



CHIS 2020

Adult CATI Questionnaire

(Interviewer-Administered)

Version 1.12 Tagalog

June 23, 2021

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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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 2020 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A: Demographic Information, Part I

PROGRAMMING NOTE 'QA20_A1' :
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA20_A1' [AA1] - What is your date of birth?

Anong petsa kayo ipinanganak?

MONTH _____ [RANGE: 1-12]

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

DAY _____ [RANGE: 1-31]

YEAR _____ [RANGE: 1907-2001]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_A2' :
IF 'QA20_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QA20_A2' ;
ELSE GO TO 'QA20_A5'

'QA20_A2' [AA1A] - What month and year were you born?

Anong buwan at taon kayo ipinanganak?

MONTH _____ [RANGE: 1-12]

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

YEAR _____ [RANGE: 1904-2001]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_A3' :
IF 'QA20_A2' = -7 OR -8 (REF/DK) THEN CONTINUE WITH 'QA20_A3' ;
ELSE GO TO 'QA20_A5'

'QA20_A3' [AA2] - What is your age, please?

Kung puede po sanang matanong, ano ang edad ninyo?

_____ YEARS OF AGE [RANGE: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_A4' :
IF 'QA20_A3' = -7 OR -8 (REF/DK) THEN CONTINUE WITH 'QA20_A4' ;
ELSE GO TO 'QA20_A5'

'QA20_A4' [AA2A] - Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

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

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

POST NOTE 'QA20_A4' : AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON 'QA20_A1' , 'QA20_A2' , OR 'QA20_A3' TO USE IN ALL
AGE-RELATED QUESTIONS;
IF 'QA20_A1' , 'QA20_A2' , OR 'QA20_A3' = -7 OR -8 (REF/DK), THEN USE 'QA20_A4' ;
ELSE USE ENUM.AGE
PROGRAMMING NOTE 'QA20_A5':
IF PROXY=1, GO TO 'QA20_A9'

'QA20_A5' [AD65D] - On your original birth certificate, was your sex assigned as male or female?

Sa inyong orihinal na birth certificate, ang inyo bang kasarian ay itinalaga bilang lalaki o babae?

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

'QA20_A6' [AD66B] - Do you currently describe yourself as male, female, or transgender?

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

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

If = -7, -8 go to 'QA20_A9'

If = 1, 2, 3, go to 'PN_QA20_A8'

PROGRAMMING NOTE 'QA20_A7':
IF 'QA20_A6' = 4 THEN CONTINUE WITH 'QA20_A7';
ELSE SKIP TO PN_'QA20_A8'

'QA20_A7' [AD67B] - What is your current gender identity?

Ano ang inyong kasalukuyang gender identity, o ang inyong itinuturing na kasarian ninyo?

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

PROGRAMMING NOTE 'QA20_A8' :IF ['QA20_A5' = 1 (MALE AT BIRTH) AND 'QA20_A6' = 1 (IDENTIFIES AS MALE)] OR ['QA20_A5' = 2 (FEMALE AT BIRTH) AND 'QA20_A6' = 2 (IDENTIFIES AS FEMALE)] OR 'QA20_A5'=-7,-8 OR 'QA20_A6'=-7, -8 THEN SKIP TO 'QA20_A9' ;ELSE CONTINUE WITH 'QA20_A8' ; DISPLAYS;IF ['QA20_A5' = 1 (MALE AT BIRTH) AND 'QA20_A6' = 2 (FEMALE), THEN DISPLAY {male} and {female};IF ['QA20_A5' = 1 (MALE AT BIRTH) AND 'QA20_A6' = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};

'QA20_A8' [AD68B] - Just to confirm, you were assigned {INSERT RESPONSE FROM AD65D} at birth and now describe yourself as {INSERT RESPONSE FROM 'AD66' OR 'QA20_A7'}. Is that correct?

Upang matiyak lamang, <AD65D><ad65> ang itinala para sa inyo noong ipinanganak kayo, subalit sa kasalukuyan inilalarawan ninyo ang sarili na. Tama ba ito?

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

IF = 2, go to 'QA20_A6' AND FLAG 'QA20_A8' = 1

'QA20_A9' [AA4] - Are you Latino or Hispanic?

Latino o Hispanic ba kayo?

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

If = 2, -7, -8, go to 'PN_QA20_A11'

'QA20_A10' [AA5] - And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

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

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'QA20_A11' :IF 'QA20_A9' = 1 (YES, LATINO/HISPANIC) DISPLAY 'You said you are Latino or Hispanic. Also,;' IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA20_A11', CONTINUE WITH PROGRAMMING NOTE 'QA20_A12' ;ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QA20_A11' [AA5A] - {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

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

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

- ☐ 1 WHITE
- ☐ 2 BLACK OR AFRICAN AMERICAN
- ☐ 3 ASIAN
- ☐ 4 AMERICAN INDIAN OR ALASKA NATIVE
- ☐ 5 OTHER PACIFIC ISLANDER
- ☐ 6 NATIVE HAWAIIAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW
- ☐ 91 OTHER (SPECIFY: _____)

If 'QA20_A11'=1 Or 2, go to 'PN_QA20_A17'

If 'QA20_A11'=3, go to 'PN_QA20_A15'

If 'QA20_A11'=5, go to 'QA20_A16'

If 'QA20_A11'=6, go to 'QA20_A17'

PROGRAMMING NOTE 'QA20_A12' :**IF 'QA20_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA20_A12' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_A15'**

'QA20_A12' [AA5B] - You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

Sinabi ninyo na American Indian o Alaska Native. Ano ang tribo ng inyong mga ninuno? Kung higit sa isang tribo, banggitin ninyo ang lahat sa akin.

[CODE ALL THAT APPLY]

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

'QA20_A13' [AA5C] - Are you an enrolled member in a federally or state recognized tribe?

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

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

If = 2, -7, -8, go to 'PN_QA20_A15'

'QA20_A14' [AA5D] - Which tribe are you enrolled in?

Sa aling tribo kayo nakatala?

- ☐ 1 APACHE
- ☐ 2 BLACKFEET
- ☐ 3 CHEROKEE
- ☐ 4 CHOCTAW
- ☐ 5 NAVAJO
- ☐ 6 POMO
- ☐ 7 PUEBLO
- ☐ 8 SIOUX
- ☐ 9 YAQUI
- ☐ 10 OTHER
- APACHE
 - ☐ 1 MESCALERO APACHE, NM
 - ☐ 2 APACHE (NOT SPECIFIED)
 - ☐ 3 OTHER APACHE (SPECIFY:)
- BLACKFEET
 - ☐ 4 BLACKFOOT/BLACKFEET
- CHEROKEE
 - ☐ 5 WESTERN CHEROKEE
 - ☐ 6 CHEROKEE (NOT SPECIFIED)
 - ☐ 7 OTHER CHEROKEE (SPECIFY: _____)
- CHOCTAW
 - ☐ 8 CHOCTAW OKLAHOMA
 - ☐ 9 CHOCTAW (NOT SPECIFIED)
 - ☐ 10 OTHER CHOCTAW (SPECIFY: _____)
- NAVAJO
 - ☐ 11 NAVAJO (NOT SPECIFIED)
- POMO
 - ☐ 12 HOPLAND BAND, HOPLAND RANCHERIA
 - ☐ 13 SHERWOOD VALLEY RANCHERIA
 - ☐ 14 POMO (NOT SPECIFIED)
 - ☐ 15 OTHER POMO (SPECIFY: _____)
- PUEBLO
 - ☐ 16 HOPI
 - ☐ 17 YSLETA DEL SUR PUEBLO OF TEXAS
 - ☐ 18 PUEBLO (NOT SPECIFIED)
 - ☐ 19 OTHER PUEBLO (SPECIFY: _____)
- SIOUX
 - ☐ 20 OGLALA/PINE RIDGE SIOUX
 - ☐ 21 SIOUX (NOT SPECIFIED)
 - ☐ 22 OTHER SIOUX (SPECIFY: _____)
- YAQUI
 - ☐ 23 PASCUA YAQUI TRIBE OF ARIZONA
 - ☐ 24 YAQUI (NOT SPECIFIED)
 - ☐ 25 OTHER YAQUI (SPECIFY: _____)
- OTHER
 - ☐ 91 OTHER (SPECIFY: _____)
 - ☐ -7 REFUSED
 - ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_A15' :
IF 'QA20_A11' = 3 (ASIAN) CONTINUE WITH 'QA20_A15' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_A16'

'QA20_A15' [AA5E] - You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

Sinabi ninyo na Asian. Aling tiyak na pangkating etniko ang kinabibilangan ninyo, gaya ng {Chinese, Filipino, Vietnamese}? Kung higit sa isa kayo, banggitin ninyo ang lahat sa akin.

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'QA20_A16' :
IF 'QA20_A11' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA20_A16' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_A17'

'QA20_A16' [AA5E1] - You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

Sinabi ninyo na Pacific Islander kayo. Aling tiyak na pangkating etniko ang kinabibilangan ninyo, gaya ng Samoan, Tongan o Guamenian? Kung higit sa isa ang pangkating etniko ninyo, banggitin ang lahat.

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'QA20_A17' :

**IF 'QA20_A9' = 1 (LATINO) AND ['QA20_A11' = 6 (NATIVE HAWAIIAN) OR 'QA20_A11' = 5 (OTHER PACIFIC ISLANDER) OR 'QA20_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA20_A11' = 3 (ASIAN) OR 'QA20_A11' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA20_A11' = 1 (WHITE) OR 'QA20_A11' = 91 (OTHER)], CONTINUE WITH 'QA20_A17' ;
ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA20_A11' , 'QA20_A15' , OR 'QA20_A16' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QA20_A17' ;
ELSE SKIP TO 'QA20_A19'**

'QA20_A17' [AA5G] - You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

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

Do you identify with any one race in particular?

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

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

If = 2, -7, -8, go to 'QA20_A19'

PROGRAMMING NOTE FOR 'QA20_A18' :IF 'QA20_A9' = 1 (YES, LATINO) AND 'QA20_A10' ≠ -7 OR -8, DO NOT DISPLAY 'QA20_A18' = 14 (LATINO);IF 'QA20_A11' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA20_A16' = 1 TO 4 OR 91, DO NOT DISPLAY 'QA20_A18' = 17 (OTHER PACIFIC ISLANDER);IF 'QA20_A11' = 3 AND 'QA20_A15' = 1 TO 17 OR 91, DO NOT DISPLAY QA20_A18' = 19 (ASIAN)

'QA20_A18' [AA5F] - Which do you most identify with?

Sa aling lahi ninyo higit na iniuugnay ang inyong sarili?

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

- ☐ 1 MEXICAN/MEXICAN AMERICAN/CHICANO
- ☐ 4 SALVADORAN
- ☐ 5 GUATEMALAN
- ☐ 6 COSTA RICAN
- ☐ 7 HONDURAN
- ☐ 8 NICARAGUAN
- ☐ 9 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

'QA20_A19' [AH36] - What languages do you speak at home?

Anu-anong mga wika ang sinasalita mo sa tahanan?

[CODE ALL THAT APPLY.]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

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

PROGRAMMING NOTE 'QA20_A20' :

IF 'QA20_A19' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO

PROGRAMMING NOTE 'QA20_A21' ;

IF 'QA20_A19' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'QA20_A20' AND DISPLAY: 'Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English' AND DROP RESPONSE CATEGORY 'Not at all?';

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA20_A20' WAS ASKED

'QA20_A20' [AH37] - {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

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

- ☐ 1 Very well,
- ☐ 1 Napakahusay,
- ☐ 2 Well,
- ☐ 2 May kahusayan,
- ☐ 3 Not well, or
- ☐ 3 Hindi mahusay, o
- ☐ 4 Not at all?
- ☐ 4 Hindi nakakasalita?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_A21' [AH43] - Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

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

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

PROGRAMMING NOTE 'QA20_A22' :

IF ['QA20_A21' = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)], THEN CONTINUE WITH 'QA20_A22' ;

IF 'QA20_A21' = 1, THEN DISPLAY 'spouse';

IF 'QA20_A21' = 2, THEN DISPLAY 'partner';

ELSE GO TO PROGRAMMING NOTE 'QA20_A24'

'QA20_A22' [AH44] - Is your {spouse/partner} also living in your household?

Nakatira din ba ang inyong {asawa/partner} sa inyong pamamahay?

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

'QA20_A23' [SC11A] - May I have your {spouse/partner}'s first name, age, and gender?

Maaari ko bang makuha ang pangalan lang na walang apelyido at ang edad ng inyong {asawa/partner}?

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

SPOUSE/PARTNER NAME _____

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

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE 'QA20_A24':
IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GO TO 'QA20_B1'

'QA20_A24' [SC7B] - How many children, age 11 and younger including babies, normally live in this household?

Ilang mga bata, na ang edad ay 11 at mas bata pa, kabilang ang mga sanggol, ang karaniwang tumitira sa pamamahay na ito?

_____ CHILDREN UNDER 12

'QA20_A25' [SC8B] - And, how many adolescents age 12-17, normally live in this household?

At, ilang mga nagbibinata o nagdadalaga na nasa pagitan ng 12 hanggang 17 taong gulang ang karaniwang tumitira sa pamamahay na ito?

_____ CHILDREN 12-17

POST NOTE SC8: SET KIDCNT = SC7 + SC8

'QA20_A26' [SC13A1] - {Let's start with the oldest} What is (the child's/this child's/the next child's) first name or initials?

{Magsimula tayo sa pinakamatanda} Ano ang pangalan o mga initials (ng bata/ng batang ito/ng kasunod na bata)?

Name/ Initials given (SPECIFY) _____

☐ -7 REFUSED

'QA20_A27' [SC13A2] - What is (the child's/this child's) age?

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

_____ AGE

☐ -7 REFUSED

PROGRAMMING NOTE 'QA20_A28':**IF KIDCNT =1 INSERT 'the child's'****IF KIDCNT >1 INSERT 'this child's'****'QA20_A28'** [GENDER6] - What is {the child's/this child's} gender?

Ano ang kasarian o gender {ng bata/ng batang ito}?

- ☐ 1 MALE
- ☐ 2 FEMALE
- ☐ 3 REFUSED

PROGRAMMING NOTE 'QA20_A29':**IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK 'QA20_A29' FOR EACH ROSTER MEMBER WITHOUT AN AGE****NOTE 'QA20_A29' IS PART OF THE CHILD ROSTER****(IF 'QA20_A27' =-7, -8. ASK 'QA20_A29' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)****(IF 'QA20_A26'=-7,-8 AND 'QA20_A27'=-7,-8 INSERT 'the child' AND DO NOT DISPLAY CHILD NAME/SEX)****'QA20_A29'** [SC15A4] - Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY)

{Si CHILD NAME/Ang bata} ba ay

- ☐ 1 0 to 5 years old, or
- ☐ 1 0 hanggang sa 5 taong gulang, o
- ☐ 2 6 to 11 years old, or
- ☐ 2 6 hanggang sa 11 taong gulang, o
- ☐ 3 12 to 17 years old?
- ☐ 3 12 hanggang sa 17 taong gulang?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_A30':**IF KIDCNT =1 INSERT 'the child'****IF KIDCNT >1 INSERT 'all the children'****'QA20_A30'** [SC14B4] - Are you the parent or legal guardian of (the child/all the children) in your household?

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

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

PROGRAMMING NOTE 'QA20_A31'
IF 'QA20_A30' =2
ASK 'QA20_A32' FOR EACH CHILD IN THE ROSTER

'QA20_A31' [SC14B] - Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

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

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

PROGRAMMING NOTE 'QA20_A32':
IF NAME GIVEN AT 'QA20_A23' INSERT 'QA20_A23' NAME
ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
IF KIDCNT =1 INSERT 'the child'
IF KIDCNT >1 INSERT 'all the children'

'QA20_A32' [SC14C1] - Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

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

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

POST NOTE: IF 'QA20_A32' =1 AUTO POPULATE 'QA20_A33' AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE 'QA20_A33': IF 'QA20_A32' =2
ASK 'QA20_A33' FOR EACH CHILD IN THE ROSTER

'QA20_A33' [SC14C2] - Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

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

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

PROGRAMMING NOTE:

IF 'QA20_A31'=1 THEN

CHILD1CNT = COUNT OF CHILDREN IN 'QA20_A31' AGED 0 TO 5 YRS

CHILD2CNT = COUNT OF CHILDREN IN 'QA20_A31' AGED 6 TO 11 YRS

TEENCNT = COUNT OF CHILDREN IN 'QA20_A31' AGED 12 TO 17 YRS

Child selection from only those with 'QA20_A31'=1

IF CHILD2CNT=0,

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

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

ELSE IF CHILD1CNT=0,

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

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

ELSE,

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

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

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

Teen selection from only those with 'QA20_A31'=1

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

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

'QA20_A34' [SC13A] - I have recorded {NUMBER}{child/children} under 18 in the household. Have we missed any children under 18 who usually live here but are temporarily away?

Ang isinulat ko dito ay {NUMBER}{bata/na mga bata} na mas bata pa sa 18 taong gulang sa inyong sambahayan. Mayroon ba kaming nakalimutan na mga bata na mas bata pa sa 18 taong gulang na karaniwang nakatira dito, pero kasalukuyang wala?

- ☐ 1 No, no one missed
- ☐ 1 Hindi, wala nang iba pa
- ☐ 2 Yes
- ☐ 2 Oo

If = 2, Go back to "QA20_A34'_Loop1'

POST NOTE SC13:

DO CHILD AND TEEN SELECTION BASED ON CRITERIA

CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD

TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN

SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED

SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'QA20_A35' [SC17B] - What is your relationship to {CHILD NAME/ AGE/SEX}?

Ano ang iyong relasyon kay {CHILD NAME/ AGE/SEX}?

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

POST NOTE 'QA20_A35':

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

Section B: Health Conditions

‘QA20_B1’ [AB1] - These next questions are about your health.

Tungkol sa inyong kalusugan ang sumusunod na mga katanungan.

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

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

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

‘QA20_B2’ [AB17B] - Has a doctor ever told you that you have asthma?

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

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

If = 2, -7, -8, go to ‘PN_QA20_B7’

‘QA20_B3’ [AB40] - Do you still have asthma?

Mayroon pa ba kayong asthma?

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

‘QA20_B4’ [AB41] - During the past 12 months, have you had an episode of asthma or an asthma attack?

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

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

'QA20_B5' [AB18] - Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

Umiinom ba kayo ngayon ng pang-araw-araw na inireseta o ibinigay sa inyo ng doktor na gamot para kontrolin ang asthma ninyo?

[IF NEEDED, SAY: 'This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.']

[IF NEEDED, SAY: 'Kabilang dito ang mga gamot na nilulunok at ang mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa.']

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

'QA20_B6' [AB43] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

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

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

PROGRAMMING NOTE 'QA20_B7' :

**IF 'QA20_A5' = 2 (FEMALE AT BIRTH) DISPLAY 'Other than during pregnancy, has';
ELSE BEGIN DISPLAY WITH 'Has'**

'QA20_B7' [AB22] - {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

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

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

If = 3, go to 'QA20_B22'

PROGRAMMING NOTE 'QA20_B15' :
IF 'QA20_B7' = 1 THEN CONTINUE WITH 'QA20_B15' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_B22'

'QA20_B15' [AB23] - How old were you when a doctor first told you that you have diabetes?

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

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_B16' [AB51] - Were you told that you had Type 1 or Type 2 diabetes?

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

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

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

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

'QA20_B17' [AB24] - Are you now taking insulin?

Gumagamit ba kayo ngayon ng insulin?

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

'QA20_B18' [AB25] - Do you now take diabetic pills to lower your blood sugar?

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

[IF NEEDED, SAY: 'These are sometimes called oral agents or oral hypoglycemic agents.']

[IF NEEDED, SAY: 'Kung minsan tinatawag ang mga ito na oral agents o oral hypoglycemic agents.']

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

‘QA20_B19’ [AB27] - About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin ‘A one C’?

Mga ilang beses sa nakaraang 12 buwan kayo tiningnan ng isang doktor o iba pang propesyonal ng kalusugan para sa hemoglobin ‘A one C’?

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

____ NUMBER OF TIMES

- ☐ 7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_B20’ [AB63] - When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

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

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

‘QA20_B21’ [AB112] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

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

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

‘QA20_B22’ [AB29] - Has a doctor ever told you that you have high blood pressure?

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

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

‘QA20_B23’ [AB34] - Has a doctor ever told you that you have any kind of heart disease?

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

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

Section CV: COVID-19

'QA20_CV1' [CV1] - Have you ever had, or thought you might have had, the Coronavirus, COVID-19?
(Implemented May 5th, 2020)

Nagkaroon ka, o tingin mo nagkaroon ka ba ng Coronavirus, COVID-19?

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

If = 2, -7, -8 go to 'CV7'

'QA20_CV2' [CV2] - Did you contact a health professional about your COVID-19 concerns?
(Implemented May 5th, 2020)

Kinotak mo ba ang isang health professional tungkol sa iyong pag-aalaala sa COVID-19?

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

If = 2, 3, -7, -8, go to 'CV5'

'QA20_CV3' [CV3] - Did the health professional tell you they suspected that you had COVID-19?
(Implemented May 5th, 2020)

Sinabi ba sa iyo ng health professional na may sospetsya sila na may COVID-19 ka?

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

'QA20_CV4' [CV4] - Were you ever tested for COVID-19?
(Implemented May 5th, 2020)

Na-test ka ba sa COVID-19?

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

If = 2, -7, -8, go to 'PN CV6'

'QA20_CV5' [CV5] - Did you ever receive a positive test result for COVID-19?

(Implemented May 5th, 2020)

Nakatanggap ka ba ng positibong resulta sa test sa COVID-19?

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

'QA20_CV6' [CV6] - Were you ever a patient in a hospital overnight or longer because of COVID-19?

(Implemented May 5th, 2020)

Naging pasyente ka ba sa ospital ng isang gabi o mas matagal pa dahil sa COVID-19?

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

'QA20_CV7' [CV7] - Have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak?

(Implemented May 5th, 2020)

Nakaexperience ka ba ng mga alinmang sitwasyon dahil sa biglang paglitaw ng Coronavirus o COVID-19?

SELECT ALL THAT APPLY

PILIIN ANG LAHAT NG ANGKOP.

- ☐ 01 I've lost my regular job.
- ☐ 01 *Nawalan ako ng regular trabaho.*
- ☐ 02 I've had a reduction in hours, or a reduction in income.
- ☐ 02 *Nabawasan ako ng oras, o nabawasan ang sahod.*
- ☐ 03 I've switched to working from home.
- ☐ 03 *Nagpalit ako para magtrabaho sa bahay.*
- ☐ 04 I've continued to report to work because I was an essential worker.
- ☐ 04 *Patuloy pa rin akong nagre-report sa trabaho dahil isa akong sa kinakailangang trabahador.*
- ☐ 05 I've had difficulty in obtaining childcare, or had an increase in childcare expenses.
- ☐ 05 *Nahirapan akong magkamit ng pag-aalaga sa bata, o tumaas ang mga gastos sa pag-aalaga sa bata.*
- ☐ 06 I've had financial difficulties with paying rent or mortgage.
- ☐ 06 *Nagkaroon ako ng problema sa pananalapi para makapagbayad sa upa o mortgage.*
- ☐ 07 I've had financial difficulties with basic necessities, such as paying bills, tuition, affording groceries, etc.
- ☐ 07 *Nagkaroon ako ng problema sa mga pangunahing pangangailangan, gaya ng pagbayad sa mga gastusin, tuition, pagbili ng mga grocery, atbp.*
- ☐ 08 I've been treated unfairly because of my race/ethnicity.
- ☐ 08 *Itinatro ako ng hindi maganda dahil sa aking lahi/etniko.*
- ☐ 09 None of these
- ☐ 09 *Wala sa alinman sa mga ito*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PN_ CVA11: IF AA5A=3,5,6 AND (CV7=6 OR 7), CONTINUE WITH CVA11, ELSE SKIP TO CV8

'QA20_CV10' [CVA11] – Please select which types of bill(s) you had trouble paying during the COVID-19 pandemic:

(Implemented July 2nd, 2020)

Pakipili aling mga uri ng (mga) gastusin na nahirapan kang bayaran sa panahon ng pandemya ng COVID-19:

SELECT ALL THAT APPLY

PILIIN ANG LAHAT NG ANGKOP.

- ☐ 01 Mortgage
- ☐ 01 *Mortgage*
- ☐ 02 Rent
- ☐ 02 *Upa*
- ☐ 03 Car payment
- ☐ 03 *Bayad sa kotse*
- ☐ 04 Car, home, or health insurance
- ☐ 04 *Insurance ng kotse, bahay o kalusugan*
- ☐ 05 Home utilities
- ☐ 05 *Utilities sa bahay (gas, tubig, ilaw)*
- ☐ 06 Credit card
- ☐ 06 *Credit card*
- ☐ 07 None of these
- ☐ 07 *Wala sa alinman sa mga ito*
- ☐ 91 Other (Specify: _____)
- ☐ 91 *Iba pa (Pakitukoy: _____)*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_CV8' [CV8] -- During the stay-at-home orders connected to the COVID-19 outbreak, was there an increase in your household of any of the following:

(Implemented May 5th, 2020)

SELECT ALL THAT APPLY

PILIIN ANG LAHAT NG ANGKOP.

- ☐ 01 Interpersonal conflict with family members or loved ones.
- ☐ 01 *Away sa ibang mga miyembro ng pamilya o mga mahal sa buhay.*
- ☐ 02 Snapping at or yelling at family members or loved ones.
- ☐ 02 *Pagkainis o pagsigaw sa mga miyembro ng pamilya o mga mahal sa buhay.*
- ☐ 03 Physical punishment of family members or loved ones.
- ☐ 03 *Pisikal na parusa sa mga miyembro ng pamilya o mga mahal sa buhay.*
- ☐ 04 None of these
- ☐ 04 *Wala sa alinman sa mga ito*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_CV9' [CV9] - If a vaccine becomes available for COVID-19, would you get it?
(Implemented May 5th, 2020)

Kung magkaroon ng bakuna para sa COVID-19, kukuha ka ba nito?

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

PN_ CVA1: IF AA5A=3,5,6, CONTINUE WITH CVA1, ELSE SKIP TO CVA12

'QA20_CV11' [CVA1] - Over the past 12 months, have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak.
(Implemented July 2nd, 2020)

Sa nakaraang 12ng mga buwan, nakaranas ka ba ng anuman sa mga sumusunod na sitwasyon dahil sa biglang paglitaw ng Coronavirus o COVID-19?

I have directly experienced a hate incident due to Coronavirus.

Nakaranas ako mismo ng pangyayari ng pagkagalit dahil sa Coronavirus.

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

If = 2,-7, -8 go to 'CVA3'

'QA20_CV12' [CVA2] – Did you experience...
(Implemented July 2nd, 2020)

Nakaranas ka ba ng...

SELECT ALL THAT APPLY

PILIIN ANG LAHAT NG ANGKOP.

- ☐ 01 Physical abuse or attack,
- ☐ 01 *Pisikal na pang-aabuso o atake,*
- ☐ 02 Verbal abuse or insults,
- ☐ 02 *Verbal na pang-aabuso o mga insulto,*
- ☐ 03 Cyberbullying, or
- ☐ 03 *Cyberbullying, o*
- ☐ 04 Something else? (Specify:_____)
- ☐ 04 *Iba pang bagay? (Pakitukoy:_____)*
- ☐ 05 None of these
- ☐ 05 *Wala sa alinman sa mga ito*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_CV13' [CVA3] - I have witnessed another Asian or Pacific Islander person being treated unfairly due to their race, ethnicity, or national origin.
(Implemented July 2nd, 2020)

Nakakita ako ng ibang tao na Asian o Pacific Islander na tinarato sila nang hindi maganda dahil sa kanilang lahi, grupong etniko, pinanggalingang bansa.

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

'QA20_CV14' [CVA4] – I have had difficulties performing my work due to poor internet or lack of usable computer.
(Implemented July 2nd, 2020)

Nahirapan akong gawin ang aking trabaho dahil sa mabagal na internet o walang magamit na computer.

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

'QA20_CV15' [CVA5] – Where do you get updated news and information about COVID-19?
(Implemented July 2nd, 2020)

Saan ka kumukuha ng mga na-update na balita at impormasyon tungkol sa COVID-19?

Check all that apply.

I-check ang lahat ng naaangkop.

- ☐ 01 Television - Mainstream
- ☐ 01 *Telebisyon - Mainstream*
- ☐ 02 Television – Ethnic
- ☐ 02 *Telebisyon - Etniko*
- ☐ 03 Radio – Mainstream
- ☐ 03 *Radyo - Mainstream*
- ☐ 04 Radio – Ethnic
- ☐ 04 *Radyo - Etniko*
- ☐ 05 Newspaper - Mainstream
- ☐ 05 *Diyaryo - Mainstream*
- ☐ 06 Newspaper – Ethnic
- ☐ 06 *Diyaryo - Etniko*
- ☐ 07 Governmental agencies
- ☐ 07 *Mga ahensiya ng gobyerno*
- ☐ 08 Your doctor
- ☐ 08 *Sa doktor mo*
- ☐ 09 Family members
- ☐ 09 *Mga miyembro ng pamilya*
- ☐ 10 Friends
- ☐ 10 *Mga kaibigan*
- ☐ 11 Your employer
- ☐ 11 *Sa employer mo*
- ☐ 12 Social media, such as Facebook, WeChat, and Instagram
- ☐ 12 *Social media, gaya ng Facebook, WeChat, at Instagram*
- ☐ 13 Religious leader
- ☐ 13 *Lider ng relihiyon*
- ☐ 14 Elders/Community leaders
- ☐ 14 *Mga nakakatanda/Mga lider ng komunidad*
- ☐ 15 None of these
- ☐ 15 *Wala sa alinman sa mga ito*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PN_CVA6: IF MULTIPLE RESPONSES TO CVA5; CONTINUE WITH CVA6, ELSE SKIP TO CVA7

'QA20_CV16' [CVA6] – Of the sources of information that you mentioned, which one do you rely upon the most?

(Implemented July 2nd, 2020)

Sa mga pinagkukuhanan ng impormasyon na nabanggit mo, alin sa mga ito ang pinagkakatiwalaan mo nang lubos?

- ☐ 01 Television - Mainstream
- ☐ 01 *Telebisyon - Mainstream*
- ☐ 02 Television – Ethnic
- ☐ 02 *Telebisyon - Etniko*
- ☐ 03 Radio – Mainstream
- ☐ 03 *Radyo - Mainstream*
- ☐ 04 Radio – Ethnic
- ☐ 04 *Radyo - Etniko*
- ☐ 05 Newspaper – Mainstream
- ☐ 05 *Diyaryo - Mainstream*
- ☐ 06 Newspaper – Ethnic
- ☐ 06 *Diyaryo - Etniko*
- ☐ 07 Governmental agencies
- ☐ 07 *Mga ahensiya ng gobyerno*
- ☐ 08 Your doctor
- ☐ 08 *Sa doktor mo*
- ☐ 09 Family members
- ☐ 09 *Mga miyembro ng pamilya*
- ☐ 10 Friends
- ☐ 10 *Mga kaibigan*
- ☐ 11 Your employer
- ☐ 11 *Sa employer mo*
- ☐ 12 Social media, such as Facebook, WeChat, and Instagram
- ☐ 12 *Social media, gaya ng Facebook, WeChat, at Instagram*
- ☐ 13 Religious leader
- ☐ 13 *Lider ng relihiyon*
- ☐ 14 Elders/Community leaders
- ☐ 14 *Mga nakakatanda/Mga lider ng komunidad*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_CV17' [CVA7] – Please tell us the extent to which you agree or disagree with the following statements.

(Implemented July 2nd, 2020)

Pakisabi sa amin ang lawak kung hanggang saan ka sumasang-ayon o hindi sumasang-ayon sa mga sumusunod na pahayag.

I feel that my city or local government has done a good job managing the COVID-19 outbreak. Do you...

Pakiramdam ko na ang lungsod o lokal na gobyerno ay nakagawa nang mabuting trabaho sa pangangasiwa ng biglang paglitaw ng COVID-19. Ikaw ba ay...

- ☐ 01 Strongly agree,
- ☐ 01 *Lubos na sumasang-ayon,*
- ☐ 02 Agree,
- ☐ 02 *Sumasang-ayon,*
- ☐ 03 Neither agree nor disagree,
- ☐ 03 *Neutral,*
- ☐ 04 Disagree, or
- ☐ 04 *Hindi sumasang-ayon, o*
- ☐ 05 Strongly disagree?
- ☐ 05 *Lubos na hindi sumasang-ayon?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_CV18' [CVA8] – I feel that the national government has done a good job managing the COVID-19 outbreak.

(Implemented July 2nd, 2020)

Pakiramdam ko na ang pambansang gobyerno ay nakagawa nang mabuting trabaho sa pangangasiwa ng biglang paglitaw ng COVID-19.

Do you...

