



CHIS 2017
Adult Questionnaire
Version 2.18 Spanish
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(Adult Respondents Age 18 and Older)

Collaborating Agencies:

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

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TABLE OF CONTENTS

Section A: Demographic Information, Part I.....	6
Age	6
Gender	8
Ethnicity	8
Race	9
Section B: Health Conditions	16
General Health.....	16
Asthma.....	16
Allergy Symptoms (Imperial County).....	17
Diabetes	25
Hypertension.....	28
Heart Disease	29
Section C: Health Behaviors.....	30
Walking for Transportation and Leisure.....	30
Dietary Intake	32
Access to Fresh and Affordable Foods.....	36
Cigarette Use	36
E-Cigarette Use.....	39
Marijuana Use.....	40
Opioid Use	43
Section D: General Health, Disability, and Sexual Health.....	45
Height and Weight.....	45
Disability	45
Sexual Partners	46
Sexual Orientation	47
Registered Domestic Partner	48
Gender Identity	48
Pre-Exposure Prophylaxis_ADULT	50
HIV Testing	51
Section E: Women's Health.....	52
Pregnancy Status.....	52
Postpartum Care	52

Section F: Mental Health.....	54
K6 Mental Health Assessment.....	54
Repeated K6	56
Sheehan Scale	58
Access & Utilization.....	60
Stigma.....	63
Three-Item Loneliness Scale	64
Section G: Demographic Information, Part II	65
Country of Birth (Self, Parents)	65
Japanese-American Generational Status.....	67
Language Spoken at Home	68
Additional Language Use	69
Citizenship and Immigration	69
Spouse/Partner	70
Living with Parents.....	71
Paid Child Care.....	75
Educational Attainment	76
Veteran Status.....	77
Employment	77
Employment (Spouse/Partner).....	81
Section H: Health Insurance	82
Usual Source of Care	82
Emergency Room Visits	83
Medicare Coverage.....	84
Medi-Cal Coverage.....	91
Employer-Based Coverage	91
Private Coverage.....	92
Employer Offer of Health Insurance	98
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage.....	99
AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage.....	100
Other Coverage.....	100
Indian Health Service Participation	103
Spouse's Insurance Coverage Type & Eligibility.....	103
Managed-Care Plan Characteristics.....	113
High Deductible Health Plans	117
Coverage over Past 12 Months	119
Reasons for Lack of Coverage.....	122
Hospitalizations	130
Partial Scope Medi-Cal.....	130
Medical Debt	131

Section I: Child Adolescent Health Insurance	133
Child's Health Insurance	133
Medi-Cal Coverage (Child)	134
Employer-Based Coverage (Child).....	135
Private Coverage (Child)	136
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child)	139
AIM, MRMIP, HEALTHY KIDS, Other Government Coverage	140
Other Coverage (Child)	140
Managed-Care Plan Characteristics (Child)	142
High Deductible Health Plans (Child)	145
Reasons for Lack of Coverage (Child)	146
Coverage over Past 12 Months (Child).....	146
Teen's Health Insurance	149
Medi-Cal Coverage (Teen).....	151
Employer-Based Coverage (Teen).....	152
Private Coverage (Teen)	153
CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)	156
AIM, MRMIP, Family PACT, HealthyKids, Other (Teen)	157
Other Coverage (Teen)	157
Managed-Care Plan Characteristics (Teen)	160
High Deductible Health Plans (Teen).....	163
Reasons for Lack of Coverage (Teen)	164
Coverage over Past 12 months (Teen).....	165
Country of Birth (Parents)	168
Citizenship and Immigration (Parents)	169
Section J: Health Care Utilization and Access	171
Visits to medical doctor	171
Personal Doctor	172
Care Coordination.....	173
Tele-Medical Care	174
Communication Problems with a Doctor.....	174
Change of Usual Source of Care.....	176
Delays in Care	177
Family Planning.....	181
Dental Health.....	185
Section DM: Discrimination.....	186

Section K: Employment, Income, Poverty Status, Food Security	188
Hours Worked.....	188
Income Last Month.....	189
Annual Household Income	190
Number of Persons Supported	192
Availability of Food in Household	194
Hunger	195
Section L: Public Program Participation.....	197
Food Stamps	198
Supplemental Security Income	198
WIC	199
Assets.....	199
Child Support.....	202
Worker's Compensation	204
Social Security/Pension Payments.....	205
Reasons for Non-Participation in Medi-Cal	206
Medi-Cal Renewal.....	207
WIC Participation	209
Section M: Housing and Social Cohesion	217
Housing.....	217
Social Cohesion	219
Safety.....	220
Civic Engagement.....	220
Philanthropic Contributions.....	220
Section P: Voter Engagement	222
Voter Engagement	222
Section S: Suicide Ideation and Attempts.....	224
Section N: Demographic Information Part III and Closing	226
County of Residence.....	226
Address Confirmation, Cross Streets, Zip Code	227
Cell Phone Use	229
Follow-Up Survey Permission.....	230

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 2017 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A: Demographic Information, Part I

'PN_QA17_A1' [PN_AA1] -
PROGRAMMING NOTE AA1 :
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA17_A1' [AA1] –

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

'AA1MON' [AA1MON] -
MONTH _____ [RANGE: 1-12]

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

'AA1DAY' [AA1DAY] -
DAY _____ [RANGE: 1-31]

'AA1YR' [AA1YR] -
YEAR _____ [RANGE: 1907-2000]

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

**'PN_QA17_A2' [PN_AA1A] -
PROGRAMMING NOTE AA1A:
IF AA1 = -7 OR -8 (REF/DK), CONTINUE WITH AA1A;
ELSE GO TO AA3**

'QA17_A2' [AA1A] –

What month and year were you born?

¿En qué mes y año nació?

'AA1AMON' [AA1AMON] - MONTH _____ [RANGE: 1-12]

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

'AA1AYR' [AA1AYR] -

YEAR _____ [RANGE: 1904-2000]

EA-7 REFUSED
7 -8 DON'T KNOW

**'PN_QA17_A3' [PN_AA2] -
PROGRAMMING NOTE AA2 :
IF AA1A = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2 ;
ELSE GO TO AA3**

'QA17_A3' [AA2] –

What is your age, please?

¿Me podría decir su edad por favor?

_____ YEARS OF AGE
[RANGE: 0-120]

- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_A4' [PN_AA2A] -
PROGRAMMING NOTE AA2A :
IF AA2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2A ;
ELSE GO TO AA3**

'QA17_A4' [AA2A] –

Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

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

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

**'POST_QA17_A4' [POST_AA2A] -
POST NOTE AA2A : AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON AA1 , AA1A , OR AA2 TO USE IN ALL AGE-RELATED
QUESTIONS;
IF AA1 , AA1A , OR AA2 = -7 OR -8 (REF/DK), THEN USE AA2A ;
ELSE USE ENUM.AGE**

'QA17_A5' [AA3] –

Are you male or female?

¿Es usted hombre o mujer?

- 01 MALE
- 02 FEMALE
- 7 REFUSED

'QA17_A6' [AA4] –

Are you Latino or Hispanic?

¿Es usted latino(a) o hispano(a)?

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

If = 2, -7, -8, goto 'PN_QA17_A8'

'QA17_A7' [AA5] –

And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

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

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

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

OTHER LATINO (SPECIFY: _____)

'PN_QA17_A8' [PN_AA5A] –**PROGRAMMING NOTE AA5A :**

IF AA4 = 1 (YES, LATINO/HISPANIC) DISPLAY “You said you are Latino or Hispanic. Also,”;

**IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR AA5A , CONTINUE WITH
PROGRAMMING NOTE AA5B ;**

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QA17_A8' [AA5A] –

{You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

{Me dijo que usted es latino(a) o hispano(a). Además,} por favor dígame cuál o cuáles de los siguientes usaría usted para describirse a sí mismo(a). ¿Se describiría como nativo(a) de Hawái o de otra isla del Pacífico, indio(a) americano(a), nativo(a) de Alaska, asiático(a), negro(a), afroamericano(a), o blanco(a)?

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

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

If AA5A=1 Or 2, go to 'PN_QA17_A14'

If AA5A=3, go to 'PN_QA17_A12'

If AA5A=5, go to 'QA17_A13'

If AA5A=6, go to 'QA17_A16'

**'PN_QA17_A9' [PN_AA5B] -
PROGRAMMING NOTE AA5B :
IF AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AA5B ;
ELSE GO TO PROGRAMMING NOTE AA5E**

'QA17_A9' [AA5B] –

You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

Usted dijo indio(a) americano(a) o nativo(a) de Alaska. ¿De qué tribu es descendiente? Si es de más de una tribu, dígamelas todas.

[CODE ALL THAT APPLY]

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

OTHER TRIBE (SPECIFY: _____)

'QA17_A10' [AA5C] –

Are you an enrolled member in a federally or state recognized tribe?

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

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

If = 2, -7, -8, goto 'PN_QA17_A12'

'QA17_A11' [AA5D] –

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

- 01 APACHE
- 02 BLACKFEET
- 03 CHEROKEE
- 04 CHOCTAW
- 05 NAVAJO
- 06 POMO
- 07 PUEBLO
- 08 SIOUX
- 09 YAQUI
- 10 OTHER

'APACHE' [APACHE] - APACHE

- 1 MESCALERO APACHE, NM
- 2_APACHE (NOT SPECIFIED)_
- 3_OTHER APACHE (SPECIFY:)

OTHER_APACHE

'BLACKFEET' [BLACKFEET] - BLACKFEET

- 4 BLACKFOOT/BLOCKFEET

'CHEROKEE' [CHEROKEE] - CHEROKEE

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

OTHER_CHEROKEE

'CHOCTAW' [CHOCTAW] - CHOCTAW

- 08 CHOCTAW OKLAHOMA
- 09 CHOCTAW (NOT SPECIFIED)
- 10 OTHER CHOCTAW (SPECIFY: _____)

OTHER_CHOCTAW

'NAVAJO' [NAVAJO] - NAVAJO

- 11 NAVAJO (NOT SPECIFIED)

'POMO' [POMO] - POMO

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

OTHER_POMO

'PUEBLO' [PUEBLO] - PUEBLO

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

OTHER_PUEBLO

'SIOUX' [SIOUX] - SIOUX

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

OTHER_SIOUX

'YAQUI' [YAQUI] - YAQUI

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

OTHER_YAQUI

'OTHER' [OTHER] - OTHER

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

OTHER_OTHER

'PN_QA17_A12' [PN_AA5E] -

PROGRAMMING NOTE AA5E :

IF AA5A = 3 (ASIAN) CONTINUE WITH AA5E ;
 ELSE GO TO PROGRAMMING NOTE AA5E1

'QA17_A12' [AA5E] -

You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

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

[CODE ALL THAT APPLY]

- 01 BANGLADESHI
- 02 BURMESE
- 03 CAMBODIAN
- 04 CHINESE
- 05 FILIPINO
- 06 HMONG
- 07 INDIAN (INDIA)
- 08 INDONESIAN
- 09 JAPANESE
- 10 KOREAN
- 11 LAOTIAN
- 12 MALAYSIAN
- 13 PAKISTANI
- 14 SRI LANKAN
- 15 TAIWANESE
- 16 THAI
- 17 VIETNAMESE
- 91 OTHER ASIAN (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER ASIAN (SPECIFY: _____)

**'PN_QA17_A13' [PN_AA5E1] -
PROGRAMMING NOTE AA5E1 :**
**IF AA5A = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH AA5E1 ;
ELSE GO TO PROGRAMMING NOTE AA5G**

'QA17_A13' [AA5E1] -

You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

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

[CODE ALL THAT APPLY]

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

OTHER PACIFIC ISLANDER (SPECIFY: _____)

**'PN_QA17_A14' [PN_AA5G] -
PROGRAMMING NOTE AA5G :**
**IF AA4 = 1 (LATINO) AND [AA5A = 6 (NATIVE HAWAIIAN) OR AA5A = 5 (OTHER PACIFIC ISLANDER) OR
AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR AA5A = 3 (ASIAN) OR AA5A = 2
(BLACK/AFRICAN AMERICAN) OR AA5A = 1 (WHITE) OR AA5A = 91 (OTHER)], CONTINUE WITH AA5G ;
ELSE IF THERE WERE MULTIPLE RESPONSES TO AA5A , AA5E , OR AA5E1 [NOT COUNTING -7 OR -8
(REF/DK)], CONTINUE WITH AA5G ;
ELSE SKIP TO AH43**

'QA17_A14' [AA5G] -

You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

Usted me dijo que es: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}.

Do you identify with any one race in particular?

¿Se identifica usted con alguna raza en particular?

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

If = 2, -7, -8, goto 'QA17_A16'

'PN_QA17_A15' [PN_AA5F] -

PROGRAMMING NOTE FOR AA5F :

IF AA4 = 1 (YES, LATINO) AND AA5 ≠ -7 OR -8, DO NOT DISPLAY AA5F = 14 (LATINO);

IF AA5A = 5 (YES, OTHER PACIFIC ISLANDER) AND AA5E1 = 1 TO 4 OR 91, DO NOT DISPLAY AA5F = 17 (OTHER PACIFIC ISLANDER);

IF AA5A = 3 AND AA5E = 1 TO 17 OR 91, DO NOT DISPLAY AA5F = 19 (ASIAN)

'QA17_A15' [AA5F] –

Which do you most identify with?

¿Con cuál se identifica usted más?

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

- 01 MEXICAN/MEXICAN AMERICAN/CHICANO
- 04 SALVADORAN
- 05 GUATEMALAN
- 06 COSTA RICAN
- 07 HONDURAN
- 08 NICARAGUAN
- 09 PANAMANIAN
- 10 PUERTO RICAN
- 11 CUBAN
- 12 SPANISH-AMERICAN (FROM SPAIN)
- 13 LATINO, OTHER SPECIFY
- 14 LATINO
- 16 NATIVE HAWAIIAN
- 17 OTHER PACIFIC ISLANDER
- 18 AMERICAN INDIAN OR ALASKA NATIVE
- 19 ASIAN
- 20 BLACK OR AFRICAN AMERICAN
- 21 WHITE
- 22 RACE, OTHER SPECIFY
- 30 BANGLADESHI
- 31 BURMESE
- 32 CAMBODIAN
- 33 CHINESE
- 34 FILIPINO
- 35 HMONG
- 36 INDIAN (INDIA)
- 37 INDONESIAN
- 38 JAPANESE
- 39 KOREAN
- 40 LAOTIAN
- 41 MALAYSIAN
- 42 PAKISTANI
- 43 SRI LANKAN
- 44 TAIWANESE
- 45 THAI
- 46 VIETNAMESE
- 49 ASIAN, OTHER SPECIFY
- 50 SAMOAN/AMERICAN SAMOAN
- 51 GUAMANIAN
- 52 TONGAN
- 53 FIJIAN
- 55 PACIFIC ISLANDER, OTHER SPECIFY
- 90 BOTH/ALL/MULTIRACIAL
- 95 NONE OF THESE
- 7 REFUSED
- 8 DON'T KNOW

OTHER (SPECIFY: _____)

'QA17_A16' [AH43] –

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

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

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

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

Section B: Health Conditions

'QA17_B1' [AB1] -

These next questions are about your health.

Estas preguntas que siguen son sobre su salud.

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

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

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

'QA17_B2' [AB17B] -

Has a doctor ever told you that you have asthma?

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

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

If = 2, -7, -8, goto '**'QA17_B18'**

'QA17_B3' [AB40] -

Do you still have asthma?

¿Usted todavía tiene asma?

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

'QA17_B4' [AB41] -

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

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

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

'PN_QA17_B5' [PN_AB19] -**PROGRAMMING NOTE AB19 :**

**IF [AB40 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [AB41 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO AB18 ;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AH13A;
ELSE CONTINUE WITH AB19**

'QA17_B5' [AB19] -

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, ¿con qué frecuencia ha tenido síntomas de asma como tos, silbidos de pecho, dificultad para respirar, sintió el pecho oprimido o tuvo flema? ¿Diría que...

- 01 Not at all,
- 01 Nunca tuvo síntomas
- 02 Less than every month,
- 02 Los tuvo menos de una vez al mes
- 03 Every month,
- 03 Todos los meses
- 04 Every week, or
- 04 Todas las semanas, o
- 05 Every day?
- 05 Todos los días?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_B6' [AH13A] -

During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su asma?

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

If = 2, -7, -8, goto 'QA17_B8'

'QA17_B7' [AB106] -

Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

¿Fue a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

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

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

**'PN_QA17_B8' [PN_AH15A] -
PROGRAMMING NOTE AH15A:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE)
IS NOT IMPERIAL COUNTY, THEN GO TO AB18;**

'QA17_B8' [AH15A] -

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

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

'QA17_B9' [AB18] -

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

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

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

**'PN_QA17_B10' [PN_AB66] -
PROGRAMMING NOTE AB66 :
IF AB40 = 1 (YES, STILL HAVE ASTHMA) OR AB41 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO
PROGRAMMING NOTE AB42 ;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP
CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB67;
ELSE CONTINUE WITH AB66**

'QA17_B10' [AB66] -

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, silbidos de pecho, dificultad para respirar, opresión en el pecho o flemas? ¿Diría que...

- 01 Not at all,
- 01 Nunca tuvo síntomas
- 02 Less than every month,
- 02 Los tuvo menos de una vez al mes
- 03 Every month,
- 03 Todos los meses
- 04 Every week, or
- 04 Todas las semanas, o
- 05 Every day?
- 05 Todos los días?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_B11' [AB67] –

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

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

If = 2, -7, -8, goto 'QA17_B13'

'QA17_B12' [AB107] –

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

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

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

'PN_QA17_B13' [PN_AB80] -

PROGRAMMING NOTE AB80:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB42;

'QA17_B13' [AB80] –

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

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

'PN_QA17_B14' [PN_AB42] -

PROGRAMMING NOTE AB42 :

**IF AAAGE > 69 OR AA2A = 6 (65 OR OLDER) GO TO AB43 ;
 ELSE CONTINUE WITH AB42**

'QA17_B14' [AB42] –

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

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

- 7 REFUSED
- 8 DON'T KNOW

'QA17_B15' [AB43] –

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

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

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

If = 2, -7, -8, goto '**QA17_B17**'

'QA17_B16' [AB98] –

Do you have a written or printed copy of this plan?

¿Tiene usted una copia escrita o impresa de este plan?

[IF NEEDED, SAY: "This can be an electronic or hard copy."]

[IF NEEDED, SAY: "Puede ser una copia electrónica o impresa."]

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

'PN_QA17_B17' [PN_AB108] -

PROGRAMMING NOTE AB108:

**IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE)
IS NOT IMPERIAL COUNTY, THEN GO TO AB128;**

'QA17_B17' [AB108] –

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

¿Cuánta confianza tiene usted en que puede controlar y ocuparse de su asma? ¿Diría usted que tiene...

- 01 Very confident,
01 *Mucha confianza*
- 02 Somewhat confident,
02 *Alguna confianza*
- 03 Not too confident, or
03 *No mucha confianza, o*
- 04 Not at all confident?
04 *Ninguna confianza?*
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_B18' [PN_AB128] -
PROGRAMMING NOTE AB128:
IF AB17B = 1, THEN SKIP TO AB130;
ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE)
IS IMPERIAL COUNTY, THEN CONTINUE;
ELSE SKIP TO AB130;**

'QA17_B18' [AB128] - During the past 12 months, have you had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when you DID NOT have a cold or respiratory infection?

Durante los últimos 12 meses, ¿has tenido síntomas como tos, silbidos de pecho, dificultad para respirar, sintió el pecho oprimido o tuvo flema cuando NO tenía un resfriado o una infección respiratoria?

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

If = 2, -7, -8, goto 'QA17_B20'

'QA17_B19' [AB129] –

How often did you have those symptoms? Would you say...
¿Con qué frecuencia tuvo esos síntomas? ¿Diría que...?

- 01 NOT AT ALL
- 01 Nunca
- 02 Once or twice in the past 12 months
- 02 Una o dos veces en los últimos 12 meses
- 03 Every couple of months
- 03 Cada dos meses
- 04 Every month, or
- 04 Todos los meses, o
- 05 Every week?
- 05 Todas las semanas?
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_B20' [PN_AB130] -
PROGRAMMING NOTE AB130:
IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS
IMPERIAL COUNTY, THEN CONTINUE;
ELSE SKIP TO AB22;**

'QA17_B20' [AB130] –

During the past 12 months, have you been bothered by sneezing or a runny or blocked nose when you DID NOT have a cold or the flu?

Durante los últimos 12 meses, ¿tuvo estornudos o moqueo o congestión nasal cuando NO estaba resfriado(a) o con la gripe?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto 'QA17_B22'

'QA17_B21' [AB131] –

How often did you have those symptoms? Would you say...
 ¿Con qué frecuencia tuvo esos síntomas? ¿Diría que...?

- 01 NOT AT ALL
- 01 Nunca
- 02 Once or twice in the past 12 months
- 02 Una o dos veces en los últimos 12 meses
- 03 Every couple of months
- 03 Cada dos meses
- 04 Every month, or
- 04 Todos los meses, o
- 05 Every week?
- 05 Todas las semanas?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_B22' [AB132] –

During the past 12 months, have you been bothered by watery, itchy, or burning eyes when you DID NOT have a cold or the flu?

Durante los últimos 12 meses, ¿tuvo los ojos llorosos o picazón o ardor en los ojos cuando NO estaba resfriado(a) o con la gripe?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto 'QA17_B24'

'QA17_B23' [AB133] –

How often did you have those symptoms? Would you say...
 ¿Con qué frecuencia tuvo esos síntomas? ¿Diría que...?

- 01 NOT AT ALL
- 01 Nunca
- 02 Once or twice in the past 12 months
- 02 Una o dos veces en los últimos 12 meses
- 03 Every couple of months
- 03 Cada dos meses
- 04 Every month, or
- 04 Todos los meses, o
- 05 Every week?
- 05 Todas las semanas?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_B24' [AB134] –

How concerned are you with the air quality in your neighborhood? Would you say...
¿Hasta qué punto le preocupa la calidad del aire? ¿Diría que...

- 01 It is not a concern
- 01 *No le preocupa*
- 02 A moderate concern
- 02 *Le preocupa moderadamente*
- 03 A significant concern
- 03 *Le preocupa mucho?*
- 7 REFUSED
- 8 DON'T KNOW

'QA17_B25' [AB135] –

Please rate the air quality in your neighborhood? Would you say...
Califique la calidad del aire en su vecindario. ¿Diría que es...?

- 01 Excellent
- 01 *Excelente*
- 02 Very good
- 02 *Muy buena*
- 03 Good
- 03 *Buena*
- 04 Fair, or
- 04 *Regular o*
- 05 Poor
- 05 *Mala*
- 7 REFUSED
- 8 DON'T KNOW

'QA17_B26' [AB136] –

In the past 12 months, have you had an illness or symptoms that you think was caused by pollution in the air outdoors?
En los últimos 12 meses, ¿has tenido alguna enfermedad o síntomas que usted cree que fueron causados por la contaminación del aire exterior?

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution].

[IF NEEDED, SAY: Cosas tales como polvo, esmog, gases de escape de los automóviles y sustancias químicas pueden provocar la contaminación del aire exterior]

[NOTE: IF RESPONDENT HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE 'YES']

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

'QA17_B27' [AB137] –

The next questions are about the outdoor air quality and how it affects your activities.

Please think of the past 12 months. How many times did you reduce or change your outdoor activity levels because you thought the air quality was bad or was affecting how well you felt? Would you say...

Las preguntas que siguen son sobre la calidad del aire exterior y sobre cómo afecta sus actividades. Piense en los últimos 12 meses. ¿Cuántas veces redujo o cambió el nivel de las actividades al aire libre porque pensó que la calidad del aire era mala o estaba afectando cómo se sentía? ¿Diría que...?

[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.]

[IF NEEDED: Por ejemplo, evitar ejercicios o actividad intensa al aire libre.]

- 1 None
- 1 Ninguna
- 2 1 to 3 times,
- 2 De 1 a 3 veces
- 3 4 to 6 times, or
- 3 De 4 a 6 veces, o
- 4 More than 6 times?
- 4 Más de 6 veces?
- 5 REFUSED
- 6 DON'T KNOW

'QA17_B28' [AB138] –

Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

Información sobre la calidad del aire que puede distribuirse para ayudar a informar al público sobre los niveles de contaminación del aire. ¿Alguna vez ha escuchado o ha leído algo sobre el índice de calidad del aire o las alertas sobre la calidad del aire en donde vive?

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

If = 2, -7, -8, goto 'QA17_B30'

'QA17_B29' [AB139] –

Did you reduce or change your outdoor activity level based on the air quality index or air quality alerts?

¿Redujo o cambió usted el nivel de actividades al aire libre debido al índice de calidad del aire o a las alertas sobre la calidad del aire?

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

'PN_QA17_B30' [PN_AB22] -

PROGRAMMING NOTE AB22 :

IF AA3 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA17_B30' [AB22] -

{Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

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

- 01 YES
- 02 NO
- 03 BORDERLINE OR PRE-DIABETES
- 7 REFUSED
- 8 DON'T KNOW

If = 3, goto 'QA17_B40'

'PN_QA17_B31' [PN_AB99] -

PROGRAMMING NOTE AB99 :

**IF AA3 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"**

'QA17_B31' [AB99] –

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

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

'PN_QA17_B32' [PN_AB23] -

PROGRAMMING NOTE AB23 :

**IF AB22 = 1 THEN CONINTUE WITH AB23 ;
ELSE SKIP TO PROGRAMMING NOTE AB81**

'QA17_B32' [AB23] –

How old were you when a doctor first told you that you have diabetes?

¿Qué edad tenía usted cuando un doctor le dijo por primera vez que usted tenía diabetes?

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

- 7 REFUSED
- 8 DON'T KNOW

'QA17_B33' [AB51] –

Were you told that you had Type 1 or Type 2 diabetes?

¿Le dijeron que tenía diabetes Tipo 1 o Tipo 2?

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

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

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

ANOTHER TYPE (Specify :_____)

'QA17_B34' [AB24] –

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

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

'QA17_B35' [AB25] –

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

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

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

'QA17_B36' [AB28] –

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 doctor para ver si tenía llagas o irritaciones?

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

- 7 REFUSED
- 8 DON'T KNOW

'QA17_B37' [AB63] –

When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

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

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

'QA17_B38' [AB112] –

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

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

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

'QA17_B39' [AB114] –

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

- 01 Very confident,
01 Mucha confianza,
- 02 Somewhat confident,
02 Alguna confianza
- 03 Not too confident, or
03 No mucha confianza, o
- 04 Not at all confident?
04 Ninguna confianza?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_B40' [PN_AB81] -

PROGRAMMING NOTE AB81 :
IF AA3 = 2 (FEMALE) CONTINUE WITH AB81 ;
ELSE GO TO AB29

'QA17_B40' [AB81] –

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

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

- 01 YES
- 02 NO
- 03 BORDERLINE GESTATIONAL DIABETES
- 7 REFUSED
- 8 DON'T KNOW

'QA17_B41' [AB29] –

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

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

If = 2, 3, -7, -8, goto 'QA17_B43'

'QA17_B42' [AB30] –

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

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

'QA17_B43' [AB34] –

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

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

If = 2, -7, -8, goto AC100

'QA17_B44' [AB52] –

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

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

'QA17_B45' [AB118] –

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

¿Han trabajado con usted sus doctores u otros proveedores de cuidados de la salud en la preparación de un plan para que usted sepa cómo controlar su enfermedad del corazón?

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

If = 2, -7, -8, goto AC100

Section C: Health Behaviors

'QA17_C1' [AD37W] -

The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise

Las siguientes preguntas se refieren a caminar como medio de transporte. Por separado, le haré preguntas sobre caminar para relajarse o hacer ejercicio.

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

- 01 YES
- 02 NO
- 03 UNABLE TO WALK
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_C4'

If = 3, goto 'QA17_C8'

'QA17_C2' [AD38W] -

In the past 7 days, how many times did you do that?

En los últimos 7 días, ¿cuántas veces hizo eso?

[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place."]

[IF NEEDED, SAY: "Caminar por lo menos 10 minutos para llegar a algún lugar."]

