COLON OR RECTAL	2	
BREAST	3	
NONE OF THESE CANCER TYPES	4	**[GO TO PN QA05_F49]**
REFUSED	-7	**[GO TO PN QA05_F49]**
DON'T KNOW	-8	**[GO TO PN QA05_F49]**

PROGRAMMING NOTE QA05_F47
IF MORE THAN ONE CANCER REPORTED IN QA05_F46 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F47 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP47

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

PROGRAMMING NOTE QA05_F48
IF QA05_F47 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F46 CONTINUE WITH QA05_F48
ELSE GO TO PROGRAMMING NOTE QA05_F49

QA05_F48 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP48

PROSTATE	1
COLON OR RECTAL	2
BREAST	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F49
IF QA05_F41 = 2, (UNCLE/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F49;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F49 Is the uncle or uncles you mentioned on your mother's side, your father's side, or on both sides?
¿Es el tío o son los tíos que mencionó por parte de su madre, por parte de su padre o de ambos?

AP49

MOTHER'S SIDE.....1
FATHER'S SIDE.....2
BOTH SIDES.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F50
IF QA05_F49 = 1 (MOTHER'S SIDE) OR QA05_F49 = 3 (BOTH SIDES), CONTINUE WITH QA05_F50;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F50 How many of your mother's brothers had cancer of the prostate, colon, rectum, or breast?
¿Cuántos de los hermanos de su mamá tuvieron cáncer de próstata, colon, recto o pecho?

AP50

_____ NUMBER OF UNCLES

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

PROGRAMMING NOTE QA05_F51
IF QA05_F50 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";
IF QA05_F50 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your mother's brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?" OR QA05_F42 = 3 (BOTH SIDES), CONTINUE WITH QA05_F51;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F51 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your mother's brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
{¿Tuvo cáncer de próstata, colon, recto, o pecho?} Piense en {el más joven/ el siguiente más joven} de los hermanos de su madre que tuvo cáncer, ¿tuvo cáncer de próstata, colon, recto o pecho?

AP51

PROSTATE.....1
COLON OR RECTAL.....2
BREAST.....3
NONE OF THESE CANCER TYPES .....4 **[GO TO PN X5]**
REFUSED..... -7 **[GO TO PN X5]**
DON'T KNOW..... -8 **[GO TO PN X5]**

PROGRAMMING NOTE QA05_F52
IF MORE THAN ONE CANCER REPORTED IN QA05_F51 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F52 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP52

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

PROGRAMMING NOTE QA05_F53
IF QA05_F52 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F51 CONTINUE WITH QA05_F53
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F53 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP53

PROSTATE.....1
COLON OR RECTAL.....2
BREAST.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE X5
IF QA05_F50 > 1, REPEAT SERIES QA05_F51 THRU QA05_F53 FOR EACH MOTHER'S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F54

PROGRAMMING NOTE QA05_F54
IF QA05_F49 = 2 (FATHER'S SIDE) or QA05_F49 = 3 (BOTH SIDES) CONTINUE WITH QA05_F54
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F54 How many of your father's brothers had cancer of the prostate, colon, rectum, or breast?
¿Cuántos de los hermanos de su padre tuvieron cáncer de próstata, colon, recto o pecho?

AP54

_____ NUMBER OF UNCLES

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

PROGRAMMING NOTE QA05_F55
IF QA05_F54 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";
IF QA05_F54 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your father's brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?";
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F55 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your father's brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
{¿Tuvo cáncer de próstata, colon, recto o pecho?} Piense en {el más joven/ el siguiente más joven} de los hermanos de su padre que tuvo cáncer, ¿tuvo cáncer de próstata, colon, recto o pecho?

AP55

PROSTATE....1	
COLON OR RECTAL....2	
BREAST....3	
NONE OF THESE CANCER TYPES 4	**[GO TO PN X6]**
REFUSED.... -7	**[GO TO PN X6]**
DON'T KNOW.... -8	**[GO TO PN X6]**

PROGRAMMING NOTE QA05_F56
IF MORE THAN ONE CANCER REPORTED IN QA05_F55 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F56 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP56

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

PROGRAMMING NOTE QA05_F57
IF QA05_F56 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F55 CONTINUE WITH QA05_F57
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F57 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP57

PROSTATE....1
COLON OR RECTAL....2
BREAST....3
REFUSED.... -7
DON'T KNOW.... -8

PROGRAMMING NOTE X6
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH FATHER'S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F58

PROGRAMMING NOTE QA05_F58
IF QA05_F42 = 3 (FATHER) CONTINUE WITH QA05_F58
ELSE GO TO QA05_F61

QA05_F58 Did your father have cancer of the prostate, colon, rectum, or breast?
¿Tuvo su padre cáncer de próstata, colon, recto o pecho?

AP58

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

PROSTATE	1	
COLON OR RECTAL	2	
BREAST	3	
NONE OF THESE CANCER TYPES	4	**[GO TO PN QA05_F61]**
REFUSED	-7	**[GO TO PN QA05_F61]**
DON'T KNOW	-8	**[GO TO PN QA05_F61]**

PROGRAMMING NOTE QA05_F59
IF MORE THAN ONE CANCER REPORTED IN QA05_F58 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F59 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP59

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

PROGRAMMING NOTE QA05_F60
IF QA05_F59 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F58 CONTINUE WITH QA05_F60
ELSE GO TO PROGRAMMING NOTE QA05_F61

QA05_F60 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP60

PROSTATE	1
COLON OR RECTAL	2
BREAST	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_F61
IF QA05_F41 = 4 (BROTHER/S DIAGNOSED) CONTINUE WITH QA05_F61;
ELSE GO TO QA05_F66

QA05_F61 How many of your brothers had cancer of the prostate, colon, rectum, or breast?
¿Cuántos de sus hermanos tuvieron cáncer de próstata, colon, recto o pecho?

AP61

_____ NUMBER OF BROTHERS

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

PROGRAMMING NOTE QA05_F62:
IF QA05_F61 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";
IF QA05_F61 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?"
ELSE GO TO PROGRAMMING NOTE QA05_F66

QA05_F62 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
{¿Tuvo él, cáncer de próstata, colon, recto o pecho?} Piense en {el más joven/ el siguiente más joven} de sus hermanos que tuvo cáncer, ¿tuvo cáncer de próstata, colon, recto o pecho?

AP62

PROSTATE 1
COLON OR RECTAL 2
BREAST 3
NONE OF THESE CANCER TYPES ..... 4 **[GO TO PN X7]**
REFUSED ..... -7 **[GO TO PN X7]**
DON'T KNOW ..... -8 **[GO TO PN X7]**

PROGRAMMING NOTE QA05_F63
IF MORE THAN ONE CANCER REPORTED IN QA05_F62 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F63 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP63

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

PROGRAMMING NOTE QA05_F64
IF QA05_F63 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F62 CONTINUE WITH QA05_F64
ELSE GO TO PROGRAMMING NOTE QA05_F65

QA05_F64 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP64

PROSTATE.....1
COLON OR RECTAL.....2
BREAST.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_F65
ASK QA05_F65 A SINGLE TIME FOR EACH BROTHER, DISPLAYING THE QUESTION AFTER SERIES QA05_F62 THRU QA05_F64 IS COMPETED FOR THE BROTHER.

QA05_F65 Was this brother a full brother, a half-brother on your father's side, or a half-brother on your mother's side?
¿Era un hermano de padre y madre, un hermanastro por parte de su padre, o un hermanastro por parte de su madre?

AP65

FULL 1
HALF ON FATHER'S SIDE 2
HALF ON MOTHER'S SIDE.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE X7
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F66

PROGRAMMING NOTE QA05_F66
IF QA05_F41 = 5 (SON/S DIAGNOSED) CONTINUE WITH QA05_F66;
ELSE GO TO QA05_FB1

QA05_F66 How many of your sons had cancer of the prostate, colon, rectum, or breast?
¿Cuántos de sus hijos tuvieron cáncer de próstata, colon, recto o pecho?

AP66

_____ NUMBER OF SONS

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

PROGRAMMING NOTE QA05_F67
IF QA05_F66 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";
IF QA05_F66 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?"

QA05_F67 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
{¿Tuvo cáncer de próstata, colon, recto o pecho?} Piense en {el más joven/ el siguiente más joven} de sus hijos que tuvo cáncer, ¿tuvo cáncer de próstata, colon, recto o pecho?

AP67

PROSTATE	1	
COLON OR RECTAL	2	
BREAST	3	
NONE OF THESE CANCER TYPES	4	**[GO TO X8]**
REFUSED	-7	**[GO TO X8]**
DON'T KNOW	-8	**[GO TO X8]**

PROGRAMMING NOTE QA05_F68
IF MORE THAN ONE CANCER REPORTED IN QA05_F67 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F68 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
{¿Se hizo alguno de los diagnósticos antes de los 50 años?} ¿Fue diagnosticada antes de cumplir 50 años?

AP68

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

PROGRAMMING NOTE QA05_F69
IF QA05_F68 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F67 CONTINUE WITH QA05_F69
ELSE GO TO QA05_FB1

QA05_F69 Which of these cancers were diagnosed before age 50?
¿Cuál de estos cánceres se le diagnosticó antes de los 50 años?

AP69

PROSTATE	1
COLON OR RECTAL	2
BREAST	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE X8
IF QA05_F66 > 1, REPEAT SERIES QA05_F67 THRU QA05_F69 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO QA05_FB1

PROGRAMMING NOTE QA05_FB1:
IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA05_FB9;
ELSE CONTINUE WITH QA05_FB1

QA05_FB1 Have you ever had a Sigmoidoscopy or Colonoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.
¿Alguna vez se ha hecho una sigmoidoscopia o colonoscopia? Estos son exámenes en los cuales un profesional de la salud mete un tubo en el recto para buscar señales que muestran si hay cáncer o algún otro problema.

AF14

[IF NEEDED, SAY: "For a Sigmoidoscopy a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home."]
[IF NEEDED, SAY: *"En un examen de sigmoidoscopia un profesional de la salud inserta un tubo flexible en el recto para buscar señales de que hay cáncer o algún otro problema. La colonoscopia es similar, pero se usa un tubo más largo. Antes de que se le haga la colonoscopia se le inyecta un medicamento en el brazo para darle sueño y piden que alguien lo maneje a su casa."*]

YES	1	
NO	2	**[GO TO PN QA05_FB4]**
REFUSED	-7	**[GO TO PN QA05_FB6]**
DON'T KNOW	-8	**[GO TO PN QA05_FB6]**

QA05_FB2 How long ago did you have your most recent exam?
¿Hace cuánto tiempo le hicieron su último examen?

AF16

A YEAR AGO OR LESS	1	
MORE THAN 1 UP TO 2 YEARS AGO	2	
MORE THAN 2 UP TO 3 YEARS AGO	3	
MORE THAN 3 UP TO 5 YEARS AGO	4	
MORE THAN 5 UP TO 10 YEARS AGO	5	
MORE THAN 10 YEARS AGO	6	**[GO TO PN QA05_FB4]**
REFUSED	-7	
DON'T KNOW	-8	

QA05_FB3 Was your most recent exam a sigmoidoscopy a colonoscopy or something else?
Su examen más reciente, ¿fue una sigmoidoscopia, una colonoscopia, u otro examen diferente?

AF61

[IF NEEDED, SAY: "For a Sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy, and told to have someone else drive you home."]
[IF NEEDED, SAY: *"En un examen de sigmoidoscopia un profesional de la salud inserta un tubo flexible en el recto para buscar señales de que hay cáncer o algún otro problema. La colonoscopia es similar, pero se usa un tubo más largo. Antes de que se le haga la colonoscopia se le inyecta un medicamento en el brazo para darle sueño y piden que alguien lo maneje a su casa."*]

SIGMOIDOSCOPY.....1
COLONOSCOPY.....2
SOMETHING ELSE.....4
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_FB4
IF QA05_FB1 = 2 (NEVER HAD) OR QA05_FB2 = 6 (NO EXAM IN LAST 10 YEARS, CONTINUE WITH QA05_FB4
ELSE GO TO QA05_FB5

QA05_FB4 During the past 12 months has a doctor recommended that you have a sigmoidoscopy or colonoscopy?
Durante los últimos 12 meses, ¿le ha recomendado un médico que se haga una sigmoidoscopía o colonoscopía?

AF21

YES.....1
NO.....2 **[GO TO QA05_FB6]**
DID NOT GO TO DOCTOR IN
PAST 12 MONTHS.....92 **[GO TO QA05_FB6]**
REFUSED..... -7 **[GO TO QA05_FB6]**
DON'T KNOW..... -8 **[GO TO QA05_FB6]**

PROGRAMMING NOTE QA05_FB:
IF QA05_FB1 = 2 (NEVER HAD SIGMOIDOSCOPY OR COLONOSCOPY), DISPLAY "NEVER had";
IF QA05_FB2 = 6 (NO EXAM LAST 10 YEARS), DISPLAY "NOT had"

QA05_FB5 What is the ONE most important reason why you have {NEVER had/NOT had} one of these exams {in the last 10 years}?
¿Cuál es la razón más importante por la que usted {NUNCA/ NO} tuvo uno de estos exámenes {en los últimos 10 años}?

