



CHIS 2015

Adult Questionnaire

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Adult Respondents Age 18 and Older

Collaborating Agencies:

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- ☐ California Department of Health Care Services
- ☐ California Department of Public Health

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Table of Contents

SECTION A – DEMOGRAPHIC INFORMATION, PART I	5
Age	5
Gender	6
Ethnicity	6
Race	7
Marital Status	12
SECTION B – HEALTH CONDITIONS	13
General Health	13
Asthma	13
Pre-Diabetes/Borderline Diabetes	17
Heart Disease	22
Flu Shot	24
SECTION C – HEALTH BEHAVIORS	25
Walking for Transportation and Leisure	25
Dietary Intake	27
Access to Fresh and Affordable Foods	28
Fast Food	28
Alcohol Use/Abuse	32
SECTION D – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH	35
Height and Weight	35
Disability	35
Sexual Partner	38
Registered Domestic Partner	41
Gender Identity	41
SECTION E – WOMEN’S HEALTH	44
Pregnancy Status	44
Mammography	44
SECTION F – MENTAL HEALTH	46
K6 Mental Health Assessment	46
Repeated K6	48
Sheehan Scale	50
Access & Utilization	52
Stigma	55
Medication	55
Loneliness Scale (Japanese-America)	58
SECTION G – DEMOGRAPHIC INFORMATION, PART II	60
Country of Birth (Self, Parents)	60
Japanese-American Generational Status	63
Additional Language Use	64
Spouse/Partner	67
Living with Parents	68
Educational Attainment	70
Veteran Status	70
Employment	71
Employment (Spouse/Partner)	74

SECTION H – HEALTH INSURANCE76

Usual Source of Care	76
Emergency Room Visits	76
Medicare Coverage	77
Employer-Based Coverage	84
Private Coverage	85
Employer Offer of Health Insurance	91
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage	92
AIM, MRMIP, Family PACT, Healthy Kids, Other Government Coverage	93
Other Coverage	93
Indian Health Service Participation	96
Spouse's Insurance Coverage Type & Eligibility	96
Managed-Care Plan Characteristics	106
High Deductible Health Plans	110
Coverage over Past 12 Months	112
Reasons for Lack of Coverage	113

SECTION I – CHILD AND ADOLESCENT HEALTH INSURANCE123

Child's Health Insurance	123
Medi-Cal Coverage (Child)	124
Private Coverage (Child)	126
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child)	129
AIM, MRMIP, Healthy Kids, Other Government Coverage (Child)	129
Other Coverage (Child)	130
Managed-Care Plan Characteristics (Child)	132
Deductible Health Plans (Child)	137
Lack of Coverage (Child)	139
Coverage over Past 12 Months (Child)	139
Teen's Health Insurance	142
Medi-Cal Coverage (Teen)	144
Employer-Based Coverage (Teen)	144
Private Coverage (Teen)	146
CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)	149
AIM, MRMIP, Family PACT, Healthy Kids, Other Government Coverage	149
Other Coverage (Teen)	150
Managed-Care Plan Characteristics (Teen)	152
High Deductible Health Plans (Teen)	156
Reasons for Lack of Coverage (Teen)	159
Coverage over Past 12 months (Teen)	159
Citizenship and Immigration (Parents)	168

SECTION J – HEALTH CARE UTILIZATION AND ACCESS171

Visits to Medical Doctor	171
Personal Doctor	172
Patient-Centered Care	172
Timely Appointments	173
Tele-Medical Care	174
Communication Problems with a Doctor	175
Change of Usual Source of Care	176
Delays in Care	177
Internet Use	181
Family Planning	181
Interpersonal Violence (Marin County)	185
Momose's Sekentei Scale (Japanese-American)	186

SECTION DM – DISCRIMINATION	191
SECTION K – EMPLOYMENT, INCOME, POVERTY STATUS, FOOD SECURITY.....	193
Hours Worked.....	193
Income Last Month	194
Annual Household Income	195
Number of Persons Supported	197
Poverty Level Test.....	198
Availability of Food in Household	201
Hunger	202
SECTION L – PUBLIC PROGRAM PARTICIPATION.....	204
TANF/CalWORKS	204
Food Stamps	204
Supplemental Security Income.....	206
WIC.....	206
Assets	207
Child Support.....	209
Worker's Compensation	211
Social Security/Pension Payments.....	212
Reasons for Non-Participation in Medi-Cal	213
SECTION M – HOUSING AND SOCIAL COHESION.....	214
Housing.....	214
Social Cohesion.....	215
Safety.....	217
Civic Engagement	217
Philanthropic Contributions.....	218
SECTION S – SUICIDE IDEATION AND ATTEMPTS.....	219
Suicide Ideation and Attempts.....	219
SECTION N –DEMOGRAPHIC INFORMATION PART III AND CLOSING	221
County of Residence	221
Address Confirmation, Cross Streets, Zip Code	222
Cell Phone Use.....	224
Survey Permission.....	225

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 2015 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 QA15_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA15_A1 What is your date of birth?
 Anong petsa kayo ipinanganak?