_____ times per week [HR: 0 - 999]

If AD38W = 0, goto 'QA17_C4'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'QA17_C4'

**'PN_QA17_C3' [PN_AD39W] -
PROGRAMMING NOTE AD39W:**
IF AD38W = 1 DISPLAY "How long did that walk take";
IF AD38W > 1 DISPLAY "On average, how long did those walks take"

'QA17_C3' [AD39W] –

{How long did that walk take/On average, how long did those walks take}?
 {¿Cuánto tiempo caminó? / En promedio, ¿cuánto tiempo le tomó caminar a esos lugares?} {Por favor, no incluya las veces que caminó como medio de transporte.}

MINUTES PER WALK

HOURS PER DAY

- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_C4' [PN_AD40W] -
PROGRAMMING NOTE AD40W:**
IF AD37W = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

'QA17_C4' [AD40W] –

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

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

If = 2, -7, -8, goto 'QA17_C7'

'QA17_C5' [AD41W] –

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

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

_____ times per week [HR: 0 - 180]

If =0 , goto 'QA17_C7'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'QA17_C7'

**'PN_QA17_C6' [PN_AD42W] -
PROGRAMMING NOTE AD42W :**
IF AD41W = 1 DISPLAY "How long did that walk take";
IF AD41W > 1 DISPLAY "On average, how long did those walks take"

'QA17_C6' [AD42W] –

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

MINUTES PER DAY

HOURS PER DAY

- 7 REFUSED
- 8 DON'T KNOW

'QA17_C7' [AC100] –

The next question is about your overall exercise. Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

La pregunta que siguen son sobre el ejercicio físico en general que usted hace. El ejercicio físico incluye caminar, hacer las tareas del hogar, trotar, levantar pesas, hacer un deporte o jugar con sus hijos. Ya sea que lo haga en el trabajo, en el hogar, por diversión o como entrenamiento.

In the past 7 days, on how many days did you exercise for at least 20 minutes at a time?

En los últimos 7 días, ¿cuántos días hizo ejercicio durante al menos 20 minutos cada vez?

_____ DAYS PER WEEK

- 7 REFUSED
- 8 DON'T KNOW

'QA17_C8' [AE2] –

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

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

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

En el último mes, ¿cuántas veces comió fruta? No cuente los jugos

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

[IF NEEDED, SAY: "Un cálculo aproximado es suficiente".]

_____ TIMES

'CAT_AE2' [CAT_AE2] –

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

'QA17_C9' [AE3] –

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

[En el último mes,] ¿cuántas veces comió cualquier tipo de papas fritas, incluyendo papas a la francesa, papas fritas caseras o papas fritas con cebolla?

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

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

[IF RESPONDENT ASKS, SAY: "No incluya las papitas de bolsa."]

[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 fue al día, a la semana o al mes?"]

_____ TIMES

'CAT_AE3' [CAT_AE3] –

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

'QA17_C10' [AE5] –

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.

En el último mes, ¿cuántas veces comió frijoles, como frijoles refritos, frijoles horneados o sopa de frijoles? No incluya los frijoles verdes (habichuelas, porotos.)

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

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

[IF NEEDED, SAY: "Un cálculo aproximado es suficiente."]

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

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "¿Eso fue al día, a la semana o al mes?"]

_____ TIMES

'CAT_AE5' [CAT_AE5] - _____ PER MONTH

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

'PN_QA17_C11' [PN_AE7] -

PROGRAMMING NOTE AE7:

IF AE3>0 (ATE FRIED POTATOES) THEN DISPLAY "Do not include fried potatoes."

ELSE DO NOT DISPLAY

'QA17_C11' [AE7] - [During the past month,] how many times did you eat any other vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes.}

En el último mes,] ¿cuántas veces comió alguna otra verdura, como ensalada de hojas verdes, frijoles verdes (habichuelas, porotos) o papas? {No incluya papas fritas.}

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

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

[IF STRONGLY NEEDED, SAY: "Como tomate, zanahoria, cebolla o brócoli."]

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."]

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "El arroz no es verdure."]

TIMES

'CAT_AE7' [CAT_AE7] -

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

'QA17_C12' [AC11] -

During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
[Durante los últimos 30 días,] ¿Con qué frecuencia bebió gaseosas o sodas regulares que contienen azúcar? No incluya refrescos de dieta.

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

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."]

[IF NEEDED, SAY: "No incluya jugos ni té en latas o en botellas. Me puede dar un número aproximado."]

'CAT_AC11' [CAT_AC11] -

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

'QA17_C13' [AC46] –

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

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

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

[IF NEEDED, SAY: "Como limonada, Gatorade, Snapple o Red Bull."]

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

_____ TIMES

'CAT_AC46' [CAT_AC46] –

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

'QA17_C14' [AC47] –

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

¿Cuántos vasos de agua bebió usted ayer en el trabajo, en casa y en cualquier otro lugar? Cunte una taza como un vaso y cuente una botella de agua como dos vasos. Cunte unos pocos sorbos, como cuando bebe de una fuente de agua, como menos de un vaso. Está bien si me da su mejor cálculo.

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

[IF NEEDED, SAY: "Incluya agua corriente de un lavabo, un grifo, una fuente o una jarra

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

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

'CAT_AC47' [CAT_AC47] –

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

'QA17_C15' [AC42] –

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

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

'PN_QA17_C16' [PN_AC44] -**PROGRAMMING NOTE AC44 :****IF AC42 = 2, 3, OR 4, THEN CONTINUE WITH AC44 ;****ELSE GO TO PROGRAMMING NOTE AE15****'QA17_C16' [AC44] –**

How often are they affordable? Would you say...
¿Con qué frecuencia los puede pagar? ¿Diría que...

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

[IF NEEDED, SAY: *¿Con qué frecuencia puede pagar el precio de las frutas y verduras frescas que encuentra en su vecindario? ¿Diría que. . .*]

- 01 Never,
- 01 Nunca
- 02 Sometimes,
- 02 A veces
- 03 Usually, or
- 03 Normalmente, o
- 04 Always?
- 04 Siempre?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_C17' [AE15] –

Now, I am going to ask about various health behaviors.

Ahora voy a preguntarle sobre varios comportamientos relacionados con la salud

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

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

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

If = 2, goto 'QA17_C27'

'QA17_C18' [AE15A] –

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

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

If = 2, goto 'QA17_C20'

If = 3, -7, -8, goto 'QA17_C27'

'QA17_C19' [AD32] –

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

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

_____ NUMBER OF CIGARETTES [HR: 0-120]

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, go to 'QA17_C21'

'PN_QA17_C20' [PN_AE16] -

PROGRAMMING NOTE AE16 :

IF AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH AE16 ;

ELSE GO TO PN_AC49

'QA17_C20' [AE16] –

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

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

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

_____ NUMBER OF CIGARETTES [HR: 0-120]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_C21' [PN_AC49] -

PROGRAMMING NOTE AC49 :

IF AE15A = 1 (SMOKE EVERY DAY) OR AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH AC49 ;

ELSE GO TO PN_AC81B

'QA17_C21' [AC49] –

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

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

'QA17_C22' [AC50] –

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

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

'QA17_C23' [AC104] –

In the past 12 months, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?
En los últimos 12 meses, ¿usó chicle de nicotina, pastillas de chupar de nicotina o un inhalador de nicotina?

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

'AC75B' [AC75B] –

In the past 12 months did you
En los últimos 12 meses

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

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

'PN_QA17_C25' [PN_AC77] -**PROGRAMMING NOTE AC77 :**

**IF AE15A = 1 (EVERY DAY) OR AE15A = 2 (SOME DAYS), CONTINUE WITH AC77 ;
 ELSE IF AE15A =3 (NOT AT ALL), SKIP TO PN AC81B**

'QA17_C25' [AC77] –

In the past 12 months, did a doctor or other health professional advise you to quit smoking?
En los últimos 12 meses, ¿le aconsejó un doctor u otro profesional de la salud que dejara de fumar?

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

'QA17_C26' [AC78] –

In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?

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

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

'QA17_C27' [AC81B] -

Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

¿Alguna vez ha usado algún tipo de cigarrillo electrónico o “e-cigarette”, bolígrafo para vapear o pipa electrónica “Hookah”, como “Blu”, “NJOY” o “Vuse”, o algunos tipos de aparatos grandes para vapear, a veces llamados vapeadores, atomizadores o “mods”?

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

[IF NEEDED, SAY: “Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]

[IF NEEDED, SAY: *Los cigarrillos electrónicos son aparatos que imitan el fumar cigarrillos tradicionales, pero funcionan con batería y producen vapor en vez de humo. Los líquidos que se usan en el aparato pueden tener nicotina y normalmente tienen sabores.*

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

If = 2, -7, -8, go to ‘QA17_C30’

'QA17_C28' [AC82B] -

During the past 30 days, on how many days did you use electronic cigarettes?

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

_____ NUMBER OF DAYS [HR: 0 - 30]

If = 0, go to ‘QA17_C30’

- 7 REFUSED
- 8 DON’T KNOW

If = -7, -8, go to ‘QA17_C30’

'QA17_C29' [AC83B] -

What best describes your reasons for using e-cigarettes

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

[CODE ALL THAT APPLY]

- 01 QUIT SMOKING
- 02 REPLACE SMOKING
- 03 CUT DOWN OR REDUCE SMOKING
- 04 USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
- 05 CURIOSITY, JUST TRY IT
- 06 NO LINGERING ODOR
- 07 HELPS ME CONCENTRATE/STAY ALERT
- 08 COME IN MANY FLAVORS
- 09 LESS EXPENSIVE
- 10 HEALTHIER THAN CIGARETTES
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON’T KNOW

OTHER (SPECIFY: _____)

'QA17_C30' [AC115] –

The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking. *Las preguntas que siguen son sobre la marihuana, también llamada cannabis o hierba, el hachís y otros productos que contienen tetrahidrocannabinol (THC). Hay muchos métodos para consumir estos productos, como fumarlos, vaporizarlos, untarlos, comerlos o beberlos.*

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

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

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

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

If = 2, -7, -8, go to AC128

'QA17_C31' [AC116] –

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

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

'CAT_AC116' [CAT_AC116] –

- 01 DAYS [HR: 0-365]
- 02 MONTHS [HR: 0-12]
- 03 YEARS [0-99]
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_C32' [PN_AC117] -

PROGRAMMING NOTE AC117:

IF AGE >25, THEN GO TO AC128;

IF AC116 >=30 DAYS OR >1 MONTH, THEN GO TO AC128;

ELSE CONTINUE WITH AC117;

'QA17_C32' [AC117] –

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

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

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

If = 1, go to AC128

'QA17_C33' [AC118] –

How often have you used tobacco when you have also been using marijuana? Would you say...
¿Con qué frecuencia ha consumido tabaco cuando también ha estado consumiendo marihuana? ¿Diría que...?

- 01 Usually
- 01 Normalmente
- 02 Sometimes
- 02A veces
- 03 Never
- 03 Nunca
- 7 REFUSED
- 8 DON'T KNOW

'QA17_C34' [AC119] –

During the past 30 days, how did you use marijuana? Did you...
Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

Smoke it in a joint, bong, or pipe?
¿La fumó en un cigarrillo, una pipa de vidrio o una pipa?

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

'QA17_C35' [AC120] –

During the past 30 days, how did you use marijuana? Did you...
Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?
¿Fumó parte de o todo un cigarrillo de marihuana, que a veces se llama blunt?

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

'QA17_C36' [AC121] –

[During the past 30 days, how did you use marijuana?] Did you...
[Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]

Eat it?
¿La comió?

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

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

'QA17_C37' [AC122] –

[During the past 30 days, how did you use marijuana?] Did you...
 [Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]

Drink it?

¿La bebió?

[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]

[IF NEEDED SAY: Por ejemplo, en té, refrescos de cola, bebidas alcohólicas u otras bebidas]

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

'QA17_C38' [AC123] –

[During the past 30 days, how did you use marijuana?] Did you...
 [Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]

Vaporize it?

¿La vaporizó?

[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]

[IF NEEDED, SAY: Por ejemplo, en un vaporizador del tipo de un cigarrillo electrónico]

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

'QA17_C39' [AC124] –

[During the past 30 days, how did you use marijuana?] Did you...
 [Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]

Dab it?

¿Se la untó?

[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]

[IF NEEDED SAY: Por ejemplo, usando aceite de hachís, cera o concentrados]

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

'QA17_C40' [AC125] –

[During the past 30 days, how did you use marijuana?] Did you...
 [Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]

Use it some other way?

¿La consumió de alguna otra manera?

- 01 YES (SPECIFY _____)
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QA17_C41' [AC126] –

Was **any** of your marijuana use in the past month recommended by a doctor or other health care provider?
¿Fue alguna de la marihuana que consumió en el último mes recomendada por un médico o por otro proveedor de atención médica?

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

If = 2, go to AC128

'QA17_C42' [AC127] –

Was **all** of your marijuana use in the past month recommended by a doctor or other health care provider?
¿Fue toda la marihuana que consumió en el último mes recomendada por un médico o por otro proveedor de atención médica?

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

'QA17_C43' [AC128] –

Have you used heroin in the past 12 months?
¿Ha consumido heroína en los últimos 12 meses?

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

'QA17_C44' [AC129] –

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

En los últimos 12 meses, ¿ha usado algún analgésico o medicina para el dolor recetado de una manera que no seguía las indicaciones de su médico? Algunos ejemplos son Vicodin, OxyContin, Norco, hidrocodona, Percocet y metadona.

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

If = 2, -7, -8, go to AE17

'QA17_C45' [AC130] –

How many of these prescription pain killers are you taking?
¿Cuántos de estos analgésicos recetados está tomando?

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

'QA17_C46' [AC131] –

Did you get the prescription(s) from one doctor or from more than one doctor?
¿Obtuvo la(s) receta(s) de un solo médico o de más de un médico?

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

If = 2, -7, -8, go to AC133

'QA17_C47' [AC132] –

Did you sign a contract with your doctor regarding these medicines?
¿Firmó un contrato con su médico en relación con estos medicamentos?

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

'QA17_C48' [AC133] –

What condition or conditions are you taking the medicine for?
¿Para qué afección o afecciones está tomando este medicamento?

[CHECK ALL THAT APPLY]

- 01 DENTAL WORK/DENTAL PAIN
- 02 SURGERY, NOT ACCIDENT-RELATED
- 03 RECENT INJURY
- 04 CHRONIC PAIN, REGARDLESS OF CAUSE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

Section D: General Health, Disability, and Sexual Health

'QA17_D1' [AE17] –

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

[IF NEEDED, SAY: "About how tall?"]

[IF NEEDED, SAY: "¿Más o menos cuánto mide?"]

_____ FEET

_____ INCHES

_____ METERS

_____ CENTIMETERS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_D2' [PN_AE18] -

PROGRAMMING NOTE AE18 :

**IF AA3 = 2 (FEMALE) AND [AAGE < 50 OR AA2A < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
 ELSE DISPLAY "How"**

'QA17_D2' [AE18] –

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

{Cuando no está embarazada, ¿cuánto / ¿Cuánto} pesa sin zapatos?

[IF NEEDED, SAY: "About how much?"]

[IF NEEDED, SAY: "¿Más o menos cuánto?"]

_____ POUNDS

_____ KILOGRAMS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_D3' [AD50] –

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

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

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

If = 2, -7, -8, goto 'QA17_D5'

'QA17_D4' [AL8] –

Are you legally blind?

¿Es usted legalmente ciego(a)?

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

'QA17_D5' [AD43B] –

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

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

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

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

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

If >=0 , goto 'QA17_D7'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, goto 'QA17_D7'

'QA17_D6' [AD44B] –

Can you give me your best guess?

¿Podría darme un número aproximado?

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

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

'CAT_AD44B' [CAT_AD44B] - CAT_AD44B

- 01 0 PARTNERS
- 02 1 PARTNER
- 03 2-3 PARTNERS
- 04 4-5 PARTNERS
- 05 6-10 PARTNERS
- 06 MORE THAN 10 PARTNERS
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_D7' [PN_AD45B] -
PROGRAMMING NOTE AD45 :
IF AD43B = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE AD46B ;
ELSE CONTINUE WITH AD45 ;
IF AD43B OR AD44 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

'QA17_D7' [AD45B] –

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

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

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

'PN_QA17_D8' [PN_AD46B] -
PROGRAMMING NOTE AD46 :
IF AA3 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF AA3 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

'QA17_D8' [AD46B] –

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

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

[IF NEEDED, SAY: "La gente heterosexual tiene relaciones sexuales o siente atracción principalmente por personas del sexo opuesto. Los gay, homosexuales {y lesbianas} tienen relaciones sexuales o sienten atracción principalmente por personas del mismo sexo. Los bisexuales, tienen relaciones sexuales o les atraen personas de ambos sexos."]

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

OTHER (SPECIFY: _____)

'PN_QA17_D9' [PN_AD60B] -

PROGRAMMING NOTE AD60 :

**IF [AA3 = 1 (MALE) AND AD45B = 1 (MALE)] OR [AA3 = 2 (FEMALE) AND AD45B = 2 (FEMALE)] OR
[AD45B = 3, -7, OR -8] OR [IF AD46B ≠ 1] CONTINUE WITH AD60B ;
ELSE GO TO AD65a**

'QA17_D9' [AD60B] –

Are you legally married to someone of the same sex?

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

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

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

If = 1, goto 'QA17_D11'

'QA17_D10' [AD61B] –

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

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

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

'QA17_D11' [AD65A] –

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

En su acta de nacimiento original, ¿su sexo se indica como hombre o como mujer?

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

'QA17_D12' [AD66B] –

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

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

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

If = 1, 2, 3, goto 'PN_QA17_D14'

If = -7, -8, goto 'QA17_D15'

'PN_QA17_D13' [PN_AD67B] -

PROGRAMMING NOTE AD67 :

IF AD66 = 4 THEN CONTINUE WITH AD67 ;

ELSE SKIP TO AD68

'QA17_D13' [AD67B] -

What is your current gender identity?

¿Cuál es su identidad sexual actual?

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

'SPECIFY_AD67B' [SPECIFY_AD67B] -

SPECIFY: (_____)

'PN_QA17_D14' [PN_AD68B] -

PROGRAMMING NOTE AD68 :

**IF [AD65A = 1 (MALE) AND AD66 = 1 (MALE)] OR [AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)] THEN
SKIP TO AD79 ;**

ELSE CONTINUE WITH AD68 ;

DISPLAYS;

IF [AD65 = 1 OR AD65A = 1 (MALE) AND AD66 = 2 (FEMALE)], THEN DISPLAY {male} and {female};

IF [AD65 = 1 OR AD65A = 1 (MALE) AND AD66 = 3 (TRANSGENDER)], THEN DISPLAY {male} and {transgender};

'QA17_D14' [AD68B] -

Just to confirm, you were assigned **{INSERT RESPONSE FROM AD65A}** at birth and now describe yourself as **{INSERT RESPONSE FROM AD66 OR AD67B}**. Is that correct?

*Solo para confirmar, le asignaron el sexo al nacer y ahora se describe como **{INSERT RESPONSE FROM AD65A}**.*

¿Es esto correcto?

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

If = 2, Go back to 'QA17_D12'

'PN_QA17_D15' [PN_AD79] -
PROGRAMMING NOTE AD79;
IF [AA3 = 1 OR AD65A = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND AD45B = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH AD79;
ELSE IF (AA3 = 1 AND AD65A = 2) OR (AA3 = 2 AND AD65A = 1), THEN CONTINUE WITH AD79;
ELSE IF AA3 = 1 AND AD46 = 2 OR 3, THEN CONTINUE WITH AD79;
ELSE SKIP TO AD83;

'QA17_D15' [AD79] –

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

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

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

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

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

If = 1, goto 'QA17_D19'

'QA17_D16' [AD80] –

In the past 12 months, have you taken any PrEP or Truvada®?

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

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

If = 1, goto 'QA17_D19'

'QA17_D17' [AD81] –

Have you ever taken any PrEP or Truvada®?

¿Alguna vez ha tomado alguna PrEP o Truvada®?

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

If = 1, goto 'QA17_D19'

'QA17_D18' [AD82] –

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

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

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

'QA17_D19' [AD83] –

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

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

If = 2, -7, -8, goto 'QA17_D21'

'QA17_D20' [AD84] –

For your most recent HIV test, were you offered the test or did you ask for the test?
En cuanto a su prueba de VIH más reciente, ¿le ofrecieron hacerle la prueba o usted pidió que le hicieran la prueba?

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

If = 1, 2, 3, 91, -7, -8, goto PN_AD13

'QA17_D21' [AD85] –

Were you ever offered an HIV test?
¿Alguna vez le ofrecieron hacerle una prueba de VIH?

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

Section E: Women's Health

'PN_QA17_E1' [PN_AD13] -
PROGRAMMING NOTE AD13 :
IF AA3 = 1 (MALE), THEN GO TO AJ29 ;
IF AGE > 45, THEN GO TO AJ29 ;
DISPLAYS;
IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";
IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them."

'QA17_E1' [AD13] –

{These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}

To your knowledge, are you now pregnant?

Las siguientes preguntas son sobre la salud de la mujer. Las siguientes preguntas pueden ser relevantes para usted porque la registraron como mujer al nacer. Si este no es el caso, digámelo y no le haré esas preguntas. Que usted sepa, ¿está embarazada actualmente?

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

'QA17_E2' [AE96] –

In the past 12 months, did you deliver a baby?

En los últimos 12 meses, ¿tuvo un bebé?

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

If = 2, 3, 4, goto 'Section F_Mental Health'

'QA17_E3' [AE97] –

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

Durante las 8 semanas después del nacimiento de su bebé, ¿fue a un médico o a otro proveedor de atención médica?

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

IF AE97 =1 go to AE102

'QA17_E4' [AE98] –

Did your doctor tell you to have a follow up visit after the birth of your baby?
¿Su médico le dijo que pidiera una cita de control después del nacimiento de su bebé?

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

'QA17_E5' [AE99] –

Did you try to get an appointment?
¿Intentó obtener una cita?

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

'QA17_E6' [AE100] –

Did you have a way to get to your appointment?
¿Tenía alguna manera de obtener su cita?

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

'QA17_E7' [AE101] –

What is the main reason you did not see the doctor?
¿Cuál es la principal razón por la que no fue al médico?

- 01 I FELT WELL/ I DIDN'T THINK I NEEDED IT
- 02 INSURANCE PROBLEMS
- 03 COULDN'T GET AN APPOINTMENT WITHIN 8 WEEKS
- 04 TOO BUSY/TIME GOT AWAY FROM ME
- 05 HAD A VISIT MORE THAN 8 WEEKS POSTPARTUM
- 06 NO TRANSPORTATION
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_E8' [AE102] –

Did that doctor or other health care provider ask you about whether or not you were feeling sad or depressed?
¿Ese médico u otro proveedor de atención médica le preguntó si se sentía triste o deprimida?

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

Section F: Mental Health

‘QA17_F1’ [AJ29] –

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

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?

Las siguientes preguntas son acerca de cómo se ha sentido durante los últimos 30 días. Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido nervioso(a)? ¿Diría usted que siempre, casi siempre, algunas veces, muy pocas veces o nunca?

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

‘QA17_F2’ [AJ30] –

During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido sin esperanzas—siempre, casi siempre, algunas veces, muy pocas veces o nunca?

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

‘QA17_F3’ [AJ31] –

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

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

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

IF NEEDED, SAY: *¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?*

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

'QA17_F4' [AJ32] –

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?

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

IF NEEDED, SAY: *¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?*

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

'QA17_F5' [AJ33] –

During the past 30 days, about how often did you feel that everything was an effort?

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

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

IF NEEDED, SAY: *¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?*

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

'QA17_F6' [AJ34] –

During the past 30 days, about how often did you feel worthless?

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

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

IF NEEDED, SAY: *¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?*

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

'QA17_F7' [AF62] –

Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

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

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

'PN_QA17_F8' [PN_AF63] -

PROGRAMMING NOTE AF63 :

IF AF62 = 1 THEN CONTINUE WITH AF63 ;

ELSE SKIP TO PROGRAMMING NOTE AF69B intro

'QA17_F8' [AF63] –

The next questions are about the one month in the past 12 months when you were at your worst emotionally. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

Las preguntas que siguen son acerca de ese mes en los últimos 12 meses cuando usted se sintió peor emocionalmente. Durante ese mismo mes, ¿con qué frecuencia se sintió nervioso(a) — siempre, casi siempre, algunas veces, muy pocas veces o nunca?

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

'QA17_F9' [AF64] –

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

Durante ese mismo mes, ¿con qué frecuencia se sintió sin esperanzas, — siempre, casi siempre, algunas veces, muy pocas veces o nunca?

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

'QA17_F10' [AF65] –

How often did you feel restless or fidgety?

¿Con qué frecuencia se sintió inquieto(a) o intranquilo(a)?

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

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

'QA17_F11' [AF66] –

How often did you feel so depressed that nothing could cheer you up?

¿Con qué frecuencia se sintió tan deprimido(a) que nada le podía levantar el ánimo?

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

IF NEEDED, SAY: *¿Siempre, casi siempre, algunas veces, muy pocas veces o nunca?*

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

'QA17_F12' [AF67] –

How often did you feel that everything was an effort?

¿Con qué frecuencia se sintió como que todo era un esfuerzo?

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

IF NEEDED, SAY: *¿Siempre, casi siempre, algunas veces, muy pocas veces o nunca?*

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

'QA17_F13' [AF68] –

How often did you feel worthless?

¿Con qué frecuencia se sintió como que usted no valía nada?

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

IF NEEDED, SAY: *¿Siempre, casi siempre, algunas veces, muy pocas veces o nunca?*

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

'PN_SS_INTRO' [PN_SS_INTRO] -

IF AJ29-AJ34 > 0 THEN,

IF AJ29-AJ34 = 1 THEN AJ29_R-AJ34_R = 4;

ELSE IF AJ29-AJ34 = 2 THEN AJ29_R-AJ34_R = 3;

ELSE IF AJ29-AJ34 = 3 THEN AJ29_R-AJ34_R = 2;

ELSE IF AJ29-AJ34 = 4 THEN AJ29_R-AJ34_R = 1;

ELSE IF AJ29-AJ34 = 5 THEN AJ29_R-AJ34_R = 0;

ELSE AJ29_R-AJ34_R = AJ29-AJ34;

IF AF63-AF68 > 0 THEN,

IF AF63-AF68 = 1 THEN AF63_R-AF68_R = 4;

ELSE IF AF63-AF68 = 2 THEN AF63_R-AF68_R = 3;

ELSE IF AF63-AF68 = 3 THEN AF63_R-AF68_R = 2;

ELSE IF AF63-AF68 = 4 THEN AF63_R-AF68_R = 1;

ELSE IF AF63-AF68 = 5 THEN AF63_R-AF68_R = 0;

ELSE AF63_R-AF68_R = AF63-AF68;

IF (AJ29_R - AJ34_R) >= 0 (NON-MISSING) THEN DO;

IF (AJ29_R + AJ30_R + AJ31_R + AJ32_R + AJ33_R + AJ34_R) > 8 OR

(AF63_R + AF64_R + AF65_R + AF66_R + AF67_R + AF68_R) > 8, THEN CONTINUE WITH AF69B INTRO;

IF (AF63_R - AF68_R) > 7 OR

(AF63_R + AF64_R + AF65_R + AF66_R + AF67_R + AF68_R) > 7, THEN CONTINUE WITH AF69B INTRO;

IF AF62 = 1 THEN DISPLAY "again, please";

ELSE SKIP TO AF81;

'SS_INTRO' [SS_INTRO] –

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

Piense otra vez, por favor, en el mes, durante los últimos 12 meses, en el que se sintió peor emocionalmente.

**'PN_QA17_F14' [PN_AF69B] -
PROGRAMMING NOTE AF69B :
IF AGE > 70 GO TO AF70B ;
ELSE CONTINUE WITH AF69B**

'QA17_F14' [AF69B] –

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

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

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

'QA17_F15' [AF70B] –

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

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

- 01 A LOT
- 02 SOME
- 03 NOT AT ALL
- 7 REFUSED
- 8 DON'T KNOW

'QA17_F16' [AF71B] –

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

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

- 01 A LOT
- 02 SOME
- 03 NOT AT ALL
- 7 REFUSED
- 8 DON'T KNOW

'QA17_F17' [AF72B] –

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

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

- 01 A LOT
- 02 SOME
- 03 NOT AT ALL
- 7 REFUSED
- 8 DON'T KNOW

'QA17_F18' [AF73B] –

Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

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

IF NEEDED, SAY: *Para responder, puede usar cualquier número entre 0 y 365.*

_____ NUMBER OF DAYS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_F19' [AF81] –

Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

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

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

If = 2, -7, -8, goto '**QA17_F21**'

'QA17_F20' [AJ1] - 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?