AF20

NO REASON/NEVER THOUGHT ABOUT IT	1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST	2
DOCTOR DIDN'T TELL ME I NEEDED IT	3
HAVEN'T HAD ANY PROBLEMS	4
PUT IT OFF/LAZINESS	5
TOO EXPENSIVE/NO INSURANCE/COST	6
TOO PAINFUL, UNPLEASANT, OR EMBARRASSING	7
HAD ANOTHER TYPE OF COLORECTAL EXAM	8
DON'T HAVE A DOCTOR	9
OTHER	91
REFUSED	-7
DON'T KNOW	-8

QA05_FB6 The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab. Have you ever done a blood stool test, using a HOME test kit?
Las siguientes preguntas son acerca del examen de sangre oculta en los excrementos, para determinar si usted tiene sangre en los excrementos. El examen puede hacerse usando un equipo en casa. Usted unta una pequeña cantidad de excremento en unas tarjetas en su casa y las mandas de vuelta al médico o al laboratorio. ¿Se ha hecho alguna vez un examen de sangre oculta en los excrementos usando un equipo para hacerse la prueba en casa?

AF22

YES	1	
NO	2	**[GO TO QA05_FB8]**
REFUSED	-7	**[GO TO QA05_FB10]**
DON'T KNOW	-8	**[GO TO QA05_FB10]**

QA05_FB7 How long ago did you do your most recent HOME blood stool test?
¿Cuándo fue la última vez que se hizo en casa el examen de sangre oculta en los excrementos?

AF24

A YEAR AGO OR LESS	1	**[GO TO QA05_FB10]**
MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO	2	
MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO	3	
MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO	4	
MORE THAN 5 YEARS AGO	5	
REFUSED	-7	**[GO TO QA05_FB10]**
DON'T KNOW	-8	**[GO TO QA05_FB10]**

PROGRAMMING NOTE QA05_FB8
IF QA05_FB6 = 2 (NEVER HAD) OR QA05_FB7 > 1 (NO EXAM IN LAST YEAR), CONTINUE WITH QA05_FB8
ELSE GO TO PROGRAMMING NOTE QA05_FB10

QA05_FB8 In the past 12 months, has a doctor recommended that you have a home blood stool test?
En los últimos 12 meses, ¿le ha recomendado un médico que se haga un examen para detectar sangre oculta en el excremento, realizada en el HOGAR?

AF29

YES	1	
NO	2	**[GO TO QA05_FB10]**
DID NOT GO TO DOCTOR IN PAST 12 MONTHS	92	**[GO TO QA05_FB10]**
REFUSED	-7	**[GO TO QA05_FB10]**
DON'T KNOW	-8	**[GO TO QA05_FB10]**

PROGRAMMING NOTE QA05_FB9:
IF QA05_FB6 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH QA05_FB9 AND DISPLAY "NEVER had";
ELSE IF QA05_FB7 > 1 (NONE IN PAST 12 months), CONTINUE WITH QA05_FB9 AND DISPLAY "NOT had" and "in the past 12 months ";
ELSE GO TO QA05_FB10

QA05_FB9 What is the most important reason you have {NEVER had /NOT had} a HOME blood stool test {in the past 12 months}?
¿Cuál es la razón más importante por la que (NUNCA/ NO) ha tenido una PRUEBA de sangre en las heces realizada en el HOGAR (en los últimos 12 meses)?

AF28

NO REASON/NEVER THOUGHT ABOUT IT	1
DIDN'T NEED/DIDN'T KNOW I NEEDED THIS TYPE OF TEST	2
DOCTOR DIDN'T TELL ME I NEEDED IT	3
HAVEN'T HAD ANY PROBLEMS	4
PUT IT OFF/LAZINESS	5
TOO EXPENSIVE/NO INSURANCE/COST	6
TOO PAINFUL, UNPLEASANT, EMBARRASSING	7
HAD ANOTHER TYPE OF COLORECTAL EXAM	8
DON'T HAVE A DOCTOR	9
OTHER	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_FB10:
IF FEMALE, GO TO QA05_G1;
IF MALE AND [AGE < 40 OR BETWEEN 18 AND 29 OR BETWEEN 30 AND 39 OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN], GO TO QA05_G1;
ELSE CONTINUE WITH QA05_FB10

QA05_FB10 Have you ever HEARD OF a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer.
¿Ha oído hablar alguna vez de la prueba de PSA o "antígeno especifico de la próstata" para detectar el cáncer de próstata? La prueba PSA es un análisis de sangre para detectar el cáncer de la próstata.

AF30

YES	1	
NO	2	**[GO TO QA05_G1]**
REFUSED	-7	**[GO TO QA05_G1]**
DON'T KNOW	-8	**[GO TO QA05_G1]**

QA05_FB11 Have you ever HAD a PSA test?
¿Se ha hecho alguna vez la prueba de "PSA"?

AF31

YES	1	
NO	2	**[GO TO QA05_G1]**
REFUSED	-7	**[GO TO QA05_G1]**
DON'T KNOW	-8	**[GO TO QA05_G1]**

QA05_FB12 How long ago did you have your most recent PSA test?
¿Cuándo fue la última vez que se hizo la prueba de PSA?

AF33

YEAR AGO OR LESS	1
MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO	2
MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO	3
MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO	4
MORE THAN 5 YEARS AGO	5
REFUSED	-7
DON'T KNOW	-8

Section G – Demographic Information, Part II

QA05_G1 Now a few more questions about you.
Ahora le haré unas cuantas preguntas más 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 QA05_G2:
IF QA05_G1 NE 1 (NOT BORN IN US), GO TO QA05_G4
ELSE IF QA05_G1 = 1 (BORN IN US) CONTINUE WITH QA05_G2

QA05_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

QA05_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

QA05_G4 Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Would you say…
Pensando en su raza o grupo étnico, ¿con qué frecuencia ha sentido que lo(a) estaban tratado mal o injustamente debido a su raza o grupo étnico? ¿Diría que…

AG4

Never 1
Nunca, ...1
Rarely 2
Rara vez, ...2
Sometimes 3
Algunas veces, ...3
Often 4
Frecuentemente o 4
Or all the time? 5
Todo el tiempo? 5
REFUSED 7
DON'T KNOW 8

QA05_G5 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
OTHER1 (SPECIFY: _____) 91
OTHER2 (SPECIFY: _____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA05_G6:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA05_G6
IF INTERVIEW CONDUCTED IN ENGLISH AND QA05_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA05_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 QA05_G5 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA05_G7

QA05_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 que usted habla inglés...

AH37

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

PROGRAMMING NOTE QA05_G7:
IF QA05_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PN QAO5_G10;
ELSE CONTINUE WITH QA05_G7

QA05_G7 The next questions are about citizenship and immigration.
Las siguientes preguntas son acerca la ciudadanía e inmigración.

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

AH39

YES .....1 **[GO TO QA05_G9]**
NO 2
APPLICATION PENDING 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA05_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 se darán a conocer al Servicio de Inmigración y Naturalización o INS.

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

QA05_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 QA05_G10:
IF QA05_G1 = 1 (USA) OR (AAGE – QA05_G9) < 18 (R CAME TO U.S. PRIOR TO 18TH BIRTHDAY), CONTINUE WITH QA05_G10;
ELSE GO TO PROGRAMMING NOTE QA05_G11

QA05_G10 Thinking back to your childhood, that is, before your 18th birthday, were you ever removed from your home by the state, county, or court, and went to live with people other than your mother or father?
Recordando su niñez, es decir, antes de que cumpliera 18 años, ¿fue usted sacado(a) de su hogar por orden del estado, del condado, o de la corte judicial, y llevado (a) a vivir con personas que no eran ni su madre o ni su padre?

AG5

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

PROGRAMMING NOTE QA05_G11:
IF QA05_A15 =1 (MARRIED) CONTINUE WITH QA05_G11
IF A15 = 2 (LIVING WITH PARTNER, GO TO G12)
ELSE GO TO PROGRAMMING NOTE QA05_G13

QA05_G11 Is your spouse also living in your household?
¿Está también su {esposo(a)} viviendo en su hogar?

AH44

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

QA05_G12 May I have your {spouse/partner}'s first name and age?
¿Podría darme el primer nombre y la edad de su {esposo(a)}?

SC11A

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

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA05_A1:
IF AAGE<30 OR QA05_A4 = 1 (AGE 18-29) AND QA05_A15 = 1 (MARRIED) AND QA05_G11 =1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA05_G13;
IF AAGE<30 OR QA05_A4 =1 (AGE 18-29) AND QA05_A15 =2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
IF AAGE<30 OR QA05_A4 =1 (AGE 18-29) AND QA05_A15 = 3, 4, 5, 6, OR –7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
ELSE GO TO QA05_G14

QA05_G13 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

QA05_G14 Are there any children under the age of 18 living in the household, including babies?
Incluyendo a bebés ¿hay algún niño, menor de 18 años, viviendo en este hogar?

SC12

YES.....1
NO.....2
REFUSED..... -7 } **[GO TO PN QA05_G21]**
DON'T KNOW..... -8

QA05_G15 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 alguien más?"*]

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

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

QA05_G16 Is (CHILD) …
¿Tiene (CHILD)…

SC15A

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

QA05_G17 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 de 18 años vive{n} en este hogar. ¿Se nos ha olvidado algún niño menor de 18 años que usualmente vive aquí pero que está fuera por un tiempo?

SC13

NO ONE MISSED -- ROSTER IS CORRECT	1	
RETURN TO ROSTER	2	**[GO BACK TO QA05_G15]**

PROGRAMMING NOTE QA05_G18:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA05_G18A ABOUT EACH PERSON UNDER 18

QA05_G18 Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?
¿Es usted uno de los padres o guardianes legales de {PERSON NAME/AGE/SEX}?

SC14A

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

PROGRAMMING NOTE QA05_G18A:
IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44=1 OR AH43=2], ASK QA05_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18

QA05_G18A Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX}?
¿Es {NAME/AGE/SEX} uno de los padres o guardianes legales de {PERSON NAME/AGE/SEX}?

SC14B

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

PROGRAMMING NOTE QA05_G19:
IF QA05_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA05_G14 ARE AGE 13 OR LESS, CONTINUE WITH QA05_G19;ELSE GO TO QA05_G21
IF ANY CHILD IN ROSTER QA05_G13 < 14 AND >= 14 display "for any children under age 13"
IF QA05_A15 = 1 (MARRIED) AN D QA05_G10 =1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse",
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner",ELSE DISPLAY "you".

QA05_G19 In the past month, did you use any paid childcare {for any children under age 13} while {you or your spouse/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 13 años} mientras {usted o su esposo(a)/ compañero(a)} 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
REFUSED..... -7
DON'T KNOW..... -8
} **[GO TO QA05_G21]**

QA05_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 or any other adult in your household paid in a typical week last month."]
[IF NEEDED, SAY: *"Si le es más fácil, puede decirme lo que pagó usted o cualquier otro adulto en su hogar en una semana normal durante el mes pasado."*]

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

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

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

QA05_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 (Primaria)
7TH GRADE.....7
8TH GRADE.....8
HIGH SCHOOL OR EQUIVALENT
9TH GRADE.....9 (Secundaria)
10TH GRADE.....10
11TH GRADE.....11
12TH GRAD.....12 (Preparatoria)
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

QA05_G22 Which of the following were <u>you</u> doing last week?
¿Cuál de los siguientes hizo la semana pasada?

AK1

Working at a job or business	1	**[GO TO QA05_G26]**
With a job or business but not at work	2	
Looking for work or	3	
Not working at a job or business?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA05_G23 What is the <u>main reason</u> you did not work last week?
¿Cuál es la <u>razón principal</u> por la que no trabajó la semana pasada?

AK2

[IF NEEDED, SAY: "Main reason is the most important reason."]
[IF NEEDED, SAY: *"La razón principal es la razón 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 QA05_G25]**
DISABLED	6	**[GO TO PN QA05_G25]**
UNABLE TO WORK TEMPORARILY	7	
ON LAYOFF OR STRIKE	8	
ON FAMILY OR MATERNITY LEAVE	9	
OFF SEASON	10	
OTHER	91	
REFUSED	-7	
DON'T KNOW	-8	

QA05_G24 Do you usually work?
¿Trabaja usted generalmente?