Ikaw ba ay...

- ☐ 01 Strongly agree,
- ☐ 01 *Lubos na sumasang-ayon,*
- ☐ 02 Agree,
- ☐ 02 *Sumasang-ayon,*
- ☐ 03 Neither agree nor disagree,
- ☐ 03 *Neutral,*
- ☐ 04 Disagree, or
- ☐ 04 *Hindi sumasang-ayon, o*
- ☐ 05 Strongly disagree?
- ☐ 05 *Lubos na hindi sumasang-ayon?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PN_CVA9: IF SELECTED SCHOOL-AGE CHILD IN HH CONTINUE, ELSE SKIP TO PN_CVA10

'QA20_CV19' [CVA9] – [CHILD'S NAME]'s school has made efforts to continue educating students during the "stay at home orders" that met my child's needs. Do you...

(Implemented July 2nd, 2020)

Ang paaralan ni [CHILD'S NAME] ay nagsumikap para maipagpatuloy ang pagtuturo sa mga mag-aaral sa panahon ng mga may "utos ng pananatili sa bahay" na kung saan nakamit ang mga pangangailangan ng aking anak. Ikaw ba ay...

- ☐ 01 Strongly agree,
- ☐ 01 *Lubos na sumasang-ayon,*
- ☐ 02 Agree,
- ☐ 02 *Sumasang-ayon,*
- ☐ 03 Neither agree nor disagree,
- ☐ 03 *Neutral,*
- ☐ 04 Disagree, or
- ☐ 04 *Hindi sumasang-ayon, o*
- ☐ 05 Strongly disagree?
- ☐ 05 *Lubos na hindi sumasang-ayon?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

- ☐ 06 MY CHILD'S SCHOOL HAS STOPPED INSTRUCTION

PN_CVA10: IF SELECTED TEEN IN HH CONTINUE, ELSE SKIP TO CVA12

'QA20_CV20' [CVA10] – [TEEN'S NAME]'s school has made efforts to continue educating students during the "stay at home orders" that met my teen's needs. Do you...

(Implemented July 2nd, 2020)

- ☐ 01 Strongly agree,
- ☐ 01 *Lubos na sumasang-ayon,*
- ☐ 02 Agree,
- ☐ 02 *Sumasang-ayon,*
- ☐ 03 Neither agree nor disagree,
- ☐ 03 *Neutral,*
- ☐ 04 Disagree, or
- ☐ 04 *Hindi sumasang-ayon, o*
- ☐ 05 Strongly disagree?
- ☐ 05 *Lubos na hindi sumasang-ayon?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

- ☐ 06 MY CHILD'S SCHOOL HAS STOPPED INSTRUCTION

Section C: Health Behaviors

‘QA20_C1’ [AE2] - Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

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

Pag-isipan mo naman ang mga pagkain na kinain o ininom mo sa loob ng nakaraang buwan. Ibig sabihin nito ay sa loob ng nakaraang tatlong araw. Kabilang dito ang mga kinain at ininom mo sa almusal, tanghalian, merienda o hapunan. Sa loob nito, ilang beses kang kumain ng prutas? Huwag mong isama ang mga juice. Maaari ninyong sabihin sa akin araw-araw, lingguhan o buwanan ba iyon.

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

[IF NEEDED, SAY: ‘Okay lang ang pinakamalapit mong hula.’]

[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: ‘Araw-araw, lingguhan o buwanan ba iyon?’]

_____TIMES

- ☐ 1 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 2 PER WEEK [HR: 0-70; SR: 0-29]
- ☐ 3 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_C2’ [AE7] - [During the past month,] how many times did you eat vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.}

[Sa loob ng nakaraang buwan,] ilang beses kang kumain ng anumang iba pang gulay gaya ng salad, sitaw, o patatas? {Huwag isama ang mga pritong patatas o ang mga luto nang dried beans tulad ng refried beans, baked beans o bean soup.}

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

[IF NEEDED, SAY: ‘Maaari ninyong sabihin sa akin araw-araw, lingguhan o buwanan ba iyon.’]

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

[IF STRONGLY NEEDED, SAY: ‘Gaya ng mga kamatis, carrot, sibuyas, o broccoli.’]

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

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: ‘Ang kanin ay hindi gulay.’]

_____TIMES

- ☐ 1 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 2 PER WEEK [HR: 0-70; SR: 0-29]
- ☐ 3 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_C3' [AC46] - During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

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

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

[IF NEEDED, SAY: 'Maaari ninyong sabihin sa akin araw-araw, lingguhan o buwanan ba iyon.']

IF NEEDED, SAY: 'Such as lemonade, Gatorade, Snapple, or Red Bull.'

[IF NEEDED, SAY: Gaya ng lemonada, 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

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

'QA20_C4' [AE15] - Now, I am going to ask about various health behaviors.

Ngayon, tatanungin ko kayo tungkol sa mga iba't-ibang ugaling pangkalusugan.

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

Sa buong buhay ninyo, hindi kukulangin sa 100 sigarilyo ba ang nahithit ninyo sa kabuuan?

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

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

'QA20_C5' [AE15A] - Do you now smoke cigarettes every day, some days, or not at all?

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

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

If= 2, go to 'QA20_C7'

If =3, -7, -8, go to 'E-CIGARETTE INTRO'

'QA20_C6' [AD32] - On average, how many cigarettes do you now smoke a day?

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

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

_____ NUMBER OF CIGARETTES [HR: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to 'QA20_C8'

PROGRAMMING NOTE 'QA20_C7' :

**IF 'QA20_C5' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA20_C7' ;
ELSE GO TO 'QA20_C8'**

'QA20_C7' [AE16] - In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

Nitong nakaraang 30 araw, noong nanigarilyo kayo, naka-ilang sigarilo kayo sa bawat araw? IF NEEDED, SAY: 'Noong mga araw na nanigarilyo kayo.'

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

[IF NEEDED, SAY: 'Kung hindi kayo araw-araw na nanigarilyo sa nakaraang 30 araw, isaalang-alang ang mga araw na kayo ay nagsigarilyo.']

_____ NUMBER OF CIGARETTES [HR: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_C8' [AC58C] - Are the cigarettes you usually smoke menthol-flavored?

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

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

PROGRAMMING NOTE 'QA20_C9' :

IF 'QA20_C5' = 1 (SMOKE EVERY DAY) OR 'QA20_C5' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA20_C9' ;ELSE GO TO 'E-CIGARETTE INTRO'

'QA20_C9' [AC49] - During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

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

‘QA20_C10’ [AC50] - Are you thinking about quitting smoking in the next six months?

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

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

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

Ang kasunod na mga tanong ay tungkol sa mga electronic na sigarilyo at iba pang mga electronic na produkto para sa pag-vape. Ang mga produktong ito ay karaniwang may nilalamang nicotine, mga pampalasa, at iba pang mga sangkap. Maaari din silang tawaging mga e-cig, vape pen, pod mod, hookah pen o e-hookah. Kabilang sa mga popular na tatak ay ang JUUL, Blu, NJOY, Suorin, at Vuse. Mangyaring isama ang paggamit ng JUUL o JUULing sa iyong sagot.

Do not include products used only for marijuana.

Huwag isasama ang mga produktong ginagamit lamang para sa marijuana.

‘QA20_C11’ [AC81C] - Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

Nakagamit ka na ba kailanman ng e-cigarette o iba pang electronic na produkto para sa pag-vape, kahit na minsan lang sa iyong buong buhay?

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

If = 2,-7, -8 go to ‘QA20_C15’

‘QA20_C12’ [AC82C] - In the past 30 days, on how many days did you } use an e-cigarette or other electronic vaping product?

Sa nakalipas na 30 araw, ilang araw kang gumamit ng e-cigarette o iba pang electronic na produkto para sa pag-vape?

_____ Number of days [HR: 0 - 30]
_____ Dami ng mga araw

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_C13' [AC134] - Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

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

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

'QA20_C14' [AC83C] - What best describes your reasons for using e-cigarettes?

Ano ang pinakamabuting dahilan ninyo sa paggamit ng e-cigarettes?

[CODE ALL THAT APPLY]

- ☐ 1 TO QUIT SMOKING
- ☐ 2 TO REPLACE SMOKING
- ☐ 3 TO CUT DOWN OR REDUCE SMOKING
- ☐ 4 TO USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
- ☐ 5 TO JUST TRY IT OUT OF CURIOSITY
- ☐ 6 TO AVOID THE LINGERING ODOR OF CIGARETTES
- ☐ 7 TO HELP ME CONCENTRATE/STAY ALERT
- ☐ 8 BECAUSE THEY COME IN MANY FLAVORS
- ☐ 9 BECAUSE THEY ARE LESS EXPENSIVE
- ☐ 10 BECAUSE THEY ARE HEALTHIER THAN CIGARETTES
- ☐ 11 FOR ENJOYMENT OR SOCIAL REASONS
- ☐ 12 TO REDUCE STRESS, ANXIETY OR PAIN
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_C15' [AC135] - During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

Sa nakalipas na 30 araw, ilang araw kayong gumamit ng nginunguyang tabako, snuff, o snus?

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

If = 1, -7, -8 go to 'QA20_C17'

‘QA20_C16’ [AC136] - Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

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

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

‘QA20_C17’ [AC137] - During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

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

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

If = 1, -7, or -8 go to ‘QA20_C19’

‘QA20_C18’ [AC138] - Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

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

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

‘QA20_C19’ [AC139] - During the past 30 days, on how many days did you smoke big cigars?

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

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

If = 1, -7, -8 go to ‘QA20_C21’

‘QA20_C20’ [AC140] - Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

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

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

‘QA20_C21’ [AC141] - During the past 30 days, on how many days did you use a hookah water pipe?

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

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

If = 1, -7 or -8 go to ‘QA20_C23’

‘QA20_C22’ [AC142] - Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

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

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

‘QA20_C23’ [AC143] - Which statement best describes smoking or vaping a tobacco product, including e-cigarettes, inside your home?

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

- ☐ 1 Not allowed anywhere or at any time inside my home
- ☐ 1 *Hindi pinapayagan kahit saan o sa anumang oras sa loob ng aming bahay*
- ☐ 2 Allowed in some places or at some times inside my home
- ☐ 2 *Pinapayagan sa ilang mga lugar o sa ilang mga panahon sa loob ng aming bahay*
- ☐ 3 Allowed anywhere and at any time inside my home
- ☐ 3 *Pinapayagan kahit saan o sa anumang oras sa loob ng aming bahay*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_C24' [AC144] - In the last two weeks, have you ever been exposed to secondhand tobacco smoke or e-cigarette vapor in California?

Sa nakalipas na dalawang linggo, nakalanghap ba kayo ng secondhand na usok ng tabako o usok ng e-cigarette sa California?

[IF NEEDED: 'You are exposed to secondhand smoke or vapor when people around you are smoking or vaping.']

[IF NEEDED: 'Kayo ay naapektohan ng secondhand smoke o vapor kapag ang mga tao sa inyong paligid ay nagsisigarilyo o nag-va-vape.']

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

'QA20_C25' [AC115] - The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

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

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

Nakasubok ka na bang gumamit, kahit minsan lang, ng marijuana o hashish?

[IF NEEDED: THC is the active ingredient in marijuana.]

[IF NEEDED: *THC* ay ang aktibong sangkap sa marijuana.]

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

If = 2, -7, -8, go to 'QA20_C38'

'QA20_C26' [AC116] - How long has it been since you last used marijuana or hashish in any form?

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

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

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

PROGRAMMING NOTE 'QA20_C27':
IF 'QA20_C26' =>30 DAYS OR >1 MONTH, THEN GO TO 'QA20_C38';
ELSE CONTINUE WITH 'QA20_C27';

'QA20_C27' [AC117] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

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

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

If = 1, go to 'QA20_C38'

'QA20_C28' [AC118] - How often have you used tobacco and marijuana at the same time? Would you say...

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

- ☐ 1 Usually
- ☐ 2 Sometimes
- ☐ 3 Never
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_C29' [AC119] - During the past 30 days, how did you use marijuana? Did you...

Smoke it in a joint, bong, or pipe?

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

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

‘QA20_C30’ [AC120] - During the past 30 days, how did you use marijuana? Did you...

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

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

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

‘QA20_C31’ [AC121] - [During the past 30 days, how did you use marijuana?] Did you...

[Sa loob ng nakaraang tatlung araw, paano mo ginamit ang marijuana?]

Eat it?

Kinain mo ba ito?

[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]

[IF NEEDED, SAY: *Halimbawa, kahalo ng brownies, cake, cookies, o candy*]

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

‘QA20_C32’ [AC122] - [During the past 30 days, how did you use marijuana?] Did you...

[Sa loob ng nakaraang tatlung araw, paano mo ginamit ang marijuana?]

Drink it?

Ininom mo ba ito?

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

[IF NEEDED SAY: *Halimbawa, kahalo ng tea, cola, alak o iba pang mga inumin*]

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

‘QA20_C33’ [AC123] - [During the past 30 days, how did you use marijuana?] Did you...

[Sa loob ng nakaraang tatlung araw, paano mo ginamit ang marijuana?]

Vaporize it?

Pinasingaw o vinaporize mo ba ito?

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

[IF NEEDED, SAY: *Halimbawa, sa isang vaporizer na parang e-cigarette*]

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

‘QA20_C34’ [AC124] - [During the past 30 days, how did you use marijuana?] Did you...

[Sa loob ng nakaraang tatlung araw, paano mo ginamit ang marijuana?]

Dab it?

Dinab mo ba ito?

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

[IF NEEDED SAY: *Halimbawa, gamit ng butane hash oil, wax o mga concentrate*]

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

‘QA20_C35’ [AC125] - [During the past 30 days, how did you use marijuana?] Did you...

[Sa loob ng nakaraang tatlung araw, paano mo ginamit ang marijuana?]

Use it some other way?

Ginamit mo ba ito sa iba pang pamamaraan?

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_C36’ [AC126] - Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

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

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

If = 2, go to ‘QA20_C38’

'QA20_C37' [AC127] - Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

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

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

'QA20_C38' [AC128] - Have you used heroin in the past 12 months?

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

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

'QA20_C39' [AC129] - Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

Kabilang sa mga halimbawa ang Vicodin, OxyContin, Norco, Hydrocodone, Percocet at Methadone. Sa nakaraang 12 buwan, kayo ba ay nakagamit ng anumang nireresetang gamot para sa pagtanggap ng pananakit sa isang paraan na hindi alinsunod sa tagubilin ng inyong doktor?

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

If = 2, -7, -8, go to 'QA20_C47'

'QA20_C41' [AC131] - Did you get the prescription(s) from one doctor or from more than one doctor?

Nakuha mo ba ang reseta mula sa isang doktor o mahigit sa isang doktor?

- ☐ 1 ONE DOCTOR
- ☐ 2 MORE THAN ONE DOCTOR
- ☐ 3 I DIDN'T GET IT FROM A DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_C43' [AC133] - What condition or conditions have you taken the medicine for?

Para sa anong kondisyon o mga kondisyon ninyo ininom ang gamot?

[CHECK ALL THAT APPLY]

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

'QA20_C44' [AC163] - What is your best estimate of the number of days you used prescription pain killers in any way a doctor did direct not you to use during the past 30 days?

Ano ang inyong pinakamabuting estima ng dami ng araw na kayo ay gumamit ng mga de-resetang pain killer sa anumang pamamaraan na hindi iniaatas ng inyong doktor na inyong gawin nitong nakaraang 30 araw?

_____ [0-30 days]

If <1, go to 'PN_QA20_C47'

'QA20_C45' [AC164] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while doing any of the following:

Nitong nakaraang 30 araw, gumamit ba kayo ng mga de-resetang gamot para sa pagtanggal ng pananakit sa anumang pamamaraan na hindi iniaatas ng inyong doktor na inyong gawin habang ginagawa ang mga sumusunod:

Drinking alcohol or within a couple of hours of drinking?

Uminom ng alak sa loob ng mga ilang oras ng pagkainom nito?

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

'QA20_C46' [AC165] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while doing any of the following:

Nitong nakaraang 30 araw, gumamit ba kayo ng mga de-resetang gamot para sa pagtanggal ng pananakit sa anumang pamamaraan na hindi iniaatas ng inyong doktor na inyong gawin habang ginagawa ang mga sumusunod:

Using Benzodiazepines (e.g. Xanax, Ativan, Klonopin, Valium, etc.) ?

Gumagamit ng mga Benzodiazepines?

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

'QA20_C47' [AC166] - Have you used methamphetamines in the past 12 months?

Gumamit ba kayo ng methamphetamine sa nakaraang 12 buwan?

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

‘QA20_C48’ [AC167] - Have you used any prescription stimulants (such as Adderall®, Dexedrine®) in any way a doctor did not direct you to use it in the past 12 months?

Gumamit ba kayo ng mga stimulant na kailangan ng reseta (iyon ay, Adderall, Dexedrine) sa anumang paraan na hindi iniaatas ng inyong doktor na inyong gawin nitong nakaraang 12 buwan?

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

PROGRAMMING NOTE ‘QA20_C49’:
IF PROXY=1, GO TO ‘QA20_D1’

‘QA20_C49’ [AC160] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think genetics and medical care are to a person's health?

Sa isang scale mula 1 hanggang 10, na kung saan ang 1 ay lubos na hindi mahalaga, at ang 10 ay lubos na mahalaga, gaano kahalaga sa inyong paningin ang genetics sa kalusugan ng isang tao?

_____ [HR: 1-10]

‘QA20_C50’ [AC161] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think individual or environmental factors – such as a person's behaviors or access to healthy foods or recreation – are to a person's health?

Sa isang scale mula 1 hanggang 10, na kung saan ang 1 ay lubos na hindi mahalaga, at ang 10 ay lubos na mahalaga, gaano kahalaga sa inyong paningin ang mga indibidwal o pangkapaligirang kadahilanan – tulad ng mga pag-aasal ng isang tao o ang kakayahang makakuha ng malulusog na pagkain o libangan - sa kalusugan ng isang tao?

_____ [HR: 1-10]

Section D: General Health, Disability, and Sexual Health

'QA20_D1' [AE17] - These next questions are about your height and weight. How tall are you without shoes?

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

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

[IF NEEDED, SAY: 'Humigit-kumulang, gaano katangkad?']

_____ FEET

_____ INCHES

_____ METERS

_____ CENTIMETERS

☐ -7 REFUSED

☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_D2' :

IF 'QA20_A5' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'QA20_A4' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY 'When not pregnant, how'; ELSE DISPLAY 'How'

'QA20_D2' [AE18] - {When not pregnant, how/How} much do you weigh without shoes?

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

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

[IF NEEDED, SAY: 'Humigit-kumulang, gaano?']

_____ POUNDS

_____ KILOGRAMS

☐ -7 REFUSED

☐ -8 DON'T KNOW

'QA20_D3' [AD50] - Are you blind or deaf, or do you have a severe vision or hearing problem?

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

☐ 1 YES

☐ 2 NO

☐ -7 REFUSED

☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA20_D5'

'QA20_D4' [AL8] - Are you legally blind?

Kayo ba ay legally blind?

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

'QA20_D5' [AL10] - Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Dahil sa isang pisikal, pag-iisip, o emosyonal na kundisyon, kayo ba ay nakararanas ng seryosong kahirapan sa pag-concentrate, pag-alala, o paggawa ng mga desisyon?

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

'QA20_D6' [AL11] - Do you have difficulty dressing or bathing?

Nahihirapan ba kayong magbihis o maligo?

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

'QA20_D7' [AL12] - Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Dahil sa isang pisikal, pag-iisip, o emosyonal na kundisyon, nakararanas ba kayo ng kahirapan sa paggawa ng mga gawain nang mag-isa tulad ng pagbisita sa opisina ng doktor such o pagsa-shopping

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

PROGRAMMING NOTE 'QA20_D8':
IF PROXY=1, GO TO PN 'QA20_D12'

'QA20_D8' [AD43B] - We are asking a few questions about people's sexual experiences. All answers will be kept private.

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

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

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

_____ NUMBER OF PARTNERS [HR: 0 – 99 SR: 0 - 20]

If >=0 , go to 'QA20_D10'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, go to 'QA20_D10'

'QA20_D9' [AD44B] - Can you give me your best guess?

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

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

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

- ☐ 1 0 PARTNERS
- ☐ 2 1 PARTNER
- ☐ 3 2-3 PARTNERS
- ☐ 4 4-5 PARTNERS
- ☐ 5 6-10 PARTNERS
- ☐ 6 MORE THAN 10 PARTNERS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE AD45 :

IF 'QA20_D8' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE 'QA20_D11' ;

ELSE CONTINUE WITH AD45 ;

IF 'QA20_D8' OR AD44 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY 'Is that partner male or female';

ELSE DISPLAY 'In the past 12 months, have your sexual partners been male, female, or both male and female'

'QA20_D10' [AD45B] - {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

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

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

PROGRAMMING NOTE AD46 :

IF 'QA20_A6' =2, 3, 4, -7, -8 (IDENTIFIES AS FEMALE, TRANSGENDER, NONE OF THESE, REF/DK), DISPLAY 'Gay, Lesbian' IN QUESTION AND 'Gay and Lesbian' IN HELP SCREEN AND 'GAY, LESBIAN, OR HOMOSEXUAL' IN RESPONSE CATEGORY;

ELSE DISPLAY 'Gay' IN QUESTION AND 'Gay' in HELP SCREEN AND 'Gay' IN RESPONSE CATEGORY

'QA20_D11' [AD46B] - Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

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

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

[IF NEEDED, SAY: 'Nakikipagtalik o pangunahing naaakit ang mga taong Straight o Heterosexual sa mga tao sa kabilang kasarian, nakikipagtalik o pangunahing naaakit ang mga taong Gay {at Lesbian} sa mga taong may katulad na kasarian, at nakikipagtalik o naakit ang mga taong Bisexual sa mga tao sa magkabilang kasarian.']

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

PROGRAMMING NOTE AD60 :

**IF ['QA20_A6' = 1 (IDENTIFIES AS MALE) AND 'QA20_D10' = 1 (MALE)] OR ['QA20_A6' = 2 (IDENTIFIES AS FEMALE) AND 'QA20_D10' = 2 (FEMALE)] OR ['QA20_D10' = 3, -7, OR -8] OR [IF 'QA20_D11' ≠ 1] CONTINUE WITH 'QA20_D12' ;
ELSE GO TO 'QA20_D14'**

'QA20_D12' [AD60B] - Are you legally married to someone of the same sex?

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

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

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

If = 1, go to 'PN_'QA20_D14'

'QA20_D13' [AD61B] - Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

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

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

PROGRAMMING NOTE 'QA20_D14':IF PROXY=1, GO TO 'QA20_G1'
PROGRAMMING NOTE 'QA20_D14':IF ['QA20_A5' = 1 OR 'QA20_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'QA20_D10' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'QA20_D14';
ELSE IF ('QA20_A6' = 1 AND 'QA20_A5' = 2) OR ('QA20_A6' = 2 AND 'QA20_A5' = 1), THEN CONTINUE WITH 'QA20_D14';ELSE IF 'QA20_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA20_D14';
ELSE IF 'QA20_A6' = 1 AND 'QA20_D11' = 2 OR 3, THEN CONTINUE WITH 'QA20_D14';ELSE SKIP TO 'QA20_D18';

'QA20_D14' [AD79] - People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

Ang mga taong walang HIV ay pwedeng uminom ng isang pill kada araw upang pababain ang panganib nila na magkaroon ng HIV. Tinatawag itong pre-exposure prophylaxis, o PrEP. Ang pill na ito ay tinatawag ding Truvada®.

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

Uminom ka ba ng PrEP o Truvada® sa loob ng nakaraang tatlung araw?

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

If = 1, go to 'QA20_D18'

'QA20_D15' [AD80] - In the past 12 months, have you taken any PrEP or Truvada®?

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

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

If = 1, go to 'QA20_D18'

'QA20_D16' [AD81] - Have you ever taken any PrEP or Truvada®?

Nakainom ka na ba ng PrEP o Truvada®?

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

If = 1, go to 'QA20_D18'

'QA20_D17' [AD82] - Before today, have you ever heard of PrEP or Truvada®?

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

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

'QA20_D18' [AD83] - Have you ever been tested for HIV, the virus that causes AIDS?

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

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

If = 2, -7, -8, go to 'QA20_D20'

'QA20_D19' [AD84] - For your most recent HIV test, were you offered the test or did you ask for the test?

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

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

If = 1, 2, 3, 91, -7, -8, go to PN_'QA20_E1'

'QA20_D20' [AD85] - Were you ever offered an HIV test?

Naalukan ka na bang magpatest para sa HIV?

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

Section F: Mental Health

PROGRAMMING NOTE 'QA20_E1':
IF PROXY=1, GO TO 'QA20_G1'

'QA20_E1' [AJ29] - The following questions ask 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?

Tungkol sa inyong pakiramdam nitong nakaraang 30 araw ang sumusunod na mga tanong. Humigit-kumulang, gaano kadalas nitong nakaraang 30 araw kayo nakaramdam ng pagkanerbiyos. Masasabi ba ninyong palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

- ☐ 1 All of the time
- ☐ 1 *Palagi*
- ☐ 2 Most of the time
- ☐ 2 *Kadalasan*
- ☐ 3 Some of the time
- ☐ 3 *Paminsan-minsan*
- ☐ 4 A little of the time
- ☐ 4 *Kaunting panahon lang*
- ☐ 5 None of the time
- ☐ 5 *Hindi kailanman*

'QA20_E2' [AJ30] - During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

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

'QA20_E3' [AJ31] - During the past 30 days, about how often did you feel restless or fidgety?

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

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

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

'QA20_E4' [AJ32] - How often did you feel so depressed that nothing could cheer you up?

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

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

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

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

'QA20_E5' [AJ33] - During the past 30 days, about how often did you feel that everything was an effort?

Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na napakahirap gawin ang lahat?

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

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

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

'QA20_E6' [AJ34] - During the past 30 days, about how often did you feel worthless?

Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na bale-wala kayo?

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

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

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

'QA20_E7' [AF62] - Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

Mayroon bang buwan nitong nakaraang 12 buwan na mas madalas ninyong naranasan ang mga damdaming ito kaysa nitong nakaraang 30 araw?

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

PROGRAMMING NOTE 'QA20_E8' :
IF 'QA20_E7' = 1 THEN CONTINUE WITH 'QA20_E8' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_F6' intro

'QA20_E8' [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?

Ang sumusunod na mga tanong ay tungkol sa kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng damdamin ninyo. Noong buwan na iyon, gaano kadalas kayo nakaramdam ng pagkanerbiyos - palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

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

'QA20_F1' [AF64] - During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

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

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

'QA20_F2' [AF65] - How often did you feel restless or fidgety?

Gaano kadalasan kayo nakaramdam ng pagkabalisa o di-mapalagay?

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

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

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

'QA20_F3' [AF66] - How often did you feel so depressed that nothing could cheer you up?

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

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

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

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

'QA20_F4' [AF67] - How often did you feel that everything was an effort?

Gaano kadalasan kayo nakaramdam na napakahirap gawin ang lahat?

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

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

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

'QA20_F5' [AF68] - How often did you feel worthless?

Gaano kadalas kayo nakaramdam na bale-wala kayo?

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

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

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

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IF 'QA20_E1'-'QA20_E6' > 0 THEN,
IF 'QA20_E1'-'QA20_E6' = 1 THEN 'QA20_E1'_R-'QA20_E6'_R = 4;
ELSE IF 'QA20_E1'-'QA20_E6' = 2 THEN 'QA20_E1'_R-'QA20_E6'_R = 3;
ELSE IF 'QA20_E1'-'QA20_E6' = 3 THEN 'QA20_E1'_R-'QA20_E6'_R = 2;
ELSE IF 'QA20_E1'-'QA20_E6' = 4 THEN 'QA20_E1'_R-'QA20_E6'_R = 1;
ELSE IF 'QA20_E1'-'QA20_E6' = 5 THEN 'QA20_E1'_R-'QA20_E6'_R = 0;
ELSE 'QA20_E1'_R-'QA20_E6'_R = 'QA20_E1'-'QA20_E6';
IF 'QA20_E8'-'QA20_F5' > 0 THEN,
IF 'QA20_E8'-'QA20_F5' = 1 THEN 'QA20_E8'_R-'QA20_F5'_R = 4;
ELSE IF 'QA20_E8'-'QA20_F5' = 2 THEN 'QA20_E8'_R-'QA20_F5'_R = 3;
ELSE IF 'QA20_E8'-'QA20_F5' = 3 THEN 'QA20_E8'_R-'QA20_F5'_R = 2;
ELSE IF 'QA20_E8'-'QA20_F5' = 4 THEN 'QA20_E8'_R-'QA20_F5'_R = 1;
ELSE IF 'QA20_E8'-'QA20_F5' = 5 THEN 'QA20_E8'_R-'QA20_F5'_R = 0;
ELSE 'QA20_E8'_R-'QA20_F5'_R = 'QA20_E8'-'QA20_F5';

IF ('QA20_E1'_R - 'QA20_E6'_R) >= 0 (NON-MISSING) THEN DO;
IF ('QA20_E1'_R + 'QA20_E2'_R + 'QA20_E3'_R + 'QA20_E4'_R + 'QA20_E5'_R + 'QA20_E6'_R) > 8
OR
('QA20_E8'_R + 'QA20_F1'_R + 'QA20_F2'_R + 'QA20_F3'_R + 'QA20_F4'_R + 'QA20_F5'_R) > 8,
THEN CONTINUE WITH 'QA20_F6' INTRO;
IF ('QA20_E8'_R - 'QA20_F5'_R) 7 OR
('QA20_E8'_R + 'QA20_F1'_R + 'QA20_F2'_R + 'QA20_F3'_R + 'QA20_F4'_R + 'QA20_F5'_R) > 7,
THEN CONTINUE WITH 'QA20_F6' INTRO;