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

'QA17_F21' [AF74] –

In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

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

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

'QA17_F22' [AF75] –

In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, **OR** your use of alcohol or drugs?

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

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

'PN_QA17_F23' [PN_AF76] –**PROGRAMMING NOTE AF76 :**

**IF AF74 = 1 OR AF75 = 1 THEN CONTINUE WITH AF76 ;
ELSE SKIP TO AJ5**

'QA17_F23' [AF76] –

Did you seek help for your mental or emotional health **OR** for an alcohol or drug problem?

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

- 01 MENTAL-EMOTIONAL HEALTH
- 02 ALCOHOL-DRUG PROBLEM
- 03 BOTH MENTAL & ALCOHOL-DRUG
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_F24' [PN_AF77] –**PROGRAMMING NOTE AF77 :**

**IF AF76 = 1, display: "mental or emotional health";
IF AF76 = 2, display: "use of alcohol or drugs";
IF AF76 = 3, display: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO AF78**

'QA17_F24' [AF77] –

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

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

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

- 7 REFUSED
- 8 DON'T KNOW

'QA17_F25' [AF78] –

Are you still receiving treatment for these problems from one or more of these providers?

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

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

If = 1, -7, -8, goto 'QA17_F28'

'QA17_F26' [AF79] –

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

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

If = 1, -7, -8, goto '**QA17_F28**'

'QA17_F27' [AF80] –

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

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

OTHER_AF80

'QA17_F28' [AJ5] –

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

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

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

'PN_QA17_F29' [PN_AF82] -

PROGRAMMING NOTE AF82 :

IF AF81 = 1 AND (AF74 ≠ 1 AND AF75 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH AF82 ;

ELSE SKIP TO PN_AF107

'QA17_F29' [AF82] –

Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.

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

You were concerned about the cost of treatment.

Le preocupaba el costo del tratamiento.

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

'QA17_F30' [AF83] –

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

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

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

'QA17_F31' [AF84] –

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

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

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

'QA17_F32' [AF85] –

You had a hard time getting an appointment.

Le fue muy difícil conseguir una cita

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

**'PN_QA17_F33' [PN_AF107] -
PROGRAMMING NOTE AF107 :**

**IF AA5E = 9 (JAPANESE) OR AA5F = 38 (JAPANESE), THEN CONTINUE WITH AF107 ;
ELSE GO TO SECTION G;**

'QA17_F33' [AF107] –

The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

Las siguientes preguntas son sobre cómo se siente acerca de diferentes aspectos de su vida. Para cada uno, por favor dígame con qué frecuencia se siente usted de esa manera.

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

Primero, ¿con qué frecuencia siente usted la falta de compañía de una persona? ¿Diría que...?

- 01 Hardly ever
- 01 Casi nunca
- 02 Some of the time, or
- 02 Parte del tiempo o
- 03 Often?
- 03 Con frecuencia
- 7 REFUSED
- 8 DON'T KNOW

'QA17_F34' [AF108] –

How often do you feel left out? Is it...

¿Con qué frecuencia se siente que las personas lo(a) dejan de lado? ¿Diría que...?

- 01 Hardly ever
- 01 Casi nunca
- 02 Some of the time, or
- 02 Parte del tiempo o
- 03 Often?
- 03 Con frecuencia
- 7 REFUSED
- 8 DON'T KNOW

'QA17_F35' [AF109] –

How often do you feel isolated from others? Is it...

¿Con qué frecuencia se siente alejado(a) de las demás personas? ¿Diría que...?

- 01 Hardly ever
- 01 Casi nunca
- 02 Some of the time, or
- 02 Parte del tiempo o
- 03 Often?
- 03 Con frecuencia
- 7 REFUSED
- 8 DON'T KNOW

Section G: Demographic Information, Part II

'QA17_G1' [AH33] –

Now a few more questions about your background.

Ahora tengo algunas preguntas sobre usted

In what country were you born?

¿En qué país nació?

[SELECT FROM MOST LIKELY COUNTRIES]

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

OTHER_AH33

'PN_QA17_G2' [PN_AH34] -

PROGRAMMING NOTE AH34 :

IF AH33 ≠ 1 (NOT BORN IN US) GO TO AG25 ;

ELSE IF AH33 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH AH34

'QA17_G2' [AH34] –

In what country was your mother born?

¿En qué país nació su madre?

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

OTHER_AH34

'QA17_G3' [AH35] –

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

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

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

OTHER_AH35

'PN_QA17_G4' [PN_AG25] –**PROGRAMMING NOTE AG25 :**

IF AA5E ≠ 9 (NOT JAPANESE) AND AA5F ≠ 38 (NOT JAPANESE), THEN SKIP TO AH36 ;
 ELSE IF AH33 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
 AND [AAGE ≤ 70 OR AA2A = 6], SKIP TO AG27;

'QA17_G4' [AG25] –

You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?

Usted dijo que es de ascendencia japonesa, ¿inmigraron o sus antepasados de Japón a los Estados Unidos después de 1945?

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

If = 1, goto 'QA17_G6'

'QA17_G5' [AG26] –

Which generation of Japanese immigrant are you?
¿De cuál generación de inmigrante japonés es usted?

- 01 1ST GENERATION (ISSEI)
- 02 2ND GENERATION (NISEI)
- 03 3RD GENERATION (SANSEI)
- 04 4TH GENERATION (YONSEI)
- 05 5TH GENERATION (GOSEI)
- 91 OTHER SPECIFY: (_____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 5, 6, 7, 8, goto '**QA17_G7**'

'QA17_G6' [AG27] –

[You said you were of Japanese heritage,] which generation of Japanese immigrant are you?
Usted dijo que es de ascendencia japonesa, ¿de cuál generación de inmigrante japonés es usted?

- 01 1ST GENERATION (ISSEI)
- 02 2ND GENERATION (NISEI)
- 03 3RD GENERATION (SANSEI)
- 91 OTHER SPECIFY: (_____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_G7' [AH36] –

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

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: “¿Algún otro?”]

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

'OTHER1_AH36' [OTHER1_AH36] - OTHER1_AH36

'OTHER2_AH36' [OTHER2_AH36] - OTHER2_AH36

'PN_QA17_G8' [PN_AH37] -
PROGRAMMING NOTE AH37 :
IF AH36 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE AH39 ;
IF INTERVIEW CONDUCTED IN ENGLISH AND AH36 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH AH37 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";
ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH AH37 .
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME AH37 WAS ASKED

'QA17_G8' [AH37] –

{Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

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

- 01 Very well,
- 01 *Muy bien*
- 02 Well,
- 02 *Bien*
- 03 Not well, or
- 03 *No bien, o*
- 04 Not at all?
- 04 *No lo habla?*
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_G9' [PN_AH39] -
PROGRAMMING NOTE AH39 :
IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE AH44
ELSE CONTINUE WITH AH39

'QA17_G9' [AH39] –

The next questions are about citizenship and immigration.

Are you a citizen of the United States?

Las preguntas siguientes son acerca de ciudadanía e inmigración. ¿Es usted ciudadano(a) de los Estados Unidos?

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

If = 1, goto 'QA17_G11'

'QA17_G10' [AH40] -

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

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

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

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

'QA17_G11' [AH41] -

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

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

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

'AH41Y' [AH41Y] - _____ YEAR (FIRST CAME TO LIVE IN U.S.)

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_G12' [PN_AH44] -

PROGRAMMING NOTE AH44 :

IF [AH43 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH AH44 ;

IF AH43 = 1, THEN DISPLAY "spouse";

IF AH43 = 2 OR AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE AH43A

'QA17_G12' [AH44] -

Is your {spouse/partner} also living in your household?

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

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

'QA17_G13' [SC11A] –

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

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

'TEXT_NAME_SC11A' [TEXT_NAME_SC11A] -

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

'TEXT_SEX_SC11A' [TEXT_SEX_SC11A] -

SPOUSE/PARTNER SEX _____

'PN_QA17_G14' [PN_AH43A] -**PROGRAMMING NOTE AH43A :**

IF [AAGE < 30 OR AA2A = 1 (AGE 18-29)] AND [AH44 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR AH43 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH AH43A ; ELSE GO TO PROGRAMMING NOTE AH44A

'QA17_G14' [AH43A] –

Are you now living with either of your parents?

*¿Está usted viviendo actualmente con su padre o con su madre?***[INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]**

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

'QA17_G15' [SC13A1] –

{Let's start with the oldest} What is (the child's/this child's/the next child's) first name or initials?

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

Name/ Initials given (SPECIFY) _____

- 7 REFUSED

'QA17_G16' [SC13A2] –

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

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

- 7 REFUSED

'PN_QA17_G17' [PN_GENDER6] - PN_GENDER6**PROGRAMMING NOTE GENDER6:****IF KIDCNT =1 INSERT "the child's"****IF KIDCNT >1 INSERT "this child's"****'QA17_G17' [GENDER6] –**

What is {the child's/this child's} gender?

¿Cuál es el género {del menor/de este menor}?

- 1 MALE
- 2 FEMALE
- 3 REFUSED

'PN_QA17_G18' [PN_SC15A4] -**PROGRAMMING NOTE SC15A:****IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH
ROSTER MEMBER WITHOUT AN AGE****NOTE SC15A IS PART OF THE CHILD ROSTER****(IF SC13A2 =9. ASK SC15A IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)****(IF SC13A1=9 AND SC13A2=9 INSERT "the child"
AND DO NOT DISPLAY CHILD NAME/SEX)****'QA17_G18' [SC15A4] –**

Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY)

¿Tiene {CHILD NAME/el menor} (READ LIST. ENTER ONE ONLY)

- 01 0 to 5 years old, or
- 01 0 a 5 años, o
- 02 6 to 11 years old, or
- 02 6 a 11 años, o
- 03 12 to 17 years old?
- 03 12 a 17 años?
- 7 REFUSED
- 8 DON'T KNOW

'PN_SC14B1' [PN_SC14B1] - PN_SC14B**PROGRAMMING NOTE SC14B:****IF KIDCNT =1 INSERT "the child"****IF KIDCNT >1 INSERT "all the children"****'QA17_G19' [SC14B4] –**

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

¿Es usted el padre/la madre o el tutor de (PERSON NAME/AGE/SEX)?

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

**'PN_QA17_G20' [PN_SC14B] - PN_SC14B
ASK SC14B3 FOR EACH CHILD IN ROSTER**

'QA17_G20' [SC14B] –

Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?
¿Es usted el padre/la madre o el tutor de (CHILD NAME/AGE/SEX)?

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

'PN_QA17_G21' [PN_SC14C1] - PN_SC14C1

PROGRAMMING NOTE SC14C1:

**IF NAME GIVEN AT SC11A INSERT SC11A NAME
 ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner) IF KIDCNT =1 INSERT "the child"
 IF KIDCNT >1 INSERT "all the children"**

'QA17_G21' [SC14C1] –

Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

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

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

POST NOTE: IF SC14C1 -1 AUTO POPULATE SC14C2 AS 'YES' FOR ALL CHILDREN IN HH

'PN_QA17_G22' [PN_SC14C2] - PN_SC14C2

**PROGRAMMING NOTE SC14C2: IF SC14C1 =2
 ASK SC14C2 FOR EACH CHILD IN THE ROSTER**

'QA17_G22' [SC14C2] –

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

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

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

'PN_QA17_G23' [PN_SC15A1] -

PROGRAMMING NOTE SC15A1:

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE: SC15A IS PART OF THE CHILD ROSTER

'PN_N4' [PN_N4] -

PROGRAMMING NOTE:

IF SC14B=1 THEN

CHILD1CNT = COUNT OF CHILDREN IN SC14B AGED 0 TO 5 YRS

CHILD2CNT = COUNT OF CHILDREN IN SC14B AGED 6 TO 11 YRS

TEENCNT = COUNT OF CHILDREN IN SC14B AGED 12 TO 17 YRS

Child selection from only those with SC14A=1 or SC14B=1

IF CHILD2CNT=0,

IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],

ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT

ELSE IF CHILD1CNT=0,

IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],

ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT

ELSE,

FOR EACH CHILD AGED 0 TO 5: SET CHILDPROM = 2 / (2 × CHILD1CNT + CHILD2CNT)

FOR EACH CHILD AGED 6 TO 11: SET CHILDPROM = 1 / (2 × CHILD1CNT + CHILD2CNT)

SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROM

Teen selection from only those with SC14A=1 or SC14B=1

IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,

ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

'SELECT_KID_TEEN1' [SELECT_KID_TEEN1] -

'QA17_G24' [SC13A] –

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

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

- 1 No, no one missed
- 2 Yes

If = 2, Go back to 'SC13A_Loop1'

'POST_QA17_G24' [POST_SC13A] -

POST NOTE SC13:

DO CHILD AND TEEN SELECTION BASED ON CRITERIA

CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD

TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN

SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED

SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'PN_QA17_G25' [PN_AH44A] -
PROGRAMMING NOTE AH44A :
ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH AH44A ;
ELSE GO TO AH47 ;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF AH43 = 1 (MARRIED) AND AH44 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
ELSE IF AH44 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"

'QA17_G25' [AH44A] –

In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

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

[IF NEEDED, SAY: "This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements."]

[IF NEEDED, SAY: "*Esto incluye Head Start, guarderías infantiles, programas antes o después de la escuela y cualquier arreglo para que otra persona cuide a su niño(a) mediante un pago.*"]

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

If = 2, -7, -8, goto 'QA17_G27'

'QA17_G26' [AH44B] –

In the past month, how much did you pay for all child care arrangements and programs?

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

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household."]

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

'AH44BM' [AH44BM] - \$_____ AMOUNT LAST MONTH [HR: 0-8,000]

'AH44BW' [AH44BW] - \$_____ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

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

'QA17_G27' [AH47] -

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

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

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

'GRADE' [GRADE] - GRADE

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

'HIGH' [HIGH] - HIGH

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

'COLLEGE' [COLLEGE] - COLLEGE

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

'GRADUATE' [GRADUATE] - GRADUATE

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

'COMMUNITY' [COMMUNITY] - COMMUNITY

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

'BUSINESS' [BUSINESS] - BUSINESS

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

'QA17_G28' [AG22] –

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

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

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

If = 2, -7, -8, goto '**QA17_G30**'

'QA17_G29' [AG23] –

When did you serve?

¿Cuándo estuvo en las Fuerzas Armadas?

FROM _____

TO _____

OR

[CHECK ALL THAT APPLY]

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

'AG24' [AG24] –

Altogether, how long did you serve?

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

'AG24Y' [AG24Y] - _____ YEARS

'AG24M' [AG24M] - _____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_G30' [AK1] –

Which of the following were you doing last week?

¿Cuál de las siguientes actividades hizo la semana pasada?

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

If = 1, -7, -8, goto '**PN_QA17_G34**'

'QA17_G31' [AK2] –

What is the main reason you did not work last week?

¿Cuál es el motivo principal por el que no trabajó la semana pasada?

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

[IF NEEDED, SAY: "El motivo principal es el motivo más importante."]

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

If = 5, 6, goto 'QA17_G33'

'QA17_G32' [AG10] –

Do you usually work?

¿Trabaja usted por lo general?

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

'PN_QA17_G33' [PN_AL22] -

PROGRAMMING NOTE AL22 :

IF [AAGE = -7 OR -8 OR AAGE < 65] AND [AG10 = 2 (DOES NOT USUALLY WORK) OR

AK2 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH AL22 ;

ELSE GO TO PROGRAMMING NOTE AK4

'QA17_G33' [AL22] –

Are you receiving Social Security Disability Insurance or SSDI?

¿Recibe usted Ingreso de Seguro Social por Incapacidad (o SSDI)?

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

If = 1, 2, -7, -8, goto 'PN_QA17_G38'

'PN_QA17_G34' [PN_AK4] -**PROGRAMMING NOTE AK4 :**

IF AK1 = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR AG10 = 1 (usually works), CONTINUE WITH AK4 ; ELSE GO TO PROGRAMMING NOTE AG8

'QA17_G34' [AK4] –

On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

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

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

[IF NEEDED, SAY: "¿Dónde trabajó más horas?"]

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

'PN_QA17_G35' [PN_AK5] -**PROGRAMMING NOTE AK5 :**

IF AK4 = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)";

ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make or do at this business?"]"

'QA17_G35' [AK5] –

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

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

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

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

'TEXT_SPE_AK5' [TEXT_SPE_AK5] –

_____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

- 7 REFUSED
- 8 DON'T KNOW

'QA17_G36' [AK6] -

What is the main kind of work you do?

¿Cuál es el tipo de trabajo que usted hace principalmente?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

'OCC_AK6' [OCC_AK6] - _____ (OCCUPATION)

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_G37' [PN_AK8] -

PROGRAMMING NOTE AK8 :

IF AK4 = 2 (GOVERNMENT EMPLOYEE), CODE AK8 = 8 AND GO TO AG8 ;

IF AK4 = 3 (SELF-EMPLOYED), CONTINUE WITH AK8 AND DISPLAY "Including yourself, about" and "you"; ELSE CONTINUE WITH AK8 AND DISPLAY "About" and "your employer";

'QA17_G37' [AK8] -

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

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

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

[IF NEEDED, SAY: "*Puede darnos un número aproximado.*"]

- 01 1 OR 2
- 02 3-9
- 03 10-24
- 04 25-50
- 05 51-100
- 06 101-200
- 07 201-999
- 08 1,000 OR MORE
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_G38' [PN_AG8] -

PROGRAMMING NOTE AG8 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1, CONTINUE WITH AG8 ;

IF AH43 = 1, THEN DISPLAY "spouse";

ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner";

ELSE GO TO AH1

'QA17_G38' [AG8] -

Which of the following was your {spouse/partner} doing last week?

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

- 01 Working at a job or business,
01 Trabajó en un empleo o negocio
- 02 With a job or business but not at work,
02 Tenía empleo o negocio pero no trabajó
- 03 Looking for work, or
03 Estaba buscando trabajo, o
- 04 Not working at a job or business?
04 No trabajó en un empleo o negocio?
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, goto 'QA17_G40'

'QA17_G39' [AG11] -

Does your {spouse/partner} usually work?

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

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

If = 2, 3, -7, -8, goto 'QA17_H1'

'QA17_G40' [AG9] -

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

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

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

Section H: Health Insurance

'QA17_H1' [AH1] –

The next topics are about health insurance and health care.

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

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

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

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

- 01 YES
- 02 NO
- 03 DOCTOR/MY DOCTOR
- 04 KAISER
- 05 MORE THAN ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H3'

'PN_QA17_H2' [PN_AH3] -

PROGRAMMING NOTE AH3 :

IF AH1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF AH1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF AH1 = 4 (KAISER) CIRCLE "1" FOR AH3 AND GO TO AH12

'QA17_H2' [AH3] –

{What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

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

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

OTHER_AH3

'PN_QA17_H3' [PN_AH12] -

PROGRAMMING NOTE AH12 :

**IF AH13A = 1 OR AB67 = 1 (YES, R VISITED ER FOR ASTHMA) OR SKIP TO AH95 ;
ELSE CONTINUE WITH AH12**

'QA17_H3' [AH12] -

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

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

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

If = 2, -7, -8, goto 'QA17_H5'

'PN_QA17_H4' [PN_AH95] -

PROGRAMMING NOTE AH95 :

**IF AH13A = 1 OR AB67 = 1 (YES, R VISITED ER FOR ASTHMA) OR AB109 = 1 (YES, R VISITED ER FOR DIABETES) OR AB115 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY "During the past 12 month, how many times did you visit a hospital emergency room for your own health?";
ELSE DISPLAY "How many times did you do that?"**

'QA17_H4' [AH95] -

{During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that?}

{Durante los últimos 12 meses, ¿cuántas veces fue a la sala de emergencias de un hospital debido a su propia salud? / ¿Cuántas veces hizo eso?}

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

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

_____ NUMBER OF TIMES [HR: 0 - 200]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H5' [AI1] -

MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

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

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

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

If = 1, goto 'QA17_H8'

If = -7, -8, goto 'QA17_H16'

'POST_QA17_H5' [POST_AI1] -

POST-NOTE AI1 :

IF AI1 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

'PN_QA17_H6' [PN_AI2] -

PROGRAMMING NOTE AI2 :

**IF [AAGE > 64 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND AI1 = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH AI2 ;
ELSE GO TO PROGRAMMING NOTE AH123**

'QA17_H6' [AI2] -

Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

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

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

If = 1, -7, -8, goto 'PN_QA17_H16'

If = 2, goto 'PN_QA17_H8'

'POST_QA17_H6' [POST_AI2] -

POST-NOTE AI2 :

IF AI2 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA17_H7' [AI3] –

What is your age, please?

¿Cuál es su edad, por favor?

'AI3Y' [AI3Y] - _____ YEARS OF AGE [HR: 18-105]

If >=0 , goto 'PN_QA17_H16'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_H16'

'POST_QA17_H7' [POST_AI3] –

POST NOTE AI3 : AIDATE

SET AIDATE = CURRENT DATE (YYYYMMDD);

SET AAGE = AI3 ;

IF AAGE < 18, CODE AS IA AND TERMINATE

'PN_QA17_H8' [PN_AH123] –

PROGRAMMING NOTE AH123 :

IF ARMCARE = 1, CONTINUE WITH AH123 ;

ELSE GO TO PROGRAMMING NOTE AI6

'QA17_H8' [AH123] –

Is this a MediCARE Advantage Plan?

¿Es este un Plan MediCARE Advantage?

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

[IF NEEDED, SAY: "Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B."]

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

If = 2, -7, -8, goto 'QA17_H11'

'POST_QA17_H8' [POST_AH123] –

POST-NOTE AH123 ;

IF AH123 = 1, SET ARMADV= 1

'QA17_H9' [AH124] –

Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?
¿Es su Plan MediCare Advantage proporcionado a través de una HMO, PPO o Plan Privado de Pago por Servicio?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]
[IF NEEDED, SAY: "HMO son las siglas en inglés de «Health Maintenance Organization» (Organización para el Mantenimiento de la Salud). Con una HMO, por lo general debe recibir servicios de doctores de la HMO o no cubrirán el gasto, excepto en caso de emergencia médica".]

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "PPO son las siglas en inglés de «Preferred Provider Organization» (Organización de Proveedores Preferidos). Con una PPO, puede ir a cualquier doctor y hospital, pero paga menos si va a los doctores y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal."]

[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]

[IF NEEDED, SAY: "«Private Fee-for-Service» (Plan Privado de Pago por Servicio) es cuando MediCARE paga una cantidad fija de dinero cada mes a la compañía privada de seguros. Con el Plan Privado de Pago por Servicio, la compañía de seguros, y no MediCARE, decide cuánto debe pagar usted por los servicios".]

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

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

- 01 HMO (HEALTH MAINTENANCE ORGANIZATION)
- 02 PPO (PREFERRED PROVIDER ORGANIZATION)
- 03 PFFS (PRIVATE FEE FOR SERVICE)
- 04 SNP (SPECIAL NEEDS PLAN)
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH124

'QA17_H10' [AH125] –

What is the name of your MediCARE plan?

¿Cuál es el nombre de su plan de MediCARE?

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

IF R HAS DIFFICULTY RECALLING NAME, PROBE: "¿Tiene usted una tarjeta de seguro u otro documento donde aparezca el nombre del plan?"]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 083 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSSOF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS' INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES

- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISSION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL
- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH125

'POST_QA17_H10' [POST_AH125] -

POST-NOTE FOR AH125 :

ALL ANSWERS GO TO PROGRAMMING NOTE AH126 ;

IF AH125 = 93, 87, OR 89 THEN ARMILIT = 1

'QA17_H11' [AI4] -

Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone."]

[IF NEEDED, SAY: "Estas son pólizas que cubren los costos de los servicios de salud que no están cubiertos por MediCARE solamente."]

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

If = 2, -7, -8, goto 'PN_QA17_H16'

'POST_QA17_H11' [POST_AI4] -

POST-NOTE FOR AI4 :

IF AI4 = 1, SET ARSUPP = 1

'PN_QA17_H12' [PN_AH126] -
PROGRAMMING NOTE AH126 :
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE AI6 ;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY “MediCARE Advantage plan”;
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY “MediCARE Supplement plan”;

'QA17_H12' [AH126] –

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

[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”]

[IF NEEDED, SAY: “AARP son las siglas en inglés de Asociación Americana de Personas Retiradas.”]

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

'QA17_H13' [AH53] –

Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

[IF NEEDED, SAY: "Los pagos compartidos son pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica mientras que alguien más paga por la cobertura principal de su atención médica."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying.]

[IF NEEDED, SAY: "El deducible es la cantidad que usted paga por su atención médica antes de que su plan de salud empiece a pagar.]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan.]

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

'QA17_H14' [AH54] –

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

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

If = 2, -7, -8, goto '**PN_QA17_H16**'

'QA17_H15' [AH55] –

Who is that?

¿Quién lo paga?

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

[IF NEEDED, SAY: "*¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional?*"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "*¿Alguien más?*"]

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

'POST_QA17_H15' [POST_AH55] -

POST-NOTE FOR AH55 :

IF AH55 = 7, SET ARMCAL = 1;

**'PN_QA17_H16' [PN_AI6] -
PROGRAMMING NOTE AI6 :**
**IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"**

'QA17_H16' [AI6] -

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

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: "*Un plan para ciertos niños de bajos ingresos y sus familias, mujeres embarazadas y personas discapacitadas o mayores.*"]

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

'POST_QA17_H16' [POST_AI6] -

POST-NOTE FOR AI6 :

IF AI6 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF ARMCAL = 1 AND AI6 = 2, SET ARMCAL = 0

'PN_QA17_H17' [PN_AI8] -

PROGRAMMING NOTE AI8 :

**IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"**

'QA17_H17' [AI8] -

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

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

[IF NEEDED, SAY: "...either through your own or someone else's employment?"]

[IF NEEDED, SAY: "... ya sea a través de su propio empleo de alguna otra persona?"]

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

'POST_QA17_H17' [POST_AI8] -

POST-NOTE FOR AI8 :

IF AI8 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

**'PN_QA17_H18' [PN_AI11] -
PROGRAMMING NOTE AI11 :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH AI11 ;
ELSE GO TO PROGRAMMING NOTE AI9**

'QA17_H18' [AI11] -

Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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

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

[IF NEEDED, SAY: "No incluya planes que pagan solamente por ciertas enfermedades, como cáncer o derrame cerebral, o que solamente le dan "dinero extra" si está hospitalizado."]

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

If = 2, -7, -8, goto 'PN_QA17_H20'

'POST_QA17_H18' [POST_AI11] -

POST-NOTE FOR AI11 :

IF AI11 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

**'PN_QA17_H19' [PN_AH104] -
PROGRAMMING NOTE AH104 :
IF ARDIRECT = 1, THEN CONTINUE WITH AH104 ;
ELSE GO TO PROGRAMMING NOTE AI9**

'QA17_H19' [AH104] -

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

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

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

OTHER_AH104

'POST_QA17_H19' [POST_AH104] -

POST-NOTE FOR AH104 :

IF AH104 = 2, THEN SET ARHBEX = 1

'PN_QA17_H20' [PN_AI9] -**PROGRAMMING NOTE FOR AI9 :**

**IF AI8 = 1 (EMPLOYER-BASED COVERAGE) OR AI11 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH AI9 ;
ELSE GO TO PROGRAMMING NOTE AH105**

'QA17_H20' [AI9] -

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

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

[IF NEEDED, SAY: "Even someone who does not live in this household."]

[IF NEEDED, SAY: "¿Aún de alguien que no viva en este hogar?"]