AG10

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

PROGRAMMING NOTE QA05_G25;
IF AAGE = -7 OR –8 OR AAGE < 65 AND QA05_G24 = 2 (NO) CONTINUE WITH QA05_G25
OR IF AAGE = -7 OR -8 or AAGE<65 AND QA05_G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE WITH QA05_G25;
ELSE GO TO PROGRAMMING NOTE QA05_G26

QA05_G25 Are you receiving Social Security Disability Insurance or SSDI?
¿Recibe usted ingreso suplementario de seguridad por incapacidad o SSDI?

AL22

YES.....1
NO.....2 **[GO TO PN QA05_G28]**
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_G26: (FOR PROXY VERSION, GO TO QA05_G29)
ELSE IF (QA05_G22 = 1, 2, -7, -8) OR (QA05_G24 = 1) THEN CONTINUE WITH QA05_G26;
ELSE GO TO PROGRAMMING NOTE QA05_G27

QA05_G26 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, para 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 QA05_G27
IF QA05_G22 =1 or 2 OR QA05_G24 =1 (R WORKS/USUALLY WORKS) CONTINUE WITH QA05_G27;
ELSE GO TO QA05_G28

QA05_G27 Thinking about what you normally do at work, not counting your free time, would you say that that you sit most of the day, stand most of the day, or walk around a lot?
Pensando acerca de lo que usted hace normalmente en el trabajo, sin contar su tiempo libre, diría que, ¿está sentado(a) la mayor parte del día, está de pie la mayor parte del día o camina por la mayor parte del día?

AE22

SIT	1	**[GO TO PN QA05_G29]**
STAND	2	
WALK AROUND	3	
DOES NOT WORK	4	
SIT/STAND EQUALLY	5	
SIT/WALK EQUALLY	6	
STAND/WALK EQUALLY	7	
REFUSED	-7	
DON'T KNOW	-8	

QA05_G28 Thinking about what you normally do during a typical day, which best describes your activity: Would you say that you sit most of the day, stand most of the day, or walk around a lot?
Pensando en lo que usted hace normalmente durante un día típico y en lo que mejor describe su actividad: ¿Diría usted que está sentado(a) la mayor parte del día, de pie la mayor parte del día, o que camina mucho?

AOAL11

SIT	1
STAND	2
WALK AROUND	3
LIE DOWN	4
SIT/STAND EQUALLY	5
SIT/WALK EQUALLY	6
STAND/WALK EQUALLY	7
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA05_G29:
IF QA05_ A15 = 1 (MARRIED), CONTINUE WITH QA05_G29;
ELSE GO TO QA05_H1

QA05_G29 Which of the following was your spouse doing last week?
¿Cuál de los siguientes hizo la semana pasada su esposo(a)?

AG8

Working at a job/ business	1	**[GO TO QA05_G31]**
Trabajó en un empleo o negocio,	1	
With a job/business but not at work	2	**[GO TO QA05_G31]**
Tuvo un empleo o negocio pero no en el trabajo,	2	
Looking for work, or	3	
Buscó trabajo, o	3	
Not working at a job/business?	4	
No trabajó en un empleo o negocio?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA05_G30 Does your spouse usually work?
¿Trabaja su {esposo(a)} generalmente?

AG11

YES	1	
NO	2	
LOOKING FOR WORK	3	**[GO TO QA05_H1]**
REFUSED	-7	
DON'T KNOW	-8	

QA05_G31 On your spouse'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, para 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

QA05_H1 The next topics are about health insurance and health care.
Los próximos temas son acerca de los seguros 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

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

YES	1	**[GO TO PN QA05_H3]**
NO	2	
DOCTOR/MY DOCTOR	3	**[GO TO PN QA05_H3]**
KAISER	4	
MORE THAN ONE PLACE	5	
REFUSED	-7	
DON'T KNOW	-8	

QA05_H2 What is the ONE main reason you do not have a usual source of health care?
¿Cuál es la razón principal por la que usted no tiene un lugar al cual va normalmente para recibir atención médica?

AH2

PROVIDER DIDN'T ACCEPT INSURANCE OR INSURANCE PROBLEM	1	**[GO TO QA05_H4]**
NO INSURANCE OR LOST INSURANCE	2	
COST OF MEDICAL CARE	3	
DON'T WANT/NEED	4	
OTHER REASON	91	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA05_H3:
IF QA05_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you go to most often--a medical";
ELSE IF QA05_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA05_H1 = 4 (KAISER) CIRCLE "1" FOR QA05_H3 AND GO TO QA05_H5

QA05_H3 {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	**[GO TO QA05_H5]**
CLINIC/HEALTH CENTER/HOSPITAL CLINIC	2	
EMERGENCY ROOM	3	**[GO TO QA05_H5]**
SOME OTHER PLACE (SPECIFY: _____)	91	**[GO TO QA05_H5]**
NO ONE PLACE	94	**[GO TO QA05_H5]**
REFUSED	-7	**[GO TO QA05_H5]**
DON'T KNOW	-8	**[GO TO QA05_H5]**

QA05_H4 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 para personas con ciertas incapacidades. En este momento, ¿está usted cubierto(a) por Medicare?

AI1

[NOTE: Include Medicare managed care plans as well as the original Medicare plan.]
[NOTE: *Incluya el HMO de Medicare así como el plan original de Medicare*.]

YES	1	**[GO TO QA05_H7]**
NO	2	
REFUSED	-7	**[GO TO QA05_H14]**
DON'T KNOW	-8	

IF QA05_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H5:
IF [AAGE > 64 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA05_H4= 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA05_H5;
ELSE GO TO PROGRAMMING NOTE QA05_H7

QA05_H5 Is it correct that you are NOT covered by MediCARE even though you told me earlier that you are 65 or older?
¿Es correcto que usted NO está cubierto(a) por Medicare aún cuando usted me dijo anteriormente que tiene 65 años o es mayor?

AI2

CORRECT, NOT COVERED BY MEDICARE	1	**[GO TO QA05_H14]**
NOT CORRECT, R IS COVERED BY MEDICARE	2	**[GO TO QA05_H7]**
AGE IS INCORRECT	93	
REFUSED	-7	**[GO TO QA05_H14]**
DON'T KNOW	-8	**[GO TO QA05_H14]**

IF QA05_H5 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H6: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA05_H6;
IF AAGE < 18, CODE AS IA AND TERMINATE

QA05_H6 What is your age, please?
¿Cuál es su edad, por favor?

AI3

_____ YEARS OF AGE [HR: 18-105]		**[GO TO QA05_H14]**
REFUSED	-7	**[GO TO QA05_H14]**
DON'T KNOW	-8	**[GO TO QA05_H14]**

PROGRAMMING NOTE QA05_H7:
IF ARMCARE = 1, CONTINUE WITH QA05_H7;
ELSE GO TO QA05_H14

QA05_H7 Is your MediCARE coverage provided through an HMO?
¿Es su cobertura de MediCARE proporcionada a través de una 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 una HMO, normalmente tiene que recibir atención médica del HMO o no se cubrirán los gastos, a menos que hubiera una emergencia médica."*]
[IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" OR "Blue Cross," CODE "1" (YES).]

YES	1	
NO	2	**[GO TO QA05_H9]**
REFUSED	-7	**[GO TO QA05_H9]**
DON'T KNOW	-8	**[GO TO QA05_H9]**

IF QA05_H7 = 1, SET ARMHMO = 1

QA05_H8 What is the name of your MediCARE HMO plan?
¿Cuál es el nombre de su plan MediCARE HMO?

AH50

KAISER	1	**[GO TO PN QA05_H10]**
BLUE CROSS/CALIFORNIACARE	2	
PACIFICARE	3	
BLUE SHIELD/CAREAMERICA	4	
HEALTH NET	5	
AETNA/US HEALTHCARE/PRUDENTIAL	6	
CIGNA HEALTHCARE	7	
MEDICARE	8	
MEDI-CAL OR MEDICAID	9	
(NAME OF COUNTY MEDI-CAL PLAN)	10	
OTHER	91	
REFUSED	-7	
DON'T KNOW	-8	

QA05_H9 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
Algunas personas que reúnen los requisitos para Medicare, también tienen un seguro 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 QA05_H14]**
REFUSED	-7	**[GO TO QA05_H14]**
DON'T KNOW	-8	**[GO TO QA05_H14]**

IF QA05_H9 = 1, SET ARSUPP = 1.
PROGRAMMING NOTE QA05_H10:
IF QA05_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE HMO"
IF QA05_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE Supplement plan"
ELSE GO TO QA05_H14

QA05_H10 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 {Plan Suplementar MediCARE HMO/MediCARE}, ¿usted se inscribió directamente, o lo obtuvo a través de su empleador actual, un empleador anterior, un sindicato, un negocio familiar, AARP o de alguna otra forma?

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

QA05_H11 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 cualquier pago compartido o deducible 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 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 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 su 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
REFUSED..... -7
DON'T KNOW..... -8

QA05_H12 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
REFUSED..... -7
DON'T KNOW..... -8
[GO TO PN QA05_H14]

QA05_H13 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, su empleador, el sindicato o una organización profesional?"*]

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION 3
SPOUSE'S CURRENT EMPLOYER 4
SPOUSE'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

IF QA05_H13 = 7, SET ARMCAL = 1
IF QA05_H13 =8, SET ARHFAM = 1

PROGRAMMING NOTE QA05_H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA05_H14 {Is it correct that you are/Are you} covered by Medi-CAL?
¿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 ancianas."*]

[NOTE: Include HMO or managed care plans, as well as the traditional Medi-CAL]
[INCLUYA HMO O PLANES DE ATENCIÓN ADMINISTRADA, ASÍ COMO MEDI-CAL ORIGINAL.]

YES .....1 **[GO TO QA05_H16]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

IF QA05_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1
IF ARMCAL = 1 AND QA05_H15 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA05_H15:
IF AAGE > 18 OR [QA05_4 <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO QA05_H16;
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA05_H15 AND DISPLAY: "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA05_H15 AND DISPLAY: "Are you"

QA05_H15 {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

IF QA05_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1
IF ARHFAM = 1 AND QA05_H15 = 2, SET ARHFAM = 0

PROGRAMMING NOTE QA05_H16
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" and "any other"
IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about"

QA05_H16 {Besides the Medicare supplemental 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 que me mencionó,} ¿Está usted cubierto(a) por un plan de seguro de salud o HMO a través de un 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 del empleo de alguna otra persona."*]

YES.....1
NO.....2 **[GO TO QA05_H19]**
REFUSED..... -7 **[GO TO QA05_H19]**
DON'T KNOW..... -8 **[GO TO QA05_H19]**

QA05_H17 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 alguna 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 QA05_H20]**
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	**[GO TO QA05_H20]**
DON'T KNOW	-8	**[GO TO QA05_H20]**

IF QA05_H17 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H17 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H18:
****IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H18;**
ELSE GO TO QA05_H20;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's;
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's;
IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H18 Is the plan in your (husband's/wife's) (or) (parent's) name?
¿Está el plan a nombre de (su esposo/ esposa o sus padres)?

AI9A

IN HUSBAND'S/WIFE'S NAME	1	**[GO TO QA05_H20]**
IN PARENT'S NAME	2	**[GO TO QA05_H20]**
IN SOMEONE ELSE'S NAME	3	**[GO TO QA05_H20]**
REFUSED	-7	**[GO TO QA05_H20]**
DON'T KNOW	-8	**[GO TO QA05_H20]**

IF QA05_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H18 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H19:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES AND EMPLOYER), CONTINUE WITH QA05_H19;
ELSE GO TO QA05_H22

QA05_H19 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?
¿Está usted cubierto(a) por un plan de seguro de salud que usted compró directamente de una compañía de seguro o HMO?

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 un plan que pague sólo por ciertas enfermedades tales como cáncer o derrame cerebral, o que solamente dé "dinero extra en efectivo" si usted está hospitalizado."*]

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

IF QA05_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H20:
IF QA05_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA05_H19 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH QA05_H20;
ELSE GO TO QA05_H22

QA05_H20 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 de su plan de seguro de salud."*]

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

QA05_H21 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
REFUSED..... -7 } **[GO TO PN QA05_H23]**
DON'T KNOW..... -8

QA05_H22 Who is that?
¿Quién lo paga?

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 por cualquier parte del costo de ese plan, como por ejemplo su empleador, un sindicato o una organización profesional?"*]

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

IF QA05_H22 = 1, SET AREMPOWN = 1
IF QA05_H22= 4, SET AREMPSP = 1
IF QA05_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0

PROGRAMMING NOTE QA05_H23:
IF [QA05_G22 =1 (R WORKED LAST WEEK) OR QA05_G23 =1 (R USUALLY WORKS)] AND AREMPOWN NE 1, CONTINUE WITH QA05_H23;
ELSE GO TO PROGRAMMING NOTE QA05_H27

QA05_H23 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 QA05_H27]**
REFUSED..... -7 **[GO TO PN QA05_H27]**
DON'T KNOW..... -8 **[GO TO PN QA05_H27]**

QA05_H24 Are you eligible to be in this plan?
¿Es usted elegible para inscribirse en este plan?