IF 'QA20_E7' = 1 THEN DISPLAY 'again, please';
ELSE SKIP TO 'QA20_F11';

```

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

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

PROGRAMMING NOTE 'QA20_F6' :
IF AGE > 70 GO TO 'QA20_F7' ;
ELSE CONTINUE WITH 'QA20_F6'

'QA20_F6' [AF69B] - Did your emotions interfere a lot, some, or not at all with your performance at work/school?

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

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

‘QA20_F7’ [AF70B] - Did your emotions interfere a lot, some, or not at all with your household chores?

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

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

‘QA20_F8’ [AF71B] - Did your emotions interfere a lot, some, or not at all with your social life?

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

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

‘QA20_F9’ [AF72B] - Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

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

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

‘QA20_F10’ [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?

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

_____NUMBER OF DAYS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_F11’ [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?

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

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

If = 2, -7, -8, go to ‘QA20_F13’

‘QA20_F12’ [AJ1] - Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

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

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

‘QA20_F13’ [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?

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

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

‘QA20_F14’ [AF75] - In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

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

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

PROGRAMMING NOTE 'QA20_F15' :

**IF 'QA20_F13' = 1 OR 'QA20_F14' = 1 THEN CONTINUE WITH 'QA20_F15' ;
ELSE SKIP TO 'QA20_F20'**

'QA20_F15' [AF76] - Did you seek help for your mental or emotional health or for an alcohol or drug problem?

Humingi ba kayo ng tulong para sa inyong kalusugang pangkaisipan o pang-emosyon, o para sa problema sa pag-inom ng alak o sa paggamit ng droga?

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

PROGRAMMING NOTE 'QA20_F16' :IF 'QA20_F15' = 1, display: 'mental or emotional health';

IF 'QA20_F15' = 2, display: 'use of alcohol or drugs';

IF 'QA20_F15' = 3, display: 'mental or emotional health and your use of alcohol or drugs';

ELSE SKIP TO 'QA20_F17'

'QA20_F16' [AF77] - In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

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

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_F17' [AF78] - Are you still receiving treatment for these problems from one or more of these providers?

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

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

If = 1, -7, -8, go to 'QA20_F20'

‘QA20_F18’ [AF79] - Did you complete the recommended full course of treatment?

Kinumpleto ba ninyo ang buong inirekomendang programa ng paggagamot?

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

If = 1, -7, -8, go to ‘QA20_F20’

‘QA20_F19’ [AF80] - What is the main reason you are no longer receiving treatment?

Ano ang PANGUNAHING DAHILAN kung bakit hindi na kayo ginagamot?

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

‘QA20_F20’ [AJ5] - During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

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

PROGRAMING NOTE 'QA20_F21' :

**IF 'QA20_F11' = 1 AND ('QA20_F13' ≠ 1 AND 'QA20_F14' ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH 'QA20_F21' ;
ELSE SKIP TO 'QA20_F25'**

'QA20_F21' [AF82] - Here are some reasons people have for not seeking help even when they think they might need it. Please tell me 'yes' or 'no' for whether each statement applies to why you did not see a professional.

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

You were concerned about the cost of treatment.

Nabahala kayo sa gastos ng paggamot.

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

'QA20_F22' [AF83] - You did not feel comfortable talking with a professional about your personal problems.

Hindi kayo komportableng nakikipag-usap sa isang propesyonal tungkol sa inyong personal na mga problema.

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

'QA20_F23' [AF84] - You were concerned about what would happen if someone found out you had a problem.

Nag-alala kayo kung ano ang mangyayari kapag may makaalam na may problema kayo.

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

'QA20_F24' [AF85] - You had a hard time getting an appointment.

Nahirapan kayong makakuha ng appointment.

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

**PROGRAMMING NOTE 'QA20_F25':;IF AAGE .>=65, CONTINUE WITH 'QA20_F25'
ELSE GO TO 'QA20_F28'**

'QA20_F25' [AF107B] - The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

Ang mga susunod na tanong naman ay tungkol sa kung ano ang inyong pakiramdam tungkol sa iba't ibang mga bahagi ng inyong buhay. Para sa bawat isa, pakisabi po lamang sa akin kung gaano kadalas ninyong nararamdaman ang pakiramdam na iyon.

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

Sa panimula, gaano kadalas kayo nakakaramdam na parang kayo ay nag-iisa? Ito ba ay...

- ☐ 1 Hardly ever
- ☐ 1 *Bihira*
- ☐ 2 Some of the time, or
- ☐ 2 *Kung minsan, o*
- ☐ 3 Often?
- ☐ 3 *Madalas?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_F26' [AF108B] - How often do you feel left out? Is it...

Gaano kadalas kayo nakakaramdam na hindi kayo kasali sa iba? Ito ba ay...

- ☐ 1 Hardly ever
- ☐ 1 *Bihira*
- ☐ 2 Some of the time, or
- ☐ 2 *Kung minsan, o*
- ☐ 3 Often?
- ☐ 3 *Madalas?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_F27' [AF109B] - How often do you feel isolated from others? Is it...

Gaano kadalas kayo nakakaramdam na kayo ay parang kahiwalay sa mga ibang tao? Ito ba ay...

- ☐ 1 Hardly ever
- ☐ 1 *Bihira*
- ☐ 2 Some of the time, or
- ☐ 2 *Kung minsan, o*
- ☐ 3 Often?
- ☐ 3 *Madalas?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_F28’ [AG44] - The next questions are about your use of technology.

People may use the internet for streaming video/music, playing games, checking social media, using apps, browsing the web, etc, on a computer or on a phone or mobile device.

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

Ang kasunod na mga tanong ay tungkol sa inyong paggamit ng teknolohiya. Maaaring gumamit ang mga tao ng internet para makapag-stream ng mga video/music, maglaro ng mga games, gumamit ng social media, gumamit ng mga apps, mag-browse ng web, atbp, sa isang computer o sa isang cellphone o mobile na device.

Would you say...

Masasabi ba ninyo na kayo ay...

- ☐ 01 Almost constantly,
- ☐ 01 Halos palagi,
- ☐ 02 Many times a day,
- ☐ 02 Maraming beses sa isang araw,
- ☐ 03 A few times a day, or
- ☐ 03 Mga ilang beses sa isang araw
- ☐ 04 Less than a few times a day?
- ☐ 04 Kulang pa sa ilang beses sa isang araw?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_F29’ [AG45] - On a typical day, how often do you use a computer or mobile device for social media? Would you say...

Sa isang karaniwang araw, gaano kayo kadalas gumamit ng isang computer o mobile na device para sa social media?

[IF NEEDED: ‘Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc.]

[IF NEEDED: ‘Kabilang sa mga social media ang Facebook, Instagram, Twitter, Snapchat, YouTube, atbp’]

- ☐ 01 Almost constantly,
- ☐ 01 Halos palagi,
- ☐ 02 Many times a day,
- ☐ 02 Maraming beses sa isang araw,
- ☐ 03 A few times a day, or
- ☐ 03 Mga ilang beses sa isang araw
- ☐ 04 Less than a few times a day?
- ☐ 04 Kulang pa sa ilang beses sa isang araw?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_F30' [AG46] - In the past 12 months, have you tried to get help from an on-line tool, including mobile apps or texting services for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

Sa nakaraang 12 buwan, nagtangka ba kayong humingi ng tulong mula sa isang on-line na tool, kabilang ang mga mobile na app o mga texting na serbisyo para sa mga problema ng inyong kalusugan ng pag-iisip, mga emosyon, pagka-nerbiyos, o ang iyong paggamit ng alak o mga droga?

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

If = 2, go to 'QA20_F32'

If = -7, -8 go to 'QA20_F33'

'QA20_F31' [AG47] - How useful was this? Would you say...

Gaano ito kapani-pakinabang? Masasabi ba ninyo na kayo ay...

- ☐ 1 Very
- ☐ 1 Talagang
- ☐ 2 Somewhat
- ☐ 2 Medyo
- ☐ 3 Not at all
- ☐ 3 Hindi
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_F32': IF 'QA20_F30' = 2 AND 'QA20_F11' = 1 THEN CONTINUE WITH 'QA20_F32' ELSE SKIP TO AG49

'QA20_F32' [AG48] - What is the main reason you did not try to get help from an on-line tool, including mobile apps, or texting services?

Ano ang pangunahing dahilan kung bakit hindi kayo nagtangkang humingi ng tulong mula sa isang on-line na tool, kabilang nga mga mobile app, o texting na serbisyo?

- ☐ 1 GOT BETTER/NO LONGER NEEDED
- ☐ 2 WANTED TO HANDLE PROBLEM ON OWN
- ☐ 3 DON'T OWN A SMARTPHONE OR COMPUTER OR DON'T HAVE ENOUGH SPACE TO DOWNLOAD NEW APPS
- ☐ 4 DIDN'T KNOW ABOUT THESE APPS
- ☐ 5 DON'T TRUST MOBILE APPS
- ☐ 6 CONCERNS ABOUT PRIVACY AND SECURITY OF THE DATA
- ☐ 7 DON'T THINK IT WOULD BE HELPFUL OR WORK
- ☐ 8 COST
- ☐ 9 DON'T HAVE TIME
- ☐ 10 RECEIVED TRADITIONAL/FACE-TO-FACE SERVICES
- ☐ 91 DON'T THINK I NEEDED IT
- ☐ 12 DON'T HAVE ENOUGH SPACE TO DOWNLOAD NEW APPS
- ☐ 13 Other (Specify: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_F33’ [AG49] - In the past 12 months, have you connected online with people that have mental health or alcohol/drug concerns similar to yours through methods such as social media, blogs, and online forums?

Sa nakaraang 12 buwan, nakipag-konekta ba kayo nang online sa mga ibang tao na may mga alalahanin sa kalusugan ng pag-iisip o alak/droga na katulad sa inyo, sa pamamagitan ng mga pamamaraan na tulad ng social media, mga blog, at mga online na forum?

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

[IF NEEDED: ‘Kabilang sa mga halimbawa ang mga online na forum o mga saradong grupo ng social media tungkol sa mga partikular na paksa, paggawa ng search sa social media sa pamamagitan ng paggamit ng hashtag, o kaya sa pamamagitan ng pag-follow sa mga tao na may katulad na alalahanin sa kalusugan.’]

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

‘QA20_F34’ [AG50] - In the past 12-months, have you used online tools to find, be referred to, contact, or connect with a mental health professional?

Sa nakaraang 12 buwan, gumamit ba kayo ng mga online na tools upang makahanap, mai-refer sa, makausap, o mai-konekta sa isang propesyonal ng kalusugan ng pag-iisip?

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

[IF NEEDED: ‘Halimbawa, sa pamamagitan ng pag-text, sa on-line na pag-me-messaging, sa pag-vi-video chat, o sa isang mobile app na may kaugnayan sa kalusugan o sa kalusugan ng pag-iisip.’]

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

Section G: Demographic Information, Part II

PROGRAMMING NOTE 'QA20_G1':

IF CHILD INTERVIEW COMPLETED AND 'QA20_A35'=1, MARK 'QA20_G1'= CH11 AND GO TO 'QA20_G2';

IF CHILD INTERVIEW COMPLETED AND 'QA20_A35'=2, MARK 'QA20_G1'= CH14 AND GO TO 'QA20_G2';

ELSE CONTINUE WITH 'QA20_G1'

'QA20_G1' [AH33] - Now a few more questions about your background.

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

In what country were you born?

Saang bansa kayo ipinanganak?

[SELECT FROM MOST LIKELY COUNTRIES]

- ☐ 1 UNITED STATES
- ☐ 2 AMERICAN SAMOA
- ☐ 3 CANADA
- ☐ 4 CHINA
- ☐ 5 EL SALVADOR
- ☐ 6 ENGLAND
- ☐ 7 FRANCE
- ☐ 8 GERMANY
- ☐ 9 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

PROGRAMMING NOTE 'QA20_G2' :**IF 'QA20_G1' ≠ 1 (NOT BORN IN US) GO TO 'QA20_A19' ;****ELSE IF 'QA20_G1' = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH 'QA20_G2';****IF CHILD INTERVIEW COMPLETED ['QA20_A35'=1, 2 AND 'QA20_G1'=1 DISPLAY 'You previously mentioned you were born in the United States.'];****ELSE DISPLAY 'In what country was your mother born'**

'QA20_G2' [AH34] – {You previously mentioned you were born in the United States}. In what country was your mother born?

{Binanggit ninyo nitong nakaraan na kayo ay ipinanganak sa Estados Unidos}. Saang bansa ipinanganak ang nanay ninyo?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- ☐ 1 UNITED STATES
- ☐ 2 AMERICAN SAMOA
- ☐ 3 CANADA
- ☐ 4 CHINA
- ☐ 5 EL SALVADOR
- ☐ 6 ENGLAND
- ☐ 7 FRANCE
- ☐ 8 GERMANY
- ☐ 9 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

'QA20_G3' [AH35] - In what country was your father born?

Saang bansa ipinanganak ang tatay ninyo?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- ☐ 1 UNITED STATES
- ☐ 2 AMERICAN SAMOA
- ☐ 3 CANADA
- ☐ 4 CHINA
- ☐ 5 EL SALVADOR
- ☐ 6 ENGLAND
- ☐ 7 FRANCE
- ☐ 8 GERMANY
- ☐ 9 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

PROGRAMMING NOTE 'QA20_G4' :IF 'QA20_G1' = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND 'QA20_A35'=1,2] , GO TO PROGRAMMING NOTE 'QA20_G7';ELSE CONTINUE WITH 'QA20_G4'

'QA20_G4' [AH39] - The next questions are about citizenship and immigration.

Tungkol sa citizenship at immigration ang mga sumusunod na tanong.

Are you a citizen of the United States?

Citizen ba kayo ng United States?

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

If = 1, go to 'QA20_G6'

'QA20_G5' [AH40] - Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

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

[IF NEEDED, SAY: 'People usually call this a 'Green Card' but the color can also be pink, blue, or white.']

[IF NEEDED, SAY: *Karaniwang tinatawag itong 'Green Card' ngunit maaari ding rosas, asul o puti ang kulay nito.*']

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

'QA20_G6' [AH41] - About how many years have you lived in the United States?

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

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_G7' :
IF [AAGE < 30 OR 'QA20_A4' = 1 (AGE 18-29)] AND ['QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'QA20_A21' = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH], CONTINUE WITH 'QA20_G7' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_G8'

'QA20_G7' [AH43A] - Are you now living with either of your parents?

Nakatira ba kayo ngayon na kasama ang sinuman sa mga magulang ninyo?

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

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

PROGRAMMING NOTE 'QA20_G8' :
ANY CHILDREN IN 'QA20_A34' ARE AGE 13 OR LESS, CONTINUE WITH 'QA20_G8' ;
ELSE GO TO 'QA20_G10' ;
IF ANY CHILD IN ROSTER 'QA20_A34' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY 'for any children under age 14' ;
IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY 'you or your spouse' ;
ELSE IF 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY 'you or your partner' ;
ELSE DISPLAY 'you'

'QA20_G8' [AH44A] - In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

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

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

[IF NEEDED, SAY: 'Kabilang dito ang Head Start, mga day care center, mga program ng before- o after-school care, at anumang mga kasunduan para sa baby-sitting.']

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

If = 2, -7, -8, go to 'QA20_G10'

'QA20_G9' [AH44B] - In the past month, how much did you pay for all child care arrangements and programs?

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

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

[IF NEEDED, SAY: 'Kung mas madali sa inyo, maaari ninyong sabihin sa akin kung magkano ang binayad ninyo sa isang karaniwang linggo noong nakaraang buwan.' 'Kayo o sinumang iba pang adult sa inyong pamamahay.']

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

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

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

PROGRAMMING NOTE 'QA20_G10' :
IF CHILD INTERVIEW COMPLETE AND AR ≠ CHILD INTERVIEW RESPONDENT OR CHILD
INTERVIEW NOT COMPLETE, CONTINUE WITH 'QA20_G10' ;
ELSE GO TO 'QA20_G11'

'QA20_G10' [AH47] - What is the highest grade of education you have completed and received credit for?

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

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

‘QA20_G11’ [AG22] - Did you ever serve on active duty in the Armed Forces of the United States?

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

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

If = 2, -7, -8, go to ‘QA20_G16’

‘QA20_G12’ [AG23] - When did you serve?

Kailan kayo naglingkod?

FROM _____
TO _____

OR

[CHECK ALL THAT APPLY]

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

‘QA20_G13’ [AG24] - Altogether, how long did you serve?

Sa kabuuan, gaano katagal kayong naglingkod?

_____ YEARS
_____ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_G14’ [AG31] - Do you have a VA service-connected disability rating?

Mayroon ba kayong disability rating na konektado sa serbisyo ng VA?

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

PROGRAMMING NOTE 'QA20_G15':
IF 'QA20_G14' =1, CONTINUE WITH 'QA20_G15';
ELSE SKIP TO 'QA20_G16'

'QA20_G15' [AG32] - What is your service-connected disability rating?

Ano ang antas ng inyong pagkapinsala na may kaugnayan sa serbisyo?

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

'QA20_G16' [AK1] - Which of the following were you doing last week?

Alin sa sumusunod ang ginawa ninyo noong nakaraang linggo?

IF NEEDED: IF R MENTIONS 'WORKING REMOTELY', CODE AS 'WORKING AT A JOB OR BUSINESS'

IF NEEDED: KUNG NAGTRABAHO KA SA BAHAY NANG MALAYO SA OPISINA, PAKIPILI ANG NAGTATRABAHO O NEGOSYO

- ☐ 1 Working at a job or business,
- ☐ 1 *Nagtrabaho sa pinapasukan o sa negosyo,*
- ☐ 2 With a job or business but not at work,
- ☐ 2 *May pinapasukan o may negosyo ngunit hindi nagtrabaho,*
- ☐ 3 Looking for work, or
- ☐ 3 *Naghanap ng trabaho*
- ☐ 4 Not working at a job or business?
- ☐ 4 *Walang pinapasukan na trabaho o negosyo?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, go to 'PN_QA20_G20'

'QA20_G17' [AK2] - What is the main reason you did not work last week?

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

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

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

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

If = 5, 6, go to 'QA20_G19'

'QA20_G18' [AG10] - Do you usually work?

Karaniwan ba kayong nagtatrabaho?

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

PROGRAMMING NOTE 'QA20_G19' :

**IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['QA20_G18' = 2 (DOES NOT USUALLY WORK) OR 'QA20_G17' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'QA20_G19' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_G20'**

'QA20_G19' [AL22] - Are you receiving Social Security Disability Insurance or SSDI?

Tumatanggap ba kayo ng Social Security Disability Insurance o SSDI?

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

If = 1, 2, -7, -8, go to 'PN_QA20_G27'

PROGRAMMING NOTE 'QA20_G20' :

**IF 'QA20_G16' = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR 'QA20_G18' = 1 (usually works), CONTINUE WITH 'QA20_G20' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_G27'**

'QA20_G20' [AK4] - On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

Sa inyong pangunahing trabaho, empleado ba kayo ng isang pribadong kompanya, ng gobyerno, o nagtatrabaho para sa inyong sarili, o nagtatrabaho nang walang sahod sa isang negosyo o sakahan ng pamilya?

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

[IF NEEDED, SAY: 'Saan kayo nagtatrabaho nang pinakamaraming oras?']

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

PROGRAMMING NOTE 'QA20_G21' :

**IF 'QA20_G20' = 2 (GOVERNMENT EMPLOYEE), DISPLAY 'What kind of agency or department is this?' and '[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]';
ELSE DISPLAY 'What kind of business or industry is this?' AND '[IF NEEDED, SAY: 'What do they make or do at this business?']' [IF NEEDED, SAY: 'Anong produkto ang yinayari o anong gawain ang ginagawa sa negosyong ito?']**

'QA20_G21' [AK5] - {What kind of agency or department is this? / What kind of business or industry is this?}

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

{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)] / [IF NEEDED, SAY: 'What do they make or do at this business?']}[INTERVIEWER: ENTER DESCRIPTION]

[INTERVIEWER: ENTER DESCRIPTION]

- _____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)
- ☐ -7 REFUSED
 - ☐ -8 DON'T KNOW

'QA20_G22' [AK6] - What is the main kind of work you do?

Ano ang pangunahing trabaho na inyong ginagawa?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

_____ (OCCUPATION)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_G23' :

IF 'QA20_G20' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA20_G23' = 8 AND GO TO 'QA20_G24' ;

IF 'QA20_G20' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA20_G23' AND DISPLAY 'Including yourself, about' and 'you';

ELSE CONTINUE WITH 'QA20_G23' AND DISPLAY 'About' and 'your employer';

'QA20_G23' [AK8] - {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

{Kabilang ang sarili ninyo, humigi-kumulang/Humigit-Kumulang} ilan ang empleado {ng inyong employer /ninyo} sa lahat ng mga sangay?

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

[IF NEEDED, SAY: *Ayos lang ang inyong pinakamahusay na tantya.*]

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

PROGRAMMING NOTE 'QA20_G24' : IF 'QA20_A5' =2 (FEMALE AT BIRTH) AND SAAGE < 48 THEN CONTINUE, ELSE SKIP TO PN 'QA20_G27';

'QA20_G24' [AG51] - In the last 12 months, were you fired or laid off from a job?

Sa nakaraang 12 buwan, kayo ba ay tinanggal o na-lay-off sa trabaho?

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

'QA20_G25' [AG52] - In the last 12 months, were you unemployed and looking for a job for more than a month?

Sa nakaraang 12 buwan, kayo ba ay walang trabaho at naghahanap ng trabaho nang mahigit na sa isang buwan?

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

'QA20_G26' [AG53] - In the last 12 months, have you experienced a major financial crisis, declared bankruptcy, or more than once been unable to pay your bills on time?

Sa nakaraang 12 buwan, nakaranas ba kayo ng isang malaking krisis na pinansiyal, nagpahayag ng bankruptcy o mahigit sa isang beses ay hindi kayang makapagbayad ng inyong mga kailangang bayaran sa tamang panahon?

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

PROGRAMMING NOTE 'QA20_G27' :

IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1, CONTINUE WITH 'QA20_G27' ;

IF 'QA20_A21' = 1, THEN DISPLAY 'spouse' ;

ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1, THEN DISPLAY 'partner' ;

ELSE GO TO 'QA20_H1'

'QA20_G27' [AG8] – Which of the following was your {spouse/partner} doing last week?

Alin sa sumusunod ang ginawa ng inyong {asawa/partner} nitong nakaraang linggo?

- ☐ 1 Working at a job or business,
- ☐ 1 *Nagtrabaho sa pinapasukan o sa negosyo,*
- ☐ 2 With a job or business but not at work,
- ☐ 2 *May pinapasukan o may negosyo ngunit hindi nagtrabaho,*
- ☐ 3 Looking for work, or
- ☐ 3 *Naghanap ng trabaho*
- ☐ 4 Not working at a job or business?
- ☐ 4 *Walang pinapasukan na trabaho o negosyo?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, go to 'QA20_G29'

'QA20_G28' [AG11] - Does your {spouse/partner} usually work?

Karaniwan bang nagtatrabaho and {asawa/partner} ninyo?

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

If = 2, 3, -7, -8, go to 'QA20_H1'

'QA20_G29' [AG9] - On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

Sa pangunahing katungkulan ng inyong {asawa/partner}, nagtatrabaho ba {siya/siya} sa isang kompanyang pribado, sa gobyerno, o nagtatrabaho ba {siya/siya} para sa kanyang sarili, o nagtatrabaho ba {siya/siya} nang walang sahod sa negosyo o sakahan ng pamilya?

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

Section H: Health Insurance

'QA20_H1' [AH1] - The next topics are about health insurance and health care.

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

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

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

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

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

If = 2, -7, -8, go to 'QA20_H3'

PROGRAMMING NOTE 'QA20_H2' :

IF 'QA20_H1' = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY 'What kind of place do you go to most often--a medical';

ELSE IF 'QA20_H1' = 3 (DOCTOR/MY DOCTOR), DISPLAY 'Is your doctor in a private';

ELSE IF 'QA20_H1' = 4 (KAISER) CIRCLE '1' FOR 'QA20_H2' AND GO TO 'QA20_H3'

'QA20_H2' [AH3] - {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

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

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

'QA20_H3' [AH12] -During the past 12 months, did you visit a hospital emergency room for your own health?

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

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

If = 2, -7, -8, go to 'QA20_H5'

'QA20_H4' [AH95] - How many times did you do that?

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

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

[IF NEEDED SAY: 'Nitong nakaraang 12 buwan, ilang beses kayo nagpagamot sa emergency room ng ospital para sa inyong sariling kalusugan?']

_____ NUMBER OF TIMES [HR: 0 - 200]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H5' [AI1] - MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

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

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

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

If = 1, go to 'QA20_H8'

If = -7, -8, go to 'QA20_H14'

POST-NOTE 'QA20_H5' :

IF 'QA20_H5' = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H6' : IF [AAGE > 64 OR 'QA20_A4' = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND 'QA20_H5' = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH 'QA20_H6' ;ELSE GO TO PROGRAMMING NOTE 'QA20_H8'

'QA20_H6' [A12] - Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

Tama ba na hindi kayo naka-insure sa MediCARE kahit na sinabi ninyo sa akin kanina na 65 taong gulang o higit na kayo?

- ☐ 1 CORRECT, NOT COVERED BY MEDICARE
- ☐ 2 NOT CORRECT, R IS COVERED BY MEDICARE
- ☐ 93 AGE IS INCORRECT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, go to 'PN_QA20_H14'

If = 2, go to 'PN_QA20_H8'

POST-NOTE 'QA20_H6' :

IF 'QA20_H6' =2, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA20_H7' [A13] - What is your age, please?

Kung pwede po sanang matanong, ano ang edad ninyo?

_____ YEARS OF AGE [HR: 18-105]

If >=0 , go to 'PN_QA20_H14'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to 'PN_QA20_H14'

'POST_QA20_H7' [POST_A13] -

POST NOTE 'QA20_H7' : AIDATE

SET AIDATE = CURRENT DATE (YYYYMMDD);

SET AAGE = 'QA20_H7' ;

IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'QA20_H8' :
IF ARM CARE = 1, CONTINUE WITH 'QA20_H8' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H14'

'QA20_H8' [AH123] - Is this a MediCARE Advantage Plan?

MediCare Advantage Plan ba ito?

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

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

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

If=1, go to 'QA20_H10'

POST-NOTE 'QA20_H8' ;

IF 'QA20_H8' = 1, SET ARMADV= 1

'QA20_H9' [AI4] - Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

[IF NEEDED, SAY: 'These are policies that cover health care costs not covered by MediCARE alone.']

[IF NEEDED, SAY: Mga policy ito na sumasaklaw sa mga gastos sa pangangalaga sa kalusugan na hindi saklaw nang nag-iisa ng Medicare.]

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

If = 2, -7, -8, go to 'PN_QA20_H14'

POST-NOTE FOR 'QA20_H9' :

IF 'QA20_H9' = 1, SET ARSUPP = 1

PROGRAMMING NOTE 'QA20_H10' :**IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA20_H14' ;****DISPLAYS;****IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY 'MediCARE Advantage plan';****IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY 'MediCARE Supplement plan';**

'QA20_H10' [AH126] - For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

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

[IF NEEDED, SAY: 'AARP stands for the American Association of Retired Persons.']

[IF NEEDED, SAY: 'American Association of Retired Persons ang kahulugan ng AARP.']

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

‘QA20_H11’ [AH53] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’]

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

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]

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

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

‘QA20_H12’ [AH54] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

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

If = 2, -7, -8, go to ‘PN_QA20_H14’

'QA20_H13' [AH55] - Who is that?

Sino iyon?

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

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

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

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

POST-NOTE FOR 'QA20_H13' :

IF 'QA20_H13' = 7, SET ARMCAL = 1;

PROGRAMMING NOTE 'QA20_H14' :

IF ARMCAL = 1, DISPLAY 'Is it correct that you are';

ELSE DISPLAY 'Are you'

'QA20_H14' [A16] - {Is it correct that you are/Are you} covered by Medi-CAL?

{Tama ba na naka-insure kayo/Naka-insure ba kayo} sa Medi-CAL?

[IF NEEDED, SAY: 'A plan for certain low-income children and their families, pregnant women, and disabled or elderly people.']

[IF NEEDED, SAY: ' Plan para sa ilang mga bata at pamilya nila na mabababa ang kita, mga babaeng buntis at mga taong may kapansanan o nakatatanda na']

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

POST-NOTE FOR 'QA20_H14' :

IF 'QA20_H14' = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF ARMCAL = 1 AND 'QA20_H14' = 2, SET ARMCAL = 0

PROGRAMMING NOTE 'QA20_H15' :

IF ARSUPP = 1, DISPLAY 'Besides the Medicare supplement plan you told me about' AND 'any other';

ELSE IF ARMADV = 1, DISPLAY 'Besides the Medicare Advantage plan you told me about' AND 'any other';

ELSE DISPLAY 'a'

'QA20_H15' [A18] - {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

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

[IF NEEDED, SAY: '...either through your own or someone else's employment?']

[IF NEEDED, SAY: '... sa pamamagitan ng inyong sariling trabaho o kaya'y sa trabaho ng ibang tao?']

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

POST-NOTE FOR 'QA20_H15' :

IF 'QA20_H15' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H16' :

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'QA20_H16' ;

ELSE GO TO PROGRAMMING NOTE 'QA20_H18'

'QA20_H16' [A11] - Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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

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

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

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

If = 2, -7, -8, go to 'PN_QA20_H18'

POST-NOTE FOR 'QA20_H16' :

IF 'QA20_H16' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H17' :
IF ARDIRECT = 1, THEN CONTINUE WITH 'QA20_H17' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H18'

'QA20_H17' [AH104] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

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

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

POST-NOTE FOR 'QA20_H17' :
IF 'QA20_H17' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA20_H18' :
IF 'QA20_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA20_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_H18' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H20'

'QA20_H18' [A19] - Was this plan obtained in your own name or in the name of someone else?

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

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

- ☐ 1 IN OWN NAME
- ☐ 2 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, go to 'PN_QA20_H20'

POST-NOTE FOR 'QA20_H18' :
IF 'QA20_H15' = 1 AND 'QA20_H18' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF 'QA20_H15' = 1 AND 'QA20_H18' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA20_H16' = 1 AND 'QA20_H18' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF 'QA20_H16' = 1 AND 'QA20_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE 'QA20_H19' :

IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1 OR IF 'QA20_G7' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA20_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA20_H19' ;

ELSE GO TO PROGRAMMING NOTE 'QA20_H20' ;

IF 'QA20_A21' = 1, THEN DISPLAY 'spouse's name';

IF 'QA20_A21' ≠ 1 AND ('QA20_D12' = 1 OR 'QA20_D13' = 1), THEN DISPLAY 'partner's name';

IF 'QA20_G7' = 1 OR AAGE < 26, THEN DISPLAY 'parent's name';

'QA20_H19' [AI9A] - Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,} {pangalan ng inyong magulang,} o pangalan ng iba pang tao?

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

POST-NOTE FOR 'QA20_H19' :

IF 'QA20_H15' = 1 AND 'QA20_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;

IF 'QA20_H17' = 2 AND 'QA20_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;

IF 'QA20_H15' = 1 AND 'QA20_H19' = 2 SET AREMPPAR=1 AND AREMPOTH = 0;

IF 'QA20_H16' = 1 AND 'QA20_H19' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF 'QA20_H16' = 1 AND 'QA20_H19' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

**PROGRAMMING NOTE 'QA20_H20' :IF 'QA20_H15' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA20_G23' =< 5 (FIRM SIZE <=100), CONTINUE WITH 'QA20_H20' AND DISPLAY;IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE 'QA20_H21' ;**

'QA20_H20' [AH105] - How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

Paano {kayo/siya} nagpatala para sa health insurance na ito - sa pamamagitan ng isang employer, union, o SHOP program ng Covered California?

[IF NEEDED, SAY: 'SHOP is the Small Business Health Options Program administered by Covered California']

[IF NEEDED, SAY: 'Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California.']

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

POST-NOTE FOR 'QA20_H20' :

IF 'QA20_H20' = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'QA20_H21'
IF ARHBEX = 1, THEN CONTINUE WITH 'QA20_H21' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H23' ;

'QA20_H21' [AH106] - Was this a bronze, silver, gold or platinum plan?

Bronze, silver, gold o platinum plan ba ito?

- ☐ 1 BRONZE
- ☐ 2 SILVER
- ☐ 3 GOLD
- ☐ 4 PLATINUM
- ☐ 5 MEDI-CAL / MEDICAID
- ☐ 6 MINIMUM COVERAGE PLAN/CATASTROPHIC
- ☐ 92 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H22' :
IF 'QA20_H20' = 3, THEN GO TO 'QA20_H23' ;
ELSE CONTINUE WITH 'QA20_H22' ;

'QA20_H22' [AH107] - Was there a subsidy or discount on the premium for this plan?

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

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

PROGRAMMING NOTE 'QA20_H23' :
IF 'QA20_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA20_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_H23' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H28'

'QA20_H23' [AH57] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

[IF NEEDED, SAY: 'A deductible is the amount you pay for medical care before your health plan starts paying.']

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

[IF NEEDED, SAY: 'Premium is the monthly charge for the cost of your health insurance plan.']

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

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

If = 2, go to 'PN_QA20_H26'

‘QA20_H24’ [AH128] - How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan na ito? Ayos lang ang inyong pinakamahusay na tantya.

[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: ‘Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.’]

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

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

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’]

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

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]

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

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H25’ [AH58] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

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

If = 2, -7, -8, go to ‘PN_QA20_H28’

PROGRAMMING NOTE 'QA20_H26' :

IF 'QA20_H23' = 2, THEN DISPLAY 'Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization';
ELSE DISPLAY 'Who is that'

'QA20_H26' [AH56] - {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

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

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

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

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

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

POST-NOTE 'QA20_H26' :

IF 'QA20_H26' = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF 'QA20_H26' = 4 OR 5, THEN SET AREMPSP = 1;

IF 'QA20_H26' = 6, THEN SET AROTHER = 1;

IF 'QA20_H26' = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;

IF 'QA20_H26' = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;

IF 'QA20_H26' = 11, SET ARHBEX = 1;

IF 'QA20_H26' = 91, THEN SET AROTHER = 1

'QA20_H27' [AH129] - How much do they contribute to your plan each month?

Magkano ang inaambag nila sa inyong plan bawat buwan?

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

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H28' :

IF ['QA20_G16' = 1 OR 2 (R WORKED LAST WEEK) OR 'QA20_G18' = 1 (R USUALLY WORKS)] AND 'QA20_G20' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH 'QA20_H28' ; ELSE GO TO PROGRAMMING NOTE 'QA20_H32'

'QA20_H28' [AI13] - Does your employer offer health insurance to any of its employees?

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

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

If = 2, -7, -8, go to 'PN_QA20_H32'

'QA20_H29' [AI14] - Are you eligible to be in this plan?

Karapat-dapat ba kayong sumali sa plan na ito?

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

If = 2, go to 'QA20_H31'

If = -7, -8 go to 'PN_QA20_H32'

'QA20_H30' [AI15] - What is the one main reason why you aren't in this plan?

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

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

If = 1, 2, 3, 4, 91, -7, -8, go to 'PN_QA20_H32'

'QA20_H31' [AI15A] - What is the one main reason why you are not eligible for this plan?