AA1MON

MONTH _____ [RANGE: 1-12]

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

AA1DAY

DAY _____ [RANGE: 1-31]

AA1YR

YEAR _____ [RANGE: 1904-1997]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_A2:
IF QA15_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA15_A2;
ELSE GO TO QA15_A5

QA15_A2 What month and year were you born?
 Anong buwan at taon kayo ipinanganak?

AA1AMON

MONTH _____ [RANGE: 1-12]

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

AA1AYR

YEAR _____ [RANGE: 1904-1997]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_A3:

**IF QA15_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A3;
ELSE GO TO QA15_A5**

QA15_A3 What is your age, please?
Kung puede po sanang matanong, ano ang edad ninyo?

AA2

____ YEARS OF AGE [RANGE: 0-120]

[GO TO QA15_A5]

REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_A4:

**IF QA15_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A4;
ELSE GO TO QA15_A5**

QA15_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49,
between 50 and 64, or 65 or older?
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?

AA2A

BETWEEN 18 AND 291
BETWEEN 30 AND 392
BETWEEN 40 AND 443
BETWEEN 45 AND 494
BETWEEN 50 AND 645
65 OR OLDER6
REFUSED -7
DON'T KNOW -8

POST NOTE QA15_A4: AAGE ENUM.AGE

**CALCULATE VALUE OF AAGE BASED ON QA15_A1, QA15_A2, OR QA15_A3 TO USE IN ALL AGE-
RELATED QUESTIONS;**

**IF QA15_A1, QA15_A2, OR QA15_A3 = -7 OR -8 (REF/DK), THEN USE QA15_A4;
ELSE USE ENUM.AGE**

QA15_A5 Are you male or female?
Lalaki o babae ba kayo?

AA3

MALE1
FEMALE2
REFUSED -7

QA15_A6 Are you Latino or Hispanic?
Latino o Hispanic ba kayo?

AA4

YES1
NO2 **[GO TO PN QA15_A8]**
REFUSED -7 **[GO TO PN QA15_A8]**
DON'T KNOW -8 **[GO TO PN QA15_A8]**

QA15_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.
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.

AA5

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

MEXICAN/MEXICAN AMERICAN/CHICANO1
SALVADORAN.....4
GUATEMALAN5
COSTA RICAN.....6
HONDURAN7
NICARAGUAN8
PANAMANIAN9
PUERTO RICAN 10
CUBAN..... 11
SPANISH-AMERICAN (FROM SPAIN) 12
OTHER LATINO (SPECIFY: _____) 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_A8:

**IF QA15_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY “You said you are Latino or Hispanic. Also,”;
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA15_A8, CONTINUE WITH
PROGRAMMING NOTE QA15_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

QA15_A8 {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White? {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?

AA5A

[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]

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

[CODE ALL THAT APPLY]

WHITE.....1	[GO TO PN QA15_A14]
BLACK OR AFRICAN AMERICAN.....2	[GO TO PN QA15_A14]
ASIAN3	[GO TO PN QA15_A12]
AMERICAN INDIAN OR ALASKA NATIVE4	[GO TO PN QA15_A9]
OTHER PACIFIC ISLANDER5	[GO TO PN QA15_A13]
NATIVE HAWAIIAN6	[GO TO PN QA15_A16]
OTHER (SPECIFY: _____) 91	
REFUSED -7	
DON'T KNOW -8	

PROGRAMMING NOTE QA15_A9:

**IF QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_A9;
ELSE GO TO PROGRAMMING NOTE QA15_A12**

QA15_A9

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

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.

AA5B**[CODE ALL THAT APPLY]**

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

QA15_A10

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 pang-estado?

AA5C

YES	1	
NO.....	2	[GO TO PN QA15_A12]
REFUSED	-7	[GO TO PN QA15_A12]
DON'T KNOW	-8	[GO TO PN QA15_A12]

QA15_A11

Which tribe are you enrolled in?