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

If = 1, -7, -8, goto 'PN_QA17_H22'

'POST_QA17_H20' [POST_AI9] -**POST-NOTE FOR AI9 :**

**IF AI8 = 1 AND AI9 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF AI8 = 1 AND AI9 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF AI11 = 1 AND AI9 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF AI11 = 1 AND AI9 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1**

'PN_QA17_H21' [PN_AI9A] -**PROGRAMMING NOTE AI9A :**

**IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR AA2A = 1 (BETWEEN 18 AND 29)], CONTINUE WITH AI9A ;
ELSE GO TO PROGRAMMING NOTE AH105 ;
IF AH43 = 1, THEN DISPLAY "spouse's name";
IF AH43 ≠ 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "partner's name";
IF AH43A = 1 OR AAGE < 26, THEN DISPLAY "parent's name";**

'QA17_H21' [AI9A] -

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

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

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

'POST_QA17_H21' [POST_AI9A] -**POST-NOTE FOR AI9A :**

**IF AI8 = 1 AND AI9A = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF AH104 = 2 AND AI9A = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF AI8 = 1 AND AI9A = 2 SET AREMPPAR =1 AND AREMPOTH = 0;
IF AI11 = 1 AND AI9A = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF AI11 = 1 AND AI9A = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0**

**'PN_QA17_H22' [PN_AH105] -
PROGRAMMING NOTE AH105 :**
**IF AI8 = 1 (EMPLOYER-BASED COVERAGE) AND AK8 =< 5 (FIRM SIZE <=100), CONTINUE WITH AH105
AND DISPLAY;**
IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE AH106 ;

'QA17_H22' [AH105] –

How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

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

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP son las siglas en inglés del Programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California."]

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 92 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H22' [POST_AH105] -

POST-NOTE FOR AH105 :

IF AH105 = 3, THEN SET ARHBEX = 1

**'PN_QA17_H23' [PN_AH106] -
PROGRAMMING NOTE AH106**
IF ARHBEX = 1, THEN CONTINUE WITH AH106 ;
ELSE GO TO PROGRAMMING NOTE AH57 ;

'QA17_H23' [AH106] –

Was this a bronze, silver, gold or platinum plan?

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

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 92 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH106

**'PN_QA17_H24' [PN_AH107] -
PROGRAMMING NOTE AH107 :
IF AH105 = 3, THEN GO TO AH57 ;
ELSE CONTINUE WITH AH107 ;**

'QA17_H24' [AH107] -

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

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

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

**'PN_QA17_H25' [PN_AH57] -
PROGRAMMING NOTE AH57 :
IF AI8 = 1 (EMPLOYER-BASED COVERAGE) OR AI11 = 1 (PURCHASED OWN COVERAGE), CONTINUE
WITH AH57 ;
ELSE GO TO PROGRAMMING NOTE AI13**

'QA17_H25' [AH57] -

Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

¿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.

[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 pagala 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."]

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

If = 2, goto 'PN_QA17_H28'

'QA17_H26' [AH128] –

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

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

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay]

[IF NEEDED, SAY: No incluya el costo de ningún copago o deducible que haya tenido que pagar usted o su familia]

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

[IF NEEDED, SAY: "Los copagos son pagos parciales que usted hace para su atención médica cada vez que va a un médico o usa el sistema de atención médica, mientras que un plan de salud paga su cobertura de atención médica principal."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Un deducible es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

[IF NEEDED, SAY: "La prima es el pago mensual por el costo de su plan de seguro salud."]

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

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H27' [AH58] –

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

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

If = 2, -7, -8, goto 'PN_QA17_H30'

'PN_QA17_H28' [PN_AH56] -

PROGRAMMING NOTE AH56 :

**IF AH57 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"**

'QA17_H28' [AH56] –

{Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that?}

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

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

[IF NEEDED, SAY: "¿Quién, además de usted, paga cualquier parte del costo de este plan, como por ejemplo su empleador, un sindicato, o una organización profesional?"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Alguien más?"]

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

'POST_QA17_H28' [POST_AH56] -

POST-NOTE AH56 :

IF AH56 = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF AH56 = 4 OR 5, THEN SET AREMPSP = 1;

IF AH56 = 6, THEN SET AROTHER = 1;

IF AH56 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;

IF AH56 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;

IF AH56 = 11, SET ARHBEX = 1;

IF AH56 = 91, THEN SET AROTHER = 1

'QA17_H29' [AH129] –

How much do they contribute to your plan each month?
¿Cuánto aportan a su plan cada mes?

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

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H30' [PN_AI13] –**PROGRAMMING NOTE AI13 :**

IF [AK1 = 1 OR 2 (R WORKED LAST WEEK) OR AG10 = 1 (R USUALLY WORKS)] AND AK4 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH AI13 ; ELSE GO TO PROGRAMMING NOTE AI16

'QA17_H30' [AI13] –

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

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

If = 2, -7, -8, goto 'PN_QA17_H34'

'QA17_H31' [AI14] –

Are you eligible to be in this plan?

¿Reúne usted los requisitos para este plan?

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

If = 2, goto 'QA17_H33'

If = -7, goto 'PN_QA17_H34'

'QA17_H32' [AI15] –

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

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

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

If = 1, 2, 3, 4, 91, -7, -8, goto 'PN_QA17_H34'

OTHER_AI15

'QA17_H33' [AI15A] –

What is the one main reason why you are not eligible for this plan?

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

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

OTHER_AI15A

'PN_QA17_H34' [PN_AI16] –

PROGRAMMING NOTE AI16 :

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH AI16 ;
ELSE GO TO PN AI17**

'QA17_H34' [AI16] –

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

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

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

'POST_QA17_H34' [POST_AI16] –

POST-NOTE AI16 :

IF AI16 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

**'PN_QA17_H35' [PN_AI17] -
PROGRAMMING NOTE AI17 :**
**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY
PLAN) CONTINUE WITH AI17 ;
ELSE GO TO PROGRAMMING NOTE AI18**

'QA17_H35' [AI17] -

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

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

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

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

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

'POST_QA17_H35' [POST_AI17] -

POST-NOTE AI17 :

IF AI17 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

**'PN_QA17_H36' [PN_AI18] -
PROGRAMMING NOTE AI18 :**
**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY
PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH AI18 ;
ELSE GO TO PROGRAMMING NOTE AI20**

'QA17_H36' [AI18] -

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

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

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

If = 2, -7, -8, goto 'PN_QA17_H40'

'QA17_H37' [AI19] -

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

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Consiguió usted este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H37' [POST_AI19] -**POST-NOTE AI19 :**

IF AI19 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF AI19 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF AI19 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;

IF AI19 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;

IF AI19 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF AI19 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;

IF AI19 = 8, SET ARIHS = 1;

IF AI19 = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;

IF AI19 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;

IF AI19 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;

IF AI19 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

'PN_QA17_H38' [PN_AH59] -
PROGRAMMING NOTE AH59 :
IF AI19 = 1, 2, OR 3 CONTINUE WITH AH59 ;
ELSE GO TO PROGRAMMING NOTE AI20

'QA17_H38' [AH59] -

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

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

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

If = 1, -7, -8, goto 'PN_QA17_H40'

'POST_QA17_H38' [POST_AH59] -

POST-NOTE AH59 :
IF (AI19 = 1 OR 2 OR KAI19 =11) AND AH59 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF (AI19 = 3 OR 10) AND AH59 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF (AI19 = 1 OR 2) AND (AH59 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF AI19 = 1 AND (AH59 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

'PN_QA17_H39' [PN_AH60] -
PROGRAMMING NOTE AH60 :
IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH AH60 ;
ELSE GO TO PROGRAMMING NOTE AI20 ;
IF AH43 = 1 THEN DISPLAY "spouse's name";
IF AH43 ≠ 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "partner's name";
IF AH43A = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA17_H39' [AH60] -

Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
¿Está el plan a nombre de {spouse's name,} “{partner's name}” {parent's name} o a nombre de otra persona?

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

'POST_QA17_H39' [POST_AH60] -

POST-NOTE AH60 :
IF AH60 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF AH60 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

**'PN_QA17_H40' [PN_AI20] -
PROGRAMMING NOTE AI20 :
IF ARIHS ≠ 1 AND AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AI20 ;
ELSE GO TO PROGRAMMING NOTE AI37intro**

'QA17_H40' [AI20] -

Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
¿Tiene usted cobertura del Servicio de Salud Indígena, el Programa de Salud Tribal o Clínica Indígena Urbana?

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

'POST_QA17_H40' [POST_AI20] -

POST-NOTE AI20 :

IF AI20 = 1, SET ARIHS = 1

'PN_AI37_INTRO' [PN_AI37_INTRO] -

PROGRAMMING NOTE AI37intro :

**IF [AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1] AND AH44 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;
 IF AH43 = 1, THEN DISPLAY "spouse";
 ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE AI22C**

'AI37intro' [AI37intro] -

These next questions are about the type of health insurance your {spouse/partner} may have.

Las siguientes preguntas son sobre el tipo de seguro de salud que pueda tener su {esposo(a)/pareja}.

'PN_QA17_H41' [PN_AI37] -

PROGRAMMING NOTE AI37 :

IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH AI37 WITHOUT DISPLAY

**ELSE IF ARMCARE = 1, CONTINUE WITH AI37 AND DISPLAY "You said that you are covered by Medicare."
 AND "also";
 ELSE GO TO PROGRAMMING NOTE AI38**

'QA17_H41' [AI37] -

{You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

{Usted dijo que tiene cobertura de Medicare.} ¿Tiene (SPOUSE/PARTNER) cobertura de Medicare {también}?

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

'POST_QA17_H41' [POST_AI37] -

POST-NOTE AI37 :

IF AI37 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

'PN_QA17_H42' [PN_AH127] -
PROGRAMMING NOTE AH127 :
IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE AI37A ;
DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH AH127 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH AH127 AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
IF AH43 = 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner's";

'QA17_H42' [AH127] -

{You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

{Usted dijo que tiene un plan Medicare Advantage.} ¿Tiene su {esposo(a)/pareja} {también} un plan de Medicare Advantage?

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

[IF NEEDED, SAY: "Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B."]

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

'POST_QA17_H42' [POST_AH127] -

POST-NOTE AH127 :

IF AH127 = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

'PN_QA17_H43' [PN_AI37A] -
PROGRAMMING NOTE AI37A :
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE AI38 ;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH AI37A WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH AI37A AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE AI38

'QA17_H43' [AI37A] -

{You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{Usted dijo que tiene una póliza del seguro suplementario de Medicare.} ¿Tiene su {esposo(a)/pareja} {también} una póliza del seguro suplementario de Medicare?

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

'POST_QA17_H43' [POST_AI37A] -

POST-NOTE AI37A :

IF AI37A = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

'PN_QA17_H44' [PN_AI38] -
PROGRAMMING NOTE AI38 :
IF ARMCAL = 1, CONTINUE WITH AI38 ;
DISPLAY "also" IF ARMCARE =1;
ELSE GO TO PROGRAMMING NOTE AI40

'QA17_H44' [AI38] -

You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?
Usted dijo que {también} tiene Medi-Cal. ¿Está (SPOUSE/PARTNER) cubierto(a) también por Medi-Cal?

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

'POST_QA17_H44' [POST_AI38] -
POST-NOTE AI38 :
IF AI38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

'PN_QA17_H45' [PN_AI40] -
PROGRAMMING NOTE AI40 :
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH AI40 ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AH108

'QA17_H45' [AI40] -

You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

Usted dijo que tiene seguro a través de su empleador o sindicato actual o antiguo. ¿Tiene (SPOUSE/PARTNER) cobertura {también} del seguro que usted tiene a través de su empleador o sindicato?

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

If = 1, goto 'PN_QA17_H48'

'POST_QA17_H45' [POST_AI40] -
POST-NOTE AI40:
IF AI40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

**'PN_QA17_H46' [PN_AH108] -
PROGRAMMING NOTE AH108 :**
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH AH108 ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AI40A

'QA17_H46' [AH108] –

You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

Usted dijo que tiene seguro de salud mediante el programa SHOP de Covered California. ¿Tiene (SPOUSE/PARTNER) {también} cobertura de este seguro de salud?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California"]

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

If = 1, goto 'PN_QA17_H48'

'POST_QA17_H46' [POST_AH108] -

POST-NOTE AH108 :

IF AH108 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

**'PN_QA17_H47' [PN_AI40A] -
PROGRAMMING NOTEAI40A :**
IF AG8 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR AG11 = 1 (USUALLY WORKS), CONTINUE WITH AI40A ;
IF AREMPSP = 1 AND AH43 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AI41

'QA17_H47' [AI40A] –

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

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

'POST_QA17_H47' [POST_AI40A] -

POST-NOTE AI40A :

IF AI40A = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

'PN_QA17_H48' [PN_AI41] -**PROGRAMMING NOTE AI41 :**

**IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH AI41 ;
 IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE AH109**

'QA17_H48' [AI41] -

You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros. ¿Tiene (SPOUSE/PARTNER) cobertura {también} de este plan?

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

'POST_QA17_H48' [POST_AI41] -**POST-NOTE AI41 :**

IF AI41 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

'PN_QA17_H49' [PN_AH109] -**PROGRAMMING NOTE AH109 :**

**IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH AH109 ;
 IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE AI42**

'QA17_H49' [AH109] -

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

Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros. ¿Tiene (SPOUSE/PARTNER) cobertura {también} de este plan?

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

'POST_QA17_H49' [POST_AH109] -**POST-NOTE AH109 :**

IF AH109 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

'PN_QA17_H50' [PN_AI42] -**PROGRAMMING NOTE AI42 :****IF ARMILIT = 1, CONTINUE WITH AI42 ;****IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";****ELSE GO TO PROGRAMMING NOTE AI42A****'QA17_H50' [AI42] -**

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

Usted dijo que {también} tiene seguro de salud a través de CHAMPUS/CHAMPUS-VA, TRICARE, VA o algún otro tipo de seguro de salud para militares. ¿Tiene (SPOUSE/PARTNER) cobertura de este plan también?

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

'POST_QA17_H50' [POST_AI42] -**POST-NOTE AI42 :****IF AI42 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;****'PN_QA17_H51' [PN_AI42A] -****PROGRAMMING NOTE AI42A :****IF AROTHGOV = 1, CONTINUE WITH AI42A ;****IF AH59 = 91, THEN DISPLAY "some government health plan":****IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";****ELSE GO TO PROGRAMMING NOTE AI46****'QA17_H51' [AI42A] -**

You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

Usted dijo que {también} tiene seguro de salud a través de {AIM/MRMIP/Family PACT/PCIP /un plan de salud del gobierno}. ¿Tiene SPOUSE/PARTNER) cobertura de este plan también?

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

'POST_QA17_H51' [POST_AI42A] -**POST-NOTE AI42A :****IF AI42A = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1**

**'PN_QA17_H52' [PN_AI46] -
PROGRAMMING NOTE AI46 :
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"**

'QA17_H52' [AI46] -

Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?
 ¿Tiene (SPOUSE/PARTNER) {algún} seguro de salud {a través de otra fuente}?

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

If = 2, goto 'PN_QA17_H54'

If = -7, -8, goto 'PN_QA17_H58'

'QA17_H53' [AI47] -

What type of health insurance does {he/she} have?

¿Qué tipo de seguro de salud tiene {él/ella}?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]

[IF NEEDED, SAY: "Tal como de un empleador actual o anterior, o comprado directamente de un plan de salud."]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Obtuvo {él/ella} este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H53' [POST_AI47] -

POST-NOTE AI47 :

IF AI47 = 1, SET SPEMOTH = 1 AND SET SPINSURE = 1;

IF AI47 = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;

IF AI47 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF AI47 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;

IF AI47 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF AI47 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
 IF AI47 = 8, SET SPIHS = 1;
 IF AI47 = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1 ;
 IF AI47 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
 IF AI47 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF AI47 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

'PN_QA17_H54' [PN_AI48] -

PROGRAMMING NOTE AI48 :

**IF SPINSURE ≠ 1, CONTINUE WITH AI48 ;
 ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE AH62
 ;
 ELSE GO TO PROGRAMMING NOTE AI43**

'QA17_H54' [AI48] -

You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

Usted dijo que (SPOUSE/PARTNER) no tiene seguro de salud de ninguna fuente. ¿Correcto?

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

If = 1, -7, -8, goto 'PN_QA17_H58'

'QA17_H55' [AI49] -

What type of health insurance does {he/she} have?

¿Qué tipo de seguro de salud tiene {él/ella}?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: “¿Algún otro?”]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “¿Obtuvo {él/ella} este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?”]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H55' [POST_AI49] -

POST-NOTE AI49 :

IF AI49 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF AI49 = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF AI49 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
 IF AI49 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
 IF AI49 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF AI49 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF AI49 = 8, SET SPIHS = 1;
 IF AI49 = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;
 IF AI49 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;
 IF AI49 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF AI49 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

'PN_QA17_H56' [PN_AH62] -

PROGRAMMING NOTE AH62 :

IF AI47 = (1, 2, 3, 10, 11) OR AI49 = (1, 2, 3, 10, 11) THEN CONTINUE WITH AH62 ;
 IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner's";
 ELSE SKIP TO PROGRAMMING NOTE AI43

'QA17_H56' [AH62] -

Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?
 ¿Este plan se obtuvo a nombre de su {esposo(a)/pareja}, o a nombre de otra persona?

[IF NEEDED, SAY: "Even someone who does not live in this household."]
 [IF NEEDED, SAY: "Incluso alguien que no viva en esta casa."]

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

If = 1, -7, -8, goto 'PN_QA17_H58'

'POST_QA17_H56' [POST_AH62] -

POST-NOTE AH62 :

IF AH62 = 1 AND [AI47 = (1 OR 2) OR AI49 = (1 OR 2)], SET SPEMPOW =1 AND SPEMPOT = 0;
 IF AH62 = 1 AND [AI47 = 3 OR AI49 = 3], SET KSPDIROW = 1;
 IF AH62 = 1 AND [AI47 = 10 OR AI49 = 10], SET SPHBEX = 1 AND SPDIROW = 1;
 IF AH62 = 1 AND [AI47 = 11 OR AI49 = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA17_H57' [AH63] -

Is the plan in your name, parent's name, or someone else's name?

¿Está el plan a su nombre, a nombre de sus padres o a nombre de otra persona?

- 01 IN ADULT RESPONDENT'S NAME
- 02 IN ADULT RESPONDENT'S PARENT'S NAME
- 03 IN SOMEONE ELSE'S NAME
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H57' [POST_AH63] -

POST NOTE AH63:

IF AH63 = 1 AND [AI47 = (1 OR 2) OR AI49 = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;
 IF AH63 = 1 AND [AI47 = 3 OR AI49 = 3], SET SPDIRAR = 1 AND ARSAMES = 1;
 IF AH63 = 1 AND [AI47 = 10 OR AI49 = 10], SET SPHBEX = 1 AND SPDIRAR = 1 AND ARSAMES = 1;
 IF AH63 = 1 AND [AI47 = 11 OR AI49 = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;
 IF AH63 = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

'PN_QA17_H58' [PN_AI43] -

PROGRAMMING NOTE AI43 :

IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO AI22C ;

ELSE IF [(AG8=1 OR 2) OR(AG11=1)] AND AG9≠3 CONTINUE WITH AI43 ;

IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"

ELSE GO TO PROGRAMMING NOTE AI22C

'QA17_H58' [AI43] -

Does your {spouse's/partner's} employer offer health insurance to any of its employees?

El empleador de su {esposo(a)/partner}, ¿ofrece seguro de salud a alguno de sus empleados?

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

If = 2, -7, -8, goto 'PN_QA17_H62'

'QA17_H59' [AI44] -

Is {he/she} eligible to be in this plan?

¿Reúne {él/ella} los requisitos para inscribirse en este plan?

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

If = 2, goto 'QA17_H61'

If = -7, -8, goto 'PN_QA17_H62'

'QA17_H60' [AI45] -

What is the ONE main reason why {he/she} isn't in this plan?

¿Cuál es LA razón principal por la que {él/ella} no está inscrito(a) en este plan?

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

If = 1, 2, 3, 4, 91, -7, -8, goto 'PN_QA17_H62'

'QA17_H61' [AI45A] -

What is the one main reason why {he/she} is not eligible for this plan?

¿Cuál es la razón principal por la que {él/ella} no reúne los requisitos para inscribirse en este plan?

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

'PN_QA17_H62' [PN_AI22C] -
PROGRAMMING NOTE AI22C :
 IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND
 ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1),
 THEN SKIP TO PN AI25 ;
 IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND
 ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO
 TO AI24 ;
 ELSE CONTINUE WITH AI22C DISPLAY;
 IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1
 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR
 ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your
 MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"
 ;
 IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1
 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I
 have some questions about your other health plan." AND "Medi-CAL" ;
 IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR
 ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY "Besides your
 MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"
 ;
 [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told
 me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;
 IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1
 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1
 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some
 questions about your own main health plan."; AND " "
 IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1
 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own
 main health plan." AND "Medi-Cal";
 IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1
 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY " "
 ;
 IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";
 ELSE DISPLAY, "Is your health plan an HMO?"

'QA17_H62' [AI22C] –

{Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

{Además del plan de MediCARE que me mencionó antes, tengo algunas preguntas sobre **su** otro plan de seguro de salud. /Ahora tengo algunas preguntas sobre **su** propio plan de salud principal.}

Is your {Medi-Cal/other} health plan an HMO?

¿Es su {plan de salud Medi-Cal/otro plan de salud} una HMO?

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

[IF NEEDED, SAY: "HMO son las iniciales de Health Maintenance Organization (Organización para el Mantenimiento de la Salud). Con una HMO usted tiene que ir a los doctores y hospitales de la red de su plan. Si va fuera de la red, por lo general no cubrirán esos gastos a menos que haya sido una emergencia médica."]

[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Su plan de salud PRINCIPAL.”]

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

If = 1, goto ‘PN_QA17_H64’

‘PN_QA17_H63’ [PN_AH122] -
PROGRAMMING NOTE AH122 :
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO AI22A ;
ELSE CONTINUE WITH AH122 ;

‘QA17_H63’ [AH122] –

Is your health plan a PPO or EPO?
¿Es su plan de salud un PPO o un EPO?

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

[IF NEEDED, SAY: “EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal.”]

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

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

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON’T KNOW

'PN_QA17_H64' [PN_AI22A] -

PROGRAMMING NOTE AI22A :

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH AI22A AND DISPLAY "your main";

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH AI22A AND DISPLAY "this"

'QA17_H64' [AI22A] -

What is the name of {your main/this} health plan?

¿Cómo se llama {su plan de salud principal/este plan de salud}?

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

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "*¿Tiene usted una tarjeta de seguro u otro documento donde aparezca el nombre del plan?*"]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSSOF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELTERS' INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE

- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES
- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL
- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H64' [POST_AI22A] –

POST NOTE AI22A :

IF AI22A = 93, 87, OR 89 THEN SET ARMILIT=1

'PN_QA17_H65' [PN_AI25] -

PROGRAMMING NOTE AI25 :

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA17_H65' [AI25] –

{Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

{Ahora tengo algunas preguntas acerca de su propio plan de salud.} ¿Su seguro cubre medicinas recetadas? Es decir, ¿paga el plan alguna parte de los costos?

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

'PN_QA17_H66' [PN_AH71] -

PROGRAMMING NOTE AH71 :

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH AH71 ;

ELSE GO TO AI31

'QA17_H66' [AH71] -

Does your health plan have a deductible that is more than \$1,000?

¿Tiene su plan de salud un deducible de más de \$1,000 dólares?

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "*El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.*"]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN I GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H67' [AH72] -

Does your health plan have a deductible **for all covered persons** that is more than \$2,000?

¿Tiene su plan de salud un deducible de más de \$2,000 dólares por todas las personas que tienen cobertura?

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "*El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.*"]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN I GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H68' [PN_AH73B] -
PROGRAMMING NOTE AH73B :
IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH AH73B ;
ELSE CONTINUE WITH AI31

'QA17_H68' [AH73B] –

Do you have a special account or fund you can use to pay for medical expenses?

¿Tiene alguna cuenta o un fondo especial que pueda utilizar para pagar gastos médicos?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "Las cuentas también se conocen por nombres como Cuentas de Ahorro para la Salud (HSAs), Arreglos de Reembolsos por Salud (HRAs) y otras cuentas similares. Otras cuentas de este tipo pueden ser las Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios, y son diferentes de las cuentas Cuentas de gastos flexibles proporcionadas por el empleador."]

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

If = 2, -7, -8, goto 'QA17_H71'

'QA17_H69' [AH130] –

Do you have money in this account?

¿Tiene dinero en esa cuenta?

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

If = 2, -7, -8, goto 'QA17_H71'

'QA17_H70' [AH131] –

How much money do you have in this account? Your best guess is fine.

¿Cuánto dinero tiene en esa cuenta? Un cálculo aproximado es suficiente

(AMOUNT) [HR: 0 -9997]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H71' [AI31] –

Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?
Pensando en su seguro de salud actual, ¿tuvo usted este mismo seguro todos los 12 meses en los últimos 12 meses?

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

If = 2, goto 'QA17_H73'

If = -7, goto 'QA17_H79'

If = -8, goto 'QA17_H74'

'QA17_H72' [AH132] –

How long have you had your current health insurance?

¿Cuánto tiempo hace que tiene su seguro de salud actual?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

'AH132M' [AH132M] - _____ NUMBER OF MONTHS

If >=0, goto 'QA17_H77'

'AH132Y' [AH132Y] - _____ NUMBER OF YEARS

If >=0, goto 'QA17_H77'

- 7 REFUSED
- 8 DON'T KNOW

If =-7, -8,, goto 'QA17_H77'

'QA17_H73' [AH133] –

Out of the last 12 months, how many months did you have your current health insurance plan?

De los últimos 12 meses, ¿cuántos meses tuvo usted su plan de seguro médico actual?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H74' [AI32] –

During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

Durante los últimos 12 meses, cuando no tenía la cobertura del seguro de salud que tiene ahora, ¿tenía usted otro seguro de salud?

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

If =2, -7, -8, goto 'QA17_H77'

'QA17_H75' [AI33] –

Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era su otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

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

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H76' [PN_AH134] –**PROGRAMMING NOTE AH134:**

IF MORE THAN ONE RESPONSE FROM AI33, THEN CONTINUE WITH AH134;

ELSE CONTINUE WITH AH135

'QA17_H76' [AH134] –

Prior to your current plan, which health insurance did you have?

Antes de su plan actual, ¿qué seguro de salud tenía?

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H77' [PN_AH135] –**PROGRAMMING NOTE AH135:**

IF AI32#1 OR AI31 = 1, THEN CONTINUE WITH AH135;

ELSE CONTINUE WITH AH136

'QA17_H77' [AH135] –

Prior to your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Antes de su plan actual, ¿tenía otro seguro de salud a través de Medi-CAL, a través de un empleador, un plan que compró directamente en una compañía de seguros, un plan que compró a través de Covered California o algún otro plan?

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 95 NO OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H78' [PN_AH136] -

PROGRAM NOTE AH136:

IF AH135 = 95, THEN SKIP TO AH137, ELSE CONTINUE.

IF ONLY ONE RESPONSE FROM AI33 THEN DISPLAY THAT RESPONSE

ELSE IF AH134 >0 DISPLAY RESPONSE FROM AH134

ELSE IF AH135 >0 DISPLAY RESPONSE FROM AH135

'QA17_H78' [AH136] -

How long did you have the plan from {AH134/AH135/AI33}?

¿Cuánto tiempo tuvo el plan de {AH134/AH135/AI33}?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

'AH136M' [AH136M] - _____ NUMBER OF MONTHS

'AH136Y' [AH136Y] - _____ NUMBER OF YEARS

If >=0, goto 'QA17_H79'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H79' [AH137] -

During the past 12 months, did you change your health insurance plan?

Durante los últimos 12 meses, ¿cambió su cónyuge su plan de seguro médico?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

[IF NEEDED: Incluya cambios en el plan médico de la misma compañía de seguros médicos o de una compañía diferente.]

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

'PN_QA17_H80' [PN_AI34] -

PROGRAMMING NOTE AI34:

IF AI31 = 2, -7, -8 OR AI32 = 1, -7, -8 THEN CONTINUE,

ELSE SKIP TO AI35

'QA17_H80' [AI34] -

During the past 12 months, was there any time when you had no health insurance at all?

Durante los últimos 12 meses, ¿hubo un momento en el que usted no tuvo ningún seguro de salud?

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

'PN_QA17_H81' [PN_AI35] -
If AI34 HAS 1 OR AI32 HAS 2, Only ask 'QA17_H81'
PROGRAMMING NOTE AI35:
IF AI34=1 OR AI32=2, THEN CONTINUE WITH AI35, ELSE SKIP TO PN AH103H.