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

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

PROGRAMMING NOTE 'QA20_H32' :
IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH 'QA20_H32' ;
ELSE GO TO PN 'QA20_H33'

'QA20_H32' [A116] - Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

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

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

POST-NOTE 'QA20_H32' :

IF 'QA20_H32' = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H33' :
IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'QA20_H33' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H34'

'QA20_H33' [A117] - Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

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

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

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

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

POST-NOTE 'QA20_H33' :

IF 'QA20_H33' = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H34' :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA20_H34' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H38'

'QA20_H34' [A118] - Do you have any health insurance coverage through a plan that I missed?

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

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

If = 2, -7, -8, go to 'PN_QA20_H38'

'QA20_H35' [A119] - What type of health insurance do you have?

Anong uri ng health insurance ang mayroon kayo?

[CODE ALL THAT APPLY.]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: 'Nakukuha ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelawhan, samahang pampropesyon, grupo ng manggagawa, o iba pang samahan, o direkta mula sa health plan?']

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

POST-NOTE 'QA20_H35' :

IF 'QA20_H35' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF 'QA20_H35' = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF 'QA20_H35' = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;

IF 'QA20_H35' = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;

IF 'QA20_H35' = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF 'QA20_H35' = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;

IF 'QA20_H35' = 8, SET ARIHS = 1;

IF 'QA20_H35' = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;

IF 'QA20_H35' = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;

IF 'QA20_H35' = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;

IF 'QA20_H35' = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H36' :
IF 'QA20_H35' = 1, 2, OR 3 CONTINUE WITH 'QA20_H36' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H38'

'QA20_H36' [AH59] - Was this plan obtained in your own name or in the name of someone else?

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

[PROBE: 'Even someone who does not live in this household?']

[PROBE: 'Kahit ibang taong hindi tumitira sa pamamahay na ito.']

- ☐ 1 IN OWN NAME
- ☐ 2 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, go to 'PN_QA20_H38'

POST-NOTE 'QA20_H36' :

IF ('QA20_H35' = 1 OR 2 OR KAI19=11) AND 'QA20_H36' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;

IF ('QA20_H35' = 3 OR 10) AND 'QA20_H36' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;

IF ('QA20_H35' = 1 OR 2) AND ('QA20_H36' = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;

IF 'QA20_H35' = 1 AND ('QA20_H36' = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H37' :
IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1 OR IF 'QA20_G7' = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA20_H37' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H38' ;
IF 'QA20_A21' = 1 THEN DISPLAY 'spouse's name';
IF 'QA20_A21' ≠ 1 AND ('QA20_D12' = 1 OR 'QA20_D13' = 1), THEN DISPLAY 'partner's name';
IF 'QA20_G7' = 1 OR AAGE < 26, THEN DISPLAY 'parent's name';

'QA20_H37' [AH60] - Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,} {pangalan ng inyong magulang,} o pangalan ng iba pang tao?

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

POST-NOTE 'QA20_H37' :

IF 'QA20_H37' = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;

IF 'QA20_H37' = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE 'QA20_H38' :

IF ARIHS ≠ 1 AND 'QA20_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA20_H38' ;

ELSE GO TO PROGRAMMING NOTE AI37intro

'QA20_H38' [AI20] - Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

Naka-insure ba kayo sa Indian Health Service, sa Tribal Health Program o sa Urban Indian Clinic?

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

POST-NOTE 'QA20_H38' :

IF 'QA20_H38' = 1, SET ARIHS = 1

PROGRAMMING NOTE AI37intro :

IF ['QA20_A21' = 1 (MARRIED) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;

IF 'QA20_A21' = 1, THEN DISPLAY 'spouse' ;

ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1, THEN DISPLAY 'partner' ;

ELSE GO TO PROGRAMMING NOTE 'QA20_H60'

'AI37intro' [AI37intro] - These next questions are about the type of health insurance your {spouse/partner} may have.

Ang susunod na mga tanong ay tungkol sa uri ng health insurance na maaaring mayroon ang inyong [asawa/partner].

PROGRAMMING NOTE 'QA20_H39' :

IF SPOUSE 65 OR OLDER THEN

IF ARM CARE ≠ 1, CONTINUE WITH 'QA20_H39' WITHOUT DISPLAY

ELSE IF ARM CARE = 1, CONTINUE WITH 'QA20_H39' AND DISPLAY 'You said that you are covered by Medicare.' AND 'also' ;

ELSE GO TO PROGRAMMING NOTE 'QA20_H42'

'QA20_H39' [AI37] - {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

{Sinabi ninyo na naka-insure kayo sa Medicare.} Naka-insure {rin} ba sa Medicare ang inyong (asawa/partner)?

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

POST-NOTE 'QA20_H39' :

IF 'QA20_H39' = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H40' :**IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA20_H41' ;****DISPLAYS;****IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA20_H40' WITHOUT DISPLAY;****ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA20_H40' AND DISPLAY 'You said that you have a Medicare Advantage plan.' AND 'also';****IF 'QA20_A21' = 1 (MARRIED) THEN DISPLAY 'spouse's';****ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1 THEN DISPLAY 'partner's';**

'QA20_H40' [AH127] - {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

{Sinabi ninyo na mayroon kayong Medicare Advantage plan.} Mayroon {din} bang isang Medicare Advantage Plan ang inyong {asawa/partner}?

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

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

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

POST-NOTE 'QA20_H40' :**IF 'QA20_H40' = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1****PROGRAMMING NOTE 'QA20_H41' :****IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA20_H42' ;****ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA20_H41' WITHOUT DISPLAY;****ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH 'QA20_H41' AND DISPLAY 'You said that you have a Medicare Supplement plan.' AND 'also';****IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse';****ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1 THEN DISPLAY 'partner';****ELSE GO TO PROGRAMMING NOTE 'QA20_H42'**

'QA20_H41' [AI37A] - {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{Sinabi ninyo na mayroon kayong Medicare supplement plan.} Mayroon {din} bang Medicare supplemental policy ang inyong {partner/asawa}?

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

POST-NOTE 'QA20_H41' :**IF 'QA20_H41' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1**

PROGRAMMING NOTE 'QA20_H42' :
IF ARMCAL = 1, CONTINUE WITH 'QA20_H42' ;
DISPLAY 'also' IF ARM CARE =1;
ELSE GO TO PROGRAMMING NOTE 'QA20_H43'

'QA20_H42' [A138] - You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

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

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

POST-NOTE 'QA20_H42' :
IF 'QA20_H42' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H43' :
IF AREMPOW = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA20_H43' ;
IF ARM CARE = 1 OR ARMCAL = 1, THEN DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA20_H44'

'QA20_H43' [A140] - You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

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

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

If = 1, go to 'PN_QA20_H46'

POST-NOTE 'QA20_H43' :
IF 'QA20_H43' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA20_H44' :**IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA20_H44' ;****IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY 'also';****ELSE GO TO PROGRAMMING NOTE 'QA20_H45'**

'QA20_H44' [AH108] - You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

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

[IF NEEDED, SAY: 'SHOP is the Small Business Health Options Program administered by Covered California']

[IF NEEDED, SAY: 'Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California.']

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

If = 1, go to 'PN_QA20_H46'

POST-NOTE 'QA20_H44' :**IF 'QA20_H44' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;**

PROGRAMMING NOTE AI40A :

IF 'QA20_G27' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA20_G28' = 1 (USUALLY WORKS), CONTINUE WITH 'QA20_H45' ;

IF AREMPSP = 1 AND 'QA20_A21' = 1, DISPLAY 'You said you have insurance from your spouse's employer or union.';

ELSE IF AREMPSP = 1 AND ('QA20_D12' = 1 OR 'QA20_D13' = 1), THEN DISPLAY 'You said you have insurance from your partner's employer or union.';

IF SPINSURE = 1, THEN DISPLAY 'also';

ELSE GO TO PROGRAMMING NOTE 'QA20_H46'

'QA20_H45' [AI40A] - {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

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

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

POST-NOTE 'QA20_H45' :

IF 'QA20_H45' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H46' :

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA20_H46' ;

IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY 'also';

ELSE GO TO PROGRAMMING NOTE 'QA20_H47'

'QA20_H46' [AI41] - You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

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

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

POST-NOTE 'QA20_H46' :

IF 'QA20_H46' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA20_H47' :
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH 'QA20_H47' ;
IF ARM CARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA20_H48'

'QA20_H47' [AH109] - You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

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

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

POST-NOTE 'QA20_H47' :
IF 'QA20_H47' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE 'QA20_H48' :
IF ARMILIT = 1, CONTINUE WITH 'QA20_H48' ;
IF ARM CARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA20_H49'

'QA20_H48' [AI42] - You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

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

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

POST-NOTE 'QA20_H48' :
IF 'QA20_H48' = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA20_H49' :**IF AROTHGOV = 1, CONTINUE WITH 'QA20_H49' ;****IF 'QA20_H36' = 91, THEN DISPLAY 'some government health plan':****IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY 'also';****ELSE GO TO PROGRAMMING NOTE 'QA20_H50'**

'QA20_H49' [AI42A] - You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

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

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

POST-NOTE 'QA20_H49' :**IF 'QA20_H49' = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1****PROGRAMMING NOTE 'QA20_H50' :****IF SPINSURE ≠ 1, DISPLAY 'any';****ELSE DISPLAY 'through any other source'**

'QA20_H50' [AI46] – Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

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

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

If = 2, go to 'PN_QA20_H52'**If = -7, -8, go to 'PN_QA20_H56'**

'QA20_H51' [AI47] - What type of health insurance does {he/she} have?

Anong uri ng health insurance ang mayroon {siya}?

[CODE ALL THAT APPLY.]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

[IF NEEDED, SAY: 'Such as from a current or former employer, or that they purchased directly from a health plan.']

[IF NEEDED, SAY: 'Gaya ng mula sa kasalukuyan o dating employer, o na binili nila nang direkta mula sa health plan.']

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: 'Nakuha ba {niya} ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkta mula sa health plan?']

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

POST-NOTE 'QA20_H51' :

IF 'QA20_H51' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 4, SET SPM CARE = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 5, SET SPM CAL = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 8, SET SPIHS = 1;

IF 'QA20_H51' = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIRECTH = 1

;

IF 'QA20_H51' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;

IF 'QA20_H51' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H52' :
IF SPINSURE \neq 1, CONTINUE WITH 'QA20_H52' ;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING
NOTE 'QA20_H54' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H56'

'QA20_H52' [AI48] - You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

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

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

If = 1, -7, -8, go to 'PN_QA20_H56'

'QA20_H53' [A149] - What type of health insurance does {he/she} have?

Anong uri ng health insurance ang mayroon {siya}?

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

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

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: 'Nakuha ba {niya} ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkta mula sa health plan?']

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

POST-NOTE 'QA20_H53' :

IF 'QA20_H53' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA20_H53' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA20_H53' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF 'QA20_H53' = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;

IF 'QA20_H53' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF 'QA20_H53' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF 'QA20_H53' = 8, SET SPIHS = 1;

IF 'QA20_H53' = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;

IF 'QA20_H53' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;

IF 'QA20_H53' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF 'QA20_H53' = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE 'QA20_H54' :

IF 'QA20_H51' = (1, 2, 3, 10, 11) OR 'QA20_H53' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA20_H54' ;

IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse's' ;

ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1 THEN DISPLAY 'partner's' ;

ELSE SKIP TO PROGRAMMING NOTE 'QA20_H56'

'QA20_H54' [AH62] - Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

Kinuha ba ang plan na ito sa pangalan ng inyong {asawa/partner} o sa pangalan ng ibang tao?

[IF NEEDED, SAY: 'Even someone who does not live in this household.']

[IF NEEDED, SAY: 'Kahit ibang taong hindi tumitira sa pamamahay na ito.']

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

If = 1, -7, -8, go to 'PN_QA20_H56'

POST-NOTE 'QA20_H54' :

IF 'QA20_H54' = 1 AND ['QA20_H51' = (1 OR 2) OR 'QA20_H53' = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;

IF 'QA20_H54' = 1 AND ['QA20_H51' = 3 OR 'QA20_H53' = 3], SET KSPDIROW = 1;

IF 'QA20_H54' = 1 AND ['QA20_H51' = 10 OR 'QA20_H53' = 10], SET SPHBEX = 1 AND SPDIROW = 1;

IF 'QA20_H54' = 1 AND ['QA20_H51' = 11 OR 'QA20_H53' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA20_H55' [AH63] - Is the plan in your name, parent's name, or someone else's name?

Nasa pangalan ba ninyo ang plan, pangalan ng magulang ninyo, o pangalan ng ibang tao?

- ☐ 1 IN ADULT RESPONDENT'S NAME
- ☐ 2 IN ADULT RESPONDENT'S PARENT'S NAME
- ☐ 3 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST NOTE 'QA20_H55':

IF 'QA20_H55' = 1 AND ['QA20_H51' = (1 OR 2) OR 'QA20_H53' = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;

IF 'QA20_H55' = 1 AND ['QA20_H51' = 3 OR 'QA20_H53' = 3], SET SPDIPAR = 1 AND ARSAMES = 1;

IF 'QA20_H55' = 1 AND ['QA20_H51' = 10 OR 'QA20_H53' = 10], SET SPHBEX = 1 AND SPDIPAR = 1 AND ARSAMES = 1;

IF 'QA20_H55' = 1 AND ['QA20_H51' = 11 OR 'QA20_H53' = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;

IF 'QA20_H55' = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

PROGRAMMING NOTE 'QA20_H56' :
IF SPEMPOW = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA20_H60' ;
ELSE IF [('QA20_G27'=1 OR 2) OR ('QA20_G28'=1)] AND 'QA20_G29'≠3 CONTINUE WITH
'QA20_H56' ;
IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse's';
ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY
'partner's'
ELSE GO TO PROGRAMMING NOTE 'QA20_H60'

'QA20_H56' [AI43] - Does your {spouse's/partner's} employer offer health insurance to any of its employees?

Nag-aalok ba ng health insurance ang employer ng inyong {asawa/partner} sa sinuman sa mga empleado nito?

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

If = 2, -7, -8, go to 'PN_QA20_H60'

'QA20_H57' [AI44] - Is {he/she} eligible to be in this plan?

Karapat-dapat ba {siyang} sumali sa plan na ito?

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

If = 2, go to 'QA20_H59'

If = -7, -8, go to 'PN_QA20_H60'

'QA20_H58' [AI45] - What is the one main reason why {he/she} isn't in this plan?

Ano isang pangunahing dahilan na hindi {siya} kasali sa plan na ito?

- ☐ 1 COVERED BY ANOTHER PLAN
- ☐ 2 PLAN TOO EXPENSIVE
- ☐ 3 DOESN'T LIKE PLAN OFFERED
- ☐ 4 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, go to 'PN_QA20_H60'

'QA20_H59' [AI45A] What is the one main reason why {he/she} is not eligible for this plan?

Ano ang isang pangunahing dahilan na hindi {siya} karapat-dapat para sa plan na ito?

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

PROGRAMMING NOTE 'QA20_H60' :

IF ARM CARE = 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 'QA20_H63' ;

IF ARM CARE ≠ 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 'QA20_H82' ;

ELSE CONTINUE WITH 'QA20_H60' DISPLAY;

IF ['QA20_A21' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARM CARE = 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 ['QA20_A21' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARM CARE = 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 ARM CARE = 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 ARM CARE = 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 ['QA20_A21' = 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 ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY 'Next, I have some questions about your own main health plan.'; AND;

IF ['QA20_A21' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARM CARE ≠ 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 ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY;

IF ARMCAL = 1 AND ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY 'Medi-Cal' ;

ELSE DISPLAY, 'Is your health plan an HMO?'

'QA20_H60' [A122C] - {Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

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

Is your {Medi-Cal/other} health plan an HMO?

Isang HMO ba ang inyong {Medi-Cal/ibang} health plan?

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

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

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 'Your main health plan.']

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 'Ang pangunahing health plan ninyo.']

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

If = 1, go to 'PN_QA20_H62'

PROGRAMMING NOTE 'QA20_H61' :
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA20_H62' ;
ELSE CONTINUE WITH 'QA20_H61' ;

'QA20_H61' [AH122] - Is your health plan a PPO or EPO?

PPO o EPO ba ang inyong health plan?

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

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

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

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 'Your main health plan.']

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 'Ang pangunahing health plan ninyo.']

- ☐ 1 PPO
- ☐ 2 EPO
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H62' :

IF ARINSURE = 1 AND ARM CARE ≠ 1, THEN CONTINUE WITH 'QA20_H62' AND DISPLAY 'your main';

IF ARINSURE = 1 AND ARM CARE = 1, THEN CONTINUE WITH 'QA20_H62' AND DISPLAY 'this'

'QA20_H62' [A122A] - What is the name of {your main/this} health plan?

Ano ang pangalan ng inyong pangunahing health plan?

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

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

- ☐ 1 ACCESS SENIOR HEALTHCARE
- ☐ 2 AETNA
- ☐ 3 AETNA GOLDEN MEDICARE
- ☐ 4 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 5 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 7 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 8 ASPIRE HEALTH PLAN
- ☐ 9 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK

- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST NOTE 'QA20_H62' :

IF 'QA20_H62' = 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA20_H63' :

IF ARM CARE = 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 AROTHGOV ≠ 1) AND 'QA20_A21' = 1 (MARRIED) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY 'Next I have some questions about your own main health plan.'

'QA20_H63' [AI25] - {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

Susunod, may ilang katanungan ako tungkol sa inyong pangunahing health plan.} Naka-insure ba kayo para sa mga gamot na inirereseta sa inyo? Ibig sabihin, may plan bang nagbabayad ng anumang bahagi ng gastos?

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

PROGRAMMING NOTE 'QA20_H64' :

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH 'QA20_H64' ; ELSE GO TO 'QA20_H69'

'QA20_H64' [AH71] - Does your health plan have a deductible that is more than \$1,000?

May deductible ba na higit sa \$1,000 ang health plan ninyo?

[IF NEEDED, SAY: 'A deductible is the amount you have to pay before your plan begins to pay for your medical care.']

[IF NEEDED, SAY: 'Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.']

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H65' [AH72] - Does your health plan have a deductible for all covered persons that is more than \$2,000?

May deductible ba na mahigit sa \$2,000 para sa lahat ng taong naka-insure ang inyong health plan?

[IF NEEDED, SAY: 'A deductible is the amount you have to pay before your plan begins to pay for your medical care.']

[IF NEEDED, SAY: 'Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.']

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H66' :

**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 'QA20_H66' ;
ELSE CONTINUE WITH 'QA20_H69'**

'QA20_H66' [AH73B] - Do you have a special account or fund you can use to pay for medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot?

[IF NEEDED, SAY: 'The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).']

[IF NEEDED, SAY: 'Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs) o Health Reimbursement Accounts (HRAs) Ang iba pang mga pangalan na kabilang nito ay ang - Personal care accounts, Personal medical funds, o Choice funds, at kakaiba ito sa mga Flexible Spending Account na ipinagkakaloob ng mga employer.']

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

If = 2, -7, -8, go to 'QA20_H69'

'QA20_H67' [AH130] - Do you have money in this account?

May pera ka ba sa account na ito?

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

If = 2, -7, -8, go to 'QA20_H69'

'QA20_H68' [AH131] - How much money do you have in this account? Your best guess is fine.

Magkano ang pera na mayroon ka sa account na ito? Okay lang ang pinakamalapit mong tantiya

_____ (AMOUNT) [HR: 0 -9997]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H69' [AI31] - Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

Isipin ninyo ang inyong kasalukuyang health insurance, ito rin ba mismo ang insurance ninyo sa kabuuan 12 ng nakaraang 12 buwan.

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

If = 2, go to 'QA20_H71'

If = -7, go to 'QA20_H77'

If = -8, go to 'QA20_H72'

'QA20_H70' [AH132] - How long have you had your current health insurance?

Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang iba pang health insurance?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF YEARS

If >=0, go to 'QA20_H75'

_____ NUMBER OF MONTHS

If >=0, go to 'QA20_H75'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If =-7, -8,, go to 'QA20_H75'

'QA20_H71' [AH133] - Out of the last 12 months, howmany months did you have your current health insurance plan?

Sa loob ng nakaraang labindalawang buwan, ilang buwan ka nagkaroon ng insurance sa kasalukuyan mong health insurance?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H72’ [A132] - During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang iba pang health insurance?

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

If =2, -7, -8, go to ‘QA20_H75’

‘QA20_H73’ [A133] - Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-Cal ba ang iba pang insurance ninyo, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]

[PROBE: ‘May iba pa ba?’]

- ☐ 1 MEDI-CAL
- ☐ 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 5 PURCHASED DIRECTLY
- ☐ 6 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA20_H74’:

**IF MORE THAN ONE RESPONSE FROM ‘QA20_H73’, THEN CONTINUE WITH ‘QA20_H74’;
ELSE GO TO ‘QA20_H75’**

‘QA20_H74’ [AH134] - Before your current plan, which health insurance did you have?

Bago nitong kasalukuyang plan ninyo na ito, aling health insurance ang ginamit ninyo?

- ☐ 1 MEDI-CAL
- ☐ 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 5 PURCHASED DIRECTLY
- ☐ 6 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H75':

**IF 'QA20_H72'≠1 OR 'QA20_H69' = 1, THEN CONTINUE WITH 'QA20_H75';
ELSE GO TO 'QA20_H76'**

'QA20_H75' [AH135] - Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Bago ang kasalukuyan mong plan, may iba ka bang health insurance na inilalaan ng Medi-CAL, ng isang employer, isang plan na direkta mong binili mula sa isang insurance company, isang plan na binili mo sa pamamagitan ng Covered California, o iba pang plan?

- ☐ 1 MEDI-CAL
- ☐ 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 5 PURCHASED DIRECTLY
- ☐ 6 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ 95 NO OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H76':

IF 'QA20_H75' = 95, THEN SKIP TO 'QA20_H77', ELSE CONTINUE.

IF ONLY ONE RESPONSE FROM 'QA20_H73' THEN DISPLAY THAT RESPONSE

ELSE IF 'QA20_H74' >0 DISPLAY RESPONSE FROM 'QA20_H74'

ELSE IF 'QA20_H75' >0 DISPLAY RESPONSE FROM 'QA20_H75'

IF 'QA20_H73' OR AH143 OR 'QA20_H75'=1 DISPLAY 'the medi-CAL plan'

IF 'QA20_H73' OR AH143 OR 'QA20_H75'=3 DISPLAY 'plan through current or former employer or union'

IF 'QA20_H73' OR AH143 OR 'QA20_H75'=5 DISPLAY 'plan you purchased directly'

IF 'QA20_H73' OR AH143 OR 'QA20_H75'=6 DISPLAY 'the Covered California plan'

IF 'QA20_H73' OR AH143 OR 'QA20_H75'=91 DISPLAY 'the other health plan'

'QA20_H76' [AH136] - How long did you have the {medi-CAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

Gaano nang katagal na nasasa-inyo ang {medi-CAL/ Covered California plan/iba pang health} plan {sa pamamagitan ng kasalukuyan o dating employer o union/na direkta ninyong binili}?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF YEARS

_____ NUMBER OF MONTHS

If >=0, go to 'QA20_H77'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H77' [AH137] - During the past 12 months, did you change your health insurance plan?

Sa loob ng nakaraang labindalawang buwan, binago ba ng inyong asawa ang kanyang health insurance plan?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

[IF NEEDED: *Paki-bilang ang mga pagbabago sa kanyang health plan mula sa mga pareho o magkakaibang health insurance companies.*]

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

PROGRAMMING NOTE 'QA20_H78':

IF 'QA20_H69' = 2, -7, -8 OR 'QA20_H72' = 1, -7, -8 THEN CONTINUE, ELSE SKIP TO 'QA20_H79'

'QA20_H78' [AI34] - During the past 12 months, was there any time when you had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala kayong anumang health insurance?

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

PROGRAMMING NOTE 'QA20_H79':

IF 'QA20_H78'=1 OR 'QA20_H72'=2, THEN CONTINUE WITH 'QA20_H79', ELSE SKIP TO PN 'QA20_H90'.

'QA20_H79' [AI35] - For how many months of the past 12 months did you have no health insurance at all?

Ilang buwan nitong nakaraang 12 buwan na wala kayong health insurance?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, go to 'PN_QA20_H90'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to 'PN_QA20_H90'

'QA20_H80' [A136] - What is the one main reason why you did not have any health insurance during those months?

Ano ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance sa mga buwan na iyon?

- ☐ 1 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 5 FAMILY SITUATION CHANGED
- ☐ 6 DON'T BELIEVE IN INSURANCE
- ☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- ☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, go to 'QA20_H81'

'QA20_H81' [AH140] – Was this due to a lost job, reduction in hours, change in employer, or something else?

(Implemented May 5th, 2020)

Ito ba ay dahil sa pagkawala ng trabaho, pagbabawas ng oras, pagpalit ng employer, o ibang dahilan?

- ☐ 1 Lost job
- ☐ 1 Pagkawala ng trabaho
- ☐ 2 Reduction in hours
- ☐ 2 Pagbabawas ng oras
- ☐ 3 Change in employer
- ☐ 3 Pagpalit ng employer
- ☐ 4 Something else (Specify: _____)
- ☐ 4 Ibang dahilan (Pakitukoy: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H82' [AH74] - During the time that you were uninsured, did you try to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

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

If = 1, 2, -7, -8, go to 'PN_QA20_H90'

'QA20_H83' [AI24] - What is the one main reason why you do not have any health insurance?

Ano ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance?

[IF R SAYS NO NEED, PROBE WHY]

- ☐ 1 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 5 FAMILY SITUATION CHANGED
- ☐ 6 DON'T BELIEVE IN INSURANCE
- ☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- ☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, go to 'QA20_H84'

'QA20_H84' [AH141]– Was this due to a lost job, reduction in hours, change in employer, or something else?

(Implemented May 5th, 2020)

Ito ba ay dahil sa pagkawala ng trabaho, pagbabawas ng oras, pagpalit ng employer, o ibang dahilan?

- ☐ 1 Lost job
- ☐ 1 Pagkawala ng trabaho
- ☐ 2 Reduction in hours
- ☐ 2 Pagbabawas ng oras
- ☐ 3 Change in employer
- ☐ 3 Pagpalit ng employer
- ☐ 4 Something else (Specify: _____)
- ☐ 4 Ibang dahilan (Pakitukoy: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H85' [AH75] - During the time that you have been uninsured, have you tried to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

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

'QA20_H86' [A127] - Were you covered by health insurance at any time during the past 12 months?

May health insurance ba kayo kailanman nitong nakaraang 12 buwan?

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

If = 1, go to 'QA20_H88'

'QA20_H87' [A128] - How long has it been since you last had health insurance?

Gaano katagal na mula noong huling may health insurance kayo?

- ☐ 1 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 2 MORE THAN 3 YEARS AGO
- ☐ 3 NEVER HAD HEALTH INSURANCE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to 'PN_QA20_H90'

'QA20_H88' [A129] - For how many months out of the last 12 months did you have health insurance?

Ilang buwan nitong nakaraang 12 buwan may health insurance kayo?

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If =0, go to 'PN_QA20_H90'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H89’ [A130] - During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Noong mayroon kayong health insurance, Medi-CAL ba ang inyong insurance, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa isang insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]

[PROBE: ‘May iba pa ba?’]

(7 maximum responses)

- ☐ 1 MEDI-CAL
- ☐ 3 THROUGH CURRENT OR FORMER EMPLOYER OR UNION
- ☐ 5 PURCHASED DIRECTLY
- ☐ 6 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA20_H90’ :

**IF ARINSURE \neq 1 OR ‘QA20_H72’ = 2 OR ARDIRECT = 1 OR ‘QA20_H8987’ = (5, 6) OR ‘QA20_H73’ = (5, 6) OR ARHBEX = 1 OR SPHBEX = 1; THEN CONTINUE WITH ‘QA20_H90’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA20_H107’**

IF PROXY=1, GO TO ‘QA20_H108’

‘QA20_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?

Nitong nakaraang 12 buwan, sinubukan ba ninyong bumili ng health insurance plan nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

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

If = 2, -7, -8, go to ‘PN_QA20_H107’

‘QA20_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?

Binibili ba ninyo nang direkta mula sa insurance company o HMO, o sa pamamagitan ng Covered California, o kapwa mula sa insurance company at sa pamamagitan ng Covered California?

- ☐ 1 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- ☐ 2 THROUGH COVERED CALIFORNIA, OR
- ☐ 3 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to ‘QA20_H94’

PROGRAMMING NOTE 'QA20_H92' :**IF 'QA20_H91' = 1; THEN CONTINUE WITH 'QA20_H92' ;****IF 'QA20_H91' = 3; THEN CONTINUE WITH 'QA20_H92' AND DISPLAY 'First, think about your experience trying to purchase insurance directly from an insurance company or HMO.'****ELSE GO TO PROGRAMMING NOTE 'QA20_H96' ;**

'QA20_H92' [AH98h] - {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

{Una isipin ninyo ang inyong karanasan sa pagsisikap bumili ng insurance nang direkta mula sa insurance company o HMO.}

How difficult was it to find a plan with the coverage you needed? Was it...

Gaano kahirap makahanap ng plan na may mga coverage na kailangan ninyo? Ito ba ay...

- ☐ 1 Very difficult,
- ☐ 1 *Talagang mahirap,*
- ☐ 2 Somewhat difficult,
- ☐ 2 *Medyo mahirap,*
- ☐ 3 Not too difficult, or
- ☐ 3 *Hindi masyadong mahirap, o*
- ☐ 4 Not at all difficult?
- ☐ 4 *Hindi mahirap kahit kaunti?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H93' [AH99h] - How difficult was it to find a plan you could afford? Was it...

Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay...

- ☐ 1 Very difficult,
- ☐ 1 *Talagang mahirap,*
- ☐ 2 Somewhat difficult,
- ☐ 2 *Medyo mahirap,*
- ☐ 3 Not too difficult, or
- ☐ 3 *Hindi masyadong mahirap, o*
- ☐ 4 Not at all difficult?
- ☐ 4 *Hindi mahirap kahit kaunti?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H94' [AH100h] - Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

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

If = 2, -7, -8, go to 'PN_QA20_H96'

'QA20_H95' [AH101h] - Who helped you?

Sino ang tumulong sa inyo?

- ☐ 1 BROKER
- ☐ 2 FAMILY MEMBER/FRIEND
- ☐ 3 INTERNET
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H96' :IF 'QA20_H91' = 2; THEN CONTINUE WITH 'QA20_H96' ;IF 'QA20_H91' = 3; THEN CONTINUE WITH 'QA20_H96' AND DISPLAY 'Now, think about your experience with Covered California.'ELSE GO TO PROGRAMMING NOTE 'QA20_H100' ;

'QA20_H96' [AH111h] - {Now, think about your experience with Covered California.}

{Ngayon, isipin ang inyong karanasan sa Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

Gaano kahirap humanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California? Ito ba ay...

- ☐ 1 Very difficult,
- ☐ 1 *Talagang mahirap,*
- ☐ 2 Somewhat difficult,
- ☐ 2 *Medyo mahirap,*
- ☐ 3 Not too difficult, or
- ☐ 3 *Hindi masyadong mahirap, o*
- ☐ 4 Not at all difficult?
- ☐ 4 *Hindi mahirap kahit kaunti?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H97' [AH112h] - How difficult was it to find a plan you could afford? Was it...

Gaano kahirap humanap ng plan na abot-kaya ninyo? Ito ba ay...

- ☐ 1 Very difficult,
- ☐ 1 *Talagang mahirap,*
- ☐ 2 Somewhat difficult,
- ☐ 2 *Medyo mahirap,*
- ☐ 3 Not too difficult, or
- ☐ 3 *Hindi masyadong mahirap, o*
- ☐ 4 Not at all difficult?
- ☐ 4 *Hindi mahirap kahit kaunti?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H98’ [AH113h] - Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

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

If = 2, -7, -8, go to ‘QA20_H100’

‘QA20_H99’ [AH114h] - Who helped you?

Sinong tumulong sa inyo?

- ☐ 1 BROKER
- ☐ 2 FAMILY MEMBER / FRIEND
- ☐ 3 INTERNET
- ☐ 4 CERTIFIED ENROLLMENT COUNSELOR
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H100’ [AH115h] - Did you have all the information you felt you needed to make a good decision on a health plan?

Nasa inyo ba ang lahat ng impormasyon na sa tingin ninyo ay kailangan ninyo para makapagdesisyon nang mabuti tungkol sa health plan?

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

PROGRAMMING NOTE ‘QA20_H101’ :

**IF ‘QA20_A20’ > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH ‘QA20_H101’ ;
ELSE GO TO ‘QA20_H102’ ;**

‘QA20_H101’ [AH116h] - Were you able to get information about your health plan options in your language?

Nakakuha ba kayo ng impormasyon sa inyong wika tungkol sa mga maaari ninyong mapili sa health plan?

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

‘QA20_H102’ [AH117h] - Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

Ang presyo ba ng plan na pinili ninyo ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

- ☐ 1 VERY IMPORTANT
- ☐ 2 SOMEWHAT IMPORTANT
- ☐ 3 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H103’ [AH118h] - Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpagamot sa isang partikular na doctor ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

- ☐ 1 VERY IMPORTANT
- ☐ 2 SOMEWHAT IMPORTANT
- ☐ 3 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H104’ [AH119h] - Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpagamot sa isang partikular na ospital ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

- ☐ 1 VERY IMPORTANT
- ☐ 2 SOMEWHAT IMPORTANT
- ☐ 3 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H105’ [AH120h] - Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

Iyong mapagpipiliang mga doktor ba na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

- ☐ 1 VERY IMPORTANT
- ☐ 2 SOMEWHAT IMPORTANT
- ☐ 3 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H106' :

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IF 'QA20_H21' = 1 THEN DISPLAY 'Bronze'
ELSE IF 'QA20_H21' = 2 THEN DISPLAY 'Silver'
ELSE IF 'QA20_H21' = 3 THEN DISPLAY 'Gold'
ELSE IF 'QA20_H21' = 4 THEN DISPLAY 'Platinum'
ELSE IF 'QA20_H21' = 6 THEN DISPLAY 'Minimum coverage'
ELSE DISPLAY ;