Sa aling tribo kayo nakatala?

AA5D

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

PROGRAMMING NOTE QA15_A12:
IF QA15_A8 = 3 (ASIAN) CONTINUE WITH QA15_A12;
ELSE GO TO PROGRAMMING NOTE QA15_A13

QA15_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.
 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.

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A13:
IF QA15_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA15_A13;
ELSE GO TO PROGRAMMING NOTE QA15_A14

QA15_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
 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.

AA5E1

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A14:

IF QA15_A6 = 1 (LATINO) AND [QA15_A8 = 6 (NATIVE HAWAIIAN) OR QA15_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA15_A8 = 3 (ASIAN) OR QA15_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA15_A8 = 1 (WHITE) OR QA15_A8 = 91 (OTHER)], CONTINUE WITH QA15_A14;
 ELSE IF THERE WERE MULTIPLE RESPONSES TO QA15_A8, QA15_A12, OR QA15_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA15_A14;
 ELSE SKIP TO QA15_A16

QA15_A14 You said that you are: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}.
 Sinabi ninyo na kayo ay: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}.

Do you identify with any one race in particular?
 Iniuugnay ba ninyo ang sarili ninyo sa alinmang isang partikular na lahi?

AA5G

YES	1	
NO	2	[GO TO QA15_A16]
REFUSED	-7	[GO TO QA15_A16]
DON'T KNOW	-8	[GO TO QA15_A16]

PROGRAMMING NOTE FOR QA15_A15:

IF QA15_A6 = 1 (YES, LATINO) AND QA15_A7 ≠ -7 OR -8, DO NOT DISPLAY QA15_A15 = 14 (LATINO);
 IF QA15_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA15_A13 = 1 TO 4 OR 91, DO NOT DISPLAY QA15_A15 = 17 (OTHER PACIFIC ISLANDER);
 IF QA15_A8 = 3 AND QA15_A12 = 1 TO 17 OR 91, DO NOT DISPLAY QA15_A15 = 19 (ASIAN)

QA15_A15 Which do you most identify with?
 Sa aling lahi ninyo higit na iniuugnay ang inyong sarili?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN	4
GUATEMALAN	5
COSTA RICAN	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN	11
SPANISH-AMERICAN (FROM SPAIN)	12
LATINO, OTHER SPECIFY	13
LATINO	14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	18
ASIAN	19
BLACK OR AFRICAN AMERICAN	20
WHITE	21
RACE, OTHER SPECIFY	22
BANGLADESHI	30
BURMESE	31

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

QA15_A16

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?

AH43

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

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

Section B – Health Conditions

QA15_B1

These next questions are about your health.

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?

AB1

EXCELLENT1
 VERY GOOD2
 GOOD3
 FAIR4
 POOR5
 REFUSED -7
 DON'T KNOW -8

QA15_B2

Has a doctor ever told you that you have asthma?Nasabihan na ba kayo ng doktor kailanman na may asthma kayo?

AB17

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA15_B18]

[GO TO PN QA15_B18]

[GO TO PN QA15_B18]

QA15_B3

Do you still have asthma?

Mayroon pa ba kayong asthma?

AB40

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_B4

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?

AB41

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_B5:

**IF [QA15_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA15_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA15_B9;
ELSE CONTINUE WITH QA15_B5**

QA15_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say
Nitong nakaraang 12 buwan, gaano kadalas kayo nakaranas ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, paninikip ng dibdib o plema? Masasabi ba ninyo na...

AB19

Not at all,1
Hindi kailanman,1
Less than every month,2
Mas bihira sa bawat buwan,2
Every month,3
Bawat buwan,3
Every week, or4
Bawat linggo, o4
Every day?5
Araw-araw?5
Not at all,5
REFUSED -7
DON'T KNOW -8

QA15_B6 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
Nitong nakaraang 12 buwan, kinailangan ba ninyong magpatingin sa emergency room ng ospital dahil sa inyong asthma?

AH13A

YES1
NO2 **[GO TO QA15_B8]**
REFUSED -7 **[GO TO QA15_B8]**
DON'T KNOW -8 **[GO TO QA15_B8]**

QA15_B7 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
Nagpatingin ba kayo sa emergency room ng ospital para sa inyong asthma dahil hindi kayo nakapagpatingin sa doktor ninyo?