'QA17_H81' [AI35] -

For how many months of the past 12 months did you have no health insurance at all?
¿Por cuántos meses durante los últimos 12 meses no tuvo usted ningún seguro de salud?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, goto 'PN_QA17_H90'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_H90'

'QA17_H82' [AI36] -

What is the ONE MAIN reason why you did not have any health insurance during those months?
¿Cuál es LA razón PRINCIPAL por la que usted no tuvo ningún seguro de salud durante esos meses?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI36

'QA17_H83' [AH74] -

During the time that you were uninsured, did you try to find health insurance on your own?
Mientras estuvo sin seguro, ¿trató de encontrar seguro de salud por su cuenta?

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

If = 1, 2, -7, -8, goto 'PN_QA17_H90'

'QA17_H84' [AI24] –

What is the ONE MAIN reason why you do not have any health insurance?
¿Cuál es EL motivo PRINCIPAL por el que usted no tiene seguro de salud?

[IF R SAYS NO NEED, PROBE WHY]

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H85' [AH75] –

During the time that you have been uninsured, have you tried to find health insurance on your own?
Durante el tiempo que usted no ha tenido seguro, ¿ha tratado de encontrar seguro de salud por su cuenta?

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

'QA17_H86' [AI27] –

Were you covered by health insurance at any time during the past 12 months?
¿Tuvo cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

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

If = 1, goto '**QA17_H88**'

'QA17_H87' [AI28] –

How long has it been since you last had health insurance?
¿Cuánto tiempo hace desde la última vez que tuvo seguro de salud?

- 01 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto '**PN_QA17_H90**'

'QA17_H88' [AI29] –

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?

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

_____ MONTHS [HR: 0-12]

If =0 , goto 'PN_QA17_H90'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H89' [AI30] –

During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo en que tenía seguro de salud, ¿era el seguro que tenía Medi-CAL, Healthy Families, un plan que obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER OR UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H90' [PN_AH103h] -

PROGRAMMING NOTE AH103h :

**IF ARINSURE ≠ 1 OR AI32 = 2 OR ARDIRECT = 1 OR AI30 = (5, 6) OR AI33 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH AH103h ;
 ELSE GO TO PROGRAMMING NOTE AH139**

'QA17_H90' [AH103h] –

In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

En los últimos 12 meses, ¿trató de comprar un plan de seguro de salud directamente a una compañía de seguros o HMO, o mediante Covered California?

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

If = 2, -7, -8, goto 'PN_QA17_H107'

'QA17_H91' [AH110h] –

Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

¿Fue directamente a una compañía de seguros o HMO, o mediante Covered California, o tanto de una compañía de seguros como mediante Covered California?

- 01 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- 02 THROUGH COVERED CALIFORNIA, OR
- 03 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'QA17_H94'

'PN_QA17_H92' [PN_AH98h] -

PROGRAMMING NOTE AH98h :

IF AH110h = 1; THEN CONTINUE WITH AH98h ;

IF AH110h = 3; THEN CONTINUE WITH AH98h AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE AH111h ;

'QA17_H92' [AH98h] –

{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.} How difficult was it to find a plan with the coverage you needed? Was it...

{Primero, piense en su experiencia al intentar comprar un seguro directamente a una compañía de seguros o HMO.} ¿Cuánta dificultad tuvo para encontrar un plan con la cobertura que necesitaba? ¿Fue...

- 01 Very difficult,
- 01 *Muy difícil*
- 02 Somewhat difficult,
- 02 *Bastante difícil*
- 03 Not too difficult, or
- 03 *No muy difícil*, o
- 04 Not at all difficult?
- 04 *No fue difícil*?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H93' [AH99h] –

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

¿Cuánta dificultad tuvo para encontrar un plan que pudiera pagar? ¿Fue...

- 01 Very difficult,
- 01 *Muy difícil*
- 02 Somewhat difficult,
- 02 *Bastante difícil*
- 03 Not too difficult, or
- 03 *No muy difícil*, o
- 04 Not at all difficult?
- 04 *No fue difícil*?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H94' [AH100h] –

Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de seguro de salud?

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

If = 2, -7, -8, goto '**PN_QA17_H96**'

'QA17_H95' [AH101h] –

Who helped you?

¿Quién le ayudó?

- 01 BROKER
- 02 FAMILY MEMBER/FRIEND
- 03 INTERNET
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H96' [PN_AH111h] -

PROGRAMMING NOTE AH111h :

IF AH110h = 2; THEN CONTINUE WITH AH111h ;

IF AH110h = 3; THEN CONTINUE WITH AH111h AND DISPLAY "Now, think about your experience with Covered California."

ELSE GO TO PROGRAMMING NOTE AH115h ;

'QA17_H96' [AH111h] –

{Now, think about your experience with Covered California.}
{Ahora, piense en su experiencia con Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

¿Qué tan difícil fue encontrar un plan mediante Covered California con la cobertura que usted necesitaba? ¿Fue...

- 01 Very difficult,
01 Muy difícil
- 02 Somewhat difficult,
02 Bastante difícil
- 03 Not too difficult, or
03 No muy difícil, o
- 04 Not at all difficult?
04 No fue difícil?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H97' [AH112h] –

How difficult was it to find a plan you could afford? Was it...
¿Qué tan difícil fue encontrar un plan que pudiera pagar? ¿Fue...

- 01 Very difficult,
- 01 *Muy difícil*
- 02 Somewhat difficult,
- 02 *Bastante difícil*
- 03 Not too difficult, or
- 03 *No muy difícil*, o
- 04 Not at all difficult?
- 04 *No fue difícil?*
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H98' [AH113h] –

Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de salud?

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

If = 2, -7, -8, goto '**QA17_H100**'

'QA17_H99' [AH114h] –

Who helped you?
¿Quién le ayudó?

- 01 BROKER
- 02 FAMILY MEMBER / FRIEND
- 03 INTERNET
- 04 CERTIFIED ENROLLMENT COUNSELOR
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH114h

'QA17_H100' [AH115h] –

Did you have all the information you felt you needed to make a good decision on a health plan?
¿Tenía toda la información que usted creyó que necesitaba para tomar una buena decisión respecto a un plan de salud?

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

'PN_QA17_H101' [PN_AH116h] -

PROGRAMMING NOTE AH116h :

**IF AH37 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH AH116h ;
ELSE GO TO AH117h ;**

'QA17_H101' [AH116h] –

Were you able to get information about your health plan options in your language?

¿Pudo obtener información en su idioma acerca de sus opciones de plan de salud?

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

'QA17_H102' [AH117h] –

Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿fue el costo del plan que seleccionó muy importante, algo importante o nada importante?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H103' [AH118h] –

Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿recibir atención de un doctor en particular fue muy importante, algo importante o nada importante?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H104' [AH119h] –

Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿obtener atención de un hospital en particular fue muy importante, algo importante o nada importante?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H105' [AH120h] –

Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿la opción de doctores en la red del plan fue muy importante, algo importante o nada importante?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H106' [PN_AH121h] -
PROGRAMMING NOTE AH121h :
IF AH106 = 1 THEN DISPLAY "Bronze"
ELSE IF AH106 = 2 THEN DISPLAY "Silver"
ELSE IF AH106 = 3 THEN DISPLAY "Gold"
ELSE IF AH106 = 4 THEN DISPLAY "Platinum"
ELSE IF AH106 = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY " ";

'QA17_H106' [AH121h] –

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

Finalmente, ¿cuál fue la razón más importante al seleccionar su plan {Brsone/Plata/Oro/Platino / Cobertura mínima}? ¿Fue el costo, el poder obtener atención de un doctor en particular, el poder ir a un hospital en particular, la opción de profesionales de la salud en la red de su plan o fue otra razón?

- 01 COST
- 02 SPECIFIC DOCTOR
- 03 SPECIFIC HOSPITAL
- 04 CHOICE OF DOCTORS IN NETWORK
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH121h

'PN_QA17_H107' [PN_AH139] - PN_AH139

PROGRAMMING NOTE AH139:

IF ARINSURE = 1, CONTINUE WITH AH139;
ELSE SKIP TO AH14;

'QA17_H107' [AH139] –

Overall, how satisfied are you with your current health insurance plan? Are you...

En general, ¿qué tan satisfecho(a) está usted con su plan de seguro salud actual? ¿Está...?

- 01 Very satisfied
- 01 Muy satisfecho(a)
- 02 Somewhat satisfied
- 02 Algo satisfecho(a)
- 03 Somewhat dissatisfied, or
- 03 Algo insatisfecho(a)
- 04 Very dissatisfied?
- 04 Muy insatisfecho(a)
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_H108' [PN_AH14] -
PROGRAMMING NOTE AH14 :**
**IF AH15A = 1 (HOSPITALIZED FOR ASTHMA) OR AB80 = 1 (HOSPITALIZED FOR ASTHMA) THEN GO TO
PROGRAMMING NOTE AH76 ;
ELSE CONTINUE WITH AH14**

'QA17_H108' [AH14] -

During the past 12 months, were you a patient in a hospital overnight or longer?

Durante los últimos 12 meses, ¿fue usted paciente en un hospital durante la noche o por más tiempo?

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

If = 2, -7, -8, goto 'PN_PN_AH77'

**'PN_QA17_H109' [PN_AH76] -
PROGRAMMING NOTE AH76:**
**IF ARINSURE ≠ 1 OR AI35 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS),
THEN CONTINUE WITH AH76 AND IF AH15=1 OR AB80 =1 display "Previously you mentioned you were a
patient in a hospital overnight or longer" ;
ELSE GO TO PROGRAMMING NOTE AH77**

'QA17_H109' [AH76] -

Was any of that hospital care paid for by Medi-Cal?

¿Pagó Medi-Cal alguna parte del cuidado en ese hospital?

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

**'PN_QA17_H110' [PN_AH77] -
PROGRAMMING NOTE AH77 :**
**[IF ARINSURE ≠ 1 OR AI35 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)]
AND AA3 =2 (FEMALE) AND AD13 =1 (PREGNANT) OR SC14A =1 , THEN CONTINUE WITH AH77 ;
ELSE GO TO NEXT SECTION**

'QA17_H110' [AH77] -

During the last 12 months, did you get prenatal care that you didn't have to pay for?

Durante los últimos 12 meses, ¿recibió algún cuidado prenatal por el que no tuvo que pagar?

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

If = 2, -7, -8, goto 'AH79'

'QA17_H111' [AH78] –

Was it paid for by Medi-Cal?

¿Lo pagó Medi-Cal?

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

'PN_AH79' [PN_AH79] –

PROGRAM NOTE AH79:

IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO AH81

ELSE IF AI32 = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your spouse's current health plan", AND CONTINUE WITH AH79

'AH79' [AH79] –

{The following questions are about your current health plan.}

{Las preguntas que siguen son sobre su plan de salud actual.}

While you've had your current health plan, have you reached the limit of what your insurance company would pay for?
¿Mientras tenía su plan de salud actual, alcanzó el límite de lo que su compañía de seguros pagaría?

[IF NEEDED, SAY: "EVER for your current health plan."]

[IF NEEDED, SAY: "ALGUNA VEZ lo alcanzó con su plan de salud actual."]

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

If = 2, -7, -8, goto 'AH81'

'AH80' [AH80] –

Did this happen in the past 12 months?

¿Esto sucedió en los últimos 12 meses?

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

'AH81' [AH81] –

During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

En los últimos 12 meses, ¿tuvo problemas para pagar o no pudo pagar facturas médicas, ya sea para usted o para cualquier miembro de su hogar?

[IF NEEDED, SAY: "Dental bills should be included."]

[IF NEEDED, SAY: "Deben incluirse las facturas por atención dental."]

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

If = 2, -7, -8, goto PN_CF10A

'AH83' [AH83] –

What is the total amount of medical bills?

¿Cuál es el monto total de las facturas médicas?

[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]

[IF NEEDED, SAY: "Las facturas pueden ser de años anteriores y también de este año."]

- 01 LESS THAN \$1,000
- 02 \$1,000 TO LESS THAN \$2,000
- 03 \$2,000 TO LESS THAN \$4,000
- 04 \$4,000 TO LESS THAN \$8,000
- 05 \$8,000 OR MORE
- 06 NONE
- 7 REFUSED
- 8 DON'T KNOW

'AH84' [AH84] –

Were you or your family member uninsured at the time care was provided?

¿Usted o el miembro de su familia no tenía seguro en el momento en que recibió atención?

- 01 YES
- 02 NO
- 03 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED
- 7 REFUSED
- 8 DON'T KNOW

'AH85' [AH85] –

Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

Debido a estas facturas médicas, ¿no pudo pagar necesidades básicas como alimentos, calefacción o la renta?

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

'AH86' [AH86] –

Because of these medical bills, did you take on credit card debt?

Debido a estas facturas médicas, ¿contrajo una deuda con la tarjeta de crédito?

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

Section I: Child Adolescent Health Insurance

'PN_QA17_I1' [PN_CF10A] -

PROGRAMMING NOTE CF10A :

**IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE IA10A TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE MA1 ;
ELSE CONTINUE WITH CF10A**

'QA17_I1' [CF10A] -

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

Las preguntas que siguen son acerca del seguro de salud que (CHILD) pueda tener.

Does (CHILD) have the same insurance as you?

¿Tiene (CHILD) el mismo seguro de salud que tiene usted?

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

If = 1, goto 'QA17_I19'

'POST_QA17_I1' [POST_CF10A] -

POST-NOTE CF10A :

**IF CF10A = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**

**IF CF10A = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF CF10A = 1 AND ARIHS = 1, SET CHIHS = 1
IF CF10A = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**

'PN_QA17_I2' [PN_MA1] -
PROGRAMMING NOTE MA1 :
IF SPINSURE ≠ 1, THEN SKIP TO CF1 ;
ELSE IF CF10A = 2 AND ARSAMESP = 1, THEN SKIP TO CF1 ;
ELSE CONTINUE WITH MA1

'QA17_I2' [MA1] –

Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
¿Tiene (CHILD) el mismo seguro que tiene su {esposo(a)/pareja}/SPOUSE NAME/ PARTNER NAME?

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

If = 1, goto 'QA17_I19'

'POST_QA17_I2' [POST_MA1] -

IF MA1 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPIHS = 1, SET CHIHS = 1
IF MA1 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

IF MA1 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPOOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

POST-NOTE MA1 :

IF MA1 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF MA1 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

'QA17_I3' [CF1] –

Is {he/she} currently covered by Medi-CAL?
¿Está {él/ella} cubierto(a) actualmente por Medi-CAL?

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

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

'POST_QA17_I3' [POST_CF1] -**POST-NOTE CF1 :**

IF CF1 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

'QA17_I4' [CF3] –

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿Está cubierto(a) (CHILD) por un plan de seguro de salud o HMO a través del empleo o sindicato suyo o de alguna otra persona?

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

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

If = 2, -7, -8, goto 'PN_QA17_I6'

'POST_QA17_I4' [POST_CF3] -

POST-NOTE CF3 :

IF CF3 = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA17_I5' [AI90] –

Is this plan through an employer, through a union, or through Covered California's SHOP program?
¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California."]

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI90

'POST_QA17_I5' [POST_AI90] -

POST-NOTE FOR AI90 :

IF AI90 = 3, THEN SET CHHBEX = 1

'PN_QA17_I6' [PN_CF4] -
PROGRAM NOTE CF4 :
IF CHINSURE = 1 THEN GO TO AI92 ;
ELSE CONTINUE WITH CF4

'QA17_I6' [CF4] –

Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

[IF NEEDED, SAY: "No incluya planes que solamente pagan por ciertas enfermedades como cáncer o derrame cerebral o que solamente le dan "dinero extra" si está hospitalizado."]

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

If = 2, -7, -8, goto 'PN_QA17_I13'

'POST_QA17_I6' [POST_CF4] -

POST-NOTE CF4 :

IF CF4 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

'PN_QA17_I7' [PN_AI91] -
PROGRAMMING NOTE AI91 :
IF CHDIRECT = 1, THEN CONTINUE WITH AI91 ;
ELSE GO TO PROGRAMMING NOTE AI92

'QA17_I7' [AI91] –

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

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

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI91

'POST_QA17_I7' [POST_AI91] -

POST-NOTE FOR AI91 :

IF AI91 = 2, THEN SET CHHBEX = 1

**'PN_QA17_I8' [PN_AI92] -
PROGRAMMING NOTE AI92
IF CHHBEX = 1, THEN CONTINUE WITH AI92 ;
ELSE GO TO PROGRAMMING NOTE AI54 ;**

'QA17_I8' [AI92] -

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

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI92

**'PN_QA17_I9' [PN_AI93] -
PROGRAMMING NOTE AI93
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH AI93 ;
ELSE GO TO PROGRAMMING NOTE AI54 ;**

'QA17_I9' [AI93] -

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

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

'PN_QA17_I10' [PN_AI54] -

PROGRAMMING NOTE AI54 :

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH AI54 ;
ELSE GO TO CF6**

'QA17_I10' [AI54] -

Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

¿Paga usted una parte o toda la prima o el costo del plan de salud de (CHILD)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

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

[IF NEEDED, SAY: "Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al doctor o usa el sistema de atención médica, mientras alguien más paga la cobertura principal de su atención médica."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying.]

[IF NEEDED, SAY: "El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan.]

[IF NEEDED, SAY: "Prima es el cargo mensual por el costo de su plan de seguro de salud.]

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

'QA17_I11' [AI50] -

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

¿Hay alguien más, tal como un empleador, un sindicato, o una organización profesional que pague toda o una parte de la prima o del costo del plan de salud de (CHILD)?

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

If = 2, -7, -8, goto 'PN_QA17_I13'

'QA17_I12' [AI51] -

Who else pays all or some portion of the cost for (CHILD)'s health plan?
¿Quién más paga por todo o por una parte del costo del plan de salud de (CHILD)?

[CODE ALL THAT APPLY.]

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

'POST_QA17_I12' [POST_AI51] -**POST-NOTE AI51 :**

IF AI51 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF AI51 = 7, SET CHMCAL = 1

IF AI51 = 10, SET CHHBEX = 1;

'PN_QA17_I13' [PN_CF6] -**PROGRAMMING NOTE CF6 :**

IF CHINSURE = 1, GO TO PN MA3 ;

ELSE CONTINUE WITH CF6

'QA17_I13' [CF6] -

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Está {él/ella} cubierto(a) por CHAMPUS/CHAMP VA, TRICARE, VA o algún otro plan de salud para militares?

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

If = 1, goto 'PN_QA17_I19'

'POST_QA17_I13' [POST_CF6] -**POST-NOTE CF6 :**

IF CF6 = 1, SET CHMILIT = 1 AND CHINSURE = 1

'QA17_I14' [CF7] –

Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

¿Tiene cobertura {él/ella} de algún otro programa de salud del gobierno tal como AIM, "Mister MIP", Healthy Kids u otro programa?

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

[IF NEEDED, SAY: "AIM significa Acceso para Niños y Madres; "Mister MIP" o "MRMIP" significa Programa de Seguro Médico de Alto Riesgo."]

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 HEALTHY KIDS
- 04 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 91, goto 'PN_QA17_I19'

OTHER_CF7

'POST_QA17_I14' [POST_CF7] -

POST-NOTE CF7 :

IF CF7 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

'QA17_I15' [CF8] –

Does {he/she} have any health insurance coverage through a plan that I missed?

¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

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

If = 2, -7, -8, goto 'PN_QA17_I18'

'QA17_I16' [CF9] –

What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

¿Qué tipo de seguro de salud tiene {él/ella}? ¿Es éste a través de Medi-Cal, un empleador o sindicato, o de alguna otra fuente?

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: “¿Algún otro?”]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_I16' [POST_CF9] -

POST-NOTE CF9 :

```
IF CF9 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF CF9 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF CF9 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF CF9 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF CF9 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF CF9 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF CF9 = 8, SET CHIHS = 1
IF CF9 = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF CF9 = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF CF9 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF CF9 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF CF9 = -7 OR -8, SET CHINSURE = 1
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'PN_QA17_I17' [PN_CF9VER] -

PROGRAMMING NOTE CF9VER :

```
IF CF9 = 4 (CHILD HAS MEDICARE), CONTINUE WITH CF9VER ;
ELSE SKIP TO PROGRAMMING NOTE CF1A
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'QA17_I17' [CF9VER] –

Just to verify, you said that (CHILD) gets health insurance through Medicare?

Sólo para verificar, ¿usted dijo que (CHILD) tiene seguro de salud a través de Medicare?

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

**'PN_QA17_I18' [PN_CF1A] -
PROGRAMMING NOTE CF1A :
IF CHINSURE ≠ 1 CONTINUE WITH CF1A ;
ELSE GO TO MA3 ;**

'QA17_I18' [CF1A] -

What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
¿Cuál es LA razón principal por la cual (CHILD) no está inscrito(a) en el programa Medi-Cal?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CF1A

**'PN_QA17_I19' [PN_MA3] -
PROGRAMMING NOTE MA3 :
IF CF10A = 1 AND ARMCARE = 1 AND AH124 = 1, THEN MA3 = AH124 AND MA2 = AH125 AND SKIP
TO CF14 ;
ELSE IF CF10A = 1, THEN MA3 = AI22C AND MA2 = AI22A AND CF14 = AI25 AND GO TO PN AI79 ;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH MA3 ;
ELSE GO TO PN AI79**

'QA17_I19' [MA3] -

Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

¿Es el plan de salud principal de (CHILD) un HMO, que significa "Organización para el Mantenimiento de la Salud?"

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]

[IF NEEDED, SAY: "HMO en español quiere decir Organización para el Mantenimiento de la Salud. Con una HMO, {él/ella} tiene que ir a los doctores y hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a menos que se trate de una emergencia médica."]

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

If = 1, goto 'QA17_I21'

**'PN_QA17_I20' [PN_AI115] -
PROGRAMMING NOTE AI115 :
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO MA2 ;
ELSE CONTINUE WITH AI115 ;**

'QA17_I20' [AI115] -

Is (CHILD)'s health plan a PPO or EPO?
¿Es el plan de (CHILD) una PPO o una EPO?

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

[IF NEEDED, SAY: "EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a médicos y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal."]

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

[IF NEEDED, SAY: "PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier doctor y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico principal."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: *El plan de salud PRINCIPAL de*

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI115

'QA17_I21' [MA2] -

What is the name of (CHILD)'s main health plan?
¿Cómo se llama el plan de salud principal de (CHILD)?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "¿Tiene (CHILD) una tarjeta del seguro u otro documento con el nombre del plan?"]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 08 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSSOF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)

- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS' INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES
- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL

- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_MA2

'POST_QA17_I21' [POST_MA2] - POST_MA2

POST NOTE MA2 :

IF MA2 = 93, 87, OR 89 THEN SET CHMILIT=1

'QA17_I22' [CF14] -

Is (CHILD) covered for prescription drugs?

¿Tiene (CHILD) cobertura para medicinas recetadas?

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

'PN_QA17_I23' [PN_AI79] -

PROGRAMMING NOTE FOR AI79 :

IF (ARINSURE ≠ 1 OR CF10A ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN

CONTINUE WITH AI79 ;

ELSE SKIP TO PROGRAMMING NOTE CF18

'QA17_I23' [AI79] -

Does (CHILD)'s health plan have a deductible that is more than \$1,000?

¿Tiene el plan de salud de (CHILD) un deducible de más de \$1,000 dólares?

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I24' [AI80] -

Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

¿Tiene el plan de salud de (CHILD) un deducible de más de \$2,000 dólares por todas las personas que tienen cobertura?

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_I25' [PN_AI81] -
PROGRAMMING NOTE AI81 :
IF (AI79 = 1 OR 3) OR (AI80 = 1 OR 3), CONTINUE WITH AI81 ;
ELSE SKIP TO PROGRAMMING NOTE CF18

'QA17_I25' [AI81] -

Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

¿Tiene el plan de salud de (CHILD) un deducible de más de \$4,000 dólares por todas las personas que tienen cobertura?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."]

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

'PN_QA17_I26' [PN_CF18] -
PROGRAMMING NOTE CF18 :
IF CHINSURE = 1, GO TO CF24 ;
ELSE CONTINUE WITH CF18

'QA17_I26' [CF18] -

What is the one main reason (CHILD) does not have any health insurance?

¿Cuál es la razón principal por la cual (CHILD) no tiene ningún seguro de salud?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CF18

'QA17_I27' [CF20] -

Was (CHILD) covered by health insurance at any time during the past 12 months?

¿Tuvo (CHILD) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

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

If = 1, goto 'QA17_I29'

'QA17_I28' [CF21] –

How long has it been since (CHILD) last had health insurance?

¿Cuánto tiempo hace desde la última vez que (CHILD) tuvo seguro de salud?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto 'PN_QA17_I37'

'QA17_I29' [CF22] –

For how many of the last 12 months did {he/she} have health insurance?

¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

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

_____ MONTHS [HR: 0-12] _____

If = 0, goto 'PN_QA17_I37'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I30' [CF23] –

During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo cuando (CHILD) tenía seguro de salud, ¿era su seguro Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: “¿Algún otro?”]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

If =1, 3, 5, 6, 91, -7, -8, goto 'PN_QA17_I37'

'QA17_I31' [CF24] –

Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (CHILD) este mismo seguro TODOS los 12 meses en los últimos 12 meses?

- 01 YES
- 02 NO
- 03 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, goto 'PN_QA17_I37'

'QA17_I32' [CF25] –

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

Cuando {él/ella} no tuvo cobertura de su seguro de salud actual, ¿tuvo {él/ella} algún otro seguro de salud?

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

If = 2, -7, -8, goto 'QA17_I34'

'QA17_I33' [CF26] –

Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era este otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: “¿Algún otro?”]

- 01 MEDI-CAL
- 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I34' [CF27] –

During the past 12 months, was there any time when {he/she} had no health insurance at all?

Durante los últimos 12 meses, ¿hubo un momento en que {él/ella} no tuvo ningún seguro de salud?

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

If = 2, -7, -8, goto 'PN_IA10A'

'QA17_I35' [CF28] –

For how many of the past 12 months did {he/she} have no health insurance?
¿Durante cuántos meses de los últimos 12 meses no tuvo {él/ella} seguro de salud?

[IF < 1 MONTH, ENTER "1"]

MONTHS [RANGE: 1-12]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I36' [CF29] –

What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
¿Cuál fue EL motivo PRINCIPAL por el que (CHILD) no tuvo ningún seguro de salud durante ese tiempo?

[IF R SAYS, "No need," PROBE WHY]

[IF R SAYS, "No necesita", PROBE WHY]

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_I37' [PN_IA10A] -

PROGRAMMING NOTE IA10A :

IF NO TEEN SELECTED, GO TO PN AI56 ;

IF ARINSURE = 1, CONTINUE WITH IA10A ;

IF ARINSURE ≠ 1, GO TO PN MA5 ;

ELSE CONTINUE WITH IA10A

'QA17_I37' [IA10A] –

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

Does (TEEN) have the same insurance as you?

Las siguientes preguntas son acerca del seguro de salud que (TEEN) pueda tener.

¿Tiene (TEEN) el mismo seguro que tiene {usted/ADULT RESPONSE NAME}?

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

If = 1, goto 'QA17_I56'

'POST_QA17_I37' [POST_IA10A] -**POST-NOTE IA10A :**

IF IA10A = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
 IF IA10A = 1 AND ARIHS = 1, SET TEIHS = 1
 IF IA10A = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

'PN_QA17_I38' [PN_MA5] -**PROGRAMMING NOTE MA5 :**

IF SPINSURE ≠ 1 THEN SKIP TO MA6 ;
 ELSE IF IA10A = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE MA6 ;
 ELSE CONTINUE WITH MA5

'QA17_I38' [MA5] -

Does (TEEN) have the same insurance as your spouse?

¿Tiene (TEEN) el mismo seguro que tiene su esposo(a)?

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

If = 1, goto 'QA17_I56'

'POST_QA17_I38' [POST_MA5] -**POST-NOTE MA5 :**

IF MA5 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPOOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPIHS = 1, SET TEIHS = 1
 IF MA5 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
 IF MA5 = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

'PN_QA17_I39' [PN_MA6] -

PROGRAMMING NOTE MA6 :

IF TEINSURE ≠ 1, THEN SKIP TO IA1 ;

ELSE IF (IA10A = 2 AND ARSAMECH = 1) OR (MA5 = 2 AND SPSAMECH = 1), THEN SKIP TO IA1 ;

ELSE CONTINUE WITH MA6 ;

'QA17_I39' [MA6] –

Does (TEEN) have the same insurance as (CHILD)?