AI14

YES	1	
NO	2	**[GO TO QA05_H26]**
REFUSED	-7	**[GO TO PN QA05_H27]**
DON'T KNOW	-8	

QA05_H25 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 QA05_H27]**
TOO EXPENSIVE	2	**[GO TO PN QA05_H27]**
DIDN'T LIKE PLAN OFFERED	3	**[GO TO PN QA05_H27]**
DON'T NEED OR BELIEVE IN HEALTH INSURANCE	4	**[GO TO PN QA05_H27]**
OTHER (SPECIFY: _____)	91	**[GO TO PN QA05_H27]**
REFUSED	-7	**[GO TO PN QA05_H27]**
DON'T KNOW	-8	**[GO TO PN QA05_H27]**

QA05_H26 What is the ONE main reason why you are not eligible for this plan?
¿Cuál es la razón principal por la cual usted no es elegible para 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 QA05_H27:
IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA05_H27;
ELSE GO TO PROGRAMMING NOTE QA05_H28

QA05_H27 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

IF QA05_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H28:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA05_H28;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H28 Are you covered by some other government health plan, such as AIM, "Mister MIP," the Family PACT program, or something else?
¿Tiene usted cobertura de algún otro programa de salud del gobierno, como AIM, "Mister MIP", el programa Family PACT, o algún otro programa?

AI17

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

[IF NEEDED, SAY: *"AIM significa Acceso para Infantes y Madres; "Mister MIP" o MRMIP significa Programa de Seguro Médico de Riesgo Principal; y Family PACT es un programa estatal que paga por servicios de salud relacionados con la reproducción y los anticonceptivos para mujeres y hombres de bajos ingresos que no tienen seguro."*]

YES	1	
NO	2	**[GO TO PN QA05_H30]**
REFUSED	-7	**[GO TO PN QA05_H30]**
DON'T KNOW	-8	**[GO TO PN QA05_H30]**

IF QA05_H28= 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA05_H29 **ASK IF NECESSARY:** "What is the name of this plan?"
ASK IF NECESSARY: *"¿Cuál es el nombre de este plan?"*

AI17A

AIM	1	**[GO TO QA05_H34]**
MRMIP ("Mister Mip")	2	**[GO TO QA05_H34]**
FAMILY PACT	3	**[GO TO QA05_H34]**
OTHER (SPECIFY: _____)	91	**[GO TO QA05_H34]**
REFUSED	-7	**[GO TO QA05_H34]**
DON'T KNOW	-8	**[GO TO QA05_H34]**

PROGRAMMING NOTE QA05_H30:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA05_H30;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H30 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 QA05_H34]**
REFUSED	-7	**[GO TO PN QA05_H34]**
DON'T KNOW	-8	**[GO TO PN QA05_H34]**

QA05_H31 What type of health insurance do you have?
¿Qué tipo de seguro de salud tiene usted?

AI19

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: *"¿Alguna otra?"*]

[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, a través de una escuela, asociación profesional, grupo mercantil, 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
OTHER GOVERNMENT HEALTH PLAN.....91
OTHER NON-GOVERNMENT HEALTH PLAN 92
REFUSED ..... -7
DON'T KNOW ..... -8

IF QA05_H31= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
IF QA05_H31 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
IF QA05_H31 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1
IF QA05_H31 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1
IF QA05_H31 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
IF QA05_H31 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 8, SET ARIHS = 1
IF QA05_H31 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1
IF QA05_H31 = 92 OR QA05_ H29 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H32
IF QA05_H31 = 1 CONTINUE WITH QA05_H32;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H32 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 QA05_H34]**
IN SOMEONE ELSE'S NAME 2	
REFUSED ..... -7	**[GO TO PN QA05_H34]**
DON'T KNOW ..... -8	**[GO TO PN QA05_H34]**

IF QA05_H32 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H32 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H33:
****IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H33;**
ELSE GO TO PROGRAMMING NOTE QA05_H34;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's;
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's;
IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H33 Is the plan in your (husband's/wife's) (or) (parent's) name?
¿Está el plan a nombre de su {esposo/esposa, o padres}?

AH60

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

IF QA05_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H34:
IF ARIHS = 0 AND QA05_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_H34;
ELSE GO TO PROGRAMMING NOTE QA05_H35

QA05_H34 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	

IF QA05_H34 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA05_H35_INTRO
IF QA05_A15 = 1 (MARRIED) CONTINUE WITH QA05_H35_INTRO;
ELSE GO TO PROGRAMMING NOTE QA05_H55

QA05_H35_INTRO

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

AI37intro

PROGRAMMING NOTE QA05_H35:
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 1 AND/OR SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY "You said that you are covered by Medicare." And "also";
ELSE IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY "Is {SPOUSE NAME} covered by Medicare?"
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND/OR SPOUSE LESS THAN AGE 65, GO TO QA05_H38

QA05_H35 {You said that you are covered by Medicare.} Is {SPOUSE NAME} (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

IF QA05_H35 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE H36
IF QA05_H35 = 1 AND ARMHMO = 1 CONTINUE WITH QA05_H36;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE IF QA05_A5 = 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
ELSE GO TO PROGRAMMING NOTE QA05_H37

QA05_H36 You said that your Medicare coverage is provided through an HMO. Is your {husband's/wife's/spouse's} Medicare also provided through an HMO?
Usted dijo que la cobertura de su Medicare se proporciona a través de una HMO. ¿También se proporciona el Medicare de su esposo(a) a través de una HMO?

AH61

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

PROGRAMMING NOTE H37
IF QA05_H35 = 1 AND ARMSUPP = 1 CONTINUE WITH QA05_H37;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE IF QA05_A5 = 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
ELSE GO TO PROGRAMMING NOTE QA05_H38

QA05_H37 {You said that you have a Medicare Supplement plan.} Does your {husband/wife/spouse} {also} have a Medicare supplemental policy?
{Usted dijo que tiene una póliza como suplemento de Medicare.} ¿Tiene su {esposo/a} seguro como suplemento de Medicare?

AI37A

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

PROGRAMMING NOTE QA05_H38:
IF ARMCAL = 1 , CONTINUE WITH QA05_H38;
ELSE GO TO PROGRAMMING NOTE QA05_H39.
IF ARMCARE = 1, THEN DISPLAY "also".

QA05_H38 You said you {also} have Medi-Cal. Is {SPOUSE NAME} 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

IF QA05_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H39:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA05_H39;
ELSE GO TO PROGRAMMING NOTE QA05_H40.
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also".

QA05_H39 You said you {also} have Healthy Families. Is {SPOUSE NAME} 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

IF QA05_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H40:
IF AREMPOWN =1, CONTINUE WITH QA05_H40;
IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also"
ELSE GO TO PROGRAMMING NOTE QA05_H41

QA05_H40 You said you have insurance from YOUR current or former employer or union. Is {SPOUSE NAME} also covered by the insurance from YOUR employer?
Usted dijo que {también} tiene seguro a través de su empleador o sindicato actual o antiguo ¿Está {esposo(a)} cubierto(a) también por el seguro que usted tiene a través de su empleador?

AI40

YES 1
NO 2
OTHER 5
REFUSED ..... -7
DON'T KNOW ..... -8

IF QA05_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H41:
IF QA05_G29 =1 OR 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H41;
IF QA05_H18 = 1, DISPLAY "You said you have insurance from your {XXX}'s employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
IF QA05_A5 = 1(MALE), DISPLAY "wife," "she" and "her";
IF QA05_A5 =2 (FEMALE), DISPLAY "husband" "he" and "his"
ELSE DISPLAY "spouse," "he or she" and "his or her";
ELSE GO TO PROGRAMMING NOTE QA05_H42

QA05_H41 {You said you have insurance from your spouse's employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} OWN employer?
{Usted dijo que {también} tiene seguro a través del empleador o sindicato de su esposo(a)} ¿Tiene {él/ella} también seguro de salud a través de su propio empleador?

AI40A

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

IF QA05_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H42:
IF ARDIRECT = 1, CONTINUE WITH QA05_H42;
ELSE GO TO PROGRAMMING NOTE QA05_H43.
IF QA05_H4 = 1 (MEDICARE) OR QA05_H14 = 1 (MEDI-CAL) OR QA05_H15 = 1 (HEALTHY FAMILIES) OR QA05_H16 = 1 (EMPLOYER BASED), DISPLAY "also."

QA05_H42 You said you {also} have a plan you purchased directly from the insurer. Is {SPOUSE NAME} also covered by this plan?
Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros. ¿Está {esposo(a)} cubierto(a) también por este plan?

AI41

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

IF QA05_H42 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H43:
IF ARMILIT = 1, CONTINUE WITH QA05_H43;
ELSE, GO TO PROGRAMMING NOTE QA05_H44.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also".

QA05_H43 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is {SPOUSE NAME} 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 {esposo(a)} cubierto(a) también por este plan?

AI42

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

IF QA05_H43 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H44:
IF AROTHGOV = 1, CONTINUE WITH QA05_H44;
ELSE, GO TO PROGRAMMING NOTE QA05_H45.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also".

QA05_H44 You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?
Usted dijo que {también} tiene seguro de salud a través de un plan de salud del gobierno como AIM o Mister MIP. ¿Está {esposo(a)} cubierto(a) también por este plan?

AI42A

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

IF QA05_H44 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H45:
IF SPINSURE NE 1, DISPLAY "any."
ELSE DISPLAY "through any other source."

QA05_H45 Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?
¿Tiene su {esposo(a)} algún seguro de salud?

AI46

YES	1	
NO	2	**[GO TO QA05_H47]**
REFUSED	-7	**[GO TO QA05_H51]**
DON'T KNOW	-8	**[GO TO QA05_H51]**

QA05_H46 What type of health insurance does {he/she} have?
¿Qué tipo de seguro de salud tiene {él/ella}?

AI47

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[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 que ellos hubieran 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 antiguo, a través de una escuela, una asociación profesional, un grupo mercantil u otra organización, o directamente del plan de salud?"*]

THROUGH CURRENT OR FORMER EMPLOYER/UNION	1	**[GO TO QA05_H49]**
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	
OTHER GOVERNMENT HEALTH PLAN	91	
OTHER NON-GOVERNMENT HEALTH PLAN	92	
REFUSED	7	
DON'T KNOW	8	

IF QA05_H46 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA05_H46 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H46 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA05_H46 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H46 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA05_H46 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 8, SET SPIHS = 1
IF QA05_H46 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H46 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H46 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA05_H47
IF SPINSURE NE 1, CONTINUE WITH QA05_H47
ELSE GO TO PROGRAMMING NOTE QA05_H51

QA05_H47 You said that {SPOUSE NAME} has NO health insurance from any source. Is this correct?
Usted dijo que {esposo(a)} NO tiene seguro de salud de ninguna fuente. ¿Correcto?

AI48

YES	1	**[GO TO PN QA05_H51]**
NO	2	
REFUSED	-7	**[GO TO PN QA05_H51]**
DON'T KNOW	-8	**[GO TO PN QA05_H51]**

QA05_H48 What type of health insurance does {he/she} have?
¿Qué tipo de seguro de salud tiene {él/ella}?

AI49

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[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 antiguo, a través de una escuela, una asociación profesional, un grupo mercantil 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
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW	-8

IF QA05_H48 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA05_H48 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA05_H48 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H48 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA05_H48 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 8, SET SPIHS = 1
IF QA05_H48 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H48 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = [-7, -8], SET SPINSURE = 1

QA05_H49 Was this plan obtained in your spouse'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 NAME	1	**[GO TO PN QA05_H51]**
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	**[GO TO PN QA05_H51]**
DON'T KNOW	-8	**[GO TO PN QA05_H51]**

IF QA05_H49 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H49 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H50:
****IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H50;**
ELSE GO TO PROGRAMMING NOTE QA05_H51;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's;
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's;
IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H50 Is the plan in your or your parent's name or someone else's name?
¿Está el plan a nombre de usted, 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

IF QA05_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H50 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H51:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA05_H55;
ELSE IF QA05_G29 = 1 or 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H51;
ELSE GO TO QA05_H55

QA05_H51 Does your spouse'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 QA05_H55]**
REFUSED	-7	**[GO TO PN QA05_H55]**
DON'T KNOW	-8	**[GO TO PN QA05_H55]**

QA05_H52 Is {she/he} eligible to be in this plan?
¿Es elegible {él/ella} para inscribirse en este plan?