AB106

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

YES1
NO2
DOESN'T HAVE A DOCTOR3
REFUSED -7
DON'T KNOW -8

QA15_B8 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
 Nitong nakaraang 12 buwan, na-ospital ba kayo nang magdamag o mas matagal pa para sa inyong asthma?

AH15A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_B9 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?

AB18

[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."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_B10:

**IF QA15_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA15_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA15_B14;
 ELSE CONTINUE WITH QA15_B10**

QA15_B10 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...
 Nitong nakaraang 12 buwan, gaano kadalas kayo nakaranas ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, paninikip ng dibdib o plema? Masasabi ba ninyo na...

AB66

Not at all,1
 Hindi kailanman,1
 Less than every month,2
 Mas bihira sa bawat buwan,2
 Every month,3
 Bawat buwan,3
 Every week, or4
 Bawat linggo, o4
 Every day?5
 Araw-araw?5
 REFUSED -7
 DON'T KNOW -8

QA15_B11 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
 Nitong nakaraang 12 buwan, kinailangan ba ninyong magpagamot sa emergency room ng ospital dahil sa inyong asthma?

AB67

YES1
 NO2 **[GO TO QA15_B13]**
 REFUSED -7 **[GO TO QA15_B13]**
 DON'T KNOW -8 **[GO TO QA15_B13]**

QA15_B12 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
 Nagpatingin ba kayo sa emergency room ng ospital para sa inyong asthma dahil hindi kayo nakapagpatingin sa doktor ninyo?

AB107

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

YES1
 NO2
 DOESN'T HAVE DOCTOR3
 REFUSED -7
 DON'T KNOW -8

QA15_B13 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
 Nitong nakaraang 12 buwan, na-ospital ba kayo nang magdamag o mas matagal pa para sa inyong asthma?

AB80

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_B14:
IF AAGE > 69 GO TO QA15_B15;
ELSE CONTINUE WITH QA15_B14

QA15_B14 During the past 12 months, how many days of work did you miss due to asthma?
 Nitong nakaraang 12 buwan, ilang araw kayong hindi nakapasok sa trabaho nang dahil sa asthma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

REFUSED -7
 DON'T KNOW -8

QA15_B15 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?
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?

AB43

YES1
NO2 **[GO TO QA15_B17]**
REFUSED -7 **[GO TO QA15_B17]**
DON'T KNOW -8 **[GO TO QA15_B17]**

QA15_B16 Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya nitong plano?

AB98

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

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_B17 How confident are you that you can control and manage your asthma? Would you say you are...
Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang inyong asthma?
Masasabi ba ninyo na kayo ay...

AB108

Very confident,1
Lubos na may tiwala,1
Somewhat confident,2
Medyo may tiwala,2
Not too confident, or3
Walang masyadong tiwala,3
Not at all confident?4
Walang tiwala kahit kaunti?4
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_B18:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B18 {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?

AB22

YES1
NO2
BORDERLINE OR PRE-DIABETES3 **[GO TO PN QA15_B34]**
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_B19:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B19 {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?
 {Maliban sa panahon ng pagbubuntis, nasabihan na ba} kayo ng doktor kailanman na mayroon kayong pre-diabetes, o borderline diabetes?
 {Nasabihan na ba} kayo ng doktor kailanman na mayroon kayong pre-diabetes, o borderline diabetes?

AB99

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_B20:
IF QA15_B18 = 1 THEN CONINTUE WITH QA15_B20;
ELSE SKIP TO PROGRAMMING NOTE QA15_B34

QA15_B20 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?

AB23

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

REFUSED-7
 DON'T KNOW-8

QA15_B21 Were you told that you had Type 1 or Type 2 diabetes?
 Nasabihan ba kayo na mayroon kayong Type 1 o Type 2 diabetes?

AB51

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

TYPE 1
 TYPE 22
 ANOTHER TYPE (SPECIFY: _____)91
 DOUBLE DIABETES (TYPE 1 AND TYPE 2)4
 REFUSED-7
 DON'T KNOW-8

QA15_B22

Are you now taking insulin?
 Gumagamit ba kayo ngayon ng insulin?

AB24

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA15_B23

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?

AB25

[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."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA15_B24

About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

Mga ilang beses sa bawat araw, bawat linggo o bawat buwan ninyo, o ng isang kaanak o kaibigan, sinusuri ang inyong dugo para sa glucose o asukal?