¿Tiene (TEEN) el mismo seguro que tiene (CHILD)?

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

If = 1, goto 'QA17_I68'

'POST_QA17_I39' [POST_MA6] -

POST-NOTE MA6 :

IF MA6 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHEMP = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHIHS = 1, SET TEIHS = 1;

IF MA6 = 1 AND CHOOTHER = 1, SET TEOTHER = 1;

IF MA6 = 1 AND CHHBEX = 1, SET TEHBEX = 1

'QA17_I40' [IA1] –

Is {he/she} currently covered by Medi-CAL?

¿Tiene {él/ella} cobertura de Medi-CAL?

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: "Medi-Cal es un plan para ciertos niños de bajos ingreso y sus familias, mujeres embarazadas y personas ancianas o discapacitadas."]

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

'POST_QA17_I40' [POST_IA1] -

POST-NOTE IA1 :

IF IA1 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

'QA17_I41' [IA3] -

Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿Tiene (TEEN) cobertura de un plan de seguro de salud o HMO a través del empleador o sindicato suyo o de otra persona?

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

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

If = 2, -7, -8, goto 'QA17_I43'

'POST_QA17_I41' [POST_IA3] -

POST-NOTE IA3 :

IF IA3 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA17_I42' [AI94] -

Is this plan through an employer, through a union, or through Covered California's SHOP program?
¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

[IF NEEDED, SAY: "SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California."]

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI94

'POST_QA17_I42' [POST_AI94] -

POST-NOTE FOR AI94 :

IF AI94 = 3, THEN SET TEHBEX = 1

**'PN_QA17_I43' [PN_IA4] -
PROGRAMMING NOTE IA4 :
IF TEINSURE = 1 THEN GO TO AI95 ;
ELSE CONTINUE WITH IA4**

'QA17_I43' [IA4] -

Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
¿Tiene (TEEN) cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

[IF NEEDED, SAY: "No incluya planes que solamente pagan por ciertas enfermedades como cáncer o derrame cerebral o que solamente le dan "dinero extra" si está hospitalizado(a)."]

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

If = 2, -7, -8, goto 'QA17_I50'

'POST_QA17_I43' [POST_IA4] -

POST-NOTE IA4 :

IF IA4 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

**'PN_QA17_I44' [PN_AI95] -
PROGRAMMING NOTE AI95 :
IF TEDIRECT = 1, THEN CONTINUE WITH AI95 ;
ELSE GO TO PROGRAMMING NOTE AI96**

'QA17_I44' [AI95] -

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

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

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI95

'POST_QA17_I44' [POST_AI95] -

POST-NOTE FOR AI95 :

IF AI95 = 2, THEN SET TEHBEX = 1

**'PN_QA17_I45' [PN_AI96] -
PROGRAMMING NOTE AI96
IF TEHBEX = 1, THEN CONTINUE WITH AI96 ;
ELSE GO TO PROGRAMMING NOTE AI55 ;**

'QA17_I45' [AI96] -

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

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI96

**'PN_QA17_I46' [PN_AI97] -
PROGRAMMING NOTE AI97
IF AI94 = 3, THEN GO TO PN AI55 ;
ELSE CONTINUE WITH AI97 ;**

'QA17_I46' [AI97] -

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

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

'PN_QA17_I47' [PN_AI55] -

PROGRAMMING NOTE AI55 :

**IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH AI55 ;
ELSE GO TO PROGRAMMING NOTE IA6**

'QA17_I47' [AI55] -

Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

¿Paga usted una parte o toda la prima o el costo del plan de salud de (TEEN)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

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

[IF NEEDED, SAY: "Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al doctor o usa el sistema de atención médica, mientras alguien más paga por la cobertura principal de su atención médica."]

[IF NEEDED, SAY: A deductible is the amount you pay for medical care before your health plan starts paying.]

[IF NEEDED, SAY: "El deducible es la cantidad que usted paga por la atención médica antes de que su plan de salud empiece a pagar.]

[IF NEEDED, SAY: Premium is the monthly charge for the cost of your health insurance plan.]

[IF NEEDED, SAY: "Prima es el cargo mensual por el costo de su plan de seguro de salud."]

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

'QA17_I48' [AI52] -

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

¿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)?

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

If = 2, -7, -8, goto 'PN_QA17_I50'

'QA17_I49' [AI53] -

Who else pays all or some portion of the cost for (TEEN)'s health plan?
¿Quién más paga todo o una parte del costo del plan de salud de (TEEN)?

[CODE ALL THAT APPLY.]

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

'POST_QA17_I49' [POST_AI53] -**POST-NOTE AI53 :**

IF AI53 = 1-6, SET TEEEMP = 1 AND TEDIRECT = 0;

IF AI53 = 7, SET TEMCAL = 1;

IF AI53 = 10, SET TEHBEX =1;

'PN_QA17_I50' [PN_IA6] -**PROGRAMMING NOTE IA6 :**

IF TEINSURE = 1, GO TO PROGRAMMING NOTE IA1A ;

ELSE CONTINUE WITH IA6

'QA17_I50' [IA6] -

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Tiene {él/ella} cobertura de CHAMPUS/CHAMP VA, Tricare, VA o algún otro plan de salud para militares?

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

If = 1, goto 'PN_QA17_I56'

'POST_QA17_I50' [POST_IA6] -**POST-NOTE IA6 :**

IF IA6 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

'QA17_I51' [IA7] -

Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?

¿Tiene cobertura {él/ella} de algún otro programa de salud del gobierno tal como AIM, "Mister MIP", Family PACT, Healthy Kids u otro programa?

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

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

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 Family PACT
- 04 HEALTHY KIDS
- 05 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 91, goto 'PN_QA17_I56'

OTHER_IA7

'POST_QA17_I51' [POST_IA7] -

POST-NOTE IA7 :

IF IA7 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

'QA17_I52' [IA8] -

Does {he/she} have any health insurance coverage through a plan that I missed?

¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

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

If = 2, -7, -8, goto 'PN_QA17_I56'

'QA17_I53' [IA9] -

What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

¿Qué tipo de seguro de salud tiene {él/ella}? ¿Lo recibe a través de Medi-CAL, un empleador o sindicato, o de otra fuente?

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Obtiene usted este plan a través de un empleador/sindicato actual o anterior, a través de una escuela, asociación profesional, grupo mercantil, u otra organización, o directamente del plan de salud?"]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_I53' [POST_IA9] -

POST-NOTE IA9 :

IF IA9 = 1, SET TEEMP = 1 AND TEINSURE = 1;

IF IA9 = 2, SET TEEMP = 1 AND TEINSURE = 1;

IF IA9 = 3, SET TEDIRECT = 1 AND TEINSURE = 1;

IF IA9 = 4, SET TEMCARE = 1 AND TEINSURE = 1;

IF IA9 = 5, SET TEMCAL = 1 AND TEINSURE = 1;

IF IA9 = 7, SET TEMILIT = 1 AND TEINSURE = 1;

IF IA9 = 8, SET TEIHS = 1;

IF IA9 = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;

IF IA9 = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;

IF IA9 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;

IF IA9 = 92, SET TEOTHER = 1 AND TEINSURE = 1;

IF IA9 = -7 OR -8, SET TEINSURE = 1

**'PN_QA17_I54' [PN_IA9VER] -
PROGRAMMING NOTE IA9VER :
IF IA9 = 4 (TEEN HAS MEDICARE), CONTINUE WITH IA9VER ;
ELSE SKIP TO PROGRAMMING NOTE IA1A**

'QA17_I54' [IA9VER] -

Just to verify, you said that (TEEN) gets health insurance through Medicare?
Solo para verificar, ¿usted dijo que (TEEN) tiene seguro de salud a través de Medicare?

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

**'PN_QA17_I55' [PN_IA1A] -
PROGRAMMING NOTE IA1A :
IF TEINSURE ≠ 1 CONTINUE WITH IA1A ;
ELSE GO TO MA8 ;**

'QA17_I55' [IA1A] -

What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
Cuál es LA razón principal por la cual (TEEN) no está inscrito(a) en el Programa Medi-Cal?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_IA1A

'PN_QA17_I56' [PN_MA8] -
PROGRAMMING NOTE MA8 :
IF IA10A = 1 AND ARMCARE = 1 AND AH124 = 1, THEN MA8 = AH124 AND MA7 = AH125 AND SKIP TO IA14 ;
ELSE IF IA10A = 1, THEN MA8 = AI22C AND MA7 = AI22A AND IA14 = AI25 AND GO TO PN AI82 ;
ELSE IF MA6 = 1, THEN MA8 = MA3 AND MA7 = MA2 AND IA14 = CF14 AND GO TO PN AI82 ;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH MA8 ;
ELSE GO TO PROGRAMMING NOTE AI82

'QA17_I56' [MA8] –

Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

¿Es el plan de salud principal de (TEEN) un HMO, que quiere decir Organización para el Mantenimiento de la Salud?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF NEEDED, SAY: "HMO en español quiere decir Organización para el Mantenimiento de la Salud. Con un HMO, {él/ella} tiene que ir a los doctores y hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a no ser que se trate de una emergencia médica."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "El plan de salud principal."]

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

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

If = 1, goto 'QA17_I58'

'PN_QA17_I57' [PN_AI116] -
PROGRAMMING NOTE AI116 :
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO MA7 ;
ELSE CONTINUE WITH AI116 ;

'QA17_I57' [AI116] -

Is (TEEN)'s health plan a PPO or EPO?
¿Es el plan de (TEEN) una PPO o una EPO?

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

[IF NEEDED, SAY: "EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal."]

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

[IF NEEDED, SAY: "PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier doctor y hospital, pero paga menos si va a los doctores y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "El plan de salud PRINCIPAL de {él/ella}."

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I58' [MA7] -

What is the name of (TEEN)'s main health plan?
¿Cómo se llama el plan de salud principal de (TEEN)?

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSSOF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS' INDEPENDENCE
- 80 CEN CAL HEALTH

- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES
- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISSION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL
- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_MA7

'POST_QA17_I58' [POST_MA7] - POST_MA7**POST NOTE MA7 :****IF MA7 = 93, 87, OR 89 THEN SET TEMILIT=1****'QA17_I59' [IA14] -**

Is (TEEN) covered for prescription drugs?

¿Tiene (TEEN) cobertura para medicinas recetadas?

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

'PN_QA17_I60' [PN_AI82] -**PROGRAMMING NOTE FOR AI82 :**

**IF [(ARINSURE ≠ 1 OR IA10A ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH AI82 ;
ELSE SKIP TO PN IA18**

'QA17_I60' [AI82] -

Does (TEEN)'s health plan have a deductible that is more than \$1,000?

¿Tiene el plan de salud de (TEEN) un deductible de más de \$1,000 dólares?

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "El deductible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I61' [AI83] -

Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

¿Tiene el plan de salud de (TEEN) un deductible de más de \$2,000 dólares por todas las personas que tienen cobertura?

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "El deductible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica."]

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_I62' [PN_AI84] -
PROGRAMMING NOTE AI84 :**
**IF (AI82 = 1 OR 3) OR (AI83 = 1 OR 3), CONTINUE WITH AI84 ;
ELSE SKIP TO PROGRAMMING NOTE IA18**

'QA17_I62' [AI84] –

Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
¿Tiene usted una cuenta o un fondo especial que pueda utilizar para pagar los gastos médicos de (TEEN)?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: "Estas cuentas a veces se conocen como Cuentas de Ahorro para la Salud (HSAs), Arreglos de Reembolsos por Salud (HRAs) u otras cuentas similares. Estas cuentas pueden tener otros nombres como - Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios, y son diferentes de las cuentas llamadas Cuentas de gastos flexibles proporcionadas por un empleador."]

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

**'PN_QA17_I63' [PN_IA18] -
PROGRAMMING NOTE IA18 :**
**IF TEINSURE = 1, GO TO IA24 ;
ELSE CONTINUE WITH IA18**

'QA17_I63' [IA18] –

What is the one main reason (TEEN) does not have any health insurance?
¿Cuál es el motivo principal por el que (TEEN) no tiene seguro de salud?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_IA18

'QA17_I64' [IA20] –

Was (TEEN) covered by health insurance at any time during the past 12 months?

¿Tuvo (TEEN) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

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

If = 1, goto '**QA17_I66**'

'QA17_I65' [IA21] –

How long has it been since (TEEN) last had health insurance?

¿Cuánto tiempo hace desde la última vez que (TEEN) tuvo seguro de salud?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto '**PN_QA17_I74**'

'QA17_I66' [IA22] –

For how many of the last 12 months did {he/she} have health insurance?

¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

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

_____ MONTHS [HR: 0-12]

If = 0 , goto '**PN_QA17_I74**'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I67' [IA23] –

During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo cuando (TEEN) tenía seguro de salud, ¿era su seguro Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

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

[PROBE: "¿Algún otro?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, 5, 6, 91, -7, -8, goto '**PN_QA17_I74**'

'QA17_I68' [IA24] –

Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (TEEN) este mismo seguro de salud TODO el tiempo en los últimos 12 meses?

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

If = 1, goto 'PN_QA17_I74'

'QA17_I69' [IA25] –

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
Cuando {él/ella} no tenía cobertura de su actual seguro de salud, ¿tuvo {él/ella} algún otro seguro de salud?

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

If = 2, -7, -8, goto 'QA17_I71'

'QA17_I70' [IA26] –

Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era este otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: “¿Algún otro?”]

- 01 MEDI-CAL
- 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I71' [IA27] –

During the past 12 months, was there any time when {he/she} had no health insurance at all?

Durante los últimos 12 meses, ¿hubo algún momento en el que {él/ella} no tuvo ningún seguro de salud?

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

If = 2, -7, -8, goto 'PN_QA17_I74'

'QA17_I72' [IA28] –

For how many of the past 12 months did {he/she} have no health insurance?
¿Durante cuántos de los últimos 12 meses no tuvo {él/ella} seguro de salud?

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I73' [IA29] –

What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?
¿Cuál es la razón principal por la que (TEEN) no tuvo ningún seguro de salud durante el tiempo en que {él/ella} no tuvo cobertura?

[IF R SAYS, "No need," PROBE WHY]

[IF R SAYS, "No hubo necesidad," PROBE WHY]

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_IA29

'PN_QA17_I74' [PN_AI56] -
PROGRAMMING NOTE AI56 :
IF NO TEEN SELECTED, GO TO SECTION J;
IF AA3 = 1 (R IS MALE), DISPLAY "mother";
IF AA3 = 2 (R IS FEMALE), DISPLAY "father";
IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY
"mother"

ELSE IF DISPLAY "other parent"

'QA17_I74' [AI56] -

In what country was (TEEN)'s {mother/father} born?
¿En qué país nació {la madre/el padre} de (TEEN)?

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

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

'PN_QA17_I75' [PN_AI57] -

PROGRAMMING NOTE AI57 :

IF AI56 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;

ELSE CONTINUE WITH AI57 ;

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father"

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA17_I75' [AI57] -

Does (TEEN)'s {mother/father} now live in the U.S.?

¿Vive ahora {la madre/el padre} de (TEEN) en los Estados Unidos?

- 01 YES
- 02 NO
- 03 MOTHER/FATHER DECEASED
- 04 MOTHER/FATHER NEVER LIVED IN US
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_I76' [PN_AI58] -

PROGRAMMING NOTE AI58 :

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father";

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

IF AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";

ELSE DISPLAY "Is"

'QA17_I76' [AI58] -

{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

¿Es/Era} {la madre/el padre} de (TEEN) ciudadano(a) de los Estados Unidos?

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

'PN_QA17_I77' [PN_AI59] -
PROGRAMMING NOTE AI59 :
IF AI58 =1 SKIP TO PN_AI60
IF AA3 = 1 (R IS MALE), DISPLAY "mother";
IF AA3 = 2 (R IS FEMALE), DISPLAY "father";
IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"
IF AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

'QA17_I77' [AI59] –

{Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?
¿{Es/Era} {la madre/el padre} de (TEEN) residente permanente con tarjeta verde?

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

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

'PN_QA17_I78' [PN_AI60] -
PROGRAMMING NOTE AI60 :
IF AA3 = 1 (R IS MALE), DISPLAY "mother";
IF AA3 = 2 (R IS FEMALE), DISPLAY "father"

'QA17_I78' [AI60] –

About how many years has (TEEN)'s {mother/father} lived in the United States?
¿Cuántos años aproximadamente ha vivido {la madre/el padre} de (TEEN) en los Estados Unidos?

NUMBER OF YEARS

YEAR FIRST COME AND LIVE IN U.S.

OTHER_AI60

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 03 MOTHER/FATHER DECEASED
- 04 MOTHER/FATHER NEVER LIVED IN US
- 7 REFUSED
- 8 DON'T KNOW

Section J: Health Care Utilization and Access

'PN_QA17_J1' [PN_AH5] -

PROGRAMMING NOTE AH5 :

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";

ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

'QA17_J1' [AH5] –

{Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?}

{Ahora, voy a preguntar acerca de la atención médica que usted recibe.} Durante los últimos 12 meses, ¿cuántas veces ha visto usted a un doctor?

_____ TIMES [HR: 0-365]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J2' [PN_AH6] -

PROGRAMMING NOTE AH6 :

IF AH5 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH AH6 ;

ELSE GO TO PROGRAMMING NOTE AJ114

'QA17_J2' [AH6] –

About how long has it been since you last saw a doctor about your own health?

Más o menos, ¿hace cuánto tiempo fue la última vez que vio a un doctor para su propia salud?

- 00 ONE YEAR AGO OR LESS
- 01 MORE THAN 1 UP TO 2 YEARS AGO
- 02 MORE THAN 2 UP TO 5 YEARS AGO
- 03 MORE THAN 5 YEARS AGO
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J3' [PN_AJ114] -

PROGRAMMING NOTE AJ114 :

**IF AH6 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE AJ77 ;
ELSE CONTINUE WITH AJ114**

'QA17_J3' [AJ114] -

About how long has it been since you last saw a doctor or medical provider for a routine check-up?

Aproximadamente, ¿hace cuánto tiempo fue la última vez que vio a un doctor o a otro proveedor de atención médica para hacerse un examen físico de rutina?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

[IF NEEDED, SAY: "Un examen físico de rutina es una visita que no se debe a una enfermedad o un problema. En esa visita pueden hacerle preguntas acerca de comportamientos de salud tal como el fumar."]

- 00 ONE YEAR AGO OR LESS
- 01 MORE THAN 1 UP TO 2 YEARS AGO
- 02 MORE THAN 2 UP TO 5 YEARS AGO
- 03 MORE THAN 5 YEARS AGO
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J4' [PN_AJ77] -

PROGRAMMING NOTE AJ77 :

**IF AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ77 ;
ELSE GO TO PROGRAMMING NOTE AJ102**

'QA17_J4' [AJ77] -

Do you have a personal doctor or medical provider who is your main provider?

¿Tiene usted un doctor de cabecera o un proveedor de atención médica como proveedor principal?

IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

[IF NEEDED, SAY: "Puede ser un médico general, un médico especialista, un asistente médico, una enfermera u otro proveedor de salud."]

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

'PN_QA17_J5' [PN_AJ102] - PN_AJ102**PROGRAMMING NOTE AJ102:**

**IF ARINSURE =1 OR AH1 = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ102
ELSE GO TO PROGRAMMING NOTE AJ80
IF AJ77 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";**

'QA17_J5' [AJ102] –

In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

En los últimos 12 meses, ¿trató de hacer una cita para ver a su doctor o proveedor de atención médica en dos días a más tardar porque usted estaba enfermo(a) o lesionado(a)?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]

[IF NEEDED, SAY: “No incluya cuidado de urgencia o idas a la sala de emergencias. Solo estoy preguntando sobre citas.”]

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

IF = 2, -7, -8 go to 'PN_QA17_J7'

'QA17_J6' [AJ103] –

How often were you able to get an appointment within two days? Would you say...

¿Con qué frecuencia consiguió hacer una cita dentro de los próximos dos días? ¿Diría que...

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

'PN_QA17_J7' [PN_AJ80] -**PROGRAMMING NOTE AJ80:**

**IF AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND AJ77 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(AB40 = 1 OR AB41 = 1 (HAS ASTHMA)) OR AB22 = 1 (HAS DIABETES) OR AB34 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH AJ80;
ELSE GO TO AJ152**

'QA17_J7' [AJ80] –

Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

¿Hay alguien en el consultorio o clínica de su doctor que le ayude a coordinar el cuidado de su salud con otros médicos o servicios, como pruebas o tratamientos?

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

'QA17_J8' [AJ152] -

During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

Durante los últimos 12 meses, ¿recibió atención de un doctor o un profesional de la salud a través de una conversación en vídeo o por teléfono en lugar de una visita en el consultorio?

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]

[IF NEEDED, SAY: "No incluya llamadas sobre citas o para surtir recetas médicas. No incluya llamadas realizadas a una línea de ayuda de enfermería."]

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

If = 2, -7, -8, goto 'PN_QA17_J10'

'QA17_J9' [AJ153] -

Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?
¿Fue esta atención médica por un problema de la piel o de los ojos, un problema emocional o mental, o algún otro problema de salud?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

- 01 SKIN PROBLEM
- 02 EYE PROBLEM
- 03 MENTAL OR EMOTIONAL HEALTH PROBLEM
- 91 OTHER HEALTH PROBLEM (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J10' [PN_AJ8B] -

PROGRAMMING NOTE AJ8 :

IF AH5 > 0 OR AH6 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH AJ8 ;

ELSE GO TO PROGRAMMING NOTE AJ105

'QA17_J10' [AJ8B] -

The last time you saw a doctor, did you have a hard time understanding the doctor?

La última vez que vio a un doctor, ¿tuvo dificultad para entender lo que el doctor decía?

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

If = 1, goto 'QA17_J12'

If = -7, -8, goto 'PN_QA17_J15'

'PN_QA17_J11' [PN_AJ50] -
PROGRAMMING NOTE AJ50 :
IF AJ8B = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH AJ50 ;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME AJ50 WAS ASKED;
ELSE SKIP TO PROGRAMMING NOTE AJ105

'QA17_J11' [AJ50] -

In what language did the doctor speak to you?
¿En qué idioma habló con usted su doctor?

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

If = 1, goto 'QA17_J13'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto 'PN_QA17_J15'

OTHER_AJ50

'QA17_J12' [AJ9] -

Was this because you and the doctor spoke different languages?
¿Se debió esto a que usted y su doctor hablan diferentes idiomas?

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

'QA17_J13' [AJ10] -

Did you need someone to help you understand the doctor?
¿Necesitó ayuda de otra persona para comprender al doctor?

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

If = 2, -7, -8, goto 'PN_QA17_J15'

'QA17_J14' [AJ11] –

Who was this person who helped you understand the doctor?
¿Quién fue esta persona que le ayudó a entender al doctor?

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

- 01 MINOR CHILD (UNDER AGE 18)
- 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- 03 NON-MEDICAL OFFICE STAFF
- 04 MEDICAL STAFF INCLUDING NURSES/DOCTORS
- 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- 06 OTHER (PATIENTS, SOMEONE ELSE)
- 07 DID NOT HAVE SOMEONE TO HELP
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J15' [PN_AJ105] –

PROGRAMMING NOTE AJ105 :

**IF AH37 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH AJ105 ;
 ELSE GO TO PROGRAMMING NOTE AJ106**

'QA17_J15' [AJ105] –

In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

En California, usted tiene derecho a obtener gratis la ayuda de un intérprete durante sus visitas al doctor. ¿Sabía esto antes de hoy?

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

'PN_QA17_J16' [PN_AJ106] –

PROGRAMMING NOTE AJ106 :

**IF [ARINSURE = 1 OR AI27 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)]
 AND AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ106 ;
 ELSE GO TO AH16**

'QA17_J16' [AJ106] –

In the past 12 months, did you change where you usually go for health care?

En los últimos 12 meses, ¿cambió usted el lugar donde normalmente va a recibir atención médica?

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

If = 2, -7, -8, goto 'QA17_J18'

'QA17_J17' [AJ107] –

Did you have to change because of your health insurance plan?
¿Tuvo que cambiar de lugar debido a su plan de seguro de salud?

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]

[IF NEEDED, SAY: "¿Tuvo usted que cambiar el lugar al que normalmente va a recibir atención médica por un motivo relacionado con su plan de seguro de salud?"]

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

'QA17_J18' [AH16] –

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

Durante los últimos 12 meses, ¿tuvo usted que demorar la compra o no comprar algún medicamento que un doctor le recetó?

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

If = 2, -7, -8, goto **'QA17_J21'**

'QA17_J19' [AJ19] –

Was cost or lack of insurance a reason why you delayed or did not get the prescription?

¿Fue el costo o el no tener seguro de salud un motivo por el que demoró la compra o quedó sin comprar el medicamento que le habían recetado?

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

'PN_QA17_J20' [PN_AJ176] -

PROGRAMMING NOTE AJ167a:

IF ARINSURE = 1, THEN CONTINUE WITH AJ167a;

ELSE GO TO AH22

'QA17_J20' [AJ176] –

Did you delay or not get a medicine while you had your current insurance plan?

¿Mientras tenía su plan de seguro actual se demoró en tomar un medicamento o no lo tomó?

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

'QA17_J21' [AH22] –

During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

Durante los últimos 12 meses, ¿tardó en recibir, o quedó sin recibir alguna otra atención médica que usted consideraba necesaria, — como ver un doctor, un especialista u otro profesional de la salud?

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

If = 2, -7, -8, goto '**QA17_J27**'

'QA17_J22' [AJ129] –

Did you get the care eventually?

¿Recibió los cuidados finalmente?

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

'QA17_J23' [AJ20] –

Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

¿Fueron los costos o el no tener seguro de salud una razón por la que se demoró en obtener o no obtuvo la atención que usted creyó que necesitaba?

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

If = 2, -7, -8, goto '**QA17_J25**'

'QA17_J24' [AJ130] –

Was that the main reason?

¿Fue esa la razón principal?

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

If = 1, -7, -8, goto '**QA17_J27**'

'QA17_J25' [AJ131] –

What was the one main reason why you delayed getting the care you felt you needed?

¿Cuál fue la razón principal por la que se demoró en obtener el cuidado que usted creyó que necesitaba?

- 01 COULDN'T GET APPOINTMENT
- 02 MY INSURANCE NOT ACCEPTED
- 03 INSURANCE DID NOT COVER
- 04 LANGUAGE PROBLEMS
- 05 TRANSPORTATION PROBLEMS
- 06 HOURS NOT CONVENIENT
- 07 NO CHILD CARE FOR CHILDREN AT HOME
- 08 FORGOT OR LOST REFERRAL
- 09 I DIDN'T HAVE TIME
- 10 COULDN'T AFFORD/COST TOO MUCH
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_J26' [PN_AJ177] -
PROGRAMMING NOTE AJ168a:**

**IF ARINSURE = 1, THEN CONTINUE WITH AJ168a;
ELSE GO TO AH136**

'QA17_J26' [AJ177] –

Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

¿Mientras tenía su plan de seguro actual se demoró en recibir o no recibió otra atención médica que consideró que necesitaba?

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

'QA17_J27' [AJ136] –

The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

Las preguntas siguientes se refieren a especialistas. Los especialistas son doctores como los cirujanos, médicos del corazón, de las alergias, de la piel y otros doctores que se especializan en un área de atención médica.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

En los últimos 12 meses, ¿pensó usted o un doctor que necesitaba ir a un especialista?

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

**'PN_QA17_J28' [PN_AJ137] -
PROGRAMMING NOTE AJ137 :
IF AJ136 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH AJ137 ;
ELSE GO TO AJ133**

'QA17_J28' [AJ137] -

During the past 12 months, did you have any trouble finding a medical specialist who would see you?
En los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un doctor especialista que lo(a) viera?

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

'QA17_J29' [AJ138] -

During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?
Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no lo(a) iban a aceptar como paciente nuevo(a)?

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

**'PN_QA17_J30' [PN_AJ139] -
PROGRAMMING NOTE AJ139 :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH AJ139 ;
ELSE SKIP TO AJ133**

'QA17_J30' [AJ139] -

During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?
Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no aceptarían su seguro de salud principal?

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

'QA17_J31' [AJ133] -

Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

Ahora piense en los doctores generales. Durante los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un doctor general que lo(a) viera?

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

'QA17_J32' [AJ134] –

During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?
Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no lo(a) iban a aceptar como paciente nuevo(a)?