```

'QA20_H106' [AH121h] - Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan?

Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

Pangwakas, ano ang naging pinaka-importanteng dahilan kung bakit pinili ninyo ang inyong {Bronze/Silver/Gold/Platinum} plan? Iyon ba ay ang presyo, ang abilidad ninyong magpagamot sa isang partikular na doctor, ang abilidad ninyong makapunta sa isang partikular na ospital, ang inyong mapagpipiliang mga provider na kaanib sa network ng inyong plan, o iba pang dahilan?

- ☐ 1 COST
- ☐ 2 SPECIFIC DOCTOR
- ☐ 3 SPECIFIC HOSPITAL
- ☐ 4 CHOICE OF DOCTORS IN NETWORK
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_H107':

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IF ARINSURE = 1, CONTINUE WITH 'QA20_H107';
ELSE SKIP TO 'QA20_H108';
IF PROXY=1, GO TO 'QA20_H109'

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IF PROXY=1, GO TO 'QA20_H107'

'QA20_H107' [AH139] - Overall, how satisfied are you with your current health insurance plan? Are you...

Sa pangkalahatan, gaano ka nasisiyahan sa kasalukuyan mong health insurance plan? Masasabi mo bang ikaw ay...

- ☐ 1 Very satisfied
- ☐ 1 Talagang nasisiyahan
- ☐ 2 Somewhat satisfied
- ☐ 2 Medyo nasisiyahan
- ☐ 3 Somewhat dissatisfied, or
- ☐ 3 Medyo hindi nasisiyahan, o
- ☐ 4 Very dissatisfied?
- ☐ 4 Talagang hindi nasisiyahan?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_H108’ [AH14] - During the past 12 months, were you a patient in a hospital overnight or longer?

Nitong nakaraang 12 buwan, naging pasyente ba kayo na na-ospital nang magdamag o mas matagal pa?

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

PROGRAMMING NOTE ‘QA20_H109’:

IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO ‘QA20_H1011’;

ELSE IF ‘QA20_H72’ = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY ‘The following questions are about your current health plan’, AND CONTINUE WITH ‘QA20_H109’

‘QA20_H109’ [AH79B] - {The following questions are about your current health plan.}

While you’ve had your current health plan, have you ever reached the limit of what your insurance company would pay for?

Ang mga sumusunod na katanungan ay tungkol sa kasalukuyan mong health plan.} Naabot mo ba ang limit ng kaya lang bayaran ng inyong insurance company sa loob ng panahon na may insurance plan ka sa kanila?

[IF NEEDED, SAY: ‘ever for your current health plan.’]

[IF NEEDED, SAY: ‘kahit kailan para sa inyong kasalukuyang health plan.’]

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

If = 2, -7, -8, go to ‘QA20_H111’

‘QA20_H110’ [AH80B] - Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang labindalawang buwan?

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

'QA20_H111' [AH81B] - During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

Sa loob ng nakaraang labindawalang buwan, mayroon bang mga medical bill na nahirapan kang bayaran o hindi mo nabayaran, para sa sarili mo o sa sinumang miyembro ng pamilya sa inyong tahanan?

[IF NEEDED, SAY: 'Dental bills should be included.']

[IF NEEDED, SAY: 'Dapat kasama ang mga dental bill.']

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

If = 2, -7, -8, go to PN_ 'QA20_I1'

'QA20_H112' [AH83B] - What is the total amount of medical bills?

Magkano ang kabuuang halaga ng mga medical bill na ito?

[IF NEEDED, SAY: 'The bills can be from earlier years as well as this year.']

[IF NEEDED, SAY: 'Ang mga bill ay maaaring mula sa mga nakaraang taon pati na ang taong ito.']

- ☐ 1 LESS THAN \$1,000
- ☐ 2 \$1,000 TO LESS THAN \$2,000
- ☐ 3 \$2,000 TO LESS THAN \$4,000
- ☐ 4 \$4,000 TO LESS THAN \$8,000
- ☐ 5 \$8,000 OR MORE
- ☐ 6 NONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H113' [AH84B] - Were you or your family member uninsured at the time care was provided?

Ikaw ba o ang mga miyembro ng inyong pamilya ay walang insurance noong binigyan kayo ng pangangalaga?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS, SOME UNINSURED AND SOME INSURED.
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_H114' [AH85B] - Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

Dahil sa mga medical bill na ito, hindi ka ba nakabayad ng mga pangunahing pangangailangan gaya ng pagkain, heat, o renta?

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

'QA20_H115' [AH86B] - Because of these medical bills, did you take on credit card debt?

Dahil sa mga medical bill na ito, nagkaroon ka ba ng utang sa inyong credit card?

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

Section I: Child Adolescent Health Insurance

'PN_QA20_I1' [PN_CF10A] -

PROGRAMMING NOTE 'QA20_I1' :

IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA20_I36' TO ASK ABOUT SELECTED ADOLESCENT;

IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'QA20_I2' ;

ELSE CONTINUE WITH 'QA20_I1'

IF PROXY=1, GO TO PN_'QA20_I77'

'QA20_I1' [CF10A] - These next questions are about health insurance (CHILD) may have.

Ang sumusunod na mga katanungan ay tungkol sa health insurance na maaaring mayroon si (CHILD).

Does (CHILD) have the same insurance as you?

lisa ba ang insurance ninyo at ni {CHILD}?

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

If = 1, go to 'QA20_I18'

'POST_QA20_I1' [POST_CF10A] -

POST-NOTE 'QA20_I1' :

IF 'QA20_I1' = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARIHS = 1, SET CHIHS = 1

IF 'QA20_I1' = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE 'QA20_I2' :**IF SPINSURE ≠ 1, THEN SKIP TO 'QA20_I3' ;****ELSE IF 'QA20_I1' = 2 AND ARSAMESP = 1, THEN SKIP TO 'QA20_I3' ;****ELSE CONTINUE WITH 'QA20_I2'****'QA20_I2' [MA1] - Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?***lisa ba ang insurance ni (CHILD) at ng inyong {asawa/partner/ PANGALAN NG ASAWA/PARTNER }?*

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

If = 1, go to 'QA20_I18'**'POST_QA20_I2' [POST_MA1] -****IF 'QA20_I2' = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPIHS = 1, SET CHIHS = 1****IF 'QA20_I2' = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1****IF 'QA20_I2' = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****POST-NOTE 'QA20_I2' :****IF 'QA20_I2' = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF 'QA20_I2' = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**

'QA20_I3' [CF1] - Is {he/she} currently covered by Medi-CAL?

Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

[IF NEEDED, SAY: 'Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people.']

[IF NEEDED, SAY: 'Ang Medi-CAL ay plan para sa ilang mga bata at pamilya nila na mabababa ang kita, mga babaeng buntis, at mga taong may kapansanan o nakatatanda.']

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

POST-NOTE 'QA20_I3' :

IF 'QA20_I3' = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

'QA20_I4' [CF3] - Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

Naka-insure ba si (CHILD) sa health insurance plan o sa HMO sa pamamagitan ng inyong trabaho o union o ng ibang tao?

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

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

If = 2, -7, -8, go to 'PN_QA20_I6'

POST-NOTE 'QA20_I4' :

IF 'QA20_I4' = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA20_I5' [AI90] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, union, o ng SHOP program ng Covered California?

[IF NEEDED, SAY: 'SHOP is the Small Business Health Options Program administered by Covered California']

[IF NEEDED, SAY: 'Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California.']

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

POST-NOTE FOR 'QA20_I5' :

IF 'QA20_I5' = 3, THEN SET CHHBEX = 1

PROGRAMMING NOTE 'QA20_I6' :

IF CHINSURE = 1 THEN GO TO 'QA20_I8' ;

ELSE CONTINUE WITH 'QA20_I6'

'QA20_I6' [CF4] - Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

Naka-insure ba si (CHILD) sa health insurance plan na binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

[IF NEEDED, SAY: 'Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you 'extra cash' if you are in a hospital']

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

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

If = 2, -7, -8, go to 'PN_QA20_I12'

'POST_QA20_I6' [POST_CF4] -

POST-NOTE 'QA20_I6' :

IF 'QA20_I6' = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA20_I7' :
IF CHDIRECT = 1, THEN CONTINUE WITH 'QA20_I7' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I8'

'QA20_I7' [AI91] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

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

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

POST-NOTE FOR 'QA20_I7' :
IF 'QA20_I7' = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE 'QA20_I8'
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA20_I8' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I9' ;

'QA20_I8' [AI93] - Was there a subsidy or discount on the premium for this plan?

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

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

PROGRAMMING NOTE 'QA20_I9' :

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_I9' ;
ELSE GO TO 'QA20_I12'**

'QA20_I9' [AI54] - Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

[IF NEEDED, SAY: 'A deductible is the amount you pay for medical care before your health plan starts paying.']

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

[IF NEEDED, SAY: 'Premium is the monthly charge for the cost of your health insurance plan.']

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

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

'QA20_I10' [AI50] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

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

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

If = 2, -7, -8, go to 'PN_QA20_I12'

'QA20_I11' [AI51] - Who else pays all or some portion of the cost for (CHILD)'s health plan?

Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (CHILD)?

[CODE ALL THAT APPLY.]

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

POST-NOTE 'QA20_I11' :

IF 'QA20_I11' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF 'QA20_I11' = 7, SET CHMCAL = 1

IF 'QA20_I11' = 10, SET CHHBEX = 1;

PROGRAMMING NOTE 'QA20_I12' :
IF 'QA20_I1'=1 AND ARMCARE=1 THEN CONTINUE WITH 'QA20_I18';
IF CHINSURE = 1, GO TO PN 'QA20_I18' ;
ELSE CONTINUE WITH 'QA20_I12'

'QA20_I12' [CF6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

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

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

If = 1, go to 'PN_QA20_I18'

POST-NOTE 'QA20_I12' :
IF 'QA20_I12' = 1, SET CHMILIT = 1 AND CHINSURE = 1

'QA20_I13' [CF7] - Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

Naka-insure ba {siya/siya} sa iba pang health plan ng gobyerno, gaya ng AIM, 'Mister MIP,' Healthy Kids, o sa iba pa?

[IF NEEDED, SAY: 'AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.']

[IF NEEDED, SAY: 'Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program.']

- ☐ 1 AIM
- ☐ 2 MISTER MIP/MRMIP
- ☐ 3 HEALTHY KIDS
- ☐ 4 NO OTHER PLAN
- ☐ 91 SOMETHING ELSE (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 91, go to 'PN_QA20_I18'

POST-NOTE 'QA20_I13' :
IF 'QA20_I13' = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

'QA20_I14' [CF8] - Does {he/she} have any health insurance coverage through a plan that I missed?

Naka-insure ba {siya/siya} para sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

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

If = 2, -7, -8, go to 'PN_QA20_I17'

'QA20_I15' [CF9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakukuha ba niya ito sa pamamagitan ng Medi-CAL, isang employer o union, o mula sa iba pang pinagkukunan?

[CIRCLE ALL THAT APPLY.]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

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

POST-NOTE 'QA20_I15' :

IF 'QA20_I15' = 1, SET CHEMP = 1 AND CHINSURE = 1

IF 'QA20_I15' = 2, SET CHEMP = 1 AND CHINSURE = 1

IF 'QA20_I15' = 3, SET CHDIRECT = 1 AND CHINSURE = 1

IF 'QA20_I15' = 4, SET CHMCARE = 1 AND CHINSURE = 1

IF 'QA20_I15' = 5, SET CHMCAL = 1 AND CHINSURE = 1

IF 'QA20_I15' = 7, SET CHMILIT = 1 AND CHINSURE = 1

IF 'QA20_I15' = 8, SET CHIHS = 1

IF 'QA20_I15' = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT = 1;

IF 'QA20_I15' = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;

IF 'QA20_I15' = 91, SET CHOTHGOV = 1 AND CHINSURE = 1

IF 'QA20_I15' = 92, SET CHOTHER = 1 AND CHINSURE = 1

IF 'QA20_I15' = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE 'QA20_I16' :
IF 'QA20_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA20_I16' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_I17'

'QA20_I16' [CF9VER] - Just to verify, you said that (CHILD) gets health insurance through Medicare?

Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (CHILD) ng health insurance sa pamamagitan ng Medicare?

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

PROGRAMMING NOTE 'QA20_I17' :
IF CHINSURE ≠ 1 CONTINUE WITH 'QA20_I17' ;
ELSE GO TO 'QA20_I18' ;

'QA20_I17' [CF1A] - What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (CHILD)?

- ☐ 1 PAPERWORK TOO DIFFICULT
- ☐ 2 DIDN'T KNOW IF ELIGIBLE
- ☐ 3 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 6 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 7 DON'T NEED INSURANCE BECAUSE HEALTHY
- ☐ 8 ALREADY HAVE INSURANCE
- ☐ 9 DIDN'T KNOW ABOUT IT
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE 'QA20_I18': IF 'QA20_I1'=1 AND ARMCARE=1, THEN CONTINUE WITH 'QA20_I18';
ELSE IF CHINSURE = 1, THEN CONTINUE WITH 'QA20_I18' ;
ELSE GO TO PN 'QA20_I22'**

'QA20_I18' [MA3] - Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

Isang HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (CHILD)?

[IF NEEDED, SAY: 'HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency.']

[IF NEEDED, SAY: 'Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin niya ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas siya sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito.']

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

If = 1, go to 'QA20_I20'

PROGRAMMING NOTE 'QA20_I19' :
IF CHMCAL = 1 (CHILD HAS MEDICAL), GO TO 'QA20_I20' ;
ELSE CONTINUE WITH 'QA20_I19' ;

'QA20_I19' [A1115] - Is (CHILD)'s health plan a PPO or EPO?

PPO o EPO ba ang health plan ni (CHILD)?

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

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

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

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

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: '{His/Her} MAIN health plan.']

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: 'Ang kanyang PANGUNAHING health plan.']

- ☐ 1 PPO
- ☐ 2 EPO
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I20' [MA2] -What is the name of (CHILD)'s main health plan?

Ano ang pangalan ng pangunahing health plan ni (CHILD)?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: 'Does (CHILD) have an insurance card or something else with the plan name on it?']

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: Mayroon bang insurance card si (CHILD)} o anumang bagay kung saan nakasulat ang pangalan ng plan?']

- ☐ 1 ACCESS SENIOR HEALTHCARE
- ☐ 2 AETNA
- ☐ 3 AETNA GOLDEN MEDICARE
- ☐ 4 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 5 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 7 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 8 ASPIRE HEALTH PLAN
- ☐ 9 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE

- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST NOTE 'QA20_I20' :

IF 'QA20_I20' = 93, 87, OR 89 THEN SET CHMILIT=1

'QA20_I21' [CF14] - Is (CHILD) covered for prescription drugs?

Naka-insure ba si (CHILD) para sa mga inireresetang gamot?

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

PROGRAMMING NOTE FOR 'QA20_I22' :
IF (ARINSURE ≠ 1 OR 'QA20_I1' ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1),
THEN
CONTINUE WITH 'QA20_I22' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_I25'

'QA20_I22' [AI79] - Does (CHILD)'s health plan have a deductible that is more than \$1,000?

Mayroon bang deductible na higit sa \$1,000 ang health plan ni (CHILD)?

[IF NEEDED, SAY: 'A deductible is the amount you have to pay before your plan begins to pay for your medical care.']

[IF NEEDED, SAY: 'Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.']

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I23' [AI80] - Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

Mayroon bang deductible na higit sa \$2,000 para sa lahat ng taong naka-insure ang health plan ni (CHILD)?

[IF NEEDED, SAY: 'A deductible is the amount you have to pay before your plan begins to pay for your medical care.']

[IF NEEDED, SAY: 'Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.']

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_I24' :

**IF ('QA20_I22' = 1 OR 3) OR ('QA20_I23' = 1 OR 3), CONTINUE WITH 'QA20_I24' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_I25'**

'QA20_I24' [AI81] - Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (CHILD)?

[IF NEEDED, SAY: 'The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).']

[IF NEEDED, SAY: Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o iba pang mga katulad na account. Kabilang sa mga iba pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.']

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

PROGRAMMING NOTE 'QA20_I25' :

**IF CHINSURE = 1, GO TO 'QA20_I30' ;
ELSE CONTINUE WITH 'QA20_I25'**

'QA20_I25' [CF18] - What is the one main reason (CHILD) does not have any health insurance?

Ano ang isang pangunahing dahilan kung bakit walang anumang health insurance si (CHILD) ?

- ☐ 1 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 5 FAMILY SITUATION CHANGED
- ☐ 6 DON'T BELIEVE IN INSURANCE
- ☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- ☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Was (CHILD) covered by health insurance at any time during the past 12 months?

May health insurance ba si (CHILD) kailanman nitong nakaraang 12 na buwan?

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

If = 1, go to 'QA20_I28'

‘QA20_I27’ [CF21] - How long has it been since (CHILD) last had health insurance?

Gaano katagal na mula noong huling may health insurance si (CHILD)?

- ☐ 1 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 2 MORE THAN 3 YEARS AGO
- ☐ 3 NEVER HAD HEALTH INSURANCE COVERAGE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to ‘PN_QA20_I36’

‘QA20_I28’ [CF22] - For how many of the last 12 months did {he/she} have health insurance?

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If = 0, go to ‘PN_QA20_I36’

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Noong panahon na may health insurance si (CHILD), ang insurance ba niya ay Medi-CAL, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CIRCLE ALL THAT APPLY]

[PROBE: ‘Any others?’]

[PROBE: ‘May iba pa ba?’]

(7 maximum responses)

- ☐ 1 MEDI-CAL
- ☐ 3 THROUGH CURRENT OR FORMER EMPLOYER UNION
- ☐ 5 PURCHASED DIRECTLY
- ☐ 6 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If =1, 3, 5, 6, 91, -7, -8, go to ‘PN_QA20_I36’

'QA20_I30' [CF24] - Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (CHILD) para sa KABUUAN ng nakaraang 12 buwan?

- ☐ 1 YES
☐ 2 NO
☐ 3 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, 3, go to 'PN_QA20_I36'

'QA20_I31' [CF25] - When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang iba pang health insurance?

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

If = 2, -7, -8, go to 'QA20_I33'

'QA20_I32' [CF26] - Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-Cal ba ang iba pang insurance ninyo, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY.]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

(7 maximum responses)

- ☐ 1 MEDI-CAL
☐ 4 THROUGH CURRENT OR FORMER EMPLOYER/UNION
☐ 5 PURCHASED DIRECTLY
☐ 6 COVERED CALIFORNIA
☐ 91 OTHER HEALTH PLAN
☐ -7 REFUSED
☐ -8 DON'T KNOW

'QA20_I33' [CF27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala {siyang} anumang health insurance?

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

If = 2, -7, -8, go to 'PN_'QA20_I36'

'QA20_I34' [CF28] -

For how many of the past 12 months did {he/she} have no health insurance?

Nitong nakaraang buwan, ilang buwan ba siya walang health insurance?

[IF < 1 MONTH, ENTER '1']

_____ MONTHS [RANGE: 1-12]

(must be between 1 and 12)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I35' [CF29] - What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

Ano ang isang pangunahing dahilan kung bakit walang health insurance si (CHILD) noong panahon na hindi {siya/siya} naka-insure?

[IF R SAYS, 'No need,' PROBE WHY]

- ☐ 1 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 5 FAMILY SITUATION CHANGED
- ☐ 6 DON'T BELIEVE IN INSURANCE
- ☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- ☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_I36' :
IF NO TEEN SELECTED, GO TO PN 'QA20_I72' ;
IF ARINSURE = 1, CONTINUE WITH 'QA20_I36' ;
IF ARINSURE ≠ 1, GO TO PN 'QA20_I37' ;
ELSE CONTINUE WITH 'QA20_I36'

'QA20_I36' [IA10A] - These next questions are about health insurance (TEEN) may have.

Ang mga sumusunod na mga tanong ay tungkol sa health insurance na maaaring mayroon si (TEEN).

Does (TEEN) have the same insurance as you?

lisa ba ang insurance {ninyo/PANGALAN NG ADULT RESPONDENT} at ni (TEEN)?

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

If = 1, go to 'QA20_I54'

POST-NOTE 'QA20_I36' :

IF 'QA20_I36' = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND ARIHS = 1, SET TEIHS = 1

IF 'QA20_I36' = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE 'QA20_I37' :
IF SPINSURE ≠ 1 THEN SKIP TO 'QA20_I38' ;
ELSE IF 'QA20_I36' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA20_I38' ;
ELSE CONTINUE WITH 'QA20_I37'

'QA20_I37' [MA5] - Does (TEEN) have the same insurance as your spouse?

lisa ba ang insurance ni (TEEN) at ng inyong {asawa}?

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

If = 1, go to 'QA20_I54'

POST-NOTE 'QA20_I37' :

IF 'QA20_I37' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPIHS = 1, SET TEIHS = 1

IF 'QA20_I37' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

PROGRAMMING NOTE 'QA20_I38' :
IF TEINSURE ≠ 1 OR CHINSURE ≠ 1, THEN SKIP TO 'QA20_I39' ;
ELSE IF ('QA20_I36' = 2 AND ARSAMECH = 1) OR ('QA20_I37' = 2 AND SPSAMECH = 1), THEN
SKIP TO 'QA20_I39' ;
ELSE CONTINUE WITH 'QA20_I38' ;

'QA20_I38' [MA6] - Does (TEEN) have the same insurance as (CHILD)?

lisa ba ang insurance ni (TEEN) at ni (CHILD)?

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

If = 1, go to 'QA20_I66'

POST-NOTE 'QA20_I38' :

IF 'QA20_I38' = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA20_I38' = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA20_I38' = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA20_I38' = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA20_I38' = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA20_I38' = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA20_I38' = 1 AND CHIHS = 1, SET TEIHS = 1;
IF 'QA20_I38' = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF 'QA20_I38' = 1 AND CHHBEX = 1, SET TEHBEX = 1

'QA20_I39' [IA1] - Is {he/she} currently covered by Medi-CAL?

Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

[IF NEEDED, SAY: 'Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people.']

[IF NEEDED, SAY: 'Ang Medi-CAL ay plan para sa ilang mga bata at pamilya nila na mabababa ang kita, mga babaeng buntis, at mga taong may kapansanan o nakatatanda.']

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

POST-NOTE 'QA20_I39' :

IF 'QA20_I39' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

'QA20_I40' [IA3] - Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

Naka-insure ba si (TEEN) sa health insurance plan o sa HMO sa pamamagitan ng trabaho o union ninyo o ng ibang tao?

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

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

If = 2, -7, -8, go to 'QA20_I42'

POST-NOTE 'QA20_I40' :

IF 'QA20_I40' = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA20_I41' [AI94] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, ng union, o ng SHOP program ng Covered California?

[IF NEEDED, SAY: 'SHOP is the Small Business Health Options Program administered by Covered California']

[IF NEEDED, SAY: 'Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California.']

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

POST-NOTE FOR 'QA20_I41' :

IF 'QA20_I41' = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA20_I42' :
IF TEINSURE = 1 THEN GO TO 'QA20_I43' ;
ELSE CONTINUE WITH 'QA20_I42'

'QA20_I42' [IA4] - Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

Naka-insure ba si (TEEN) sa health insurance plan na binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

[IF NEEDED, SAY: 'Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you 'extra cash' if you are in a hospital']

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

If = 2, -7, -8, go to 'QA20_I48'

POST-NOTE 'QA20_I42' :

IF 'QA20_I42' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'QA20_I43' :
IF TEDIRECT = 1, THEN CONTINUE WITH 'QA20_I43' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I44'

'QA20_I43' [AI95] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

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

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

POST-NOTE FOR 'QA20_I43' :

IF 'QA20_I43' = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA20_I44'
IF 'QA20_I41' = 3, THEN GO TO PN 'QA20_I45' ;
ELSE CONTINUE WITH 'QA20_I44' ;

'QA20_I44' [AI97] - Was there a subsidy or discount on the premium for this plan?

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

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

PROGRAMMING NOTE 'QA20_I45' :
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_I45' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I48'

'QA20_I45' [AI55] - Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

[IF NEEDED, SAY: A deductible is the amount you pay for medical care before your health plan starts paying.']

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

[IF NEEDED, SAY: Premium is the monthly charge for the cost of your health insurance plan.']

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

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

'QA20_I46' [AI52] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

Mayroon bang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

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

If = 2, -7, -8, go to 'PN_QA20_I48'

'QA20_I47' [AI53] - Who else pays all or some portion of the cost for (TEEN)'s health plan?

Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (TEEN)?

[CODE ALL THAT APPLY.]

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

POST-NOTE 'QA20_I47' :

IF 'QA20_I47' = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;

IF 'QA20_I47' = 7, SET TEMCAL = 1;

IF 'QA20_I47' = 10, SET TEHBEX = 1;

'PN_QA20_I48' [PN_IA6] -

PROGRAMMING NOTE 'QA20_I48' :

IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA20_I53' ;

ELSE CONTINUE WITH 'QA20_I48'

'QA20_I48' [IA6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

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

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

If = 1, go to 'PN_QA20_I54'

POST-NOTE 'QA20_I48' :

IF 'QA20_I48' = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

'QA20_I49' [IA7] - Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

Naka-insure ba {siya/siya} sa iba pang health plan ng gobyerno, gaya ng AIM, 'Mister MIP,' Family PACT, Healthy Kids, o ng iba pa?

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

[IF NEEDED, SAY: 'Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program; ang Family PACT ang programa ng estado na nagbabayad para sa serbisyong pangkalusugang para sa pagpipigil sa pagbubuntis/pag- anak para sa mga hindi naka-insure na mga babae't lalake na mabababa ang kita.]

- ☐ 1 AIM
- ☐ 2 MISTER MIP/MRMIP
- ☐ 3 Family PACT
- ☐ 4 HEALTHY KIDS
- ☐ 5 NO OTHER PLAN
- ☐ 91 SOMETHING ELSE (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 91, go to 'PN_QA20_I54'

POST-NOTE 'QA20_I49' :

IF 'QA20_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

'QA20_I50' [IA8] - Does {he/she} have any health insurance coverage through a plan that I missed?

Naka-insure ba {siya/siya} sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

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

If = 2, -7, -8, go to 'PN_QA20_I54'

'QA20_I51' [IA9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakuha ba ito sa pamamagitan ng MediCAL, isang employer o union, o mula sa iba pang pinagkukunan?

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: 'Nakukuha ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o direkta mula sa health plan?']

[CIRCLE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

- ☐ 1 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 2 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 3 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 4 MEDICARE
- ☐ 5 MEDI-CAL
- ☐ 7 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- ☐ 8 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, 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_QA20_I51' [POST_IA9] -

POST-NOTE 'QA20_I51' :

IF 'QA20_I51' = 1, SET TEEMP = 1 AND TEINSURE = 1;

IF 'QA20_I51' = 2, SET TEEMP = 1 AND TEINSURE = 1;

IF 'QA20_I51' = 3, SET TEDIRECT = 1 AND TEINSURE = 1;

IF 'QA20_I51' = 4, SET TEMCARE = 1 AND TEINSURE = 1;

IF 'QA20_I51' = 5, SET TEMCAL = 1 AND TEINSURE = 1;

IF 'QA20_I51' = 7, SET TEMILIT = 1 AND TEINSURE = 1;

IF 'QA20_I51' = 8, SET TEIHS = 1;

IF 'QA20_I51' = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;

IF 'QA20_I51' = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;

IF 'QA20_I51' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;

IF 'QA20_I51' = 92, SET TEOTHER = 1 AND TEINSURE = 1;

IF 'QA20_I51' = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE 'QA20_I52' :
IF 'QA20_I51' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA20_I52' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_I53'

'QA20_I52' [IA9VER] - Just to verify, you said that (TEEN) gets health insurance through Medicare?

Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (TEEN) ng health insurance sa pamamagitan ng Medicare?

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

PROGRAMMING NOTE 'QA20_I53' :
IF TEINSURE ≠ 1 CONTINUE WITH 'QA20_I53' ;
ELSE GO TO 'QA20_I54' ;

'QA20_I53' [IA1A] - What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (TEEN)?

- ☐ 1 PAPERWORK TOO DIFFICULT
- ☐ 2 DIDN'T KNOW IF ELIGIBLE
- ☐ 3 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 6 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 7 DON'T NEED INSURANCE BECAUSE HEALTHY
- ☐ 8 ALREADY HAVE INSURANCE
- ☐ 9 DIDN'T KNOW ABOUT IT
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_I54' :

IF 'QA20_I38' = 1, THEN 'QA20_I54' = 'QA20_I18' AND 'QA20_I56' = 'QA20_I20' AND 'QA20_I57' = 'QA20_I21' AND GO TO PN 'QA20_I58' ;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA20_I54' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I58'

'QA20_I54' [MA8] - Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (TEEN)?

[IF NEEDED, SAY: 'HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency.']

[IF NEEDED, SAY: 'Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin {niya o niya} ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas {siya o siya} sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito.']

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: '{his/her} MAIN health plan.']

[NOTE: IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: 'ang PANGUNAHING health plan {niya o niya}.']

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

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

If = 1, go to 'QA20_I56'

PROGRAMMING NOTE 'QA20_I55' :
IF TEMCAL = 1 (TEEN HAS MEDICAL), GO TO 'QA20_I56' ;
ELSE CONTINUE WITH 'QA20_I55' ;

'QA20_I55' [A1116] - Is (TEEN)'s health plan a PPO or EPO?

PPO o EPO ba ang health plan ni (TEEN)?

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

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

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

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

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: '{His/Her} MAIN health plan.']

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: 'Ang kanyang PANGUNAHING health plan.']

- ☐ 1 PPO
- ☐ 2 EPO
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_I56’ [MA7] - What is the name of (TEEN)’s main health plan?

Ano ang pangalan ng pangunahing health plan ni {TEEN}?

- ☐ 1 ACCESS SENIOR HEALTHCARE
- ☐ 2 AETNA
- ☐ 3 AETNA GOLDEN MEDICARE
- ☐ 4 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 5 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 7 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 8 ASPIRE HEALTH PLAN
- ☐ 9 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS’ INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA

- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

POST NOTE 'QA20_I56' :

IF 'QA20_I56' = 93, 87, OR 89 THEN SET TEMILIT=1

'QA20_I57' [IA14] - Is (TEEN) covered for prescription drugs?

Naka-insure ba si (TEEN) para sa inireresetang mga gamot?

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

PROGRAMMING NOTE FOR 'QA20_I58' :

**IF [(ARINSURE ≠ 1 OR 'QA20_I36' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1),
THEN CONTINUE WITH 'QA20_I58' ;
ELSE SKIP TO PN 'QA20_I61'**

'QA20_I58' [AI82] - Does (TEEN)'s health plan have a deductible that is more than \$1,000?

Mayroon bang deductible na higit sa \$1,000 ang health plan ni (TEEN)?

[IF NEEDED, SAY: 'A deductible is the amount you have to pay before your plan begins to pay for your medical care.']

[IF NEEDED, SAY: 'Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.']

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I59' [AI83] - Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

Mayroon bang deductible na higit sa \$2,000 para sa lahat ng taong naka-insure ang health plan ni (TEEN)?

[IF NEEDED, SAY: 'A deductible is the amount you have to pay before your plan begins to pay for your medical care.']

[IF NEEDED, SAY: 'Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.']

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_I60' :
IF ('QA20_I58' = 1 OR 3) OR ('QA20_I59' = 1 OR 3), CONTINUE WITH 'QA20_I60' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_I61'

'QA20_I60' [A184] - Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (TEEN)?

[IF NEEDED, SAY: 'The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).']

[IF NEEDED, SAY: Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o iba pang mga katulad na account. Kabilang sa mga iba pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.']

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

PROGRAMMING NOTE 'QA20_I61' :
IF TEINSURE = 1, GO TO 'QA20_I66' ;
ELSE CONTINUE WITH 'QA20_I61'

'QA20_I61' [IA18] - What is the one main reason (TEEN) does not have any health insurance?

Ano ang isang pangunahing dahilan na walang anumang health insurance si (TEEN)?

- ☐ 1 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 5 FAMILY SITUATION CHANGED
- ☐ 6 DON'T BELIEVE IN INSURANCE
- ☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- ☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I62' [IA20] - Was (TEEN) covered by health insurance at any time during the past 12 months?

May health insurance ba si (TEEN) sa anumang panahon nitong nakaraang 12 buwan?

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

If = 1, go to 'QA20_I64'

'QA20_I63' [IA21] - How long has it been since (TEEN) last had health insurance?

Gaano katagal na mula noong huling may health insurance si (TEEN)?