AI44

YES	1	
NO	2	**[GO TO QA05_H54]**
REFUSED	-7	**[GO TO PN QA05_H55]**
DON'T KNOW	-8	**[GO TO PN QA05_H55]**

QA05_H53 What is the ONE main reason why {she/he} isn't in this plan?
¿Cuál es la razón principal por la que {él/ella} no está inscrito en este plan?

AI45

COVERED BY ANOTHER PLAN	1	**[GO TO PN QA05_H55]**
TOO EXPENSIVE	2	**[GO TO PN QA05_H55]**
DOESN'T LIKE PLAN OFFERED	3	**[GO TO PN QA05_H55]**
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE	4	**[GO TO PN QA05_H55]**
OTHER (SPECIFY: _____)	91	**[GO TO PN QA05_H55]**
REFUSED	-7	**[GO TO PN QA05_H55]**
DON'T KNOW	-8	**[GO TO PN QA05_H55]**

QA05_H54 What is the ONE main reason why {she/he} is not eligible for this plan?
¿Cuál es la razón principal por la que {él/ella} no es elegible 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 QA05_H55:
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA05_H55;
IF QA05_H7=1 (R HAS MEDICARE HMO), GO TO QA05_H57;
ELSE GO TO PROGRAMMING NOTE QA05_H65
IF QA05_A15 = 1 (MARRIED), DISPLAY "Next, I have some questions about your own main health plan."

QA05_H55 {Next, I have some questions about your own main health plan.}
{Ahora tengo algunas preguntas acerca de su propio plan principal de salud.}

What is the name of your main health plan?
¿Cómo se llama su plan de salud principal?

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 del seguro o algo donde este escrito el nombre del plan?"*]

KAISER 1
BLUE CROSS/CALIFORNIACARE 2
PACIFICARE 3
BLUE SHIELD/CAREAMERICA 4
HEALTH NET 5
AETNA/ US HEALTHCARE 6
CIGNA HEALTHCARE 7
MEDICARE 8
MEDI-CAL OR MEDICAID 9
(NAME OF COUNTY MEDI-CAL PLAN) 10
OTHER 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA05_H56 Is your {**QA05_H55** CODE/ main health} plan an HMO (Health Maintenance Organization)?
¿Es el plan de {**QA05_H55** CODE/ salud principal} una HMO (en inglés significa Organización de Mantenimiento de la Salud)?

AI22C

[IF R ASKS WHAT AN HMO IS, 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 R ASKS WHAT AN HMO IS, SAY: *"En una HMO, por lo general uno debe ser atendido por los médicos de la HMO o no le cubrirán los gastos, a menos que haya sido una emergencia médica."*]
678[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO]

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

PROGRAMMING NOTE QA05_H57
IF QA05_H7=1 (R HAS MEDI-CAREHMO) DISPLAY "Next I have some questions about your own main health plan"

QA05_H57 {Next, I have some questions about your own main health plan.} How long have you been on this plan?
{A continuación, le voy a hacer algunas preguntas acerca de su plan de salud principal.} ¿Cuánto tiempo ha estado en este plan?

AI22D

_____ MONTHS

OR
_____ YEARS

QA05_H58 Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?
¿Cubre su seguro 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 QA05_H59
IF QA05_H57 < 12 MONTHS, GO TO QA05_H60;
ELSE, CONTINUE WITH QA05_H59

QA05_H59 Thinking about your current health insurance, did you have this same insurance for <u>all</u> 12 of the past 12 months?
Pensando en su seguro de salud actual, ¿tuvo usted este mismo seguro <u>todos</u> los 12 meses en los últimos 12 meses?

AI31

YES.....1 **[GO TO PN QA05_I1]**
NO.....2
REFUSED..... -7 **[GO TO QA05_H62]**
DON'T KNOW..... -8

QA05_H60 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 QA05_H63]**
REFUSED..... -7 **[GO TO QA05_H62]**
DON'T KNOW..... -8 **[GO TO QA05_H62]**

QA05_H61 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
¿Fue su otro seguro de salud Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador, o algún otro plan?

AI33

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[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

QA05_H62 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
REFUSED ..... -7 } **[GO TO PN QA05_I1]**
DON'T KNOW ..... -8

QA05_H63 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

_____ NUMBER OF MONTHS [HR: 0-11]

REFUSED ..... -7 **[GO TO PN QA05_I1]**
DON'T KNOW ..... -8 **[GO TO PN QA05_I1]**

QA05_H64 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

CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DID NOT OFFER.....2
NOT ELIGIBLE DUE TO WORKING STATUS.....3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....4
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 5
COULDN'T AFFORD/TOO EXPENSIVE.....6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC) 8
DON'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAID FOR OWN CARE -- NO NEED 11
GOT HEALTH CARE FREE -- NO NEED 12
HAD INSURANCE ALL 12 MONTHS, JUST LOST13
DENIED COVERAGE, NOT SPECIFIED/ DOESN'T QUALIFY NOT SPECIFIED 14
DO HAVE COVERAGE BUT DON'T KNOW TYPE15
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN 16
DIDN'T LIKE INSURANCED OFFERED/ DIDN'T WANT IT 17
OTHER (SPECIFY: _____) 91
REFUSED..... -7
DON'T KNOW..... -8

[GO TO PN QA05_I1]

QA05_H65 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]

CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DID NOT OFFER.....2
NOT ELIGIBLE DUE TO WORKING STATUS.....3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 4
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 5
COULDN'T AFFORD/TOO EXPENSIVE.....6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC) 8
DON'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAID FOR OWN CARE -- NO NEED 11
GOT HEALTH CARE FREE -- NO NEED 12
HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST.....13
DENIED COVERAGE, NOT SPECIFIED/ DOESN'T QUALIFY NOT SPECIFIED 14
DO HAVE COVERAGE BUT DON'T KNOW TYPE15
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN 16
DIDN'T LIKE INSURANCED OFFERED/ DIDN'T WANT IT 17
OTHER (SPECIFY: _____) 91
REFUSED..... -7
DON'T KNOW..... -8

QA05_H66 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 QA05_H68]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

QA05_H67 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
MORE THAN 3 YEARS AGO.....2
NEVER HAD HEALTH INSURANCE .....3 **[GO TO PN QA05_I1]**
REFUSED..... -7
DON'T KNOW..... -8

QA05_H68 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, ENTER 0 (ZERO)]

_____ MONTHS [HR: 0-12]

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

QA05_H69 During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
Durante esos meses cuando usted tuvo seguro de salud, ¿era su seguro Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador o algún otro plan?

AI30

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

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

Section I – Child and Adolescent Health Insurance

Child

PROGRAMMING NOTE QA05_I1
IF NO SELECTED CHILD, GO TO PN QA05_I30 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE = 0, GO TO PN QA05_I2
ELSE CONTINUE WITH QA05_I1

QA05_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/ADULT RESPONDENT NAME}?
¿Tiene (CHILD) el mismo seguro de salud que tiene {usted/ ADULT RESPONDENT NAME}?

CF10A

YES	1	**[GO TO QA05_I24]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

IF QA05_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPPAR= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPOTH= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AROTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AROTHER = 1, SET CHOTHER =1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARIHS= 1, SET CHIHS = 1

PROGRAMMING NOTE QA05_I2
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2
ELSE GO TO QA05_I3

QA05_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)/su compañero/ SPOUSE NAME/ PARTNER NAME}?

MA1

YES	1	**[GO TO QA05_I16]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

IF QA05_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPEMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPEMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPOTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1

QA05_I3 Is {he/she} currently covered by Medi-CAL?
¿Esta {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 incapacitadas."*]

YES	1	**[GO TO QA05_I7]**
NO	2	
REFUSED	-7	**[GO TO QA05_I5]**
DON'T KNOW	-8	**[GO TO QA05_I5]**

IF QA05_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA05_I4 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
¿Cuál es LA razón principal por la que (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 91
REFUSED..... -7
DON'T KNOW..... -8

QA05_I5 Is (CHILD) covered by the Healthy Families Program?
¿Esta (CHILD) cubierto 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 los niños hasta los 19 años de edad."*]

YES.....1 **[GO TO QA05_I7]**
NO.....2
REFUSED..... -7 **[GO TO QA05_I7]**
DON'T KNOW..... -8 **[GO TO QA05_I7]**

IF QA05_I5, SET CHHFAM = 1 AND SET CHINSURE = 1

QA05_I6 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?
¿Cuál es la razón principal por la que (CHILD) no está inscrito(a) en el Programa de Familias Saludables, o "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 91
REFUSED..... -7
DON'T KNOW..... -8

QA05_I7 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 de su propio empleo o del empleo de alguna otra persona o sindicato?

CF3

YES.....1 **[GO TO QA05_I9]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

IF QA05_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA05_I8 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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?
¿Está (CHILD) cubierto(a) por un plan de seguro de salud que usted compró directamente de una compañía de seguro o una HMO? No incluya un plan que pague sólo por ciertas enfermedades tales como cáncer o derrame cerebral, o que solamente dé "dinero extra en efectivo" si usted está hospitalizado(a).

CF4

YES.....1
NO.....2
REFUSED ..... -7 **[GO TO PN QA05_I12]**
DON'T KNOW..... -8

IF QA05_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

QA05_I9 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 NAME/AGE/SEX}? 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 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 de su plan de seguro de salud."*]

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

QA05_I10 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
REFUSED..... -7
DON'T KNOW..... -8

[GO TO PN QA05_I12]

QA05_I11 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 CURRENT EMPLOYER.....4
SPOUSE'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

IF QA05_I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0
IF QA05_I11 = 8, SET CHHFAM = 1
IF QA05_I11 = 7, SET CHMCAL = 1

PROGRAMMING NOTE QA05_I12
IF CHINSURE = 1, GO TO PN QA05_I16;
ELSE CONTINUE WITH QA05_I12

QA05_I12 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 QA05_I16]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

IF QA05_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA05_I13 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
¿Está cubierto(a) {él/ ella} por algún otro plan de salud del gobierno, tal como AIM, "Mister MIP," o algún otro programa?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program."]
[IF NEEDED, SAY: *"AIM significa Acceso para Infantes y Madres, "MR MIP" o MRMIP significa Programa de Seguro de Riesgo Médico Principal."*]

AIM	1	**[GO TO PN QA05_I16]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA05_I16]**
NO OTHER PLAN	3	
SOMETHING ELSE (SPECIFY: _____)	91	**[GO TO PN QA05_I16]**
REFUSED	-7	
DON'T KNOW	-8	

IF QA05_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA05_I14 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 QA05_I16]**
REFUSED	-7	
DON'T KNOW	-8	

QA05_I15 What type of health insurance does {he/she/he or 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 de Medi-Cal, Healthy Families, de 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
OTHER GOVERNMENT HEALTH PLAN.....91
OTHER NON-GOVERNMENT HEALTH PLAN 92
REFUSED ..... -7
DON'T KNOW ..... -8

IF QA05_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA05_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA05_I15 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA05_I15 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA05_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA05_I15 = 8, SET CHIHS = 1
IF QA05_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA05_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1
IF QA05_I15 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA05_I16
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA05_I16,
ELSE GO TO PN QA05_I19

QA05_I16 What is the name of (CHILD)'s main health plan?
¿Cuál es el nombre del plan principal de salud 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 o algo más en donde aparezca el nombre del plan?"*]

KAISER.....1
BLUE CROSS/CALIFORNIACARE.....2
PACIFICARE.....3
BLUE SHIELD/CAREAMERICA.....4
HEALTH NET.....5
MEDICARE.....6
MEDI-CAL OR MEDICAID.....7
(NAME OF COUNTY MEDI-CAL PLAN).....8
OTHER.....91
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_I17
IF QA05_I16 = 1 (KAISER), CODE QA05_I17 =1 (YES) AND GO TO QA05_I18.

QA05_I17 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
¿Es el plan principal de salud de (CHILD) una HMO, es decir, una Organización de Mantenimiento de la Salud?

MA3

[IF R SAYS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."]
[IF R ASKS WHAT AN HMO IS, THEN SAY: *"Con un HMO, {él/ella} debe ser atendido(a) generalmente por los médicos de la HMO o no le cubrirán los costos, a menos que {él/ella} haya sido referido por la HMO o que se trate de una emergencia médica."*]

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

QA05_I18 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 QA05_I19
IF CHINSURE = 1, GO TO QA05_I24;
ELSE CONTINUE WITH QA05_I19.

QA05_I19 What is the one main reason (CHILD) does not have any health insurance?
¿Cuál es la razón principal por la que (CHILD) no tiene ningún tipo de seguro de salud?