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

'PN_QA17_J33' [PN_AJ135] -**PROGRAMMING NOTE AJ135 :**

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH AJ135 ;
 ELSE SKIP TO AJ169**

'QA17_J33' [AJ135] –

During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?
Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no iban a aceptar su principal seguro de salud?

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

'PN_QA17_J34' [PN_AJ169] -**PROGRAMMING NOTE AJ169:**

**IF AGE > 49 YEARS GO TO AG1;
 ELSE IF AA3 = 1 THEN GO TO AJ144;
 ELSE CONTINUE WITH AJ169**

'QA17_J34' [AJ169] –

Which of the following statements best describes your pregnancy plans? Would you say...
¿Cuál de las siguientes frases describe mejor sus planes de embarazo? ¿Diría que...?

- 01 You do not plan to get pregnant within the next 12 months,
01 No tiene planeado quedar embarazada en los próximos 12 meses
- 02 You are not sexually active
02 No está sexualmente activa
- 03 You are planning to get pregnant within the next 12 months, or
03 Tiene planeado quedar embarazada en los próximos 12 meses
- 04 You are currently pregnant?
04 Actualmente está embarazada
- 7 REFUSED
- 8 DON'T KNOW

'PN_AF40' [PN_AF40] -

PROGRAMMING NOTE AF40:

IF AD13 = 1 (PREGNANT), GO TO AG1;

IF AA3 = 2 (FEMALE) AND AD46 = 2 (GAY,LESBIAN, OR HOMOSEXUAL), GO TO AG1; IF AJ169= 2, 4(NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO AJ144;
ELSE CONTINUE WITH AF40

'AF40' [AF40] –

Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

¿Actualmente usa usted o su pareja sexual masculina algún método de control de la natalidad para prevenir el embarazo? Esto incluye la esterilización tanto masculina como femenina.

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

[IF NEEDED, SAY: "La esterilización puede ser ligarse las trompas o amarrarse los tubos, hacerse vasectomía o hacerse una operación para no tener hijos".]

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

If = 2, 3, -7, -8, goto 'AJ144'

'PN_AJ154' [PN_AJ154] -

PROGRAMMING NOTE AJ154:

IF AF40 = 2(NO) OR -7 (REF) OR -8 (DK), GO TO AJ170;

ELSE CONTINUE WITH AJ154

'AJ154' [AJ154] –

Which birth control method or methods are you using?

¿Qué método o métodos para el control de la natalidad está usando usted?

[CODE ALL THAT APPLY] [PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

- 01 TUBAL LIGATION (TUBES TIED OR CUT)
- 02 VASECTOMY (MALE STERILIZATION)
- 03 IUD (MIRENA, PARAGARD)
- 04 IMPLANT (IMPLANON, NEXPLANON)
- 05 BIRTH CONTROL PILLS
- 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- 07 CONDOMS (MALE)
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J37' [AJ170] –

What is the MAIN reason you are NOT currently using birth control?
¿Cuál es la razón PRINCIPAL por la que actualmente NO usa anticonceptivos?

- 01 TRYING TO GET PREGNANT/WANT A BABY
- 02 HAVEN'T FOUND A METHOD I LIKE
- 03 COST
- 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- 05 NO TRANSPORTATION
- 06 DON'T KNOW WHERE TO GET IT
- 07 DON'T BELIEVE IN BIRTH CONTROL
- 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 09 PARTNER WON'T LET ME
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J38' [AJ171] –

Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant (that thing in your arm)?

¿Alguna vez un médico, un proveedor de atención médica o un asesor de planificación familiar le habló sobre un DIU o un implante (eso que se coloca en su brazo)?

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

'PN_AJ144' [PN_AJ144] -

PROGRAMMING NOTE AJ144:

**IF AA3=2 (FEMALE) THEN GO TO AG1;
ELSE IF AA3=1 (MALE) CONTINUE WITH AJ144;**

'AJ144' [AJ144] –

During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

Durante los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad de parte de un doctor o otro proveedor de atención médica?

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

'QA17_J40' [AJ172] –

Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

¿Actualmente usa usted o su pareja sexual femenina algún método de control de la natalidad para prevenir el embarazo? Esto incluye la esterilización tanto masculina como femenina?

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_J41' [PN_AJ174] -
PROGRAMMING NOTE AJ174:
IF AJ172 = 2 (NO) or 3 (NO FEMALE PARTNER) THEN GO TO AJ175;
ELSE CONTINUE WITH AJ174;**

'QA17_J41' [AJ174] –

Which birth control method or methods are you using?

¿Qué método o métodos para el control de la natalidad está usando usted?

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

- 03 IUD (MIRENA, PARAGARD)
- 04 IMPLANT (IMPLANON, NEXPLANON)
- 05 BIRTH CONTROL PILLS
- 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- 07 CONDOMS (MALE)
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_J42' [PN_AJ175] -
PROGRAMMING NOTE AJ175:
IF AJ172=2 (NO), CONTINUE WITH AJ175;
ELSE GO TO AG1;**

'QA17_J42' [AJ175] –

What is the MAIN reason you are NOT currently using birth control?

¿Cuál es la razón PRINCIPAL por la que actualmente NO usa anticonceptivos?

- 01 TRYING TO GET PREGNANT/WANT A BABY
- 02 HAVEN'T FOUND A METHOD I LIKE
- 03 COST
- 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- 05 NO TRANSPORTATION
- 06 DON'T KNOW WHERE TO GET IT
- 07 DON'T BELIEVE IN BIRTH CONTROL
- 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 09 PARTNER WON'T LET ME
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J43' [AG1] –

These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

Las siguientes preguntas son acerca de la salud dental. ¿Cómo cuánto tiempo ha pasado desde la última vez que usted fue a un dentista o a una clínica dental? Incluya higienistas y todo tipo de especialistas dentales.

- 00 HAVE NEVER VISIT
- 01 6 MONTHS AGO OR LESS
- 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 05 MORE THAN 5 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

If = 0, -7, -8, goto 'QA17_J45'

'QA17_J44' [AJ167] –

Was it for a routine checkup or cleaning, or was it for a specific problem?

¿Fue para un examen o limpieza de rutina o fue por un problema específico?

- 01 ROUTINE CHECKUP OR CLEANING
- 02 SPECIFIC PROBLEM
- 03 BOTH
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J45' [AG3] –

Do you now have any type of insurance that pays for part or all of your dental care?

¿Tiene usted actualmente algún tipo de seguro que pague por parte o toda la atención dental que usted recibe?

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

'QA17_J46' [AJ168] –

How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

¿Cómo describiría la condición de sus dientes: excelente, muy buena, buena, aceptable o mala?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 06 HAS NO NATURAL TEETH
- 7 REFUSED
- 8 DON'T KNOW

Section DM: Discrimination

‘QA17_DM1’ [DMC8] –

These next questions are about things that have happened to you while receiving medical care.

Las siguientes preguntas son acerca de situaciones que le hayan sucedido al recibir atención médica

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

¿Hubo alguna ocasión cuando pudo haber obtenido mejor atención médica si hubiera sido de otra raza o de otro grupo étnico?

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

If = 2, -7, -8, goto ‘QA17_DM3’

‘QA17_DM2’ [DMC9] –

Think about the last time this happened. How long ago was that?

Piense en la última vez que esto ocurrió. ¿Hace cuánto tiempo sucedió eso?

- 01 A YEAR AGO OR LESS
- 02 MORE THAN 1 UP TO 2 YEARS AGO
- 03 MORE THAN 2 UP TO 3 YEARS AGO
- 04 MORE THAN 3 UP TO 5 YEARS AGO
- 05 MORE THAN 5 UP TO 10 YEARS AGO
- 06 MORE THAN 10 UP TO 20 YEARS AGO
- 07 MORE THAN 20 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

‘QA17_DM3’ [DMC3] –

Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say...

En toda su vida, ¿con qué frecuencia le han tratado injustamente cuando recibió atención médica? ¿Diría usted...?

- 01 Never,
- 01 Nunca
- 02 Rarely,
- 02 Rara vez
- 03 Sometimes, or
- 03 a veces o
- 04 Often?
- 04 con frecuencia
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto ‘QA17_K1’

'QA17_DM4' [DMC6B] –

Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

¿Cuál de estas cree usted que es la razón principal por la que le han tratado injustamente en toda su vida? ¿Fue a causa de...?

- 01 Your ancestry or national origin
- 01 *Su ascendencia o origen nacional*
- 02 Because of your gender or sex
- 02 *A causa de su género o sexo*
- 03 Because of your race or skin color
- 03 *A causa de su raza o el color de su piel*
- 04 Because of your age, or
- 04 *A causa de su edad, o*
- 05 Because of the way you speak English, or
- 05 *A causa de debido a su forma de hablar inglés, o*
- 06 For some other reason? (Specify: _____)
- 06 *A causa de alguna otra razón? (Specify: _____)*
- 7 REFUSED
- 8 DON'T KNOW

'QA17_DM5' [DMC7] –

Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

En toda su vida, ¿cuánto estrés ha sufrido normalmente a causa de sus experiencias de tratamiento injusto? ¿Diría usted...?

- 01 Not at all stressful
- 01 *Ningún estrés*
- 02 A little stressful
- 02 *Un poco de estrés*
- 03 Somewhat stressful, or
- 03 *Algún estrés, o*
- 04 Extremely stressful?
- 04 *Mucho estrés*
- 7 REFUSED
- 8 DON'T KNOW

Section K: Employment, Income, Poverty Status, Food Security

'PN_QA17_K1' [PN_AK3] -

PROGRAMMING NOTE AK3 :

IF AK1 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR
AG10 = 1 (R USUALLY WORKS) CONTINUE WITH AK3 ;
ELSE GO TO PROGRAMMING NOTE AK20

'QA17_K1' [AK3] –

The next questions are about your employment.

Las preguntas siguientes se refieren a su empleo.

How many hours per week do you usually work at all jobs or businesses?

¿Cuántas horas a la semana trabaja usted normalmente en todos sus empleos o negocios?

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_K2' [AK7] –

How long have you worked at your main job?

¿Cuánto tiempo ha trabajado usted en su trabajo principal?

[IF NEEDED, SAY: "That is, for your current employer."]

[IF NEEDED, SAY: "Es decir en su empleo actual"]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AK7M' [AK7M] - _____ MONTHS [HR: 0-12]

'AK7Y' [AK7Y] - _____ YEARS [HR: 0-50]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K3' [PN_AK10] -

PROGRAMMING NOTE AK10 :

**IF AK1 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR AG10 = 1 (USUALLY WORKS), CONTINUE WITH AK10 ;
ELSE SKIP TO PROGRAMMING NOTE AK20**

'QA17_K3' [AK10] –

What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

¿Cuál es su mejor cálculo de todas las ganancias suyas el mes pasado antes de impuestos y de otras deducciones de todos los trabajos y negocios incluyendo sueldos por hora, salarios, propinas y comisiones?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K4' [PN_AK20] -

PROGRAMMING NOTE AK20 :

IF AG8 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR AG11 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH AK20 AND:

IF AK1 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND AH43 = 1 (MARRIED), DISPLAY “The next question is about your spouse’s employment.”

ELSE IF AK1 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY “The next question is about your partner’s employment.”

IF AH43 = 1 THEN DISPLAY “spouse”;

ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY “partner”;

ELSE SKIP TO AK22

'QA17_K4' [AK20] –

{The next question is about your spouse’s employment.}

{Las siguientes preguntas se refieren al empleo de su esposo(a).}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

¿Cuántas horas a la semana trabaja normalmente su {esposo(a)} en todos los empleos o negocios que tiene?

_____ HOURS [HR: 0-95]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K5' [PN_AK10A] -
PROGRAMMING NOTE AK10A :
IF AK20 ≠ 0 CONTINUE WITH AK10A ;
IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner's";
ELSE GO TO AK22

'QA17_K5' [AK10A] -

What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

¿Cuánto calcula que ganó su {esposo(a)/pareja} el mes pasado antes de los impuestos y otras deducciones en todos los empleos y negocios que tiene, incluyendo sueldo por horas, salarios, propinas y comisiones?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

NUM_HOU_AK10A

- 7 REFUSED
- 8 DON'T KNOW

'QA17_K6' [AK22] -

What is your best estimate of your household's total annual income from all sources before taxes in 2016?

¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de impuestos en el 2014?

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF NEEDED, SAY: "Incluya dinero de trabajos, seguro social, jubilación, pagos por desempleo, asistencia pública y fuentes similares. También incluya ingresos por intereses, dividendos, ingreso neto de negocios, finca o rancho o alquiler, y cualquier otro ingreso de dinero."]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_K8'

'QA17_K7' [AK22A] -

PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?
He anotado que los ingresos de su hogar son (AMOUNT). ¿Es esto correcto?

- 1 YES
- 2 NO

If = 1, goto 'PN_QA17_K14'

If = 2, Go back to 'QA17_K6'

**'PN_QA17_K8' [PN_AK11] -
PROGAMMING NOTE AK11 :
IF AK22 = -7 OR -8 CONTINUE WITH AK11 ;
ELSE GO TO PROGRAMMING NOTE AK17**

'QA17_K8' [AK11] –

We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

No necesitamos saber exactamente, ¿pero podría decirme si el ingreso anual de su hogar de todas las fuentes antes de impuestos es más de \$20,000 al año o menos?

- 01 MORE
- 02 EQUAL TO \$20K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'QA17_K10'

If = -7, -8, goto 'PN_QA17_K14'

'QA17_K9' [AK12] –

Is it ...

¿Es...

- 01 \$5,000 or less,
- 02 \$5,001 to \$10,000,
- 03 \$10,001 to \$15,000, or
- 04 \$15,001 to 20,000?
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, -7, -8, goto 'PN_QA17_K14'

'QA17_K10' [AK13] –

Is it more or less than \$70,000 per year?

¿Es más o menos de \$70,000 al año?

- 01 MORE
- 02 EQUAL TO \$70K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'QA17_K12'

If = -7, -8, goto 'PN_QA17_K14'

'QA17_K11' [AK14] –

Is it ...

¿Es...

- 01 \$20,001 to \$30,000,
- 02 \$30,001 to \$40,000,
- 03 \$40,001 to \$50,000,
- 04 \$50,001 to \$60,000, or
- 05 \$60,001 to \$70,000?
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 5, -7, -8, goto 'PN_QA17_K14'

'QA17_K12' [AK15] –

Is it more or less than \$135,000 per year?
¿Es más o menos de \$135,000 al año?

- 01 MORE
- 02 EQUAL TO \$135K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_K14'

'QA17_K13' [AK16] –

Is it ...

¿Es...

- 01 \$70,001 to \$80,000,
- 02 \$80,001 to \$90,000,
- 03 \$90,001 to \$100,000, or
- 04 \$100,001 to \$135,000?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K14' [PN_AK17] -

PROGRAMMING NOTE AK17 :

IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE AK18 ;

ELSE CONTINUE WITH AK17

'QA17_K14' [AK17] –

Including yourself, how many people living in your household are supported by your total household income?
Incluyéndose usted mismo(a), ¿cuántas de las personas que viven en su hogar son mantenidas por el ingreso total de su hogar?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K15' [PN_AK18] -

PROGRAMMING NOTE AK18 :

AK18 MUST BE LESS THAN AK17 ;

IF R IS ONLY MEMBER OF HH, GO TO AK32 ;

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) = AK17 GO TO PROGRAMMING NOTE AK32 ;

ELSE CONTINUE WITH AK18

'QA17_K15' [AK18] –

How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

¿Cuántas de estas {INSERT NUMBER FROM QA11_K15} personas son niños menores de 18 años de edad?

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_K16' [AK32] –

Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

¿Hay alguna persona que viva en los Estados Unidos pero que no vive actualmente en su casa y que dependa de los ingresos de su hogar?

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

If = 2, -7, -8, goto 'PN_AK29'

'QA17_K17' [AK33] –

How many?

¿Cuántas?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 7 REFUSED
- 8 DON'T KNOW

'PN_AM1' [PN_AM1] -

PROGRAMMING NOTE AM1 :

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH AM1 ;

IF HH Income ≤ 300% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1) AND SAMPLED COUNTY IS SAN FRANCISCO OR ALAMEDA], CONTINUE WITH AM1;**ELSE GO TO AL2****'PN_AM1_2' [PN_AM1_2] -**

PROGRAMMING NOTE AM1 :

IF AK17 = 1, THEN DISPLAY "I",
ELSE IF AK17 > 1 DISPLAY "We"**'AM1' [AM1] -**

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Las siguientes preguntas son acerca de los alimentos que se han consumido en su hogar en los últimos 12 meses y si a ustedes les alcanzó el dinero para comprar comida.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

Voy a leer dos comentarios que la gente ha hecho sobre su situación en cuanto a la comida. Para cada una, por favor dígame si lo que yo digo es algo que fue cierto frecuentemente, fue cierto algunas veces o no, nunca fue cierto en su hogar en los últimos 12 meses. El primer comentario es:

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

"Los alimentos que {yo/nosotros} compré/compramos no duraron, y {yo/nosotros} no {tenía/teníamos} dinero para comprar más."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

¿Fue esto cierto frecuentemente, fue cierto algunas veces, o nunca fue cierto en su hogar en los últimos 12 meses?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- 7 REFUSED
- 8 DON'T KNOW

'PN_AM2' [PN_AM2] -
PROGRAMMING NOTE AM2 :
IF AK17 = 1, THEN DISPLAY "I",
ELSE IF AK17 > 1 DISPLAY "We"

'AM2' [AM2] –

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 eso frecuentemente cierto, algunas veces cierto o nunca fue cierto para usted y para su hogar en los últimos 12 meses?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- 7 REFUSED
- 8 DON'T KNOW

'AM3' [AM3] –

Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

Por favor, dígame sí o no. En los últimos 12 meses, ¿usted y otros adultos de su hogar alguna vez redujeron el tamaño de sus comidas o dejaron de comer porque no había suficiente dinero para alimentos?

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

If = 2, -7, -8, goto 'AM4'

'AM3A' [AM3A] –

How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?
¿Con qué frecuencia pasó esto -- casi todos los meses, algunos meses pero no todos los meses, o sólo 1 o 2 meses?

- 01 ALMOST EVERY MONTH
- 02 SOME MONTHS BUT NOT EVERY MONTH
- 03 ONLY IN 1 OR 2 MONTHS
- 7 REFUSED
- 8 DON'T KNOW

'AM4' [AM4] –

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

En los últimos 12 meses, ¿comió alguna vez menos de lo que sentía que debía comer porque no había suficiente dinero para comprar alimentos?

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

'AM5' [AM5] –

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

En los últimos 12 meses, ¿tuvo hambre alguna vez pero no comió porque no tenía dinero para comprar suficientes alimentos?

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

Section L: Public Program Participation

[IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L;

ELSE GO TO AK23

'QA17_L1' [AL2] –

Are you now receiving TANF or CalWORKs?
¿Está usted recibiendo ahora TANF o CalWORKS?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKs significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el antiguo programa de bienestar social en California."]

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

'PN_QA17_L2' [PN_IAP1] -

PROGRAMMING NOTE IAP1 :

**IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH IAP1 ;
ELSE GO TO AL5 ;**

'QA17_L2' [IAP1] –

Is (TEEN) now receiving TANF or CalWORKs?
¿Está (TEEN) recibiendo actualmente TANF o CalWORKS?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKs significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el antiguo programa de bienestar social en California."]

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

'QA17_L3' [AL5] –

Are you receiving Food Stamp benefits, also known as CalFresh?

¿Recibe usted Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: "Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage."]

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

'PN_QA17_L4' [PN_IAP2] –

PROGRAMMING NOTE LAP2 :

**IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH LAP2 ;
ELSE GO TO AL6**

'QA17_L4' [IAP2] –

Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

¿Recibe (TEEN) Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: "Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage."]

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

'QA17_L5' [AL6] –

Are you receiving Supplemental Security Income (SSI)?

¿Recibe usted SSI?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

[IF NEEDED, SAY: "SSI significa Ingreso Suplementario de Seguridad. Es distinto al Seguro Social."]

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

'PN_QA17_L6' [PN_AL7] -

PROGRAMMING NOTE AL7 :

IF AA3 = 2 (FEMALE) AND [AD13 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]

CONTINUE WITH AL7 ;

ELSE GO TO PROGRAMMING NOTE AL9

'QA17_L6' [AL7] -

Are you on WIC?

¿Usted está inscrita en el WIC?

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

[IF NEEDED, SAY: "WIC es el Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños."]

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

'PN_QA17_L7' [PN_AL9] -

PROGRAMMING NOTE AL9 :

IF AL8 = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR AA2A = 6) AND (POVERTY < 6 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH AL9 ; ELSE SKIP TO PROGRAMMING NOTE AL15B ;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM AK17 .

IF AK17 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

**IF AK17 = 1 DISPLAY \$2000;
IF AK17 = 2 DISPLAY \$3000;
IF AK17 = 3 DISPLAY \$3150;
IF AK17 = 4 DISPLAY \$3300;
IF AK17 = 5 DISPLAY \$3450;
IF AK17 = 6 DISPLAY \$3600;
IF AK17 = 7 DISPLAY \$3750;
IF AK17 = 8 DISPLAY \$3900;
IF AK17 = 9 DISPLAY \$4050;
IF AK17 ≥ 10 DISPLAY \$4200;**

**IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"**

'QA17_L7' [AL9] -

Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

Sin contar el valor de alguna casa o automóvil que es posible que usted posea, ¿diría usted que {sus bienes/ los bienes de su familia}, es decir, todo su dinero en efectivo, ahorros, inversiones, y muebles juntos valen más de {PROPERTY LIMIT}?

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

If = 1, goto 'PN_QA17_L14'

'PN_QA17_L8' [PN_AL34] -

PROGRAMMING NOTE AL34 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

'QA17_L8' [AL34] –

About how much {do you/does your family} have in cash, savings, and investments?

¿Cuánto dinero en efectivo, en cuentas de ahorros y en inversiones tiene {usted/su familia}?

[IF NEEDED, SAY: "Again, do not count the value of any house or car you may own."]

[IF NEEDED, SAY: "Nuevamente, no cuente el valor de la casa o auto que sean de su propiedad."]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]_

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L9' [PN_AL35] -

PROGRAMMING NOTE AL35 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

'QA17_L9' [AL35] –

Besides your primary car or truck, {do you/does your family} own other cars or trucks?

Además de su automóvil o camioneta principal, ¿tiene {usted/su familia} otros automóviles o camionetas propios?

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

If = 2, -7, -8, goto 'QA17_L12'

'QA17_L10' [AL36] –

Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

¿Son estos automóviles o camionetas solo para uso personal? No incluya los automóviles o camionetas que se usan para el transporte de personas discapacitadas o para uso comercial

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

If = 2, -7, -8, goto 'QA17_L12'

'PN_QA17_L11' [PN_AL37] -

PROGRAMMING NOTE AL37 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "your";

'QA17_L11' [AL37] -

Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?

Sin contar lo que {usted /su familia} debe, ¿cuál es el valor estimado de estos automóviles o camionetas?

[IF NEEDED: Do not include your primary cars or trucks.]

[IF NEEDED: No incluya su automóvil o camioneta principal.]

[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]

[IF NEEDED: No incluya automóviles o camionetas que se usan para el transporte de personas discapacitadas o para uso comercial.]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L12' [PN_AL38] -

PROGRAMMING NOTE AL38 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Does your family"; ELSE DISPLAY "Do you"

'QA17_L12' [AL38] -

{Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?

¿Tiene {usted/su familia} su propia motocicleta, barco, remolque u otro vehículo que no sea comercial?

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

If = 2, -7, -8, goto 'PN_QA17_L14'

'PN_QA17_L13' [PN_AL39] -**PROGRAMMING NOTE AL39 :****IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"****'QA17_L13' [AL39] -**

Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?

Sin contar lo que {usted/su familia} debe, ¿cuál es el valor estimado de la motocicleta, barco, remolque u otro vehículo no comercial que es propiedad de {usted/su familia}?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L14' [PN_AL15B] -**PROGRAMMING NOTE AL15 :**

**IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"**

'QA17_L14' [AL15B] -

Did {you or your spouse/you or your partner/you} receive any money last month for child support?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado por pensión alimenticia o manutención infantil?

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

If = 2, -7, -8, goto 'PN_QA17_L16'

**'PN_QA17_L15' [PN_AL16B] -
PROGRAMMING NOTE AL16 :**
IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

'QA17_L15' [AL16B] –

What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

¿Cuál fue la cantidad total {combinada} que usted {y su esposo(a)/y su pareja} (recibió/recibieron) el mes pasado por pensión alimenticia o manutención infantil?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_L16' [PN_AL17] -
PROGRAMMING NOTE AL17 :**
IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

'QA17_L16' [AL17] –

Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?
¿Pagó {usted o su pareja o ustedes dos/usted o su esposo(a) o ustedes dos/usted} alguna pensión alimenticia o manutención infantil el mes pasado?

- 01 YES, RESPONDENT PAID
- 02 YES, SPOUSE/PARTNER PAID
- 03 YES, BOTH PAID
- 04 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 4, -7, -8, goto 'PN_QA17_L18'

'PN_QA17_L17' [PN_AL18] -

PROGRAMMING NOTE AL18 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

'QA17_L17' [AL18] –

What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

¿Cuál fue la cantidad total que {usted o su esposo(a) o ustedes dos/usted o su pareja o ustedes dos/usted} pagó/pagaron en pensión alimenticia o manutención infantil el mes pasado?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

_____ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L18' [PN_AL32] -

PROGRAMMING NOTE AL32 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

'QA17_L18' [AL32] –

Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado como compensación por accidentes de trabajo?

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

If = 2, -7, -8, goto 'PN_QA17_L20'

'PN_QA17_L19' [PN_AL33] -**PROGRAMMING NOTE AL33 :**

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'QA17_L19' [AL33] -

What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

¿Cuál fue la cantidad total {combinada} que recibió usted {y su esposo(a)/y su pareja} como compensación por accidentes de trabajo el mes pasado?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L20' [PN_AL18A] -**PROGRAMMING NOTE AL18A :**

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH AL18A AND DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH AL18A AND DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, THEN CONTINUE WITH AL18A AND DISPLAY "you";
 ELSE GO TO PROGRAMMING NOTE AL19

'QA17_L20' [AL18A] -

Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?
¿Recibió {usted o su esposo(a)/usted o su pareja/usted} pagos de Seguro Social o de Pensión el mes pasado?

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

If = 2, -7, -8, goto 'PN_QA17_L22'

**'PN_QA17_L21' [PN_AL18B] -
PROGRAMMING NOTE AL18B :**
**IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND AH44 = 1
(SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, DISPLAY "you";**

'QA17_L21' [AL18B] –

What was the total amount received last month from Social Security and Pensions {for both you and your spouse/partner}?

¿Cuál fue la cantidad total de dinero que recibió del Seguro Social y Pensiones el mes pasado?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

_____ AMOUNT [000001-999995]
 -7 REFUSED
 -8 DON'T KNOW

**'PN_QA17_L22' [PN_AL19] -
PROGRAMMING NOTE AL19 :**
**IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH AL19 ;
ELSE GO TO AL40**

'QA17_L22' [AL19] –

What is the one main reason why you are not enrolled in the Medi-Cal program?

¿Cuál es el motivo principal por el que no está inscrito(a) en el programa Medi-Cal?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L23' [PN_AL40] -**PROGRAMMING NOTE AL40:**

**IF ARMCAL = 1 (MEDI-CAL) OR AI33=1, AH134=1 OR AH135 =1 (HAD PRIOR MEDI-CAL COVERAGE),
CONTINUE WITH AL40;
ELSE GO TO PN AL49**

'QA17_L23' [AL40] -

You previously said you had Medi-Cal. How long did you have Medi-Cal?
Anteriormente dijo que tenía Medi-Cal. ¿Cuánto tiempo tuvo Medi-Cal?

'AL40Y' [AL40Y] - _____ YEARS

'AL40M' [AL40M] - _____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L24' [PN_AL41] -**PROGRAMMING NOTE AL41:**

**IF AL40 > 1 YEAR, THEN CONTINUE WITH AL41;
ELSE GO TO PN AL49**

'QA17_L24' [AL41] -

Was your Medi-Cal renewed automatically in the past year (with no input or action needed on your part)?
¿Su Medi-Cal se renovó automáticamente el año pasado (sin que usted necesitara hacer nada)?