- ☐ 1 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 2 MORE THAN 3 YEARS AGO
- ☐ 3 NEVER HAD HEALTH INSURANCE COVERAGE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to 'PN_QA20_I72'

'QA20_I64' [IA22] - For how many of the last 12 months did {he/she} have health insurance?

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If = 0, go to 'PN_QA20_I72'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I65' [IA23] - During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Noong panahon na may health insurance si (TEEN), ang insurance ba niya ay Medi-CAL, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CODE ALL THAT APPLY.]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

(7 maximum responses)

- ☐ 1 MEDI-CAL
- ☐ 3 THROUGH CURRENT OR FORMER EMPLOYER UNION
- ☐ 5 PURCHASED DIRECTLY
- ☐ 6 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 3, 5, 6, 91, -7, -8, go to 'PN_QA20_I72'

‘QA20_I66’ [IA24] - Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for all of the past 12 months?

Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (TEEN) para sa kabuuan ng nakaraang 12 buwan?

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

If = 1, go to ‘PN_QA20_I72’

‘QA20_I67’ [IA25] - When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?

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

If = 2, -7, -8, go to ‘QA20_I69’

‘QA20_I68’ [IA26] - Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]

[PROBE: ‘May iba pa ba?’]

(7 maximum responses)

- ☐ 1 MEDI-CAL
- ☐ 4 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 5 PURCHASED DIRECTLY
- ☐ 6 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_I69’ [IA27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?

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

If = 2, -7, -8, go to ‘PN_QA20_I72’

'QA20_I70' [IA28] - For how many of the past 12 months did {he/she} have no health insurance?

_____ MONTHS [RANGE: 1-12]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I71' [IA29] - What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

[IF R SAYS, 'No need,' PROBE WHY]

- ☐ 1 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 5 FAMILY SITUATION CHANGED
- ☐ 6 DON'T BELIEVE IN INSURANCE
- ☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- ☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_I72' :
IF NO TEEN SELECTED, GO TO SECTION J;
IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';
IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father';
IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If
'QA20_A23' =2 DISPLAY 'mother'
ELSE IF DISPLAY 'other parent'

'QA20_I72' [A156] - In what country was (TEEN)'s {mother/father} born?

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

- ☐ 1 UNITED STATES
- ☐ 2 AMERICAN SAMOA
- ☐ 3 CANADA
- ☐ 4 CHINA
- ☐ 5 EL SALVADOR
- ☐ 6 ENGLAND
- ☐ 7 FRANCE
- ☐ 8 GERMANY
- ☐ 9 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

PROGRAMMING NOTE 'QA20_I73' :

**IF 'QA20_I72' = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO 'QA20_I77';
ELSE CONTINUE WITH 'QA20_I73' ;**

IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';

IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father'

**IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If
'QA20_A23' =2 DISPLAY 'mother'**

ELSE IF DISPLAY 'other parent'

'QA20_I73' [AI57] - Does (TEEN)'s {mother/father} now live in the U.S.?

Nakatira ba ngayon sa U.S. ang nanay/tatay ni {TEEN}?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 MOTHER/FATHER DECEASED
- ☐ 4 MOTHER/FATHER NEVER LIVED IN US
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PPROGRAMMING NOTE 'QA20_I74' :

IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';

IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father';

**IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If
'QA20_A23' =2 DISPLAY 'mother'**

ELSE IF DISPLAY 'other parent'

IF 'QA20_I73' = 3 (MOTHER/FATHER DECEASED), DISPLAY 'Was';

ELSE DISPLAY 'Is'

'QA20_I74' [AI58] - {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

Citizen ba ng United States ang nanay ni {TEEN}? Citizen ba ng United States ang tatay ni {TEEN}?

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

PROGRAMMING NOTE 'QA20_I75' :**IF 'QA20_I74' =1 SKIP TO PN_'QA20_I76'****IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';****IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father';****IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If 'QA20_A23' =2 DISPLAY 'mother'****ELSE IF DISPLAY 'other parent'****IF 'QA20_I73' = 3 (MOTHER/FATHER DECEASED), DISPLAY 'Was';****ELSE DISPLAY 'Is'****'QA20_I75' [AI59] - {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?***Permanent resident na may green card ba ang nanay ni {TEEN}? Permanent resident na may green card ba ang tatay ni {TEEN}?***[IF NEEDED, SAY: 'People usually call this a 'Green Card' but the color can also be pink, blue, or white.']****[IF NEEDED, SAY: Karaniwang tinatawag ito na 'Green Card' ngunit maaari ding rosas, asul o puti ang kulay nito.']**

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

'PN_QA20_I76' [PN_AI60] -**PROGRAMMING NOTE 'QA20_I76' :****IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';****IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father'****'QA20_I76' [AI60] - About how many years has (TEEN)'s {mother/father} lived in the United States?***Humigit-kumulang, ilang taon nang nakatira sa United States ang nanay ni {TEEN}?*

____ NUMBER OF YEARS

____ YEAR FIRST COME AND LIVE IN U.S.

- ☐ 7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_I77': IF SELECTED TEEN IN HOUSEHOLD, CONTINUE TO 'QA20_I77'; ELSE SKIP TO 'QA20_J1'

IF PROXY=1, GO TO 'QA20_J1'

'QA20_I77' [A1117] - During the past 12 months, At [TEEN]'s last preventive check-up, did {he/she/he or she} speak with a doctor or other health care provider privately, without you or another adult in the room?

Sa nakaraang 12 buwan, sa huling preventive na check-up ni [TEEN], pribado bang nakipag-usap {siya/sila} sa isang doktor o iba pang health care provider, na hindi ka kasali o walang iba pang mga matanda sa kwarto?

[IF NEEDED: A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit]

[IF NEEDED: Ang preventive check-up ay kung ang batang ito ay walang sakit o walang pinsala, tulad ng isang taunan na physical o isang physical para sa sports, or isang well-child na pagbisita]

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DID NOT HAVE A PREVENTIVE CHECK-UP VISIT IN THE LAST 12 MONTHS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_I78' [A1118] - Do any of [TEEN]'s doctors or other health care providers treat only children/teens?

Ang alinman ba sa mga doktor o ang iba pang mga health care provider ni [TEEN] ay gumagamot lamang ng mga bata/binatilyo't binatilya?

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

PROGRAMMING NOTE 'QA20_I79': IF 'QA20_I78' =1 CONTINUE WITH 'QA20_I79'; ELSE SKIP TO 'QA20_I80'

'QA20_I79' [A1119] - Have they talked with you about having [TEEN] eventually see doctors or other health care providers who treat adults?

Nakipag-usap ba sila sa inyo tungkol kay [TEEN] na sa hinaharap ay dapat magpatingin sa mga doktor o iba pang health care provider na gumagamot ng mga matanda?

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

'QA20_I80' [A1120] - Has this doctor or other healthcare provider actively worked with [TEEN] to...think about and plan for {his/her/his or her} future?

Aktibo bang nakikipagtulungan ang doktor na ito o ang iba pang mga health care provider kay [TEEN] upang...mapag-isipan ang tungkol sa at mapag-planuhan ang kanyang hinaharap?

[IF NEEDED: For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?]

[IF NEEDED: Halimbawa, sa pamamagitan ng paggugol ng panahon upang mapag-usapan ang mga plano sa hinaharap tungkol sa edukasyon, trabaho, mga relasyon sa ibang tao, at ang pagsulong ng kakayahang mamuhay nang mag-isa?]

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

'QA20_I81' [A1121] - Has this doctor or other health care provider actively worked with [TEEN] to...make positive choices about {his/her/his or her} health?

Aktibo bang nakikipagtulungan ang doktor na ito o ang iba pang mga health care provider kay [TEEN] upang...gumawa ng mga positibong mga pagpipilian tungkol sa kanyang kalusugan?

[IF NEEDED: For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?]

[IF NEEDED: Halimbawa, sa pamamagitan ng pag-intindi ng mga kasalukuyang mga pangangailangan sa kalusugan, pag-alam kung ano ang dapat gawin sa isang medikal na emergency, o kaya sa pag-inom ng kanyang mga gamot na maaaring kanyang kinakailangan?]

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

'QA20_I82' [A1122] - Has this doctor or other health care provider actively worked with [TEEN] to...gain skills to manage {his/her/his or her} health and health care?

Aktibo bang nakikipagtulungan ang doktor na ito o ang iba pang mga health care provider kay [TEEN] upang...makamit ang mga kakayahan upang mapamahalaan ang kanyang kalusugan at pangangalaga sa kalusugan?

[IF NEEDED: For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?]

[IF NEEDED: Halimbawa, sa pamamagitan ng pag-intindi ng mga kasalukuyang mga pangangailangan sa kalusugan, pag-alam kung ano ang dapat gawin sa isang medikal na emergency, o kaya sa pag-inom ng kanyang mga gamot na maaaring kanyang kinakailangan?]

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

‘QA20_I83’ [AI123] - Has this doctor or other health care provider actively worked with [TEEN] to...understand the changes in health care that happen at age 18?

Aktibo bang nakikipagtulungan ang doktor na ito o ang iba pang mga health care provider kay [TEEN] upang...maunawaan ang mga pagbabago sa health care na nangyayari sa pagsapit ng 18 taong gulang?

[IF NEEDED: ‘For example, by understanding changes in privacy, consent, access to information, or decision-making?’]

[IF NEEDED: ‘Halimbawa, sa pamamagitan ng pagkakaintindi ng mga pagbabago sa privacy, sa pahintulot, sa access sa impormasyon, o sa paggawa ng desisyon?’]

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

Section J: Health Care Utilization and Access

PROGRAMMING NOTE 'QA20_J1' :

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY 'Now, I'd like to ask about the health care YOU receive';

ELSE BEGIN QUESTION WITH 'During the past 12 months, how many times have you seen a medical doctor'

'QA20_J1' [AH5] - {Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?}

{Ngayon naman ay ninanais kong tanungin kayo tungkol sa pangangalaga sa kalusugan na inyong tinatanggap.} Sa nakaraang 12 buwan, ilang beses kayong nagpatingin sa isang medikal na doktor?

_____ TIMES [HR: 0-365]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J2' :

IF 'QA20_J1' = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH 'QA20_J2' ;

ELSE GO TO PROGRAMMING NOTE 'QA20_J3'

'QA20_J2' [AH6] - About how long has it been since you last saw a doctor about your own health?

Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa medical doctor tungkol sa inyong kalusugan?

- ☐ 0 ONE YEAR AGO OR LESS
- ☐ 1 MORE THAN 1 UP TO 2 YEARS AGO
- ☐ 2 MORE THAN 2 UP TO 5 YEARS AGO
- ☐ 3 MORE THAN 5 YEARS AGO
- ☐ 4 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J3' :

**IF 'QA20_J2' = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO 'QA20_J4' ;
ELSE CONTINUE WITH 'QA20_J3'**

'QA20_J3' [AJ114] - About how long has it been since you last saw a doctor or medical provider for a routine check-up?

Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa doktor o iba pang medical provider para sa isang routine r na check-up?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

[IF NEEDED, SAY: 'Ang rutinang check-up ay hindi para sa sakit o karamdaman. Maaaring pag-usapan sa dalaw na ito ang mga tanong tungkol sa mga gawaing pangkalusugan gaya ng paninigarilyo.]

- ☐ 0 ONE YEAR AGO OR LESS
- ☐ 1 MORE THAN 1 UP TO 2 YEARS AGO
- ☐ 2 MORE THAN 2 UP TO 5 YEARS AGO
- ☐ 3 MORE THAN 5 YEARS AGO
- ☐ 4 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_J4' [AJ115] - During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

[IF NEEDED: 'Do not include family or maternity/paternity leave']

[IF NEEDED: 'Huwag isasama ang family leave o maternity/paternity leave']

_____ DAYS (0 - 365)

(must be between 0 and 365)

- ☐ 1 DID NOT HAVE JOB IN PAST 12 MONTHS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW
- ☐ Other (specify)

PROGRAMMING NOTE 'QA20_J5' :

IF 'QA20_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA20_J5' ;

ELSE GO TO PROGRAMMING NOTE 'QA20_J6'

'QA20_J5' [AJ77] - Do you have a personal doctor or medical provider who is your main provider?

Mayroon ba kayong personal doctor o medical provider na siyang main provider ninyo?

[IF NEEDED, SAY: 'This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.']

[IF NEEDED, SAY: *Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o iba pang health provider.*']

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

PROGRAMMING NOTE 'QA20_J6':

IF ARINSURE =1 OR 'QA20_H1' = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA20_J6'

ELSE GO TO PROGRAMMING NOTE 'QA20_J8'

IF 'QA20_J5' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY 'your';

ELSE DISPLAY 'a';

'QA20_J6' [AJ102] - In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa inyong doctor o medical provider sa loob ng dalawang araw dahil nagkasakit o nasaktan kayo?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]

[IF NEEDED, SAY: '*Huwag bilangin ang pagpapatingin sa urgent care, o pagpapagamot sa emergency. Tungkol sa mga appointment lamang ang tanong ko.*']

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

IF = 2, -7, -8 go to 'PN_QA20_J8'

'QA20_J7' [AJ103] - How often were you able to get an appointment within two days? Would you say...

Gaano kadalas kayo nakakuha ng appointment sa loob ng dalawang araw? Masasabi ba ninyo na...

- ☐ 1 Never
- ☐ 1 *Hindi kailanman*
- ☐ 2 Sometimes,
- ☐ 2 *Paminsan-minsan,*
- ☐ 3 Usually, or
- ☐ 3 *Karaniwan, o*
- ☐ 4 Always?
- ☐ 4 *Palagi?*
- ☐ 5 REFUSED
- ☐ 6 DON'T KNOW

PROGRAMMING NOTE 'QA20_J8':IF 'QA20_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND 'QA20_J5' = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [('QA20_B3' = 1 OR 'QA20_B4' = 1 (HAS ASTHMA)) OR 'QA20_B7' = 1 (HAS DIABETES) OR 'QA20_B23' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH 'QA20_J8';ELSE GO TO 'QA20_J9'

'QA20_J8' [AJ80] - Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

Mayroon bang sinuman sa opisina o clinic ng inyong doktor na tumutulong na isaayos ang pangangalaga sa inyo sa iba pang mga doktor o mga serbisyo, gaya ng mga test o mga paggagamot?

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

'QA20_J9' [AJ152B] - During the past 12 months, did you receive care while in a health facility, from a doctor at another location, by use of a video device ?

Sa nakaraang 12 buwan, tumanggap ba kayo ng pangangalaga habang nasa isang pasilidad ng kalusugan, mula sa isang doktor na nasa ibang lugar sa pamamagitan ng paggamit ng video

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

If = 2, -7, -8, go to 'PN_QA20_J11'

‘QA20_J10’ [AJ153B] - Was the care for a skin or eye problem, mental or emotional health problem, dental health problem or some other health problem?

Itong pagpapagamot ba ay para sa isang problema sa balat o mata, isang problema sa kalusugan ng pag-iisip, problema sa kalusugan ng ngipin, o iba pang problema sa kalusugan?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]

[PROBE: ‘May iba pa ba?’]

- ☐ 1 SKIN PROBLEM
- ☐ 2 EYE PROBLEM
- ☐ 3 MENTAL OR EMOTIONAL HEALTH PROBLEM
- ☐ 12 DENTAL HEALTH PROBLEM
- ☐ 91 OTHER HEALTH PROBLEM (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE AJ8 :

IF ‘QA20_A20’ >=2 (SPEAKS ENGLISH ‘WELL’, ‘NOT WELL’, OR ‘NOT AT ALL’), CONTINUE WITH AJ8 ;

ELSE GO TO PROGRAMMING NOTE ‘QA20_J16’

IF PROXY=1, GO TO ‘QA20_J17’

‘QA20_J11’ [AJ8B] - The last time you saw a doctor, did you have a hard time understanding the doctor?

Noong huli kayong nagpatingin sa doktor, nahirapan ba kayong intindihin ang doktor?

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

If = 1, go to ‘QA20_J13’

If = -7, -8, go to ‘PN_QA20_J16’

PROGRAMMING NOTE 'QA20_J12' :

IF 'QA20_J11' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA20_A19' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA20_J12' ; ELSE GO TO PN_ 'QA20_J16'

SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA20_J12' WAS ASKED;

'QA20_J12' [AJ50] - In what language did the doctor speak to you?

Sa anong wika kayo kinausap ng doktor?

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

If = 1, go to 'QA20_J14'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, go to 'PN_QA20_J16'

'QA20_J13' [AJ9] - Was this because you and the doctor spoke different languages?

Ito ba ay dahil kayo at ang doctor ninyo ay nagsasalita ng magkaibang wika?

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

'QA20_J14' [AJ10] - Did you need someone to help you understand the doctor?

Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doctor?

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

If = 2, -7, -8, go to 'PN_QA20_J16'

'QA20_J15' [AJ11] - Who was this person who helped you understand the doctor?

Sino ang tumulong sa inyo na maintindihan ang doktor?

[IF R RESPONDS 'MY CHILD,' PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS 'ADULT FAMILY MEMBER'.]

- ☐ 1 MINOR CHILD (UNDER AGE 18)
- ☐ 2 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- ☐ 3 NON-MEDICAL OFFICE STAFF
- ☐ 4 MEDICAL STAFF INCLUDING NURSES/DOCTORS
- ☐ 5 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- ☐ 6 OTHER (PATIENTS, SOMEONE ELSE)
- ☐ 7 DID NOT HAVE SOMEONE TO HELP
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J16' :

IF 'QA20_A20' = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH 'QA20_J16' ;ELSE GO TO 'QA20_J17'

'QA20_J16' [AJ105] - In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

Sa California, may karapatan kayong humingi ng tulong mula sa interpreter nang walang bayad para sa pagpapatingin ninyo. Alam ba ninyo ito bago ngayong araw?

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

'QA20_J17' [AH16] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

Nitong nakaraang 12 buwan, ipinagpaliban ba ninyong bumili o kaya'y hindi kayo bumili ng gamot na inireseta sa inyo ng doktor?

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

If = 2, -7, -8, go to 'QA20_J20'

‘QA20_J18’ [AJ19] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

Ang gastos ba o ang kawalan ng insurance ang dahilan na ipinagpaliban ninyo ang pagbili ng reseta o hindi ninyo binili ang reseta?

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

PROGRAMMING NOTE ‘QA20_J19’:
IF ARINSURE = 1, THEN CONTINUE WITH ‘QA20_J19’;
ELSE GO TO ‘QA20_J20’

‘QA20_J19’ [AJ176] - Did you delay or not get a medicine while you had your current insurance plan?

Naghintay ka ba bago bumili ng gamot o hindi ka bumili ng gamot habang insured ka sa kasalukuyan mong insurance plan?

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

‘QA20_J20’ [AH22] - During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

Nitong nakaraang 12 buwan, ipinagpaliban ba ninyo o hindi kayo nagpatingin para sa anumang iba pang paggagamot na sa akala ninyo ay kinakailangan ninyo - gaya ng pagpapatingin sa doktor, espesyalista o iba pang health professional?

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

If = 2, -7, -8, go to ‘QA20_J26’

‘QA20_J21’ [AJ129] - Did you get the care eventually?

Nagamot din ba kayo sa bandang huli?

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

'QA20_J22' [AJ20] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

Ang gastos ba o ang kawalan ng insurance ang dahilan na ipinagpaliban ninyo ang pagpapagamot o na hindi kayo nakapagpatingin para sa pagpapagamot na nadama ninyong kinakailangan ninyo?

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

If = 2, -7, -8, go to 'QA20_J24'

'QA20_J23' [AJ130] - Was that the main reason?

Iyon ba ang pangunahing dahilan?

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

If = 1, -7, -8, go to 'QA20_J25'

'QA20_J24' [AJ131] - What was the one main reason why you delayed getting the care you felt you needed?

Ano ang pangunahing dahilan sa inyong pagpapaliban ng pagpapagamot na sa tingin ninyong kinakailangan ninyo?

- ☐ 1 COULDN'T GET APPOINTMENT
- ☐ 2 MY INSURANCE NOT ACCEPTED
- ☐ 3 MY INSURANCE DID NOT COVER
- ☐ 4 LANGUAGE UNDERSTANDING PROBLEMS
- ☐ 5 TRANSPORTATION PROBLEMS
- ☐ 6 HOURS NOT CONVENIENT
- ☐ 7 THERE WAS NO CHILD CARE FOR CHILDREN AT HOME
- ☐ 8 I FORGOT OR LOST REFERRAL
- ☐ 9 I DIDN'T HAVE TIME
- ☐ 10 TOO EXPENSIVE
- ☐ 11 I HAVE NO INSURANCE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J25':
IF ARINSURE = 1, THEN CONTINUE WITH 'QA20_J25';
ELSE GO TO 'QA20_J26'

'QA20_J25' [AJ177] - Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

Naghintay ka ba bago tumanggap o hindi na lang talaga tumanggap ng ibang medikal na pangangalaga na pakiramdam mo ay kinailangan mo habang insured ka sa kasalukuyan mong insurance plan?

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

'QA20_J26' [AJ136] - The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

Ang susunod na mga tanong ay tungkol sa mga espesyalista. Ang mga espesyalista ay mga doktor gaya ng mga surgeon (siruhano), mga doktor sa puso, mga doktor sa allergy (alerhiya), mga doktor sa balat, at iba pang mga nagdadalubhasa sa isang larangan ng paggagamot.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

Nitong nakaraang 12 buwan, naisip ba ninyo o ng doctor na kailangan ninyong magpatingin sa espesyalistang doktor?

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

PROGRAMMING NOTE 'QA20_J27' :
IF 'QA20_J26' = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH 'QA20_J27' ;
ELSE GO TO 'QA20_J30'

'QA20_J27' [AJ137] - During the past 12 months, did you have any trouble finding a medical specialist who would see you?

Nitong nakaraang 12 buwan, nahirapan ba kayong makahanap ng espesyalistang doktor na titingin sa inyo?

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

‘QA20_J28’ [AJ138] - During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

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

PROGRAMMING NOTE ‘QA20_J29’ :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH ‘QA20_J29’ ;
ELSE SKIP TO ‘QA20_J30’

‘QA20_J29’ [AJ139] - During the past 12 months, did a medical specialist’s office tell you that they did not take your main health insurance?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila tinanggap ang inyong pangunahing health insurance?

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

‘QA20_J30’ [AJ133] - Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

Ngayon, isipin ninyo ang mga general doctor. Nitong naraang 12 buwan, nahirapan ba kayong makahanap ng general doctor na titingin sa inyo?

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

‘QA20_J31’ [AJ134] - During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

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

PROGRAMMING NOTE 'QA20_J32' :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA20_J32' ;
ELSE SKIP TO AD13

'QA20_J32' [AJ135] - During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tatanggapin ang inyong pangunahing health insurance?

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

PROGRAMMING NOTE AD13 :
IF 'QA20_A5' = 1 (MALE AT BIRTH), THEN GO TO 'QA20_J42';
IF AGE > 45, THEN GO TO 'QA20_J42' ;
DISPLAYS;
IF ['QA20_A5' = 2 (FEMALE AT BIRTH) AND AD66 = 2 (IDENTIFIES AS FEMALE)], DISPLAY
'These next questions are about women's health.';
IF ['QA20_A5' = 2 (FEMALE AT BIRTH) AND AD66 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER,
NONE, REFUSED, OR DON'T KNOW)], DISPLAY 'These next questions may be relevant to you
because you were assigned female at birth. If not, let me know and we will skip them.'

'AD13' [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.}

{Tungkol sa kalusugan ng mga babae ang sumusunod na mga katanungan./Itong sumusunod na mga katanungan ay maaaring may-kinalaman sa inyo dahil babae ang kasarian na itinala para sa inyo noong ipinanganak kayo. Kung hindi, mangyaring sabihin sa akin at lalaktawan ko ang mga ito.}

To your knowledge, are you now pregnant?

Sa inyong kaalaman, buntis ba kayo sa kasalukuyan?

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

PROGRAMMING NOTE 'QA20_J33':
IF AGE > 44 YEARS GO TO 'QA20_J49';
ELSE IF 'QA20_A5'=1 (MALE AT BIRTH) THEN GO TO 'QA20_J42';
ELSE CONTINUE WITH 'QA20_J33'
IF PROXY=1, GO TO 'QA20_J49'

'QA20_J33' [AJ169] - Which of the following statements best describes your pregnancy plans? Would you say...

Alin sa mga sumusunod na pahayag ang pinakanaglalarawan sa inyong mga plano tungkol sa pagbubuntis? Masasabi mo bang...

- ☐ 1 You do not plan to get pregnant within the next 12 months,
- ☐ 1 *Wala kang planong magbuntis sa loob ng susunod na 12 buwan,*
- ☐ 2 You are not sexually active
- ☐ 2 *Hindi ka sekswal na aktibo*
- ☐ 3 You are planning to get pregnant within the next 12 months, or
- ☐ 3 *May plano kang magbuntis sa loob ng susunod na 12 buwan,*
- ☐ 4 You are currently pregnant,
- ☐ 4 *Kasalukuyan kang buntis,*
- ☐ 05 You are not able to get pregnant?
- ☐ 05 *Walang kakayahang mabuntis?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J34':
IF AD13 = 1 (PREGNANT), GO TO 'QA20_J49';
IF 'QA20_A5' = 2 (FEMALE AT BIRTH) AND 'QA20_D11' = 2 (GAY, LESBIAN, OR HOMOSEXUAL),
GO TO 'QA20_J49'; IF 'QA20_J33' = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO
'QA20_J37';
ELSE CONTINUE WITH 'QA20_J34'

'QA20_J34' [AF40B] - Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

Gumagamit ba kayo o ang inyong lalaking katalik ng isang paraan na pampigil sa pagbubuntis upang mahadlangan ang pagkabuntis? Kabilang dito ang male o female sterilization

[IF NEEDED, SAY: 'Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.']

[IF NEEDED, SAY: 'Kabilang sa sterilization ang pagpapatali (tubal ligation at vasectomy) o pagpapa-opera upang hindi maaaring magkaroon ng mga anak.']

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 3, -7, -8, go to 'PN_QA20_J37'

If = 2, go to 'PN_QA20_J36'

PROGRAMMING NOTE 'QA20_J35':
IF 'QA20_J34' = 2, 3, -7,-8, GO TO 'QA20_J36';
IF 'QA20_J34' =3, -7, -8, GO TO 'QA20_J37'
ELSE CONTINUE WITH 'QA20_J35'

'QA20_J35' [AJ154B] - Which birth control method or methods are you using?

Aling paraan o mga paraan ng pampigil sa pagbubuntis ang inyong ginagamit?

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

- ☐ 1 TUBAL LIGATION (TUBES TIED, CUT)
- ☐ 2 VASECTOMY (MALE STERILIZATION)
- ☐ 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- ☐ 4 IMPLANT (IMPLANON, NEXPLANON, ETC.)
- ☐ 5 BIRTH CONTROL PILLS
- ☐ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- ☐ 7 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J36': IF 'QA20_J34' =1, GO TO 'QA20_J37', ELSE CONTINUE WITH 'QA20_J36'

'QA20_J36' [AJ170] - What is the main reason you are not currently using birth control?

Ano ang PANGUNAHING dahilan kung bakit HINDI ka kasalukuyang gumagamit ng birth control?

- ☐ 1 TRYING TO GET PREGNANT/WANT A BABY
- ☐ 2 HAVEN'T FOUND A METHOD I LIKE
- ☐ 3 COST
- ☐ 4 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ☐ 5 NO TRANSPORTATION
- ☐ 6 DON'T KNOW WHERE TO GET IT
- ☐ 7 DON'T BELIEVE IN BIRTH CONTROL
- ☐ 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ☐ 9 PARTNER WON'T LET ME
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J37': IF 'QA20_J35' = 3 (IUD) OR 4 (IMPLANT), GO TO 'QA20_J38'; ELSE CONTINUE WITH 'QA20_J37'

'QA20_J37' [AJ171] - Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant?

Mayroon na bang doktor, medical provider, o family planning counselor na nakipag-usap sa iyo tungkol sa IUD o sa isang implant?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_J38' [AJ179] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

Nitong nakaraang 12 buwan, nakatanggap ba kayo mula sa doktor o medical provider ng counseling o impormasyon tungkol a pagpigil sa pagbubuntis para sa lalaki o para sa babae?

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

'QA20_J39' [AJ180] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

Sa nakaraang 12 buwan, nakatanggap ka ba ng isang pamamaraan ng birth control o reseta para sa birth control mula sa isang doktor, tagapaghandog ng medikal na serbisyo, o klinika ng family planning?

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

If = 2, -7, -8, go to 'PN_QA20_J42'

'QA20_J40' [AJ181] - What main birth control method or prescription did you receive?

Ano ang pangunahing pamamaraan ng birth control o reseta ang iyong tinanggap?

- ☐ 1 TUBAL LIGATION (TUBES TIED, CUT)
- ☐ 2 VASECTOMY (MALE STERILIZATION)
- ☐ 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- ☐ 4 IMPLANT (IMPLANON, NEXPLANON, ETC.)
- ☐ 5 BIRTH CONTROL PILLS
- ☐ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- ☐ 7 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_J41’ [AJ182] - Where did you receive the main birth control method or prescription?

Saan mo natanggap ang pangunahing pamamaraan o reseta ng birth control?

- ☐ 1 PRIVATE DOCTOR'S OFFICE
- ☐ 2 HMO FACILITY
- ☐ 3 HOSPITAL OR HOSPITAL CLINIC
- ☐ 4 PLANNED PARENTHOOD
- ☐ 5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC
- ☐ 6 SCHOOL OR SCHOOL-BASED CLINIC
- ☐ 7 EMPLOYER OR COMPANY CLINIC
- ☐ 8 INDIAN HEALTH SERVICE
- ☐ 9 PHARMACY
- ☐ 10 SOME OTHER PLACE (SPECIFY:_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA20_J42’:

**IF ‘QA20_A5’=2 (FEMALE AT BIRTH) THEN GO TO ‘QA20_J49’;
ELSE IF ‘QA20_A5’=1 (MALE AT BIRTH) CONTINUE WITH ‘QA20_J42’;**

‘QA20_J42’ [AJ144B] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

Nitong nakaraang 12 buwan, nakatanggap ba kayo mula sa doktor o medical provider ng counseling o impormasyon tungkol sa pagpigil sa pagbubuntis para sa lalaki o para sa babae?

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

‘QA20_J43’ [AJ172] - Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

Gumagamit ba kayo o ang inyong lalaking katalik ng isang paraan na pampigil sa pagbubuntis upang mahadlangan ang pagkabuntis? Kabilang dito ang male o female sterilization.

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 NO FEMALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 3, -7, -8, go to ‘PN_QA20_J46’

If = 2, go to ‘PN_QA20_J45’

'QA20_J44' [AJ174] - Which birth control method or methods are you using?

Aling paraan o mga paraan ng pampigil sa pagbubuntis ang inyong ginagamit?

[CODE ALL THAT APPLY]

[PROBE: 'Any others?']

[PROBE: 'May iba pa ba?']

- ☐ 01 TUBAL LIGATION (TUBES TIED, CUT)
- ☐ 02 VASECTOMY (MALE STERILIZATION)
- ☐ 03 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- ☐ 04 IMPLANT (IMPLANON, NEXPLANON, ETC.)
- ☐ 05 BIRTH CONTROL PILLS
- ☐ 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- ☐ 07 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J45':
IF 'QA20_J43' =1, GO TO 'QA20_J46',
ELSE CONTINUE WITH 'QA20_J45'

'QA20_J45' [AJ175] - What is the main reason you are not currently using birth control?

Ano ang pangunahing dahilan kung bakit hindi ka kasalukuyang gumagamit ng birth control?

- ☐ 1 TRYING TO GET PREGNANT/WANT A BABY
- ☐ 2 HAVEN'T FOUND A METHOD I LIKE
- ☐ 3 COST
- ☐ 4 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ☐ 5 NO TRANSPORTATION
- ☐ 6 DON'T KNOW WHERE TO GET IT
- ☐ 7 DON'T BELIEVE IN BIRTH CONTROL
- ☐ 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ☐ 9 PARTNER WON'T LET ME
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_J46' [AJ183] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

Sa nakaraang 12 buwan, nakatanggap ka ba ng isang pamamaraan ng birth control o reseta para sa birth control mula sa isang doktor, tagapaghandang ng medikal na serbisyo, o klinika ng family planning?

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

If = 2, -7, -8 go to 'PN_QA20_J49'

‘QA20_J47’ [AJ184] - What main birth control method or prescription did you receive?

Ano ang pangunahing pamamaraan ng birth control o reseta ang iyong tinanggap?

- ☐ 1 TUBAL LIGATION (TUBES TIED, CUT)
- ☐ 2 VASECTOMY (MALE STERILIZATION)
- ☐ 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- ☐ 4 IMPLANT (IMPLANON, NEXPLANON, ETC.)
- ☐ 5 BIRTH CONTROL PILLS
- ☐ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- ☐ 7 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_J48’ [AJ185] - Where did you receive the main birth control method or prescription?