CF18

CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DOES NOT OFFER.....2
NOT ELIGIBLE DUE TO WORKING STATUS.....3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 4
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 5
CAN'T AFFORD/TOO EXPENSIVE 6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) 8
DON'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAYS FOR OWN CARE -- NO NEED.....11
GETS HEALTH CARE FREE -- NO NEED 12
OTHER (SPECIFY: _____) 91
REFUSED..... -7
DON'T KNOW..... -8

QA05_I20 Was (CHILD) covered by health insurance at any time during the past 12 months?
¿Estuvo {CHILD} cubierto(a) por un seguro de salud en algún momento durante los últimos 12 meses?

CF20

YES.....1 **[GO TO QA05_I22]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

QA05_I21 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
MORE THAN 3 YEARS AGO.....2
NEVER HAD HEALTH INSURANCE COVERAGE..3 **[GO TO PN QA05_I30]**
REFUSED..... -7
DON'T KNOW/NOT SURE..... -8

QA05_I22 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

[IF LESS THAN ONE MONTH, ENTER 1]

_____ MONTHS [RANGE: 0-12]

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

QA05_I23 During those months when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
Durante esos meses cuando (CHILD) tuvo seguro de salud, ¿era su seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

CF23

[CIRCLE 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

[GO TO PN QA05_I30]

QA05_I24 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 actual de {él/ella}, ¿tuvo (CHILD) el mismo seguro por todos los últimos 12 meses?

CF24

YES ..... 1 **[GO TO PN QA05_I30]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA05_I25 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
¿Cuándo {él/ella} no tuvo cobertura por su seguro de salud actual, tuvo {él/ella} algún otro seguro de salud?

CF25

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

[GO TO QA05_I27]

QA05_I26 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
¿Era ese seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

CF26

[CIRCLE 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

QA05_I27 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 tiempo cuando {él/ella} no tuvo ningún tipo de seguro de salud?

CF27

YES.....1
NO.....2
REFUSED..... -7
DON'T KNOW..... -8
} **[GO TO PN QA05_I30]**

QA05_I28 For how many of the past 12 months did {he/she} have no health insurance?
¿Por cuantos meses de los últimos 12 meses, {él/ella} no tuvo seguro de salud?

CF28

[INTERVIEWER NOTE: IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QA05_I29 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
¿Cuál es la razón principal por la que (CHILD) no tuvo ningún tipo de seguro de salud durante el tiempo que {él/ella} no tuvo cobertura?

CF29

[INTERVIEWER NOTE: IF R SAYS, "No need," PROBE WHY]
[INTERVIEWER NOTE: IF R SAYS, "*No necesita*," PROBE WHY]

CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DID NOT OFFER.....2
NOT ELIGIBLE DUE TO WORKING STATUS.....3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....4
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 5
COULDN'T AFFORD/TOO EXPENSIVE.....6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) 8
DIDN'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAID FOR OWN CARE -- NO NEED 11
GOT HEALTH CARE FREE -- NO NEED 12
OTHER (SPECIFY: _____) 91
REFUSED..... -7
DON'T KNOW..... -8

Teen

PROGRAMMING NOTE QA05_I30
IF NO TEEN SELECTED, GO TO QA05_J1;
IF ARINSURE = 1, CONTINUE WITH QA05_I30
IF ARINSURE = 0, GO TO PN QA05_I31
ELSE CONTINUE WITH QA05_I30

QA05_I30 These next questions are about health insurance (TEEN) may have.
Las siguientes preguntas son acerca del seguro de salud que (TEEN) puede tener.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
¿Tiene (TEEN) el mismo seguro que tiene {usted/ ADULT RESPONDENT NAME}?

IA10A

YES.....1 **[GO TO QA05_I54]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

IF QA05_I30 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPPAR= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPOTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARIHS= 1, SET TEIHS = 1
PROGRAMMING NOTE QA05_I31
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I31
ELSE GO TO PN QA05_I32

QA05_I31 Does (TEEN) have the same insurance as your spouse?
¿Tiene (TEEN) el mismo seguro que tiene {su esposo(a)}?

MA5

YES	1	**[GO TO QA05_I46]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

IF QA05_I31 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA05_I32
IF CHINSURE = 1, CONTINUE WITH QA05_I32
ELSE GO TO QA05_I33

QA05_I32 Does (TEEN) have the same insurance as (CHILD)?
¿Tiene (TEEN) el mismo seguro que tiene (CHILD)?

MA6

YES	1	**[GO TO PN QA05_I54]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

IF QA05_I32 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I32= 1 AND CHIHS= 1, SET TEIHS = 1

QA05_I33 Is {he/she} currently covered by Medi-CAL?
¿Esta {él/ella} cubierto 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 ingresos y sus familias, mujeres embarazadas, y personas ancianas o incapacitadas."*]

YES	1	**[GO TO QA05_I37]**
NO	2	
REFUSED	-7	**[GO TO QA05_I35]**
DON'T KNOW	-8	**[GO TO QA05_I35]**

IF QA05_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA05_I34 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
¿Cuál es la razón principal por la que (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	91
REFUSED	-7
DON'T KNOW	-8

QA05_I35 Is (TEEN) covered by the Healthy Families Program?
¿Esta {TEEN} cubierto por el Programa de Familias Saludables, o "Healthy Families"?

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 Familias Saludables es un programa estatal que paga el seguro de salud para los niños hasta los 19 años de edad."*]

YES	1	**[GO TO QA05_I37]**
NO	2	
REFUSED	-7	**[GO TO QA05_I37]**
DON'T KNOW	-8	**[GO TO QA05_I37]**

IF QA05_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA05_I36 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
¿Cuál es la razón principal por la que (TEEN) no está inscrito(a) en el Programa de Familias Saludables, o "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 91
REFUSED..... -7
DON'T KNOW..... -8

QA05_I37 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿Está (TEEN) cubierto(a) por un plan de seguro de salud o HMO a través de su propio empleo o del empleo de alguna otra persona o sindicato?

IA3

YES.....1 **[GO TO QA05_I39]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

IF QA05_I37 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA05_I38 Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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.
¿Está {TEEN} cubierto(a) por un plan de seguro de salud que usted compró directamente de una compañía de seguro o de una HMO? No incluya un plan que pague sólo por ciertas enfermedades tales como cáncer o derrame cerebral, o que solamente dé "dinero extra en efectivo" si usted está hospitalizado.

IA4

YES.....1
NO.....2
REFUSED..... -7 } **[GO TO PN QA05_I42]**
DON'T KNOW..... -8

IF QA05_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA05_I39 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 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
REFUSED..... -7
DON'T KNOW..... -8

QA05_I40 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
REFUSED..... -7
DON'T KNOW..... -8
} **[GO TO PN QA05_I42]**

QA05_I41 Who else pays all or some portion of the cost for (TEEN's) health plan?
¿Quién más paga por todo o por una parte del costo del plan de salud de (TEEN)?

AI53

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION 3
SPOUSE'S CURRENT EMPLOYER.....4
SPOUSE'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

IF QA05_I41 = 1-6, SET TEEMP = 1
IF QA05_I41 = 7, SET TEMCAL = 1
IF QA05_I41 =8, SET TEHFAM = 1

PROGRAMMING NOTE QA05_I42
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA05_I46; ELSE CONTINUE WITH QA05_I42

QA05_I42 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?

IA6

YES	1	**[GO TO PN QA05_I46]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

IF QA05_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA05_I43 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
¿Está {él/ella} cubierto(a) por algún otro plan de salud del gobierno, tal como AIM, "Mister MIP," u algún otro?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program."]
[IF NEEDED, SAY: *"AIM significa Acceso para Bebes y Madres, "MR MIP" o MRMIP significa Programa de Seguro de Riesgo Critico."*]

AIM	1	**[GO TO PN QA05_I46]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA05_I46]**
NO OTHER PLAN	3	
SOMETHING ELSE (SPECIFY: _____)	91	**[GO TO PN QA05_I46]**
REFUSED	-7	
DON'T KNOW	-8	

IF QA05_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA05_I44 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?

IA8

YES	1	
NO	2	**[GO TO PN QA05_I49]**
REFUSED	-7	
DON'T KNOW	-8	

QA05_I45 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

[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
OTHER GOVERNMENT HEALTH PLAN.....91
OTHER NON-GOVERNMENT HEALTH PLAN 92
REFUSED ..... -7
DON'T KNOW ..... -8

IF QA05_I45 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 2, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 3, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA05_I45 = 4, SET TEMCARE = 1 AND TEINSURE = 1
IF QA05_I45 = 5, SET TEMCAL = 1 AND TEINSURE = 1
IF QA05_I45 = 6, SET TEHFAM = 1 AND TEINSURE = 1
IF QA05_I45 = 7, SET TEMILIT = 1 AND TEINSURE = 1
IF QA05_I45 = 8, SET TEIHS = 1
IF QA05_I45 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA05_I45 = 92, SET TEINSURE = 1 AND TEOTHER = 1
IF QA05_I45= -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA05_I46
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA05_I46,
ELSE GO TO PN QA05_I49

QA05_I46 What is the name of (TEEN)'s main health plan?
¿Cuál es el nombre del plan principal de salud 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, THEN PROBE, *"¿Tiene (TEEN) una tarjeta del seguro u otra cosa en donde aparezca el nombre del plan?"*]

KAISER.....1
BLUE CROSS/CALIFORNIACARE.....2
PACIFICARE.....3
BLUE SHIELD/CAREAMERICA.....4
HEALTH NET.....5
MEDICARE.....6
MEDI-CAL OR MEDICAID.....7
(NAME OF COUNTY MEDI-CAL PLAN).....8
OTHER.....91
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_I47:
IF QA05_I46 = 1 (KAISER), CODE QA05_I47 = 1 (YES) AND GO TO QA05_I48

QA05_I47 Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?
¿Es el plan principal de salud de {TEEN} una HMO, es decir, una Organización de Mantenimiento de la Salud?

MA8

[IF R ASKS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."]
[IF R ASKS WHAT AN HMO IS, THEN SAY: *"Con un HMO, {él/ella} debe ser atendido(a) generalmente por los médicos de la HMO o no le cubrirán los costos, a menos que {él/ella} haya sido referido por la HMO o que se trate de una emergencia médica."*]

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

QA05_I48 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 QA05_I49:
IF TEINSURE = 1, GO TO QA05_I54;
ELSE CONTINUE WITH QA05_I49.

QA05_I49 What is the ONE MAIN reason (TEEN) does not have any health insurance?
¿Cuál es la razón principal por la que (TEEN) no seguro de salud?

IA18

CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DID NOT OFFER.....2
NOT ELIGIBLE DUE TO WORKING STATUS.....3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 4
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 5
COULDN'T AFFORD/TOO EXPENSIVE.....6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) 8
DIDN'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAID FOR OWN CARE -- NO NEED 11
GOT HEALTH CARE FREE -- NO NEED 12
OTHER (SPECIFY: _____) 91
REFUSED..... -7
DON'T KNOW..... -8

QA05_I50 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 QA05_I52]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

QA05_I51 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
MORE THAN 3 YEARS AGO.....2
NEVER HAD HEALTH INSURANCE COVERAGE..3 **[GO TO QA05_I60]**
REFUSED..... -7
DON'T KNOW/NOT SURE..... -8

QA05_I52 For how many of the last 12 months did {he/she} have health insurance?
¿Durante cuántos meses tuvo seguro de salud {él/ella} en los últimos 12 meses?

IA22

[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

_____ MONTHS [RANGE: 0-12]

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

QA05_I53 During those months when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
Durante esos meses cuando (TEEN) tuvo seguro de salud, ¿era su seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

IA23

[CIRCLE 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

[GO TO QA05_I60]

QA05_I54 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 durante todo el tiempo en los últimos 12 meses?

IA24

YES ..... 1 **[GO TO QA05_I60]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA05_I55 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
¿Cuándo {él/ella} no tuvo cobertura por su seguro de salud actual, tuvo {él/ella} algún otro seguro de salud?

IA25

YES 1
NO 2
REFUSED ..... -7 **[GO TO QA05_I57]**
DON'T KNOW ..... -8

QA05_I56 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
¿Era ese seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

IA26

[CIRCLE 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

QA05_I57 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 tiempo cuando {él/ella} no tuvo ningún tipo de seguro de salud?

IA27

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

[GO TO QA05_ I60]

QA05_I58 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} ningún seguro de salud?

IA28

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

_____ MONTHS [RANGE: 1-12]

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

QA05_I59 What is the ONE MAIN reason (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 tipo de seguro de salud durante el tiempo que {él/ella} no tuvo cobertura?