- 01 YES
- 02 NO
- 03 DID NOT RENEW
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, -7, -8, go to PN_AL49

'QA17_L25' [AL42] -

Did you need to provide additional information for your Medi-Cal renewal by phone, mail, fax, online, or in person?
¿Tuvo que proporcionar información adicional para la renovación de Medi-Cal por teléfono, correo, fax, Internet o en persona?

[CHECK ALL THAT APPLY]

- 01 PHONE
- 02 MAIL
- 03 FAX
- 04 ONLINE
- 05 IN PERSON
- 06 DIDN'T NEED TO PROVIDE INFORMATION
- 07 OTHER
- 7 REFUSED
- 8 DON'T KNOW

IF AL42 = 6, -7 , -8 goto AL44

'QA17_L26' [AL43] –

What information was needed?
¿Que información se necesitaba?

[CHECK ALL THAT APPLY]

- 01 INCOME INFORMATION
- 02 HOUSEHOLD INFORMATION
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L27' [AL44] –

Did you have any problems when renewing your Medi-Cal?
¿Cuando renovó su Medi-Cal, ¿tuvo algún problema? ¿Tuvo algún problema cuando renovó su Medi-Cal?

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

'QA17_L28' [AL45] –

Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?
¿Perdió la cobertura temporalmente durante 1 o 2 meses, perdió la cobertura por completo o tuvo que volver a solicitar la cobertura?

- 1 LOST COVERAGE FOR 1-2 MONTHS
- 2 LOST COVERAGE
- 3 HAD TO REAPPLY
- 4 REFUSED
- 5 DON'T KNOW

'QA17_L29' [AL46] –

Prior to having Medi-Cal coverage, what health coverage did you have?
Antes de tener la cobertura de Medi-Cal, ¿qué cobertura médica tenía?

- 01 UNINSURED
- 02 EMPLOYER-BASED
- 03 PRIVATE
- 04 COVERED CALIFORNIA
- 05 OTHER
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_L30' [PN_AL47] -
PROGRAMMING NOTE AL47:
IF AL46 = 4, THEN CONTINUE WITH AL47;
ELSE GO TO PN AL49**

'QA17_L30' [AL47] –

Did you have problem in changing to Medi-Cal?
¿Tuvo problemas para cambiarse a Medi-Cal?

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

If = 2, -7, -8, goto 'QA17_L32'

'QA17_L31' [AL48] –

What kind of problem?
¿Qué tipo de problemas?

- 01 GAP IN HEALTH COVERAGE
- 02 FILED AN APPEAL AS ELIGIBILITY DECISIONS WAS INCORRECT
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L32' [PN_AL49] - PN_AL49

PROGRAMMING NOTE AL49:

IF AL7 =1 (YES) GO TO AL73

**IF HH INCOME <=300% FPL AND (HHS WITH FEMALES <=45 YEARS OLD OR CHILDREN <= 10 YEARS OLD
 OR AD13 =1 OR AJ169 =4 (AR FEMALE IS PREGNANT), THEN CONTINUE WITH AL49;**

ELSE GO TO AK23;

'QA17_L32' [AL49] –

During the past 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Special Supplemental Nutrition Program for Women, Infants and Children?

Durante los últimos 12 meses, ¿usted o algún miembro de su hogar recibió beneficios del programa WIC, esto es, el Programa Especial de Nutrición Suplementaria para Mujeres, Bebés y Niños?

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

If = 1, goto 'QA17_L56'

If = -7, -8, goto AK23

'QA17_L33' [AL50] –

Have you or any member of your household received benefits from the WIC program in the past 5 years?
En los últimos 5 años, ¿usted o algún miembro de su hogar recibió beneficios del programa WIC?

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

If = 2 goto 'QA17_L45'

If = -7, -8 goto AK23

'QA17_L34' [AL51] –

Why did you leave WIC? Did you leave because you were no longer eligible?
¿Por qué dejó el programa WIC? ¿Lo dejó porque ya no era elegible?

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

If = 1 goto PN AL73

'QA17_L35' [AL52] –

Did you leave because you only wanted baby formula?
¿Lo dejó porque solamente quería leche de fórmula para bebé?

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

'QA17_L36' [AL53] –

Did you leave because shopping for WIC foods was a hassle?
¿Lo dejó porque comprar los alimentos de WIC era complicado?

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

'QA17_L37' [AL54] –

[Did you leave because]....you had a bad experience at WIC?
¿[Lo dejó porque]....tuvo una mala experiencia con el programa WIC?

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

'QA17_L38' [AL55] –

[Did you leave because]....you didn't value the information received?
 ¿[Lo dejó porque]....no le importaba la información que recibía?

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

'QA17_L39' [AL56] –

[Did you leave because]....you thought you were taking the place of someone who needed WIC more?
 ¿[Lo dejó porque]....pensaba que estaba ocupando el lugar de alguien que lo necesitaba más?

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

'QA17_L40' [AL57] –

[Did you leave because]....the amount of food benefits received were not worth your time and effort?
 ¿[Lo dejó porque]....la cantidad de beneficios de alimentos que recibía no valía la pena el tiempo y el esfuerzo?

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

'QA17_L41' [AL58] –

[Did you leave because]....you would rather not rely on a government program?
 ¿[Lo dejó porque]....prefería no depender de un programa gubernamental?

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

'QA17_L42' [AL59] –

[Did you leave because]....of transportation issues?
 ¿[Lo dejó porque]....tenía problemas de transporte?

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

'QA17_L43' [AL60] –

Did you leave because of any other reasons?
 ¿Lo dejó por alguna otra razón?

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

If = 2, -7, -8, goto 'PN AL73'

'QA17_L44' [AL61] –

What were those reasons?

¿Cuáles fueron esas razones?

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

If = 1,-7,-8 goto PN AL73

'QA17_L45' [AL62] –

Why didn't you enroll yourself or any member of your household on WIC?

Was it because you didn't know about wic?

¿Por qué usted o algún miembro de su hogar no se inscribió en el programa WIC? ¿Fue porque no sabía sobre el programa WIC?

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

If = 1,-7,-8 goto AK23

'QA17_L46' [AL63] –

Was it because you didn't qualify?

¿Fue porque no cumplía los requisitos?

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

If = 1, 3, 4, goto 'QA17_M1'

'QA17_L47' [AL64] –

[Was it]...because you didn't think you needed WIC?

¿[Fue]...porque no pensaba que necesitaba el programa WIC?

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

'QA17_L48' [AL65] –

[Was it]...because you didn't value what WIC offered?

¿[Fue]...porque no le importaba lo que ofrecía el programa WIC?

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

'QA17_L49' [AL66] –

[Was it]...because it was too difficult to apply?
¿[Fue]...porque era demasiado difícil solicitarlo?

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

'QA17_L50' [AL67] –

[Was it]...because of language issues?
¿[Fue]...porque tenía problemas con el idioma?

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

'QA17_L51' [AL68] –

[Was it]...because you didn't trust WIC?
¿[Fue]...porque no confiaba en el programa WIC?

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

'QA17_L52' [AL69] –

[Was it]...because you heard negative things about WIC?
¿[Fue]...porque escuchó cosas negativas sobre el programa WIC?

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

'QA17_L53' [AL70] –

[Was it]...because of transportation issues?
¿[Fue]...porque tenía problemas de transporte?

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

'QA17_L54' [AL71] –

Did you not enroll because of any other reasons?
¿No se inscribió por alguna otra razón?

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

If = 2, -7, -8, goto '**QA17_M1**'

'QA17_L55' [AL72] –

What were those reasons?

¿Cuáles fueron esas razones?

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

If = 1, -7, -8 goto '**QA17_M1**'

'PN_QA17_L56' [PN_AL73] - PN_AL73

PROGRAM NOTE AL73:

IF AL7 = 1 OR AL50 = 1 DISPLAY "You previously mentioned you were on WIC"
 ELSE IF AL49 =1, GO TO AL73
 ELSE IF AL49=2 AND AL50 =2 SKIP TO AK23

'QA17_L56' [AL73] - [INTRO]:

You previously mentioned you were on WIC.

Antes usted mencionó que estaba en el programa WIC

What benefits have you liked getting from the WIC program?

¿Qué beneficios le gustó recibir del programa WIC?

Did you like WIC checks for food?

¿Le gustaron los cheques para alimentos del programa WIC?

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

'QA17_L57' [AL74] –

Did you like WIC checks for baby formula?

¿Le gustaron los cheques para leche de fórmula para bebé del programa WIC?

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

'QA17_L58' [AL75] –

[Did you like]... education for having healthy pregnancy?

¿[Le gustó]...la educación para tener un embarazo saludable?

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

'QA17_L59' [AL76] –

[Did you like]... individual counseling?
¿[Le gustó]... el recibir consejos de manera individual?

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

'QA17_L60' [AL77] –

[Did you like]... education on improving the health and nutrition of my family?
¿[Le gustó]... la educación para mejorar la salud y nutrición de su familia?

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

'QA17_L61' [AL78] –

[Did you like]... support for breastfeeding?
¿[Le gustó]... la ayuda para amamantar?

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

'QA17_L62' [AL79] –

[Did you like]... help getting a breast pump?
¿[Le gustó]... la ayuda para obtener un sacaleches?

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

'QA17_L63' [AL80] –

[Did you like]... information on how to get health care services?
¿[Le gustó]... la información sobre cómo obtener servicios de atención médica?

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

'QA17_L64' [AL81] –

[Did you like]... information on community programs?
¿[Le gustó]...la información sobre programas de la comunidad?

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

'QA17_L65' [AL82] –

[Did you like]... one-on-one education?
¿[Le gustó]...la educación personalizada?

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

'QA17_L66' [AL83] –

[Did you like]... group classes?
¿[Le gustaron]...las clases de grupo?

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

'QA17_L67' [AL84] –

Did you like WIC benefits for any other reasons?
¿Le gustaron los beneficios del programa WIC por alguna otra razón?

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

If = 2,-7,-8 go to AK23

'QA17_L68' [AL85] –

What were those reasons?
¿Cuáles fueron esas razones?

REDK_AL85

- 7 REFUSED
- 8 DON'T KNOW

Section M: Housing and Social Cohesion

‘QA17_M1’ [AK23] –

These next questions are about your housing and neighborhood.
Las preguntas siguientes son acerca de su hogar y su vecindario.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
¿Vive usted en una casa, un dúplex, un edificio con 3 o más unidades, o en una casa móvil?

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]
[IF NEEDED, SAY: “Un dúplex es un edificio con 2 unidades.”]

- 01 HOUSE
- 02 DUPLEX
- 03 BUILDING WITH 3 OR MORE UNITS
- 04 MOBILE HOME
- 7 REFUSED
- 8 DON’T KNOW

‘QA17_M2’ [AK25] –

Do you own or rent your home?
¿Es usted propietario de su casa o la alquila?

- 01 OWN
- 02 RENT
- 03 OTHER ARRANGEMENT
- 7 REFUSED
- 8 DON’T KNOW

‘PN_QA17_M3’ [PN_AM37] - PN_AM37

If AAGE >= 65 AND AK25 = 1, Only ask ‘QA17_M3’

‘QA17_M3’ [AM37] –

Are you currently paying off a mortgage or loan on this home?
Actualmente, ¿está usted pagando una hipoteca o un préstamo por esta vivienda?

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

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

'QA17_M4' [AM14] –

About how long have you lived at your current address?
¿Más o menos cuánto tiempo ha vivido en su dirección actual?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AM14M' [AM14M] - _____ MONTHS [HR: 1 - AAGE \times 12MONTHS]

'AM14Y' [AM14Y] - _____ YEARS [HR: 1 - AAGE]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_M5' [PN_AM15] –

PROGRAMMING NOTE AM15 :

**IF AM14 \geq 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE AM19 ;
 ELSE CONTINUE WITH AM15**

'QA17_M5' [AM15] –

About how long have you lived in your current neighborhood?
¿Más o menos cuánto tiempo ha vivido en su vecindario actual?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AM15M' [AM15M] - _____ MONTHS [HR: 1 - AAGE \times 12MONTHS]

'AM15Y' [AM15Y] - _____ YEARS [HR: 1 - AAGE]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_M6' [AM38] –

The last time you moved, what was your main reason for moving?

La última vez que se mudó, ¿cuál fue el motivo principal por el que se mudó?

- 01 CHANGE IN MARITAL/RELATIONSHIP STATUS
- 02 TO ESTABLISH OWN HOUSEHOLD
- 03 FOR CHILD'S EDUCATION
- 04 TO ATTEND OR LEAVE COLLEGE
- 05 WORK RELATED
- 06 COULDN'T AFFORD MORTGAGE/RENT
- 07 OTHER HOUSING RELATED
- 08 BETTER NEIGHBORHOOD/LESS CRIME
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_M7' [PN_AM19] -
PROGRAMMING NOTE AM19 :**
**IF AM19 THROUGH AK28 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN
CONTINUE WITH AM19 ;
ELSE GO TO AM36**

'QA17_M7' [AM19] –

Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:

People in my neighborhood are willing to help each other.
La gente en mi vecindario está dispuesta a ayudarse unos a otros.

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “¿Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?”]**

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW

'QA17_M8' [AM20] –

People in this neighborhood generally do NOT get along with each other.
Por lo general, la gente en este vecindario o barrio NO se lleva bien.

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “¿Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?”]**

[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW

'QA17_M9' [AM21] –

People in this neighborhood can be trusted.
Uno puede confiar en la gente de este vecindario

**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “¿Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?”]**

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON’T KNOW

'QA17_M10' [AM35] –

You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

Uno puede contar con que los adultos en este vecindario prestan atención a los niños para que estén a salvo y no se metan en problemas.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "¿Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?"]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 05 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_M11' [AK28] –

Do you feel safe in your neighborhood...

¿Se siente seguro(a) en su vecindario...

- 01 All of the time,
- 02 Most of the time,
- 03 Some of the time, or
- 04 None of the time
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_M12' [PN_AM36] - PN_AM36

IF AM36 WAS ASKED IN CHILD INTERVIEW, THEN AM36 = KAM36, AND SKIP TO SECTION P

ELSE CONTINUE WITH AMC36

'QA17_M12' [AM36] –

In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

Durante los últimos 12 meses, ¿ha hecho algún trabajo voluntario o servicio a la comunidad por el que no ha recibido ningún pago?

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

'PN_QA17_M13' [PN_AM41] -

PROGRAMMING NOTE AM41 :

IF AA5E = 9 (JAPANESE) OR AA5F = 38 (JAPANESE), THEN CONTINUE WITH AM41 ;

ELSE GO TO AF86 ;

'QA17_M13' [AM41] –

In the past 12 months, have you donated money to a charity or non-profit organization?

Durante los últimos 12 meses, ¿ha donado dinero a una organización de caridad o sin fines de lucro?

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

'QA17_M14' [AM42] –

In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you...
En los próximos 12 meses, ¿qué tan probable es que usted done dinero a una organización de caridad o sin fines de lucro? ¿Es ...

- 01 Very likely
- 01 *Muy probable*
- 02 Somewhat likely
- 02 *Algo probable*
- 03 A little likely, or
- 03 *Poco probable o*
- 04 Not likely
- 04 *Nada probable*
- 7 REFUSED
- 8 DON'T KNOW

Section P: Voter Engagement

'PN_QA17_S1' [PN_AP70] - PN_AP70

PROGRAMMING NOTE AP70:

**IF AH39=1 (CITIZEN) OR [IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS)], THEN CONTINUE WITH AP70;
ELSE GO TO AF86;**

'QA17_S1' [AP70] –

Are you currently registered to vote?

Actualmente, ¿está usted registrado(a) para votar?

- 01 YES, REGISTERED
- 02 NOT REGISTERED
- 03 NOT SURE IF REGISTERED
- 04 NOT ELIGIBLE TO VOTE/REGISTER
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'QA17_P3'

If = 4, goto 'QA17_S1'

'QA17_P2' [AP71] –

What is the main reason why you are not registered to vote?

¿Cuál es la razón principal por la que no está registrado(a) para votar?

- 01 TOO BUSY
- 02 VOTING DOESN'T MAKE A DIFFERENCE
- 03 I DON'T KNOW HOW
- 04 I DON'T KNOW WHERE TO GO TO REGISTER
- 05 LANGUAGE BARRIER
- 06 I'M NOT ELIGIBLE
- 07 I DON'T KNOW ENOUGH ABOUT THE ISSUES
- 08 I DON'T KNOW ENOUGH ABOUT THE CANDIDATES
- 09 I DON'T LIKE ANY OF THE CANDIDATES
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 6, goto 'QA17_S1'

'QA17_P3' [AP72] –

Did you vote in the last general elections in November 2016?

¿Votó en las últimas elecciones generales en noviembre de 2016?

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

'QA17_P4' [AP73] –

How often do you vote in presidential elections?

¿Con qué frecuencia vota usted en las elecciones presidenciales?

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

'QA17_P5' [AP74] –

How often do you vote in state elections, such as for Governor or state proposition?

¿Con qué frecuencia vota usted en las elecciones estatales, por ejemplo en las elecciones para gobernador o para una propuesta estatal?

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

'QA17_P6' [AP75] –

How often do you vote in local elections, such as for Mayor or school board?

¿Con qué frecuencia vota usted en las elecciones locales, por ejemplo en las elecciones para alcalde o para la junta escolar?

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

Section S: Suicide Ideation and Attempts

'QA17_S1' [AF86] –

The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.
La sección siguiente trata de ideas acerca de causarse daño a sí mismo(a). De nuevo, si alguna pregunta le molesta no tiene que responderla.

Have you ever seriously thought about committing suicide?
¿Alguna vez ha pensado seriamente en suicidarse?

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

If = 2, -7, -8, goto 'PN_QA17_N1'

'QA17_S2' [AF87] –

Have you seriously thought about committing suicide at any time in the past 12 months?
¿En algún momento durante los últimos 12 meses, ha pensado seriamente en suicidarse?

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

If = 2, -7, -8, goto 'QA17_S4'

'QA17_S3' [AF91] –

Have you seriously thought about committing suicide at any time in the past 2 months?
En algún momento en los últimos 2 meses, ¿ha pensado seriamente en suicidarse?

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

'QA17_S4' [AF88] –

Have you ever attempted suicide?
¿Ha intentado suicidarse alguna vez?

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

'PN_QA17_S5' [PN_AF89] -**PROGRAMMING NOTE AF89 :**

IF AF87 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF AF91 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF AF91 = 1 AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH AF89

'QA17_S5' [AF89] –

Have you attempted suicide at any time in the past 12 months?

¿Ha intentado suicidarse alguna vez en los últimos 12 meses?

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

'SUICIDE RESOURCE:' [SUICIDE RESOURCE:] -**SUICIDE RESOURCE:**

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? **[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]** The number is 1-800-273-TALK (8255). **[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]** The number is 1-800-273-TALK (8255).

Tenemos un número gratis al que puede llamar si desea hablar con alguien acerca de ideas o intentos de suicidio. Hay alguien disponible 24 horas al día para proporcionarle información que puede ayudarle. El número es el 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. **[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]** The website address is www.suicidepreventionlifeline.org. **[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]**

O, puede ir a un sitio web para encontrar información de cómo puede obtener ayuda. La dirección del sitio web es www.suicidepreventionlifeline.org

'POST_SUICIDE RESOURCE' [POST_SUICIDE RESOURCE] -**POST-NOTE FOR SUICIDE RESOURCE:**

IF AF87 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN SKIP TO PN AH42 (NEXT SECTION); ELSE CONTINUE

'QA17_S6' [AF90] –

Would you like to discuss your thoughts with this person or would you like to continue with the survey?

¿Desea hablar con esta persona acerca de sus ideas?

- 01 DISCUSS THOUGHTS WITH PERSON
- 02 CONTINUE WITH SURVEY
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_N1'

Section N: Demographic Information Part III and Closing

'PN_QA17_N1' [PN_AH42] -

PROGRAMMING NOTE AH42 :

IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO AM33 :

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO AO1

IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH AH42 ;

'QA17_N1' [AH42] –

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?

- 01 ALAMEDA
- 02 ALPINE
- 03 AMADOR
- 04 BUTTE
- 05 CALAVERAS
- 06 COLUSA
- 07 CONTRA COSTA
- 08 DEL NORTE
- 09 EL DORADO
- 10 FRESNO
- 11 GLENN
- 12 HUMBOLDT
- 13 IMPERIAL
- 14 INYO
- 15 KERN
- 16 KINGS
- 17 LAKE
- 18 LASSEN
- 19 LOS ANGELES
- 20 MADERA
- 21 MARIN
- 22 MARIPOSA
- 23 MENDOCINO
- 24 MERCED
- 25 MODOC
- 26 MONO
- 27 MONTEREY
- 28 NAPA
- 29 NEVADA
- 30 ORANGE
- 31 PLACER
- 32 PLUMAS
- 33 RIVERSIDE
- 34 SACRAMENTO
- 35 SAN BENITO
- 36 SAN BERNARDINO
- 37 SAN DIEGO
- 38 SAN FRANCISCO
- 39 SAN JOAQUIN
- 40 SAN LUIS OBISPO
- 41 SAN MATEO
- 42 SANTA BARBARA
- 43 SANTA CLARA
- 44 SANTA CRUZ
- 45 SHASTA
- 46 SIERRA

- 47 SISKIYOU
- 48 SOLANO
- 49 SONOMA
- 50 STANISLAUS
- 51 SUTTER
- 52 TEHAMA
- 53 TRINITY
- 54 TULARE
- 55 TUOLUMNE
- 56 VENTURA
- 57 YOLO
- 58 YUBA
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N2' [PN_AO1] -

PROGRAMMING NOTE AO1 :

IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK AO1 ;

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final questions and then we are done.";

ELSE GO TO AM7

'QA17_N2' [AO1] –

{Just a few final questions and then we are done.}

{*Faltan solo unas preguntas y acabamos.*}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Su número de teléfono ha sido seleccionado al azar por una computadora para este estudio. Hemos podido encontrar la dirección que corresponde a su número para enviarle una carta explicando el propósito de este estudio. Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, nos gustaría confirmar su dirección. Esta información se mantendrá confidencial y será destruida una vez que complete la encuesta en su totalidad.

Do you now live at {R's ADDRESS AND STREET}?

{*Vive usted ahora en {R's ADDRESS AND STREET}?*}

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

If = 1, goto 'QA17_N6'

**'PN_QA17_N3' [PN_AM7] -
PROGRAMMING NOTE AM7 :
IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT),
DISPLAY "Just a few final questions and then we are done".**

'QA17_N3' [AM7] -

{Just a few final questions and then we are done.}
{Faltan solo unas preguntas y acabamos.}

What is your zip code?
¿Cuál es su código postal?

_____ ZIP CODE

- 7 REFUSED
- 8 DON'T KNOW

'QA17_N4' [AO2] -

To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, nos gustaría confirmar su dirección. Esta información se mantendrá confidencial y será destruida una vez que complete la encuesta en su totalidad

'AO2ANUM' [AO2ANUM] - _____ HOUSE ADDRESS NUMBER

'AO2ADDR' [AO2ADDR] - _____ NAME OF STREET (VERIFY SPELLING)

If TRUE, goto 'QA17_N6'

'AO2STTY' [AO2STTY] - _____ STREET TYPE

'AO2ADD2' [AO2ADD2] - _____ APT. NO

- 7 REFUSED
- 8 DON'T KNOW

**'PN_QA17_N5' [PN_AM8] -
PROGRAMMING NOTE AM8 :
IF ADDRESS WAS GIVEN IN AO2 , SKIP TO AM9 ;
ELSE CONTINUE WITH AM8**

'QA17_N5' [AM8] -

Can you tell me just the name of the street you live on?
¿Podría darme solamente el nombre de la calle donde vive usted?

'TEXT_NASTR_AM8' [TEXT_NASTR_AM8] - Can you tell me just the name of the street you live on?

- 7 REFUSED
- 8 DON'T KNOW

'QA17_N6' [AM9] –

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?

'TEXT_NAXSTR_AM9' [TEXT_NAXSTR_AM9] - TEXT_NAXSTR_AM9

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N7' [PN_AM33] –

PROGRAMMING NOTE AM33 :

**IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE AM10 ;
 ELSE CONTINUE WITH AM33**

'QA17_N7' [AM33] –

I'm won't ask you for the number, but do you have a working cell phone?

No le voy a pedir el número, pero ¿tiene usted un teléfono celular que esté funcionando?

[CODE “SHARES CELL PHONE” ONLY IF VOLUNTEERED­]

- 01 YES
- 02 NO
- 03 SHARES CELL PHONE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘PN_QA17_N9’

'QA17_N8' [AN10] –

How many different cell phone numbers do you currently use for personal calls?

¿Cuántos números diferentes de teléfonos celulares usa usted actualmente para hacer llamadas personales?

_____ CELL PHONE NUMBERS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N9' [PN_AN6] –

PROGRAMMING NOTE AN6 :

**IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE AM34 ;
 ELSE CONTINUE WITH AN6**

'QA17_N9' [AN6] –

Is there a regular or landline telephone in your household?

¿Tiene un teléfono regular, o línea fija, en su casa?

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

If = 2, -7, -8, goto ‘PN_QA17_N13’

'QA17_N10' [AN7] –

Is that telephone for personal use or business use only?
¿Es ese teléfono para uso personal o para uso de trabajo solamente?

- 01 PERSONAL USE ONLY
- 02 BUSINESS USE ONLY
- 03 BOTH PERSONAL USE AND BUSINESS USE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, goto '**PN_QA17_N13**'

'QA17_N11' [AN11] –

How many telephone lines do you have for personal use?
¿Cuántas líneas telefónicas tiene usted para uso personal?

_____ REGULAR OR LANDLINE NUMBERS

- 7 REFUSED
- 8 DON'T KNOW

'PN_34' [PN_34] -**PROGRAMMING NOTE AM34 :**

**IF AM33 = 1 (YES) OR 3 (SHARES CELL PHONE), OR AN7 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH AM34 ;
ELSE SKIP TO PROGRAMMING AM10**

'QA17_N12' [AM34] –

Of all the telephone calls that you receive, are...
Las llamadas telefónicas que recibe usted, ¿son...

- 01 All or almost all calls received on a cell phone
- 01 Todas o casi todas recibidas en el teléfono celular
- 02 Some on cell phones & some on regular phones, or
- 02 Algunas recibidas en el teléfono celular y otras en el teléfono normal, o
- 03 Very few or none on cell phones
- 03 Muy pocas o ninguna en el teléfono celular?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N13' [PN_AM10] -**PROGRAMMING NOTE AM10 :**

**IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH AM10**

'QA17_N13' [AM10] –

Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?
Finalmente, ¿cree usted que estaría dispuesto(a) a participar en un posible seguimiento de esta encuesta en el futuro?

- 01 YES
- 02 MAYBE/PROBABLY YES
- 03 DEFINITELY NOT
- 7 REFUSED
- 8 DON'T KNOW

**'PN_SR2' [PN_SR2] -
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF AF90 = (2, -7, -8),
AND [AF91 = 1 OR (AF91 = 2, -7, -8 AND AF89 =1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1**

'SR2' [SR2] -

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? **[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]**The toll-free number is 1-800-273-TALK (8255). **[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]**

Como le mencioné anteriormente, si desea hablar con alguien acerca de ideas o intentos de suicidio, hay alguien disponible 24 horas al día que puede ayudarle. El número es el 1-800-273-TALK (8255).

Or you can visit their website to find out information about getting help. **[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]** The website address is www.suicidepreventionlifeline.org **[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]**

O, puede ir a un sitio web www.suicidepreventionlifeline.org IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.

'QA17_N14' [AN8] -

Would you like to speak with someone now?

Quiere hablar con alguien ahora?

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

If = 2, -7, -8, goto 'CLOSE1'

**'PN_CLOSE1&2' [PN_CLOSE1&2] -
PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1**

'CLOSE1' [CLOSE1] -

Let me check to see if there is anyone else.

Permitame verificar si hay alguien más con quien tengamos que hablar.

If true, goto 'HH_SELECT'

'CLOSE2' [CLOSE2] -

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

Muchas gracias, le agradezco el tiempo que me ha brindado y su cooperación. Usted ha colaborado en una encuesta muy importante sobre la salud. Si tiene alguna pregunta acerca del estudio, por favor llame a la Dra. Ninez Ponce que es la Investigadora principal. Puede llamar gratis a la Dra. Ponce al teléfono 1-866-275-2447. Gracias y adiós.