Saan mo natanggap ang pangunahing pamamaraan o reseta ng birth control?

- ☐ 1 PRIVATE DOCTOR'S OFFICE
- ☐ 2 HMO FACILITY
- ☐ 3 HOSPITAL OR HOSPITAL CLINIC
- ☐ 4 PLANNED PARENTHOOD
- ☐ 5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC
- ☐ 6 SCHOOL OR SCHOOL-BASED CLINIC
- ☐ 7 EMPLOYER OR COMPANY CLINIC
- ☐ 8 INDIAN HEALTH SERVICE
- ☐ 9 PHARMACY
- ☐ 91 SOME OTHER PLACE (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA20_J49’: IF AAGE 18-44 CONTINUE WITH ‘QA20_J49’;
ELSE SKIP TO ‘QA20_J51’**

‘QA20_J49’ [AJ186]- In the last 12 months, did you get any type of health care by visiting a Planned Parenthood health care center?

Sa nakaraang 12 buwan, nakatanggap ka ba ng anumang uri ng pangangalagang pangkalusugan sa pamamagitan ng pagbisita sa health care center ng Planned Parenthood?

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

‘QA20_J50’ [AJ187]-In the last 12 months, did you get any health information or referral from Planned Parenthood by calling them, using their website, or through a Planned Parenthood program or workshop?

Sa nakaraang 12 buwan, nakatanggap ka ba ng anumang impormasyon o referral para sa kalusugan mula sa Planned Parenthood sa pamamagitan ng pagtawag sa kanila, gamit ang kanilang website, o sa pamamagitan ng program o workshop ng Planned Parenthood?

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

‘QA20_J51’ QA20[AG1] - These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

Tungkol sa kalusugan ng ngipin ang sumusunod na mga tanong. Humigit-kumulang, gaano katagal na mula noong huli kayong nagpatingin sa dentista o sa pagamutan ng ngipin? Bilangin ang mga hygienist at lahat ng uri ng mga espesyalista sa ngipin.

- ☐ 0 HAVE NEVER VISITED
- ☐ 1 6 MONTHS AGO OR LESS
- ☐ 2 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- ☐ 3 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- ☐ 4 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- ☐ 5 MORE THAN 5 YEARS AGO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 0, -7, -8, go to ‘QA20_J53’QA20

‘QA20_J52’ QA20[AJ167] - Was it for a routine checkup or cleaning, or was it for a specific problem?

Para ba ito sa rutinang checkup o paglilinis, o para sa partikular na problema?

- ☐ 1 ROUTINE CHECKUP OR CLEANING
- ☐ 2 SPECIFIC PROBLEM
- ☐ 3 BOTH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_J53’ QA20[AG3] - Do you now have any type of insurance that pays for part or all of your dental care?

Mayroon ba kayo ngayon na anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng iyong pangangalagang dental?

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

'QA20_J54' QA20[AJ168] - How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

Paano mo ilalarawan ang kalagayan ng iyong mga ngipin: mabuting-mabuti, napakabuti, mabuti, mabuti-but, o mahina?

- ☐ 1 EXCELLENT
- ☐ 2 VERY GOOD
- ☐ 3 GOOD
- ☐ 4 FAIR
- ☐ 5 POOR
- ☐ 6 HAS NO NATURAL TEETH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J55'_INTRO:
IF PROXY=1, GO TO 'QA20_K1'

'QA20_J55'_INTRO [AJ189_INTRO] - The next questions are about unwanted sexual experiences. This information will help us to better understand the problem of unwanted sexual contact and may help others in the future. This is a sensitive topic. Your answers will be kept confidential. If any question upsets you, you don't have to answer it.

Ang kasunod na mga tanong ay tungkol sa hindi ninanais na seksuwal na karanasan. Ang impormasyon na ito ay magbibigay sa amin ng mas mabuting pagkakaunawa ng problema ng hindi ninanais na seksuwal na pangyayari at maaaring makatulong sa iba sa hinaharap. Sensitibong paksa ito. Ang inyong mga sagot ay pananatiliing pribado. Kung may tanong na nakakasama ng loob sa inyo, hindi ninyo kinakailangang sagutin ito.

At the end of this section, we will give you contact information to an organization that can provide information and referral for these issues. Are you in a private enough space to answer these questions?

Sa pagtatapos ng seksiyon na ito, bibigyan namin kayo ng impormasyon kung papaano makausap ang isang organisasyon na maaaring magbigay ng impormasyon at referral para sa mga isyu na ito. Kayo ba ay nasa sapat na pribadong lugar para masagot ang mga tanong na ito?

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

If = 2, -7, -8 go to 'QA20_J57'QA20

'QA20_J55' QA20[AJ189] - Unwanted sex includes things like someone putting anything into your {vagina,} anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Kabilang sa mga hindi ninanais na pagtatalik ang mga bagay na tulad ng paglalagay ng anumang bagay sa butas ng inyong {puki,} puwit, o bibig o hinihikayat kayo na gawin ang mga bagay na ito sa kanila matapos ninyong sabihin o ipakita na hindi ninyo ninanais na gawin ito. Kabilang dito ang mga panahon na hindi ninyo kayang makapagbigay ng pahintulot, halimbawa, kayo ay lasing o natutulog, o sa inyong pagaakala ay kayo ay masasaktan o parurusahan kung kayo at tumanggi.

Since you turned 18, has anyone ever had sex with you after you said or showed that you didn't want them to or without your consent?

Simula nang kayo ay sumapit ang edad na 18, kayo ba ay nakipagtalik kaninoman matapos ninyong sabihin o ipakita sa kanila na hindi ninyo gusto ito o nang walang pahintulot mula sa inyo?

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

If = 2, -7, -8 go to 'QA20_J57'QA20

'QA20_J56' QA20 [AJ190] - Think about the most recent time that a person had sex with you after you said or showed that you didn't want to or without your consent. What was that person's relationship to you at that time?

Pag-isipan ang pinakakamakailang pangyayari na kaugnay ang taong nakipagtalik sa inyo matapos ninyong sinabi o ipinakita na hindi ninyo gusto ito o nang walang pahintulot mula sa inyo. Ano ang kaugnayan ninyo sa taong ito?

[CHECK ALL THAT APPLY]

- ☐ 1 CURRENT BOYFRIEND/GIRLFRIEND
- ☐ 2 FORMER BOYFRIEND/GIRLFRIEND
- ☐ 3 FIANCE
- ☐ 4 SPOUSE OR LIVE-IN PARTNER
- ☐ 5 FORMER SPOUSE OR FORMER LIVE-IN PARTNER
- ☐ 6 SOMEONE YOU WERE DATING
- ☐ 7 FIRST DATE
- ☐ 8 FRIEND
- ☐ 9 ACQUAINTANCE
- ☐ 10 A PERSON KNOWN FOR LESS THAN 24 HOURS
- ☐ 11 COMPLETE STRANGER
- ☐ 12 PARENT
- ☐ 13 STEP-PARENT
- ☐ 14 PARENT'S PARTNER
- ☐ 15 PARENT IN-LAW
- ☐ 16 OTHER RELATIVE
- ☐ 17 NEIGHBOR
- ☐ 18 CO-WORKER
- ☐ 19 OTHER NON-RELATIVE
- ☐ 20 MORE THAN ONE PERSON
- ☐ -7 DON'T KNOW
- ☐ -8 REFUSED

'SVRESOURCE' [SVRESOURCE] - We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

[IF CATI, DISPLAY: Would you like me to repeat this information?]

'QA20_J57' QA20 [AJ87] - Now I'd like to ask about care giving. Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.

During the past 12 months, did you provide any such help to a family member or friend?

[IF NEEDED, SAY: This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing.]

[IF NEEDED, SAY: Maaaring kabilang dito ang tulong sa paliligo, pag-inom ng gamot, mga gawain sa bahay, pagbabayad ng mga bills, pag-drive para makapunta sa doktor o sa grocery store, pag-aasikaso para makatanggap ng mga serbisyong medikal o pang-suporta, o kaya basta bumibisita lamang para malaman kung ano na ang kanilang kalagayan.]

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

If = 2, -7, -8 go to 'PN_QA20_K1'

'QA20_J58' QA20 [AJ101B] - For the next set of questions, please think about the person for whom you provided the most care.

Para sa susunod na grupo ng mga tanong, pag-isipan po lamang ang tao na inyong binigyan ng pinakamaraming pangangalaga.

Do you currently provide care for this person?

Kasalukuyan ba ninyong pinangangalagaan ang taong ito?

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

PROGRAMMING NOTE 'QA20_J58': IF 'QA20_J57' =1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was".

'QA20_J59' QA20[AJ201] - {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

Ano/Sa panahon na kayo ay nagbigay ng pangangalaga, ano} ang edad ng tao na ito?

_____ AGE [HR: 0-110]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_J60' QA20[AJ90] - What is this person's relationship to you?

Ano ang kaugnayan ninyo sa taong ito?

- ☐ 1 HUSBAND
- ☐ 2 WIFE
- ☐ 3 SPOUSE/PARTNER
- ☐ 4 FATHER/ FATHER-IN-LAW
- ☐ 5 MOTHER/ MOTHER-IN-LAW
- ☐ 6 BROTHER/ BROTHER-IN-LAW
- ☐ 7 SISTER/ SISTER-IN-LAW
- ☐ 8 GRANDFATHER
- ☐ 9 GRANDMOTHER
- ☐ 10 SON/SON-IN-LAW
- ☐ 11 DAUGHTER/DAUGHTER-IN-LAW
- ☐ 12 OTHER RELATIVE
- ☐ 13 FRIEND/NEIGHBOR
- ☐ 14 OTHER NON-RELATIVE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J61': IF 'QA20_J58'=1 THEN DISPLAY "do"; ELSE DISPLAY "did"; IF 'QA20_J60'=-7,-8 THEN DISPLAY "family member/friend"; ELSE DISPLAY {'QA20_J60'}

'QA20_J61' QA20[AJ93] - In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

Sa isang tipikal na linggo, mga ilang oras ang {binibigay/binigay} ninyo, sa karaniwan, sa inyong pagtulong sa inyong {AJ90/IF NO RESPONSE AT AJ90 INSERT 'kaibigan/miyembro ng pamilya'}?

_____ HOURS [HR: 0-125]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE QA20_J62: IF 'QA20_J58' =1 OR 2 CONTINUE WITH QA20_J62; ELSE GO TO 'QA20_J32'; IF 'QA20_J58' =1 DISPLAY "Are you paid for any of the hours you help your {AJ90}? "; IF 'QA20_J57' =2 DISPLAY "Were you paid for any of the hours you helped your {AJ90}?"

'QA20_J62' AJ191] - {Are you paid for any of the hours you help your 'AJ90'/Were you paid for any of the hours you helped your 'AJ90'}?

Kayo ba ay binabayaran/Kayo ba ay binayaran para sa anumang mga oras na {tinutulungan/tinulungan} ninyo ang inyong {AJ90/IF NO RESPONSE AT AJ90 INSERT 'kaibigan/miyembro ng pamilya'}? '

[IF NEEDED: 'Maaari itong kabayaran mula sa isang publikong programa, miyembro ng pamilya, o direktang mula sa taong pinangangalagaan mismo.']

[IF NEEDED: 'This could be payment from a public program, family member, or directly from the care recipient.']

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

PROGRAMMING NOTE 'QA20_J62': IF 'QA20_J57'=1 THEN DISPLAY "is"; ELSE DISPLAY "was";

'QA20_J63' QA20[AJ193] - How much of a financial stress would you say that caring for your {AJ90} {is/was} for you? {Is/Was} it...

Gaano {naging katindi/katindi} ang stress sa inyong pinansiyal na situwasyon na dulot ng inyong pangangalaga sa inyong {AJ90/IF NO RESPONSE AT AJ90 INSERT 'kaibigan/miyembro ng pamilya'} ang inyong naranasan? Ito ba ay...

- ☐ 01 Extremely stressful
- ☐ 01 *Napaka-stressful*
- ☐ 02 Somewhat stressful
- ☐ 02 *Medyo stressful*
- ☐ 03 A little stressful
- ☐ 03 *May kaunting stress*
- ☐ 04 Not at all stressful?
- ☐ 04 *Walang-wala talagang stress*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_J64' QA20 [AJ91B] - During the past 12 months, did your {AJ90} live...

Sa nakaraang 12 buwan, ang inyong {AJ90/IF NO RESPONSE AT AJ90 INSERT 'kaibigan/miyembro ng pamilya'} ba ay naninirahan nang...

[CHECK ALL THAT APPLY]

- ☐ 1 Alone,
- ☐ 1 *Mag-isa,*
- ☐ 2 With you,
- ☐ 2 *Kasama ninyo*
- ☐ 3 With some other family member,
- ☐ 3 *May kasamang iba pang miyembro ng pamilya*
- ☐ 4 In a nursing home,
- ☐ 4 *Sa isang nursing home*
- ☐ 5 In an assisted-living facility, or
- ☐ 5 *Sa isang assisted-living na pasilidad*
- ☐ 6 in some other living situation?
- ☐ 6 *Sa isang kakaiba pang paninirahan na situwasyon?*
- ☐ 7 REFUSED
- ☐ 8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J65': IF 'QA20_J58' = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'QA20_J65' QA20 [AJ194] - {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {requires/required} your help?

Anong/Sa panahon na nagbigay kayo ng pangangalaga, anong} mga kapansanan o sakit ang mayroon siya na {kinailangan/kailangan} niya ng inyong tulong?

[CHECK ALL THAT APPLY.]

- ☐ 1 ALZHEIMER'S, CONFUSION, DEMENTIA, FORGETFULNESS
- ☐ 2 ARTHRITIS
- ☐ 3 BACK PROBLEMS
- ☐ 4 BROKEN BONES
- ☐ 5 CANCER
- ☐ 6 DIABETES
- ☐ 7 FEEBLE, UNSTEADY, FALLING
- ☐ 8 LUNG DISEASE, EMPHYSEMA, COPD
- ☐ 9 MENTAL ILLNESS, EMOTIONAL ILLNESS, DEPRESSION
- ☐ 10 MOBILITY PROBLEM, CAN'T GET AROUND
- ☐ 11 OLD AGE, AGING
- ☐ 12 STROKE
- ☐ 13 SURGERY, WOUNDS
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_J66': IF QA20_J62 =1 CONTINUE WITH 'QA20_J66', ELSE GO TO 'QA20_J67'; IF 'QA20_J58' =1 DISPLAY "Do you have all of the support and services you need to care for your AJ90"; IF 'QA20_J58' =2 DISPLAY "Did you have all of the support and services you needed to care for yourAJ90";"

'QA20_J66' QA20[AJ197] - {Do you have all of the support and services you need to care for your {AJ90}}/Did you have all of the support and services you needed to care for your {'AJ90}}?

{Mayroon/Nagkaroon} ba kayong lahat ng mga suporta at serbisyo na inyong kinakailangan upang mapangalagaan ang inyong {AJ90}}?

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

'QA20_J67' QA20 [AJ199] - During the past 12 months, have you suffered any physical or mental health problems yourself as a result of providing care to your {AJ90}?

Sa nakaraang 12 buwan, nakaranas ba kayo ng anumang problemang pisikal o problema sa kalusugan ng pag-iisip bilang resulta ng pagbibigay ng pangangalaga sa inyong {AJ90}?

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

'QA20_J68' QA20[AJ200] - Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

Nagbago ba ang inyong sitwasyon dahil sa inyong pagbibigay ng tulong sa inyong {AJ90}, tulad ng pagbabago ng posisyon sa trabaho, nabawasan ang dami ng oras sa trabaho, nag-quit sa trabaho o nag-retire?

[CHECK ALL THAT APPLY]

- ☐ 1 NO CHANGE IN JOB STATUS
- ☐ 2 CHANGED JOB
- ☐ 3 TOOK A SECOND JOB/INCREASED HOURS WITH CURRENT JOB
- ☐ 4 REDUCED NUMBER OF WORK HOURS
- ☐ 5 TEMPORARY LEAVE OF ABSENCE
- ☐ 6 QUIT JOB
- ☐ 7 RETIRED/RETIRED EARLY
- ☐ 8 RECIEVED PAID FAMILY LEAVE
- ☐ 9 I DON'T WORK
- ☐ 91 OTHER (SPECIFY:_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section K: Employment, Income, Poverty Status

PROGRAMMING NOTE 'QA20_K1' :

**IF 'QA20_G16' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR 'QA20_G18' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA20_K1' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_K4'**

'QA20_K1' [AK3] - The next questions are about your employment.

Tungkol sa inyong empleo ang sumusunod na mga katanungan.

How many hours per week do you usually work at all jobs or businesses?

Ilang oras sa bawat linggo kayo karaniwang nagtatrabaho sa lahat ninyong mga trabaho bilang isang empleo o sa mga negosyo?

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_K2' [AK7] - How long have you worked at your main job?

Gaano katagal na kayo nagtatrabaho sa inyong pangunahing trabaho?

[IF NEEDED, SAY: 'That is, for your current employer.']

[IF NEEDED, SAY: 'Sa ibang salita, para sa inyong kasalukuyang employer.']

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 0-12]

_____ YEARS [HR: 0-50]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_K3' :

**IF 'QA20_G16' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA20_G18' = 1 (USUALLY WORKS), CONTINUE WITH 'QA20_K3' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_K4'**

'QA20_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?

Ano ang pinakamahasay ninyong tantya sa lahat ng inyong kinita nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

[IF AMOUNT GREATER THAN \$999,995, ENTER '999,995']

\$_____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_K4' ;

**IF 'QA20_G27' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA20_G28' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH 'QA20_K4' AND:
IF 'QA20_G16' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA20_G18' ≠ 1 (R DOES NOT USUALLY WORK), AND 'QA20_A21' = 1 (MARRIED), DISPLAY 'The next question is about your spouse's employment.'**

**ELSE IF 'QA20_G16' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA20_G18' ≠ 1 (R DOES NOT USUALLY WORK), AND ('QA20_D12' = 1 OR 'QA20_D13' = 1), THEN DISPLAY 'The next question is about your partner's employment.'
IF 'QA20_A21' = 1 THEN DISPLAY 'spouse';
ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1 THEN DISPLAY 'partner';
ELSE SKIP TO 'QA20_K6'**

'QA20_K4' [AK20] - {The next question is about your spouse's employment.}

{Tungkol sa empleo ng inyong {asawa} ang susunod na tanong.}

How many hours per week does your {husband/wife/spouse/partner} usually work at all jobs or businesses?

Ilang oras sa bawat linggo karaniwang nagtatrabaho ang inyong {asawa} sa lahat ng kanyang trabaho bilang empleo o sa mga negosyo?

_____ HOURS [HR: 0-95]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_K5' :**IF 'QA20_K4' ≠ 0 CONTINUE WITH 'QA20_K5' ;****IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse's';****ELSE IF 'QA20_D12' = 1 OR 'QA20_D13' = 1, THEN DISPLAY 'partner's';****ELSE GO TO 'QA20_K6'**

'QA20_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?

Ano ang pinakamahasay ninyong tantya sa lahat ng kinita ng inyong {asawa/partner} nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na porhora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

[IF AMOUNT GREATER THAN \$999,995, ENTER '999,995']

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_K6' [AK22] - What is your best estimate of your household's total annual income from all sources before taxes in 2019?

Ano ang pinakamahasay ninyong tantya sa kita ng buong pamamahay sa isang taon mula sa lahat ng pinanggagalingan bago nabuwisan noong 2019?

[IF NEEDED, SAY: 'Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.']

[IF NEEDED, SAY: 'Bilangin ang pera mula sa mga trabaho, social security, retirement income, bayad para sa unemployment, tulong mula sa gobyerno, at iba pa. Bilangin din ninyo ang kita mula sa interest, mga dividend, netong kita mula sa negosyo, sa sakahan o upa at anumang iba pang kinikitang pera.']

[IF AMOUNT GREATER THAN \$999,995, ENTER '999,995']

\$_____ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, -8, go to 'PN_QA20_K8'

'QA20_K7' [AK22A] - PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?

Ang taunang kita ng inyong pamamahay na itinala ko ay <AK22>. Tama ba ito?

- ☐ 1 YES
- ☐ 2 NO

If = 1, go to 'PN_QA20_K14'

If = 2, Go back to 'QA20_K6'

PROGRAMMING NOTE 'QA20_K8' :
IF 'QA20_K6' = -7 OR -8 CONTINUE WITH 'QA20_K8' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_K14'

'QA20_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?

Hindi namin kailangang malaman nang eksakto, ngunit masasabi ba ninyo sa akin kung higit ba o mas mababa sa \$20,000 ang taunang kita ng inyong pamamahay mula sa lahat ng pinanggagalingan bago nabuwisan?

- ☐ 1 MORE
- ☐ 2 EQUAL TO \$20K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to 'QA20_K10'

If = -7, -8, go to 'PN_QA20_K14'

'QA20_K9' [AK12] - Is it ...

Ito ba ay...

- ☐ 1 \$5,000 or less,
- ☐ 1 \$5,000 o mas mababa,
- ☐ 2 \$5,001 to \$10,000
- ☐ 2 \$5,001 a \$10,000
- ☐ 3 \$10,001 to \$15,000
- ☐ 3 \$10,001 a \$15,000
- ☐ 4 \$15,001 to 20,000
- ☐ 4 \$15,001 a \$20,000
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, -7, -8, go to 'PN_QA20_K14'

'QA20_K10' [AK13] - Is it more or less than \$70,000 per year?

Higit ba o mas mababa sa \$70,000 sa bawat taon?

- ☐ 1 MORE
- ☐ 2 EQUAL TO \$70K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to 'QA20_K12'

If = -7, -8, go to 'PN_QA20_K14'

'QA20_K11' [AK14] - Is it ...

Ito ba ay...

- ☐ 1 \$20,001 to \$30,000
- ☐ 1 *\$20,001 a \$30,000*
- ☐ 2 \$30,001 to \$40,000
- ☐ 2 *\$30,001 a \$40,000*
- ☐ 3 \$40,001 to \$50,000
- ☐ 3 *\$40,001 a \$50,000*
- ☐ 4 \$50,001 to \$60,000
- ☐ 4 *\$50,001 a \$60,000*
- ☐ 5 \$60,001 to \$70,000
- ☐ 5 *\$60,001 a \$70,000*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 5, -7, -8, go to 'PN_QA20_K14'

'QA20_K12' [AK15] - Is it more or less than \$135,000 per year?

Higit ba o mas mababa sa \$135,000 sa bawat taon?

- ☐ 1 MORE
- ☐ 2 EQUAL TO \$135K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, go to 'PN_QA20_K14'

'QA20_K13' [AK16] - Is it ...

Ito ba ay...

- ☐ 1 \$70,001 to \$80,000
- ☐ 1 *\$70,001 a \$80,000*
- ☐ 2 \$80,001 to \$90,000
- ☐ 2 *\$80,001 a \$90,000*
- ☐ 3 \$90,001 to \$100,000
- ☐ 3 *\$90,001 a \$100,000*
- ☐ 4 \$100,001 to \$135,000
- ☐ 4 *\$100,001 a \$135,000*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_K14' :
IF R IS ONLY MEMBER OF HH, SET 'QA20_K14'=1 AND GO TO PROGRAMMING NOTE 'QA20_K15'
;
ELSE CONTINUE WITH 'QA20_K14'

'QA20_K14' [AK17] - Including yourself, how many people living in your household are supported by your total household income?

Kabilang ang inyong sarili, ilang tao na tumitira sa inyong pamamahay ang tinutustusan ng buong kita ng inyong pamamahay?

_____ NUMBER OF PEOPLE [HR: 1-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_K15' :
'QA20_K15' MUST BE LESS THAN 'QA20_K14' ;
IF R IS ONLY MEMBER OF HH, GO TO 'QA20_K16' ;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS)
OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD
ENUMERATION) = 'QA20_K14' GO TO PROGRAMMING NOTE 'QA20_K16' ;
ELSE CONTINUE WITH 'QA20_K15'

'QA20_K15' [AK18] - How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

Ilan sa {INSERT NUMBER FROM QA15_K15} taong ito ay mga bata na hindi pa 18 taong gulang?

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_K16' [AK32] - Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

Mayroon bang sinumang nakatira sa U.S., ngunit hindi kasalukuyang tumitira sa inyong pamamahay, na tinutustusan ng kita ng inyong pamamahay?

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

If= 2,-7,-8 go to 'PN_QA20_K18'

'QA20_K17' [AK33] - How many?

Ilan?

_____ NUMBER OF PEOPLE [HR: 1-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_K18' :

**IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA20_K18' ;
ELSE GO TO 'QA20_L7' ;**

PROGRAMMING NOTE 'QA20_K18' :

**IF 'QA20_K14' = 1, THEN DISPLAY 'I',
ELSE IF 'QA20_K14' > 1 DISPLAY 'We'**

IF PROXY=1, GO TO 'QA20_L1'

'QA20_K18' [AM1] - These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Tungkol sa mga pagkain na kinain sa inyong pamamahay nitong nakaraang 12 buwan ang sumusunod na mga tanong at kung nakaya ninyong mamili ng pagkain.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

Babasahin ko ang dalawang pahayag ng mga tao tungkol sa kanilang kalagayan sa pagkain. Para sa bawat isa, pakisabi sa akin kung isinasalarawan ng pahayag ang isang bagay na totoo nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan.

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

'Talagang hindi nagtagal ang pagkaing binili {ko/namin}, at wala {akong/kaming} pera upang bumili ng pandagdag.'

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

Totoo ba iyon nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong bahay nitong nakaraang 12 buwan?

- ☐ 1 OFTEN TRUE
- ☐ 2 SOMETIMES TRUE
- ☐ 3 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_K19' :
IF 'QA20_K14' = 1, THEN DISPLAY 'I',
ELSE IF 'QA20_K14' > 1 DISPLAY 'We'

'QA20_K19' [AM2] - The second statement is: '{I/We} couldn't afford to eat balanced meals.'

Ang unang pahayag ay: 'Talagang hindi nagtagal ang pagkaing binili {ko/namin}, at wala {akong/kaming} pera upang bumili ng pandagdag.'

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

Totoo ba iyon nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan?

- ☐ 1 OFTEN TRUE
- ☐ 2 SOMETIMES TRUE
- ☐ 3 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_K20' [AM3] - Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

Sa nakaraang 12 buwan, binawasan ba ninyo o ng iba pang mga may edad sa inyong pamamahay ang dami ng pagkain o hindi kumain ng almusal/tanghalian/hapunan dahil sa hindi sapat ang pera para sa pagkain?

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

If = 2, -7, -8, go to 'QA20_K22'

'QA20_K21' [AM3A] - How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

Gaano kadalas ito nangyayari -- halos bawat buwan, ilang buwan ngunit hindi bawat buwan, o sa isa o dalawang buwan lamang?

- ☐ 1 ALMOST EVERY MONTH
- ☐ 2 SOME MONTHS BUT NOT EVERY MONTH
- ☐ 3 ONLY IN 1 OR 2 MONTHS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_K22' [AM4] - In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

Nitong nakaraang 12 buwan, kumain ba kayo kailanman ng mas kaunti kaysa sa inyong nadadamang dapat kainin dahil walang sapat na pera upang ipambili ng pagkain?

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

'QA20_K23' [AM5] - In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

Nitong nakaraang 12 buwan, nagutom ba kayo kailanman ngunit hindi kumain dahil hindi ninyo kayang bumili ng sapat na pagkain?

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

Section L: Public Program Participation

PROGRAMMING NOTE 'QA20_L1':

IF HOUSEHOLD INCOME IS \leq 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE \neq 1)] CONTINUE WITH SECTION L;

ELSE GO TO PN 'QA20_L31'

'QA20_L1' [AL2] - Are you now receiving TANF or CalWORKs?

Tumatanggap ba kayo ngayon ng TANF o CalWORKS?

[IF NEEDED, SAY: 'TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.']

[IF NEEDED, SAY: 'Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKS. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.']

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

PROGRAMMING NOTE 'QA20_L2' :

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA20_L2' ;

ELSE GO TO 'QA20_L3' ;

IF PROXY=1, GO TO 'QA20_L3'

'QA20_L2' [IAP1] – Is (TEEN) now receiving TANF or CalWORKs?

Tumatanggap ba ngayon si (TEEN) ng TANF or CalWORKS?

[IF NEEDED, SAY: 'TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.']

[IF NEEDED, SAY: 'Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKS. Itong dalawa ang kapalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.']

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

'QA20_L3' [AL5] - Are you receiving Food Stamp benefits, also known as CalFresh?

[IF NEEDED, SAY: 'You receive benefits through an EBT card.' EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: 'Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

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

PROGRAMMING NOTE 'QA20_L4' :
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH 'QA20_L4' ;
ELSE GO TO 'QA20_L5'
IF PROXY=1, GO TO 'QA20_L5'

'QA20_L4' [IAP2] - Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba kayo ng mga benepisyo ng Food Stamp na kilala rin bilang CalFresh?

[IF NEEDED, SAY: 'You may receive benefits as stamps or through an EBT card.' EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

[IF NEEDED, SAY: 'Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

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

'QA20_L5' [AL6] - Are you receiving Supplemental Security Income (SSI)?

Tumatanggap ba kayo ng SSI?

[IF NEEDED, SAY: 'SSI means Supplemental Security Income. This is different from Social Security'.]

[IF NEEDED, SAY: 'Ang kahulugan ng SSI ay Supplemental Security Income. Iba ito sa Social Security.]

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

PROGRAMMING NOTE 'QA20_L6' :

**IF 'QA20_A5' = 2 (FEMALE AT BIRTH) AND [AD13 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'QA20_L6' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_L7'**

'QA20_L6' [AL7] - Are you on WIC?

Naka-enrol ba kayo sa WIC?

[IF NEEDED, SAY: 'WIC is the Supplemental Food Program for Women, Infants and children.']

[IF NEEDED, SAY: *Ang WIC ay ang 'Supplemental Food Program for Women, Infants and Children'*]

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

PROGRAMMING NOTE 'QA20_L7' :

IF 'QA20_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA20_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA20_L7' ; ELSE SKIP TO PROGRAMMING NOTE 'QA20_L8' ;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA20_K14' .

IF 'QA20_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA20_K14' = 1 DISPLAY \$2000;

IF 'QA20_K14' = 2 DISPLAY \$3000;

IF 'QA20_K14' = 3 DISPLAY \$3150;

IF 'QA20_K14' = 4 DISPLAY \$3300;

IF 'QA20_K14' = 5 DISPLAY \$3450;

IF 'QA20_K14' = 6 DISPLAY \$3600;

IF 'QA20_K14' = 7 DISPLAY \$3750;

IF 'QA20_K14' = 8 DISPLAY \$3900;

IF 'QA20_K14' = 9 DISPLAY \$4050;

IF 'QA20_K14' ≥ 10 DISPLAY \$4200;

IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY 'your family's';

ELSE DISPLAY 'your'

'QA20_L7' [AL9] - Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

Huwag bibilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo, masasabi ba ninyo na higit sa {PROPERTY LIMIT} ang halaga ng mga ari-arian {ninyo/ng inyong pamilya}, ibig sabihin, lahat ng inyong perang cash, mga savings, mga investment na pinagsama-sama ?

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

PROGRAMMING NOTE 'QA20_L8' :

IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'you or your spouse';
ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY 'you or your partner';
ELSE DISPLAY 'you'

'QA20_L8' [AL15B] - Did {you or your spouse/you or your partner/you} receive any money last month for child support?

Nakatanggap ba kayo {kayo} ng anumang pera nitong nakaraang buwan para sa child support o sustento sa anak?

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

If = 2, -7, -8, go to 'PN_QA20_L10'

PROGRAMMING NOTE 'QA20_L9' :

IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your spouse';
ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D12' = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your partner';
ELSE CONTINUE WITHOUT DISPLAYS

'QA20_L9' [AL16B] - What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa child support nitong nakaraang buwan?

[IF AMOUNT GREATER THAN \$999,995, ENTER '999,995']

\$ _____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_L10' :

**IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your spouse or both of you';
 ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1
 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your partner or both of you'
 ELSE DISPLAY 'you'**

'QA20_L10' [AL17] - Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

Nagbayad ba {kayo o ang inyong partner o kayong dalawa/ kayo o ang inyong asawa o kayong dalawa} ng anumang child support nitong nakaraang buwan?

- ☐ 1 YES, RESPONDENT PAID
- ☐ 2 YES, SPOUSE/PARTNER PAID
- ☐ 3 YES, BOTH PAID
- ☐ 4 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 4, -7, -8, go to 'PN_QA20_L12'

PROGRAMMING NOTE 'QA20_L11' :

**IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your spouse or both of you';
 ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1
 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your partner or both of you';
 ELSE DISPLAY 'you'**

'QA20_L11' [AL18] - What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

Ano ang kabuuang halaga ng child support ang binayaran {ninyo o ng inyong asawa o ninyong dalawa/ ninyo o ng inyong partner o ninyong dalawa} nitong nakaraang buwan?