IA29

[INTERVIEWER NOTE: IF R SAYS, "No need," PROBE WHY]
[INTERVIEWER NOTE: IF R SAYS, *"No hubo necesidad,"* PROBE WHY]

CHANGED EMPLOYER/LOST JOB 1
EMPLOYER DID NOT OFFER.....2
NOT ELIGIBLE DUE TO WORKING STATUS.....3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....4
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 5
COULDN'T AFFORD/TOO EXPENSIVE.....6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) 8
DIDN'T BELIEVE IN INSURANCE 9
HEALTHY -- NO NEED 10
PAID FOR OWN CARE -- NO NEED 11
GOT HEALTH CARE FREE -- NO NEED 12
OTHER (SPECIFY: _____) 91
REFUSED..... -7
DON'T KNOW..... -8

QA05_I60 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

PROGRAMMING NOTE QA05_I61:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I61 In what country was (TEEN'S) {mother/father} born?
¿En qué país nació {la madre/el padre} de (TEEN)?

AI56

UNITED STATES	1	**[GO TO QA05_J1]**
AMERICAN SAMOA	2	
CAMBODIA	3	
CANADA	4	
CHINA	5	
CUBA	6	
EL SALVADOR	7	
ENGLAND	8	
GERMANY	9	
GUAM	10	
GUATEMALA	11	
HONG KONG	12	
INDIA	13	
IRAN	14	
JAPAN	15	
KOREA	16	
MEXICO	17	
NICARAGUA	18	
PAKISTAN	19	
PERU	20	
PHILIPPINES	21	
RUSSIA	22	
TAIWAN	23	
VIETNAM	24	
VIRGIN ISLANDS	25	
OTHER (SPECIFY: _____)	91	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA05_I62:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I62 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	**[GO TO QA05_J1]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA05_I63:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I63 Is {TEEN'S} {mother/father} a citizen of the United States?
¿Es {la madre/el padre} de (TEEN) ciudadana(o) de los Estados Unidos?

AI58

YES.....1 **[GO TO PN QA05_I65]**
NO.....2
APPLICATION PENDING.....3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_I64:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I64 Is {TEEN'S} {mother/father} a permanent resident with a green card?
¿Es {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 QA05_I65:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I65 About how many years has {TEEN'S} {mother/father} lived in the United States?
Más o menos, ¿cuántos años ha vivido {la madre/el padre} de (TEEN) en los Estados Unidos?

AI60

[INTERVIEWER NOTE: IF < 1 YEAR, ENTER "1 YEAR"]

_____ NUMBER OF YEARS

OR YEAR TO FIRST COME AND LIVE IN U.S.
MOTHER/FATHER DECEASED.....3
REFUSED..... -7
DON'T KNOW..... -8

Section J – Health Care Utilization and Access, Mental Health

QA05_J1 Now, I'd like to ask about the health care you receive.
Ahora, voy a hacerle preguntas acerca de la atención médica que usted recibe.

During the past 12 months, how many times have you seen a medical doctor?
Durante los últimos 12 meses, ¿cuántas veces ha visto a un médico?

AH5

_____ TIMES [RANGE: 0-365]

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

PROGRAMMING NOTE QA05_J2:
IF QA05_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA05_J2;
ELSE GO TO PROGRAMMING NOTE QA05_J3

QA05_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	**[GO TO QA05_J7]**
MORE THAN 5 YEARS AGO	3	**[GO TO QA05_J7]**
NEVER	4	**[GO TO QA05_J7]**
REFUSED	-7	**[GO TO QA05_J9]**
DON'T KNOW	-8	**[GO TO QA05_J9]**

PROGRAMMING NOTE QA05_J3:
IF QA05_J1 > 0 OR QA05_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA05_J3;
ELSE GO TO QA05_J7

QA05_J3 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	
NO	2	**[GO TO QA05_J7]**
REFUSED	-7	
DON'T KNOW	-8	

QA05_J4 Was this because you and the doctor spoke different languages?
¿Se debió esto a que usted y el médico hablaban diferentes idiomas?

AJ9

YES	1	
NO	2	**[GO TO QA05_J7]**
REFUSED	-7	
DON'T KNOW	-8	

QA05_J5 Did you need <u>someone else</u> to help you understand the doctor?
¿Necesitó ayuda de otra persona para comprender al médico?

AJ10

YES.....1
NO.....2
REFUSED..... -7
DON'T KNOW..... -8
[GO TO QA05_J7]

QA05_J6 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

QA05_J7 Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?
¿Ha sucedido alguna vez en que usted hubiera recibido mejor atención médica si hubiera sido de una raza o un grupo étnico diferente?

AJ17

YES.....1
NO.....2
REFUSED..... -7
DON'T KNOW..... -8
[GO TO QA05_J9]

QA05_J8 Think about the last time this happened. How long ago was that?
Piense en la última vez que pasó esto. ¿Hace cuánto tiempo sucedió?

AJ18

A YEAR AGO OR LESS 1
MORE THAN 1 UP TO 2 YEARS AGO.....2
MORE THAN 2 UP TO 3 YEARS AGO.....3
MORE THAN 3 UP TO 5 YEARS AGO.....4
MORE THAN 5 UP TO 10 YEARS AGO.....5
MORE THAN 10 UP TO 20 YEARS AGO.....6
MORE THAN 20 YEARS AGO.....7
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_J9
IF QA05_B6 = 1 (YES, R VISITED ER FOR ASTHMA) CODE QA05_J9 = 1 AND GO TO QA05_J10;
ELSE, CONTINUE WITH QA05_J9

QA05_J9 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
REFUSED..... -7
DON'T KNOW..... -8

QA05_J10 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 todo el tiempo, la mayor parte del tiempo, parte del tiempo, una pequeña parte del tiempo nunca?

AJ29

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

QA05_J11 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? ¿Todo el tiempo, la mayor parte del tiempo, parte del tiempo, una pequeña parte del tiempo o nunca?

AJ30

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

QA05_J12 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: *"¿Todo el tiempo, la mayor parte del tiempo, parte del tiempo, una pequeña parte del tiempo o nunca?"*]

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

QA05_J13 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: *"¿Todo el tiempo, la mayor parte del tiempo, parte del tiempo, una pequeña parte del tiempo o nunca?"*]

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

QA05_J14 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: *"¿Todo el tiempo, la mayor parte del tiempo, parte del tiempo, una pequeña parte del tiempo o nunca?"*]

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

QA05_J15 During the past 30 days, about how often did you feel worthless?
Durante los últimos 30 días, ¿con qué frecuencia se sintió 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: *"¿Todo el tiempo, la mayor parte del tiempo, parte del tiempo, una pequeña parte del tiempo o nunca?"*]

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

QA05_J16 During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?
Durante los últimos 12 meses, ¿pensó usted que necesitaba ayuda por problemas de salud mental o emocional, tales como sentirse triste, ansioso(a) o nervioso(a)?

AJ2

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

QA05_J17 Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems?
Sin contar las permanencias de la noche a la mañana, las visitas de sala de emergencia y las visitas para problemas de drogas o alcohol, en los últimos 12 meses, ¿ha visto usted a un psiquiatra, psicólogo, trabajador social o consejero para problemas emocionales o de salud mental?

AJ3

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

PROGRAMMING NOTE QA05_J18:
(IF QA05_J16 = 1 OR QA05_J17=1) AND ARINSURE = 1, CONTINUE WITH QA05_J18;
(IF QA05_J16 = 1 OR QA05_J17 = 1) AND ARINSURE NE 1, GO TO QA05_J19;
ELSE GO TO QA05_J22;

QA05_J18 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
REFUSED..... -7
DON'T KNOW..... -8

QA05_J19 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 usted algún medicamento recetado tal 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

QA05_J20 During the past 12 months, did you have difficulties or delays in getting mental health treatment?
Durante los últimos 12 meses, ¿tuvo usted dificultades o retrasos en obtener tratamiento de salud mental?

AJ6

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

PROGRAMMING NOTE QA05_J21;
IF QA05_J9 =2 (NO ER VISIT PAST 12 MONTHS, GO TO PN QA05_J22
ELSE, CONTINUE WITH QA05_J21

QA05_J21 In the past 12 months, did you receive care in an emergency room for emotional or mental health problems?
En los últimos 12 meses, ¿recibió usted atención en una sala de emergencia por problemas de salud emocional o mental?

AJ7

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

PROGRAMMING NOTE QA05_J23
IF QA05_J1 > 0 OR QA05_J2 = 0 (R HAS SEEN DOCTOR IN LAST 12 MONTHS) CONTINUE WITH QA05_J23
ELSE GO TO QA05_K1

QA05_J22 Doctors, nurses, or other health providers sometimes talk with patients about low-fat, low-salt, or reduced calorie diets.
Los doctores, enfermeras u otros proveedores de servicios de salud hablan a veces con los pacientes acerca de dietas bajas en grasa, bajos en sal o de calorías reducidas.

In the last 12 months, did your health provider talk with you or give you information about how much or what kinds of food you eat?
En los últimos 12 meses, ¿le habló su proveedor de servicios de salud acerca de qué cantidad o qué clase de alimentos come usted o le dio información sobre esto?

AJ27

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

QA05_J23 In the last 12 months, did your health provider talk with you or give you information about how much or what kind of exercise you get?
En los últimos 12 meses, ¿le habló su proveedor de servicios de salud acerca de la cantidad o la clase de ejercicio que hace usted o le dio información sobre esto?

AJ28

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

Section K – Employment, Income, Poverty Status

PROGRAMMING NOTE QA05_K1:
IF QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA05_K1;
ELSE GO TO PROGRAMMING NOTE QA05_K7

QA05_K1 This is about the work you do.
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

PROGRAMMING NOTE QA05_K2
IF QA05_K1 = 0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA05_K7;
ELSE CONTINUE WITH QA05_K2 AND
IF QA05_G26 = 1 (PRIVATE COMPANY), DISPLAY "employed by a private company",
IF QA05_G26 = 2 (GOVERNMENT), CODE QA05_K2 AS "GOVERNMENT" AND GO TO QA05_K3
IF QA05_G26 = 3 (SELF-EMPLOYED), DISPLAY "self-employed",
IF QA05_G26 = 4 (FAMILY BUSINESS OR FARM), DISPLAY "working without pay in a family business or farm".

QA05_K2 Earlier, you told me that on your main job, you are {employed by a private company/ / self-employed/ working without pay in a family business or farm}. What kind of business or industry is this?
Anteriormente, usted me dijo que en su empleo principal, trabajaba {para una compañía privada/ por su cuenta propia/ sin recibir pago en un negocio, rancho o finca de la familia}. ¿Qué tipo de negocio o industria es esta?

AK5

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

_____ (BUSINESS OR INDUSTRY)

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

QA05_K3 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

QA05_K4 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 QA05_K5:
IF QA05_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K5 = 5 AND GO TO QA05_K7;
IF QA05_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K5 AND DISPLAY "Including yourself, about";
ELSE CONTINUE WITH QA05_K5 AND DISPLAY "About"

QA05_K5 {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?
{Contándose usted mismo/a, más 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: *"Está bien si me da un número aproximado."*]

FEWER THAN 10 1
10-50 2
51-99 3
100-999 4
1,000 OR MORE 5
REFUSED ..... -7
DON'T KNOW ..... -8

[GO TO QA05_K7]

QA05_K6 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

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

PROGRAMMING NOTE QA05_K7
IF QA05_G29 = 1 or 2 (SPOUSE WORKS) OR QA05_G30 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA05_K7;
ELSE GO TO QA05_K9

QA05_K7 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

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

PROGRAMMING NOTE QA05_K8
IF QA05_K7 > 0 CONTINUE WITH QA05_K8;
ELSE GO TO QA05_K9

QA05_K8 What is your best estimate of all your spouse's earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
¿Cuánto calcula que ganó su esposo(a) el mes pasado, antes de los impuestos y otras deducciones, en todos los empleos y negocios que tiene, incluyendo sueldo por hora, salarios, propinas y comisiones?

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT

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

QA05_K9 What is your best estimate of your household's total annual income from all sources before taxes in 2004?
¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de los impuestos en el año 2004?

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

REFUSED ..... -7
DON'T KNOW ..... -8 **[GO TO PN QA05_K11]**

QA05_K10 I have entered that your annual household income is (AMOUNT). Is that correct?
He anotado los ingresos de su hogar como (AMOUNT). ¿Es correcto?

AK22A

YES	1	**[GO TO PN QA05_K17]**
NO	2	**[GO BACK TO QA05_K9]**
REFUSED	-7	**[GO TO PN QA05_K17]**
DON'T KNOW	-8	**[GO TO PN QA05_K17]**

PROGAMMING NOTE QA05_K11:
IF QA05_K9 = -7 or -8 CONTINUE WITH QA05_K11;
ELSE GO TO PROGRAMMING NOTE QA05_K17

QA05_K11 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 QA05_K13]**
EQUAL TO $20K OR LESS	2	
REFUSED	-7	**[GO TO PN QA05_K17]**
DON'T KNOW	-8	**[GO TO PN QA05_K17]**

QA05_K12 Is it…
¿Es…

AK12

$5,000 or less, or	1	
$5.000 o menos, o	1	
$5,001 to $10,000 or	2	
$5.001 a $10.000, o	2	
$10,001 to $15,000 or	3	
$10.001 a $15.000, o	3	
$15,001 to 20,000?	4	**[GO TO PN QA05_K17]**
$15.001 a $20.000?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA05_K13 Is it more or less than $70,000 per year?
¿Es más o menos de $70,000 al año?