[IF AMOUNT GREATER THAN \$999,995, ENTER '999,995']

_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_L12' :

IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'you or your spouse';
ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY 'you or your partner';
ELSE DISPLAY 'you'

'QA20_L12' [AL32] - Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

Tumanggap ba{ kayo o ang inyong asawa/kayo o ang inyong partner/kayo } ng anumang pera para sa workers compensation nitong nakaraang buwan?

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

If = 2, -7, -8, go to 'PN_QA20_L14'

PROGRAMMING NOTE 'QA20_L13' :

IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your spouse';
ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D12' = 1 OR 'QA20_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your partner';
ELSE CONTINUE WITHOUT DISPLAYS

'QA20_L13' [AL33] - What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa workers compensation nitong nakaraang buwan?

[IF AMOUNT GREATER THAN \$999,995, ENTER '999,995']

\$ _____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_L14' :

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA20_L14' AND DISPLAY 'you or your spouse';
ELSE IF AGE ≥ 65 AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA20_L14' AND DISPLAY 'you or your partner';
ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'QA20_L14' AND DISPLAY 'you';
ELSE GO TO PROGRAMMING NOTE 'QA20_L16'

'QA20_L14' [AL18A] - Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

Nakatanggap ba {kayo o ang inyong asawa/kayo o ang inyong partner} ng anumang bayad mula sa Social Security o Pension nitong nakaraang buwan?

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

If = 2, -7, -8, go to 'PN_QA20_L16'

PROGRAMMING NOTE 'QA20_L15' :

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY 'you or your spouse';
ELSE IF AGE ≥ 65 AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY 'you or your partner';
ELSE IF AGE ≥ 65, DISPLAY 'you';

'QA20_L15' [AL18B] - What was the total amount {you} received last month from Social Security and Pensions {for both you and your spouse/partner}?

Ano ang kabuuang halagang tinanggap nitong nakaraang buwan mula sa Social Security at mga Pension?

[IF AMOUNT GREATER THAN \$999,995, ENTER '999,995']

_____ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE 'QA20_L16' :IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA20_L16'
;
ELSE GO TO 'QA20_L17'**

'QA20_L16' [AL19] - What is the one main reason why you are not enrolled in the Medi-Cal program?

Ano ang isang pangunahing dahilan kung bakit hindi kayo naka-enroll sa program ng Medi-Cal?

- ☐ 1 PAPERWORK TOO DIFFICULT
- ☐ 2 DO NOT KNOW IF ELIGIBLE
- ☐ 3 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 6 DO NOT BELIEVE IN HEALTH INSURANCE
- ☐ 7 DO NOT NEED INSURANCE BECAUSE HEALTHY
- ☐ 8 ALREADY HAVE INSURANCE
- ☐ 9 DID NOT KNOW ABOUT IT
- ☐ 10 DO NOT LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE 'QA20_L17':IF 'QA20_H74'=1 OR 'QA20_H75' =1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH 'QA20_L17';
AND DISPLAY 'You previously said you had Medi-Cal. How long did you have Medi-Cal'
IF ARMCAL = 1 (MEDI-CAL) OR 'QA20_H73'=1, CONTINUE WITH 'QA20_L17' AND DISPLAY '{You previously said you have Medi-Cal. How long have you had Medi-Cal?}'ELSE GO TO 'QA20_L31'**

'QA20_L17' [AL40] - {You previously said you had Medi-Cal. How long did you have Medi-Cal?}{You previously said you have Medi-Cal. How long have you had Medi-Cal?}

Nasabi ninyo dati na mayroon kayong Medi-Cal. Gaano na katagal kayong mayroong Medi-Cal?

_____ YEARS

_____ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_L18' [AL86] - During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

Sa nakaraang 12 buwan, noong pinaka-kamakailan ninyong kinontak ang opisina ng County tungkol sa inyong mga benepisyo sa Medi-Cal, gaano katagal ang inyong paghihintay bago ninyo nakausap ang isang representatibo?

- ☐ 01 5 MINUTES OR LESS
- ☐ 02 MORE THAN 5 MINUTES, UP TO 15 MINUTES
- ☐ 03 MORE THAN 15, UP TO 30 MINUTES
- ☐ 04 MORE THAN 30 MINUTES
- ☐ 05 NEVER CONTACTED THE COUNTY OFFICE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 5, -7, -8 go to 'QA20_L23'

‘QA20_L19’ [AL87] - Most recently, how did you contact the County office?

Nitong pinaka-kamakailan lang, papaano ninyo kinontak ang opisina ng County?

- ☐ 01 VISITED OFFICE IN PERSON
- ☐ 02 CALLED OFFICE
- ☐ 03 DIRECTLY CONTACTED ELIGIBILITY WORKER
- ☐ 04 ONLINE
- ☐ 05 MAIL
- ☐ 91 OTHER (SPECIFY: _____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_L20’ [AL88] - How long did it take for the County representative to take care of your problem?

Gaano katagal inasikaso ng representatibo ng County ang inyong problema?

- ☐ 01 A WEEK OR LESS
- ☐ 02 MORE THAN 1 WEEK UP TO 2 WEEKS
- ☐ 03 MORE THAN 2 WEEKS UP TO A MONTH
- ☐ 04 MORE THAN A MONTH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_L21’ [AL89] - Tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree{s} with the following statements.

Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon sa mga sumusunod na pahayag.

The County representative was able to answer all of my questions. Do you...

Nasagot ng representatibo ng County ang lahat ng aking mga katanungan.

- ☐ 01 Strongly agree
- ☐ 01 *Malakas na sumasang-ayon*
- ☐ 02 Agree
- ☐ 02 *Sumasang-ayon*
- ☐ 03 Neither agree nor disagree
- ☐ 03 *Hindi alinman sa sumasang-ayon o hindi sumasang-ayon*
- ☐ 04 Disagree
- ☐ 04 *Hindi sumasang-ayon*
- ☐ 05 Strongly disagree
- ☐ 05 *Malakas na hindi sumasang-ayon*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_L22’ [AL90] - The County representative treated me with dignity and respect. Do you...

Magalang ang pagtrato sa akin ng representatibo ng County.

- ☐ 01 Strongly agree
- ☐ 01 *Malakas na sumasang-ayon*
- ☐ 02 Agree
- ☐ 02 *Sumasang-ayon*
- ☐ 03 Neither agree nor disagree
- ☐ 03 *Hindi alinman sa sumasang-ayon o hindi sumasang-ayon*
- ☐ 04 Disagree
- ☐ 04 *Hindi sumasang-ayon*
- ☐ 05 Strongly disagree
- ☐ 05 *Malakas na hindi sumasang-ayon*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_L23’ [AL91] - What areas should the County office consider improving?

Sa aling mga lugar and dapat isaalang-alang ng opisina ng County na kanilang dapat pagbutihin?

[CHECK ALL THAT APPLY]

- ☐ 01 Reduce wait times
- ☐ 01 *Bawasan ang oras ng paghihintay*
- ☐ 02 Spend more time with me
- ☐ 02 *Mas tagalan ang panahon na ginugugol para sa akin*
- ☐ 03 Explain things so I can understand
- ☐ 03 *Ipaliwanag ang mga bagay para maintindihan ko ang mga ito*
- ☐ 04 Tell me what the next steps are
- ☐ 04 *Sabihin sa akin kung ano ang mga susunod na dapat gawin*
- ☐ 05 No improvement needed
- ☐ 05 *Walang pagpapabuti na kinakailangang gawin*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW
- ☐ Other (specify)

‘QA20_L24’ [AL92] - How satisfied are you with the County office? Would you say...

Gaano kalakas ang inyong kasiyahan sa opisina ng county? Masasabi ba ninyo na kayo ay...

- ☐ 1 Very satisfied
- ☐ 1 *Talagang nasisiyahan*
- ☐ 2 Somewhat satisfied
- ☐ 2 *Medyo nasisiyahan*
- ☐ 03 Neither satisfied or dissatisfied
- ☐ 03 *Hindi alinman sa nasisiyahan o hindi nasisiyahan*
- ☐ 04 Dissatisfied
- ☐ 04 *Hindi nasisiyahan*
- ☐ 4 Very dissatisfied
- ☐ 4 *Talagang hindi nasisiyahan*
- ☐ 06 Not applicabled
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_L25’ [AL93] - Have you renewed your Medi-Cal in the last 12 months?

Ni-renew ba ninyo ang inyong Medi-Cal sa nakaraang 12 buwan?

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

If = 2, -7, -8 go to ‘QA20_L28’

‘QA20_L26’ [AL94] - When renewing your Medi-Cal, did you have any issues or problems?

Habang nire-renew ninyo ang inyong Medi-Cal, nakaranas ba kayo ng anumang issue o problema?

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

If = 1, go to ‘QA20_L30’

‘QA20_L27’ [AL95] - Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

Pansamantalang nawalan ba kayo ng coverage sa loob ng 1 hanggang sa 2 buwan, kumpletong nawalan ng coverage, o kinakailangang mag-apply na muli?

- ☐ 01 YES, LOST COVERAGE FOR 1-2 MONTHS
- ☐ 02 YES, LOST COVERAGE
- ☐ 03 YES, HAD TO REAPPLY
- ☐ 04 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_L28’ [AL96] - Before you had Medi-Cal, what health coverage did you have?

Bago kayo nagkaroon ng coverage sa Medi-Cal, anong health coverage ang mayroon kayo?

- ☐ 01 No insurance
- ☐ 02 Employer-based
- ☐ 03 Private
- ☐ 04 Covered California
- ☐ 05 Other
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1,2,3, -7, -8, go to ‘QA20_L31’

'QA20_L29' [AL97] - Did you have a problem changing to Medi-Cal?

Nakaranas ba kayo ng problema nung lumipat kayo sa Medi-Cal?

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

If = 2, -7, -8, go to 'QA20_L31'

'QA20_L30' [AL98] - What was the problem?

Anong klaseng problema?

[CHECK ALL THAT APPLY]

- ☐ 01 Had to pay premiums while waiting for Medi-Cal decision
- ☐ 01 *Kinakailangang magbayad ng premium habang naghihintay ng desisyon sa Medi-Cal*
- ☐ 02 Received conflicting eligibility notices
- ☐ 02 *Nakatanggap ng magkakasalungat na paunawa tungkol sa pagiging kuwalipikado*
- ☐ 03 Delay in receiving Medi-Cal
- ☐ 03 *Naantala sa pagtanggap ng Medi-Cal*
- ☐ 04 Could not see my provider
- ☐ 04 *Hindi ko makita ang provider ko*
- ☐ 05 Required to provide a lot of paperwork
- ☐ 05 *Maraming mga papeles na kailangang kumpletohin*
- ☐ 06 Had to file an appeal
- ☐ 06 *Kailangang mag-file ng appeal*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_L31':

IF 'QA20_G1' ≠ 1,2, 9, 22 OR 26, CONTINUE WITH 'QA20_L31';

ELSE SKIP TO 'QA20_M1';

'QA20_L31' [AL99] - Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you or a family member, from obtaining a green card or becoming a U.S. citizen?

Nagkaroon ba ng panahon na kung saan napagpasiyahan ninyo na huwag mag-apply para sa isa o mahigit pang mga hindi-perang benepisyo ng gobyerno, tulad ng Medi-Cal, food stamps, o tulong sa tirahan, dahil nag-aalala kayo na madi-disqualify kayo, o ang isang miyembro ng pamilya, sa pagtanggap ng green card o sa pagiging isang mamamayan ng U.S.?

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

If = 2, -7, -8 then go to 'QA20_L33'

'QA20_L32' [AL104] - Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

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

'QA20_L33' [AL100] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

Nagkaroon ba ng panahon na may humiling na inyong sabihin ang inyong Social Security Number o kaya magpakita ng katunayan ng inyong citizenship o legal na katayuan noong nagtangka kayong makatanggap ng mga medikal na serbisyo?

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

If =2,-7,-8, go to 'QA20_L35'

'QA20_L34' [AL101] - Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

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

'QA20_L35' [AL102] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

Nagkaroon ba ng panahon na may humiling na inyong sabihin ang inyong Social Security Number o magpakita ng katunayan ng inyong citizenship o legal na katayuan noong nagtangka ninyong i-enroll ang inyong sarili o ang isang bata sa paaralan?

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

If =2,-7,-8, go to 'QA20_M1'

'QA20_L36' [AL103] - Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

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

Section M: Housing and Social Cohesion

'QA20_M1' [AK23] - These next questions are about your housing and neighborhood.

Tungkol sa inyong pabahay at kapitbahayan ang susunod na mga tanong.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

Nakatira ba kayo sa bahay, sa duplex, sa gusaling may 3 o higit pang unit, o sa mobile home?

[IF NEEDED, SAY: 'A duplex is a building with 2 units.']

[IF NEEDED, SAY: 'Gusali na may dalawang unit ang duplex.']

- ☐ 1 HOUSE
- ☐ 2 DUPLEX
- ☐ 3 BUILDING WITH 3 OR MORE UNITS
- ☐ 4 MOBILE HOME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_M2' [AK25] - Do you own or rent your home?

Pag-aari ba ninyo o inuupahanang inyong bahay?

- ☐ 1 OWN
- ☐ 2 RENT
- ☐ 3 OTHER ARRANGEMENT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_M3': If AAGE >= 65 AND 'QA20_M2' = 1, ASK 'QA20_M3'

'QA20_M3' [AM37] - Are you currently paying off a mortgage or loan on this home?

Kasalukuyan ka bang nagbabayad ng buwanang hulog o mortgage, o utang sa bahay na ito?

[IF SPOUSE/PARTNER IS PAYING, CODE AS 'YES']

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

PROGRAMMING NOTE 'QA20_M4': IF 'QA20_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'QA20_M4' ELSE GO TO 'QA20_M5'

'QA20_M4' [AJ178] - Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

Mayroon bang sinuman sa opisina o clinika ng inyong doktor o healthcare provider na tumutulong sa inyo na maikonekta ang inyong pamilya sa mga serbisyong naka-base sa komunidad na inyong maaaring kinakailangan, tulad ng tulong sa pamamahay, tulong sa pagkain, o suportang panlipunan?

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

PROGRAMMING NOTE 'QA20_M5' :
IF 'QA20_M5' THROUGH 'QA20_M8' NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH 'QA20_M5' ;
ELSE GO TO 'QA20_M9'
IF PROXY=1, GO TO 'QA20_M9'

'QA20_M5' [AM19] - Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sangayon sa mga sumusunod na pahayag.

People in my neighborhood are willing to help each other.

Handang tumulong sa isa't-isa ang mga tao sa aking kapitbahayan.

[IF NEEDED, SAY: 'Do you strongly agree, agree, disagree, or strongly disagree?']

[IF NEEDED, SAY: "Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang disang-ayon?"]

[DO NOT PROBE A 'DON'T KNOW' RESPONSE.]

- ☐ 1 STRONGLY AGREE
- ☐ 2 AGREE
- ☐ 3 DISAGREE
- ☐ 4 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_M6' [AM20] - People in this neighborhood generally do not get along with each other.

Hindi nagkakasundo nang mabuti sa isa't-isa ang mga tao sa kapitbahayang ito.

[IF NEEDED, SAY: 'Do you strongly agree, agree, disagree, or strongly disagree?']

[IF NEEDED, SAY: 'Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang disang-ayon?']

[DO NOT PROBE A 'DON'T KNOW' RESPONSE.]

- ☐ 1 STRONGLY AGREE
- ☐ 2 AGREE
- ☐ 3 DISAGREE
- ☐ 4 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_M7' [AM21] - People in this neighborhood can be trusted.

Mapagkakatiwalaan ang mga tao sa kapitbahayang ito.

[IF NEEDED, SAY: 'Do you strongly agree, agree, disagree, or strongly disagree?']

[IF NEEDED, SAY: "Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang disang-ayon?"]

['DO NOT PROBE A 'DON'T KNOW' RESPONSE.]

- ☐ 1 STRONGLY AGREE
- ☐ 2 AGREE
- ☐ 3 DISAGREE
- ☐ 4 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_M8' [AK28] - Do you feel safe in your neighborhood...

Panatag ba ang pakiramdam ninyo sa inyong kapitbahayan...

- ☐ 1 All of the time,
- ☐ 1 *Palagi,*
- ☐ 2 Most of the time,
- ☐ 2 *Kadalasan,*
- ☐ 3 Some of the time, or
- ☐ 3 *Paminsan-minsan*
- ☐ 4 None of the time
- ☐ 4 *Hindi kailanman*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

‘QA20_M9’ [AM39] - In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

Sa nakaraang 12 buwan, nag-boluntaryo ba kayo na magsaayos o mamuno sa mga gawain upang makatulong sa paglutas ng mga problema sa inyong komunidad?

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

‘QA20_M10’ [AM44] - Imagine that you find out about a problem in your community and you want to do something about it. For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water. Do you think you could express your views in front of a group of people?

Ipagpalagay na natin na may natagpuan kayong problema sa inyong komunidad at may nais kayong gawin tungkol dito. Halimbawa, may mga ilegal na droga na ibinebentang malapit sa isang paaralan, o mataas na antas ng mga lead ay natagpuan sa isang lokal na tubig na iniinom. Sa palagay ba ninyo ay maiipahiwatig ninyo ang inyong mga pananaw sa harap ng isang grupo ng mga tao?

- ☐ 1 Definitely could not
- ☐ 1 *Siguradong hindi*
- ☐ 2 Probably could not
- ☐ 2 *Malamang na hindi*
- ☐ 3 Maybe could
- ☐ 3 *Posibleng maaari*
- ☐ 4 Probably could
- ☐ 4 *Malamang na maaari*
- ☐ 5 Definitely could
- ☐ 5 *Siguradong oo*
- ☐ 6 REFUSED
- ☐ 7 DON'T KNOW

‘QA20_M11’ [AM45] - Do you think you could contact an elected official or someone else in government who represents your community?

Sa palagay ba ninyo ay mako-contact ninyo ang isang inihalal na opisyal o sinumang iba pang nasa gobyerno na nagrerepresenta ng inyong komunidad?

- ☐ 1 Definitely could not
- ☐ 1 *Siguradong hindi*
- ☐ 2 Probably could not
- ☐ 2 *Malamang na hindi*
- ☐ 3 Maybe could
- ☐ 3 *Posibleng maaari*
- ☐ 4 Probably could
- ☐ 4 *Malamang na maaari*
- ☐ 5 Definitely could
- ☐ 5 *Siguradong oo*
- ☐ 6 REFUSED
- ☐ 7 DON'T KNOW

‘QA20_M12’ [AM48] - In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

Sa nakaraang 12 buwan, kayo ba ay naging aktibong miyembro ng anumang grupo na nagtatangkang maimpluwensiyahan ang patakarang pampubliko o gobyerno, hindi kabilang ang isang pulitikong partido?

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

Section P: Voter Engagement

PROGRAMMING NOTE 'QA20_P1':

**IF 'QA20_G4'=1 (CITIZEN) OR 'QA20_G1' = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA20_P1';
ELSE GO TO 'QA20_P3'**

'QA20_P1' [AP73] - How often do you vote in presidential elections?

Gaano ka kadalas bumoto sa mga eleksyon para sa presidente?

- ☐ 01 Always
- ☐ 01 *Palagi*
- ☐ 02 Sometimes, or
- ☐ 02 *Paminsan-minsan, o*
- ☐ 03 Never?
- ☐ 03 *Hindi kailanman?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_P2' [AP74] - How often do you vote in state elections, such as for Governor or state proposition?

Gaano ka kadalas bumoto sa mga eleksyon ng estado, gaya ng para sa Governor o posisyon sa estado?

- ☐ 01 Always
- ☐ 01 *Palagi*
- ☐ 02 Sometimes, or
- ☐ 02 *Paminsan-minsan, o*
- ☐ 03 Never?
- ☐ 03 *Hindi kailanman?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA20_P3' [AP75] - How often do you vote in local elections, such as for Mayor or school board?

Gaano ka kadalas bumoto sa mga lokal na eleksyon, gaya ng para sa Mayor o lupon ng paaralan?

- ☐ 01 Always
- ☐ 01 *Palagi*
- ☐ 02 Sometimes, or
- ☐ 02 *Paminsan-minsan, o*
- ☐ 03 Never?
- ☐ 03 *Hindi kailanman?*
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA20_P4':

**IF 'QA20_P1' or 'QA20_P2' or 'QA20_P3' = 2 OR 3, CONTINUE WITH 'QA20_P4';
ELSE SKIP TO 'QA20_S1';**

'QA20_P4' [AP80] - For the most recent election that you did not vote in, what is the main reason why you did not vote?

Para sa pinaka-kamakailan lang na eleksiyon na hindi kayo bumoto, ano ang pangunahing dahilan kung bakit hindi kayo bumoto?

- ☐ 1 I DISLIKE POLITICS
- ☐ 2 VOTING HAS LITTLE TO DO WITH THE WAY REAL DECISIONS ARE MADE
- ☐ 03 I DID NOT LIKE ANY OF THE CANDIDATES ON THE BALLOT.
- ☐ 04 MY ONE VOTE IS NOT GOING TO AFFECT HOW THINGS TURN OUT.
- ☐ 5 I WAS NOT INFORMED ENOUGH ABOUT THE CANDIDATES OR ISSUES TO MAKE A GOOD DECISION.
- ☐ 6 I DID NOT SEE A DIFFERENCE BETWEEN THE CANDIDATES OR PARTIES.
- ☐ 7 I WAS NOT INTERESTED IN WHAT IS HAPPENING IN GOVERNMENT.
- ☐ 8 I JUST DID NOT THINK ABOUT DOING IT.
- ☐ 9 I FORGOT
- ☐ 10 I HAD TO WORK
- ☐ 11 I DID NOT HAVE TRANSPORTATION
- ☐ 91 OTHER (SPECIFY:_____)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

Section S: Suicide Ideation and Attempts

PROGRAMMING NOTE 'QA20_S1':
IF PROXY=1, GO TO PN_AM10B

'QA20_S1' [AF86] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Ang susunod na bahagi ay tungkol sa mga iniisip na pananakit sa sarili. Sa uulitin, kung may anumang tanong na nakakagulo sa inyo, hindi ninyo kailangang sagutin iyon.

Have you ever seriously thought about committing suicide?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan na magpakamatay?

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

If = 2, -7, -8, go to 'PN_AM10B'

'QA20_S2' [AF87] - Have you seriously thought about committing suicide at any time in the past 12 months?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan ang pagpapakamatay nitong nakaraang 12 buwan?

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

If = 2, -7, -8, go to 'QA20_S4'

'QA20_S3' [AF91] - Have you seriously thought about committing suicide at any time in the past 2 months?

May pagkakataon bang seryoso ninyong pinag-isipan ang pagpapakamatay kailanman nitong nakaraang 2 buwan?

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

'QA20_S4' [AF88] - Have you ever attempted suicide?

Nagtangka na ba kayong magpakamatay kailanman?

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

PROGRAMMING NOTE 'QA20_S5' :**IF 'QA20_S2' = (2, -7, -8) AND 'QA20_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;****IF 'QA20_S3' = (2, -7, -8) AND 'QA20_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;****IF 'QA20_S3' = 1 AND 'QA20_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;****ELSE CONTINUE WITH 'QA20_S5'****'QA20_S5'** [AF89] - Have you attempted suicide at any time in the past 12 months?*Nagtangka na ba kayong magpakamatay kailanman nitong nakaraang 12 buwan?*

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

'SUICIDE RESOURCE:' [SUICIDE RESOURCE:] - We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with?

Mayroon kaming toll-free number na matatawagan ninyo kung gusto ninyong makipag-usap sa isang tao tungkol sa mga pag-iisip o pagtatangka na magpakamatay. May taong nakahandang makipag-usap, 24 na oras sa bawat araw, na makapagbibigay ng impormasyong makakatulong sa inyo. Mayron ba kayong pagsusulatan?

[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).

Ang number ay 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).

Ang number ay 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help.

O, maaari ninyong tingnan ang isang website upang makahanap ng impormasyon tungkol sa kung paano humingi ng tulong.

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

The website address is www.suicidepreventionlifeline.org.

Ang website address ay www.suicidepreventionlifeline.org.

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

POST-NOTE FOR SUICIDE RESOURCE:

IF 'QA20_S2' = (2, -7, -8) AND 'QA20_S4' = (2, -7, -8) THEN SKIP TO PN_AM10B (NEXT SECTION); ELSE CONTINUE

'QA20_S6' [AF90] - Would you like to discuss your thoughts with this person or would you like to continue with the survey?

Gusto ba ninyong pag-usapan ang mga iniisip ninyo sa taong ito?

- ☐ 1 DISCUSS THOUGHTS WITH PERSON
- ☐ 2 CONTINUE WITH SURVEY
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'PN_AM10B'

Follow-Up Survey Permission

PROGRAMMING NOTE AM10B:

IF ('QA20_D5' OR 'QA20_D6' OR 'QA20_D7' =1)

LGBT ELIGIBILITY:

SEXUAL ORIENTATION:

IF [AD46B=2,3 (GAY, LESBIAN, OR BISEXUAL)], THEN CTCP_LGBT=1 (YES ELIGIBLE FLAG);

TRANSGENDER:

ELSE IF [AD65A=1 (MALE AT BIRTH) AND AD66B=2 (FEMALE IDENTITY)] OR [AD65A=2 (FEMALE AT BIRTH) AND AD66B=1 (MALE IDENTITY)] OR [AD66B=3 (TRANSGENDER)], THEN CTCP_LGBT=1 (YES ELIGIBLE FLAG);

ELSE IF [AD46B=91 (SEXUAL ORIENTATION OTHER RESPONSE)] OR [AD66B=4 (TRANSGENDER NONE OF THESE RESPONSE)], THEN CTCP_LGBT=2 (ELIGIBILITY PENDING VERIFICATION OF AD46BOS AND AD67BOS RESPONSES);

LSE CTCP_LGBT=3 (FLAG NOT LGBT ELIGIBLE);

OR NHPI:

IF [AA5A_5=1 (NATIVE HAWAIIAN)] OR IF [AA5A_6=1 (PACIFIC ISLANDER) AND (AA5E1_1=1 (SAMOAN) OR AA5E1_2=1 (GUAMANIAN) OR AA5E1_3=1 (TONGAN) OR AA5E1_4=1 (FIJIAN))], THEN CTCP_NHOPI=1 (YES ELIGIBLE FLAG);

ELSE IF [AA5A_6=1 (PACIFIC ISLANDER) AND (AA5E1_91=1 (PI OTHER SPECIFY) AND (AA5E1_1≠1 (NOT SAMOAN) OR AA5E1_2≠1 (NOT GUAMANIAN) OR AA5E1_3≠1 (NOT TONGAN) OR AA5E1_4≠1 (NOT FIJIAN))], THEN CTCP_NHOPI=2 (ELIGIBILITY PENDING VERIFICATION OF AA5E1_91 OS RESPONSE);

IF [CTCP_LGBT=1 OR CTCP_NHOPI=1, THEN CTCP=1 (ELIGIBLE)] OR ('QA20_D5' OR 'QA20_D6' OR 'QA20_D7' =1) DISPLAY 'JUST A COUPLE OF FINAL QUESTIONS';

ELSE IF CTCP_LGBT=2 OR CTCP_NHOPI=2, THEN CTCP=2 (ELIGIBLE PENDING VERIFICATION); DISPLAY 'JUST A COUPLE OF FINAL QUESTIONS';

ELSE CTCP=3 (NOT ELIGIBLE) OR LTSS= NOT ELIGIBLE; DISPLAY 'JUST A FINAL QUESTION';

'AM10B' [AM10B] - Just a {couple of} final question{s} and then we are done. Please provide your name and telephone number so that we may call you if we have additional questions.

May {mga ilang/mga} huling tanong na lang po at tapos na tayo. Pakibigay lang po ng inyong pangalan at numero ng telepono para maaari namin kayong matawagan kung saka-sakali mang mayroon kaming iba pang karagdagang mga katanungan.

First Name: _____

Last Name: _____

Pangalan: _____

Apelyido: _____

Phone Number: _____

Numero ng Telepono: _____

PN_LTSS/RIGHTS FOLLOW-UP:
IF PROGRAMMING NOTE LTSS_A:
IF ('QA20_D5' OR 'QA20_D6' OR 'QA20_D7' =1) , THEN CONTINUE
ELSE GO TO CTCP FOLLOW-UP

'LTSS/RIGHTS FOLLOW-UP' [LTSS/RIGHTS FOLLOW-UP] - Based on your responses, you may be eligible to participate in another survey conducted by UCLA. It will take place about 2-3 weeks from now and you will be paid \$25. This other survey will take 15 minutes to complete and is for {people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands)}

Base sa inyong mga kasagutan, maaaring kuwalipikado kayo para makasali sa isa pang survey na pinatatakbo ng UCLA. Gaganapin ito sa mga 2-3 linggo mula ngayon at babayaran kayo ng \$25. Itong isa pang survey ay aabutin ng 15 minuto para makumpleto at ito ay para sa {mga taong nakararanas ng kahirapan sa mga aktibidad sa pang-araw-araw na pamumuhay (hal. pagbibihis, paliligo, paglalakad, o paggawa ng mga gawain).

May we contact you about this survey?

Maaari ba naming kontakin kayo para sa survey na ito?

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

PN_CTCP FOLLOW-UP:**CTCP ELIGIBLE:**

IF CTCP_LGBT=1 OR CTCP_NHPI=1, THEN CTCP=1 (ELIGIBLE); CONTINUE WITH CTCP FOLLOW-UP;

ELSE IF CTCP_LGBT=2 OR CTCP_NHPI=2, THEN CTCP=2 (ELIGIBLE PENDING VERIFICATION); CONTINUE WITH CTCP;

ELSE CTCP=3 (NOT ELIGIBLE); SKIP CTCP FOLLOW-UP

'CTCP FOLLOW-UP' [CTCP FOLLOW-UP]- Based on your responses, you may be eligible to participate in another survey conducted by UCLA. It will take place about 2-3 weeks from now and you will be paid \$20. This other survey will take 15 minutes to complete.

Base sa inyong mga kasagutan, maaaring kuwalipikado kayo para makasali sa isa pang survey na pinatatakbo ng UCLA. Isasagawa ito sa huling bahagi ng spring sa taong ito at babayaran ka ng \$20. Gugugol ang iba pang survey na ito ng 15 minuto para makumpleto.

May we contact you about this survey?

Maaari ba naming kontakin kayo para sa survey na ito?

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

PN_LTSS/CTCP CONTACT

**IF [LTSS = 1] OR [CTCP FLAG=1 OR 2] AND INFO NOT PROVIDED IN AM10B, CONTINUE;
ELSE GO TO PN_SR2**

'LTSS/ CTCP CONTACT' [LTSS/ CTCP CONTACT] - - Please provide your name and telephone number so that we may call you if we have additional questions.

Pakibigay lang po ng inyong pangalan at numero ng telepono para maaari namin kayong matawagan kung saka-sakali mang mayroon kaming iba pang karagdagang mga katanungan

First Name: _____ Last Name: _____
Pangalan: _____ Apelyido: _____

Phone Number: _____
Numero ng Telepono: _____

PROGRAMMING NOTE SUICIDE RESOURCE 2: IF 'QA20_S6' = (2, -7, -8), AND ['QA20_S3' = 1 OR ('QA20_S3' = 2, -7, -8 AND 'QA20_S5' = 1)], THEN CONTINUE WITH SUICIDE RESOURCE 2; ELSE GO TO PROGRAMMING NOTE CLOSE1 IF PROXY=1, GO TO PN_CLOSE1&2

SUICIDE RESOURCE 2: As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with?

Sa uulitin, kung inyong ninanais makipag-usap sa isang tao tungkol sa mga pag-iisip o mga pagtatangka na magpakamatay, may tao na handang makipag-usap, 24 oras sa bawat araw na makapagbibigay ng impormasyong makakatulong sa inyo. Mayroon ba kayong panulat?

[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).

Ang toll-free number ay 1-800-273-TALK (8255).

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit their website to find out information about getting help.

O, maaari ninyong tingnan ang kanilang website para sa karagdagan pang impormasyon tungkol sa pagtanggap ng tulong.

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

The website address is www.suicidepreventionlifeline.org

Ang address ng website ay www.suicidepreventionlifeline.org

'QA20_S7' [AN8] - Would you like to speak with someone now?

Gusto ba ninyong makipag-usap sa isang tao ngayon?

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

If = 2, -7, -8, go to 'CLOSE1'

**PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1**

'CLOSE1' [CLOSE1] - Let me check to see if there is anyone else.

Titingnan ko kung mayroon sinumang iba pang kailangan naming kausapin.

If true, go to '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.

Salamat sa oras na inilaan mo at sa iyong pakikipagtulungan. Nakatulong ka sa isang napakamahalagang survey tungkol sa kalusugan. Kung mayroon kang anumang tanong, maaari kang makipag-usap kay Dr. Ponce, ang nangungulo sa pagsusuri. Maaaring matawagan si Dr. Ponce nang toll-free sa 1-866-275-2447. Salamat. Good-bye.