AK13

MORE	1	**[GO TO QA05_K15]**
EQUAL TO $70K OR LESS	2	
REFUSED	-7	**[GO TO PN QA05_K17]**
DON'T KNOW	-8	**[GO TO PN QA05_K17]**

QA05_K14 Is it…
¿Es…

AK14

$20,001 to $30,000,	1	
$20.001 a $30.000, o	1	
$30,001 to $40,000,	2	
$30.001 a $40.000, o	2	
$40,001 to $50,000,	3	
$40.001 a $50.000, o	3	
$50,001 to $60,000 or	4	**[GO TO PN QA05_K17]**
$50.001 a $60.000, o	4	
$60,001 to $70,000?	5	
$60.001 a $70.000?	5	
REFUSED	-7	
DON'T KNOW	-8	

QA05_K15 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 QA05_K17]**
EQUAL TO $135K OR LESS	2	
REFUSED	-7	**[GO TO PN QA05_K17]**
DON'T KNOW	-8	**[GO TO PN QA05_K17]**

QA05_K16 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 QA05_K17:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA05_K18;
ELSE CONTINUE WITH QA05_ K17

QA05_K17 Including yourself, how many people living in your household are supported by your total household income?
Incluyéndose usted mismo(a), ¿cuántas de las personas que viven en su hogar son mantenidas por el ingreso total de su hogar?

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA05_K18:
QA05_K18 <u>MUST BE LESS</u> THAN QA05_K17
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA05_K20, GO TO PROGRAMMING NOTE QA05_K19;
ELSE CONTINUE WITH QA05_K18

QA05_K18 How many of these {INSERT NUMBER FROM QA05_K17} people are children under the age of 18?
¿Cuántas de estas {INSERTAR EL NÚMERO DE QA05_K17} personas son niños menores de 18 años de edad?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18)

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

PROGRAMMING NOTE QA05_K19: [BASE.POVRT100, BASE.POVRT130, BASEPOVRT200]
OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2005 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA05_K17 AND QA05_K18 RESPECTIVELY. SCRN.RADLTCNT SCRN.KIDCNT
(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2002 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM xxx FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA05_K17 OR QA05_K18 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 QA05_G14 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 100% FPL,
2) ABOVE 100% FPL BUT AT OR BELOW 130% FPL,
3) ABOVE 130% FPL BUT AT OR BELOW 200% FPL
3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
4) ABOVE 300% FPL, OR
5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA05_K9= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, ASK QA05_K19 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA05_K20

QA05_K19 I need to ask just one or two more questions about income.
Necesito hacerle una o dos preguntasmás 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 impuestos, ¿fue menos, o más de ${POVRT100}?

AK18A

EQUAL TO OR LESS	1	**[GO TO QA05_K23]**
MORE	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA05_K20:
IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15= -7, CONTINUE WITH QA05_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA05_K22

QA05_K20 {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than ${POVRT200}?
{Necesito hacerle una o dos preguntas más acerca de su ingreso.} El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de o más de ${POVRT200}?

AK18B

EQUAL TO OR LESS .....1 **[GO TO QA05_K23]**
MORE 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA05_K21:
IF QA05_K9 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA05_K23

QA05_K21 {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than ${POVRT130}?
{Necesito hacerle una o dos preguntas más acerca de su ingreso} El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de o más de ${POVRT130}?

AK18D

EQUAL TO OR LESS .....1 **[GO TO QA05_K23]**
MORE 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA05_K22:
IF QA05_K9 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA05_K23

QA05_K22 {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than ${POVRT300}?
{Necesito hacerle una o dos preguntas más acerca de su ingreso.} El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de o más de ${POVRT300}?

AK18C

EQUAL TO OR LESS 1
MORE 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA05_K23 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 rodante o "mobile home"?

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

QA05_K24 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 } **[GO TO PN QA05_L1]**
DON'T KNOW ..... -8

QA05_K25 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/YEARS)

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

QA05_K26 Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?
¿Se siente seguro(a) en su vecindario, siempre, la mayor parte del tiempo, a veces, o nunca?

AK28

ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
NONE OF THE TIME.....4
REFUSED ..... -7
DON'T KNOW ..... -8

Section L- Public Program Participation

PROGRAMMING NOTE QA05_L1:
IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L;
ELSE GO TO PROGRAMMING NOTE QA05_M1

QA05_L1 Are you now receiving TANF or CalWORKS?
¿Recibe usted 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 AFDC, el antiguo programa de bienestar social en California."*]

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

PROGRAMMING NOTE QA05_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L2
ELSE GO TO QA05_L3

QA05_L2 Is (TEEN) now receiving TANF, or CalWORKS?
¿Está (TEEN) recibiendo actualmente 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: *"AFDC es Ayuda a Familias con Niños Dependientes; TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron AFDC, el antiguo programa de bienestar social en California."*]

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

QA05_L3 Are you receiving Food Stamp benefits?
¿Recibe usted estampillas para comida (Food Stamps)?

AL5

[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: *"Puede recibir beneficios como estampillas o como una tarjeta EBT." EBT son las iniciales en inglés de Electronic Benefits Transfer (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 QA05_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L4;
ELSE GO TO PROGRAMMING NOTE QA05_L5

QA05_L4 Is (TEEN) receiving Food Stamp benefits?
¿Recibe (TEEN) estampillas para comida?

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: *"Puede recibir beneficios como estampillas o como una tarjeta EBT." EBT son las iniciales en inglés de Electronic Benefits Transfer (Transferencia Electrónica de Beneficios) y también se conoce como la tarjeta Golden State Advantage."*]

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

QA05_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 QA05_L6:
IF QA05_A5 = 2 (FEMALE) AND QA05_E12 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER), CONTINUE WITH QA05_L6;
ELSE GO TO QA05_L7

QA05_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, embarazadas o lactantes y niños."*]

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

QA05_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 cash, savings, investments, and furniture together are worth more than $5,000?
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 $ 5,000?

AL9

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

PROGRAMMING NOTE QA05_L8:
IF QA05_G10 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA05_L8 Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for alimony, child support, or money from a government or veteran program?
¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado por pensión alimenticia, manutención al niño, o dinero de un programa de gobierno o de veteranos?

AL15

YES.....1
NO.....2
REFUSED..... -7 } **[GO TO QA05_L10]**
DON'T KNOW..... -8

PROGRAMMING NOTE QA05_L9:
IF QA05_L8 = 1 (YES), CONTINUE WITH QA05_L9
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount that you received from all these sources?";
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE IN HH),
DISPLAY: "What was the combined total amount that you and your {spouse} received from all these sources?"'
ELSE GO TO PROGRAMMING NOTE QA05_L10

QA05_L9 What was the {combined} total amount that you {and your spouse} received from all these sources last month?
¿Cuál fue la cantidad total {combinada} que usted {y su esposo(a)} {recibió/ recibieron} el mes pasado de todas estas fuentes?

AL16

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA05_L10:
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
IF QA05_G10 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you."

QA05_L10 Did {you or your partner/both} pay any alimony or child support last month?
¿Pagó {usted o su esposo(a)/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 QA05_L12]**
REFUSED ..... -7 **[GO TO QA05_L12]**
DON'T KNOW ..... -8 **[GO TO QA05_L12]**

QA05_L11 What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?
¿Cuál fue la cantidad total que {usted/su esposo(a)/su pareja/ustedes dos} pagaron en pensión alimenticia o manutención al niño el mes pasado?

AL18

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_____ AMOUNT

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

PROGRAMMING NOTE QA05_L12:
IF AGE IS 65 OR OLDER AND QA05_A15 ≠ 1 (MARRIED) CONTINUE WITH QA05_L12 AND DISPLAY "you";
IF AGE >= 65 AND QA05_A15 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA05_L12 AND DISPLAY "you or your partner";
ELSE GO TO PROGRAMMING NOTE QA05_L14
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA05_14 =1 (MARRIED) AND QA05_G10 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA05_L12 AND DISPLAY "you or your spouse";

QA05_L12 Did {you/your spouse/your partner} receive any Social Security or Pension payments last month?
¿Recibió {usted/su cónyuge/su pareja} pagos de Seguro Social o de (Pensión/Jubilación) el mes pasado?

AL18A

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

[GO TO PN QA05_L14]

QA05_L13 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

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

PROGRAMMING NOTE QA05_L14:
IF ARMCAL = 1, GO TO QA05_M1
ELSE CONTINUE WITH QA05_ L14

QA05_L14 What is the one main reason why you are not enrolled in the Medi-Cal program?
¿Cuál es la razón principal por la que usted 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 11
REFUSED..... -7
DON'T KNOW..... -8

Section M – Food Insecurity and Hunger

PROGRAMMING NOTE QA05_M1
IF POVERTY < 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA05_M1; ELSE GO TO QA05_N1

QA05_M1 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 nunca fue cierto en su hogar en los últimos 12 meses. La primera afirmación es:

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
Was that often true, sometimes true, or never true for you and your household in the last 12 months?
"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 12meses?

AM1

OFTEN TRUE.....1
SOMETIMES TRUE.....2
NEVER TRUE.....3
REFUSED..... -7
DON'T KNOW..... -8

QA05_M2 The second statement is:
La segunda declaración es:

"(I/We) couldn't afford to eat balanced meals."
"{Yo/Nosotros} no {pude/pudimos} costear comidas balanceadas."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
¿Fue esto cierto frecuentemente, fue cierto algunas veces, o nunca fue cierto en su hogar en los últimos 12meses?

AM2

OFTEN TRUE.....1
SOMETIMES TRUE.....2
NEVER TRUE.....3
REFUSED..... -7
DON'T KNOW..... -8

QA05_M3 Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, 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 sí o no, en los últimos 12 meses, desde {FECHA HACE 12 MESES}, ¿usted u otros adultos de su hogar alguna vez {redujo/redujeron} el tamaño de sus comidas o {dejó/dejaron} de comer porque no había suficiente dinero para alimentos?

AM3

YES	1	
NO	2	**[GO TO QA05_M5]**
REFUSED	-7	**[GO TO QA05_M5]**
DON'T KNOW	-8	**[GO TO QA05_M5]**

QA05_M4 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

QA05_M5 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

QA05_M6 In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?
En los últimos 12 meses, desde {FECHA HACE 12 MESES}, ¿tuvo hambre alguna vez pero no comió porque no podía costear suficientes alimentos?

AM5

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

Section N –Demographic Information Part III and Closing

QA05_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
MENOCINO.....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 QA05_N2:
IF ADVANCE LETTER SENT, ASK QA05_N2;
IF R'S ADDRESS IS A P.O. BOX, GO TO QA05_N3
ELSE GO TO QA05_N3

QA05_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 será mantenida 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 QA05_N6]**
NO.....2
REFUSED..... -7
DON'T KNOW..... -8

QA05_N3 What is your zip code?
¿Cuál es su código postal?

AM7

_____ (ZIP CODE)

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

QA05_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, ¿podría decirme su dirección? Esta información será mantenida confidencial y será destruida una vez que termine la encuesta completa.

AO2

_____ (HOUSE ADDRESS NUMBER)

_____ (NAME OF STREET, VERIFY SPELLING) **[GO TO QA05_N6]**

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

QA05_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 CLOSE1]**
DON'T KNOW..... -8 **[GO TO CLOSE1]**

QA05_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

CLOSE1 Those are my final questions. I really appreciate your patience.
Esas son mis preguntas finales. Aprecio su paciencia.

QA05_N7 Finally, do you think you would be willing to do a follow-up to this survey some time 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 **[GO TO CLOSE2]**
DON'T KNOW..... -8 **[GO TO CLOSE2]**

QA05_N8 In case we do call you back for another study, would you give me your full name so that we will know who to ask for?
En caso de que le volvamos a llamar para otro estudio, ¿me podría dar su nombre completo para que sepamos por quién debemos preguntar?

AO5

_____ (First name)

_____ (Last name, confirm spelling)

REFUSED ..... -7 **[GO TO CLOSE2]**
DON'T KNOW ..... -8 **[GO TO CLOSE2]**

QA05_N9 Is there another number where we might be able to reach you if this one doesn't work?
¿Tiene otro número de teléfono donde le podamos localizar si éste no funciona?

AO6

_____ (READ BACK TO CONFIRM ALTERNATE TELEPHONE NUMBER)

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

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.
Gracias, aprecio su tiempo y cooperación. Usted nos ha ayudado con una encuesta muy importante de salud. Gracias y adiós.