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

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

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

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

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

REFUSED-7
 DON'T KNOW-8

QA15_B25

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 nitong nakaraang 12 buwan kayo sinuri para sa hemoglobin "A one C" ng doktor o ng ibang health professional?

AB27

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

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

REFUSED-7
 DON'T KNOW-8

QA15_B26 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
Mga ilang beses nitong nakaraang 12 buwan sinuri ng doktor ang inyong mga paa para sa anumang mga sugat o pangangati?

AB28

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

REFUSED -7

DON'T KNOW -8

QA15_B27 When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
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.

AB63

WITHIN THE PAST MONTH1

WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...2

WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...3

2 OR MORE YEARS AGO.....4

NEVER.....5

REFUSED -7

DON'T KNOW -8

QA15_B28 During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
Nitong nakaraang 12 buwan, kinailangan ba ninyong magpagamot sa emergency room ng ospital dahil sa inyong diabetes?

AB109

YES1

NO.....2

REFUSED -7

DON'T KNOW -8

[GO TO QA15_B30]

[GO TO QA15_B30]

[GO TO QA15_B30]

QA15_B29 Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
Nagpatingin ba kayo sa emergency room ng ospital para sa inyong diabetes dahil hindi kayo nakapagpatingin sa doktor ninyo?

AB110

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

YES1

NO.....2

DOESN'T HAVE DOCTOR.....3

REFUSED -7

DON'T KNOW -8

QA15_B30 During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
Nitong nakaraang 12 buwan, na-ospital ba kayo nang magdamag o mas matagal pa para sa inyong diabetes?

AB111

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_B31 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?
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?

AB112

YES1
NO2 [GO TO QA15_B33]
REFUSED -7 [GO TO QA15_B33]
DON'T KNOW -8 [GO TO QA15_B33]

QA15_B32 Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

AB113

**[IF NEEDED, SAY: "This can be an electronic or hard copy."]
NEEDED, SAY: "Pwedeng electronic o nasa papel ang kopyang ito."]**

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_B33 How confident are you that you can control and manage your diabetes? Would you say you are...
Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang inyong diabetes?
Masasabi ba ninyo na kayo ay...

AB114

Very confident,1
Lubos na may tiwala,1
Somewhat confident,2
Medyo may tiwala,2
Not too confident, or3
Walang masyadong tiwala, o3
Not at all confident?4
Walang tiwala kahit kaunti?4
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_B34:
IF QA15_A5 = 2 (FEMALE) CONTINUE WITH QA15_B34;
ELSE GO TO QA15_B35

QA15_B34 Has a doctor ever told you that you had diabetes only during pregnancy?
 Nasabihan na ba kayo ng doktor kailanman na nagkaroon kayo ng diabetes noong panahon
lamang ng pagbubuntis ninyo

AB81

[IF NEEDED, SAY: "This is also known as gestational diabetes."]
[IF NEEDED, SAY: "Kilala rin ito bilang gestational diabetes."]

YES1
 NO2
 BORDERLINE GESTATIONAL DIABETES3
 REFUSED -7
 DON'T KNOW -8

QA15_B35 Has a doctor ever told you that you have high blood pressure?
 Nasabihan na ba kayo ng doktor kailanman na mayroon kayong altapresyon?

AB29

YES1
 NO2 **[GO TO QA15_B37]**
 HIGH NORMAL/BORDERLINE/
 PRE-HYPERTENSION3 **[GO TO QA15_B37]**
 REFUSED -7 **[GO TO QA15_B37]**
 DON'T KNOW -8 **[GO TO QA15_B37]**

QA15_B36 Are you now taking any medications to control your high blood pressure?
 Umiinom ba kayo ngayon ng anumang gamot para kontrolin ang inyong altapresyon?

AB30

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_B37 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?

AB34

YES1
 NO2 **[GO TO QA15_B45]**
 REFUSED -7 **[GO TO QA15_B45]**
 DON'T KNOW -8 **[GO TO QA15_B45]**

QA15_B38 Has a doctor ever told you that you have heart failure or congestive heart failure?
 Nasabihan na ba kayo ng doktor kailanman na mayroon kayong heart failure o congestive heart failure?

AB52

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_B39 During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?
 Nitong nakaraang 12 buwan, kinailangan ba ninyong magpagamot sa emergency room ng ospital dahil sa inyong sakit sa puso?

AB115

YES1
 NO2 **[GO TO QA15_B41]**
 REFUSED -7 **[GO TO QA15_B41]**
 DON'T KNOW -8 **[GO TO QA15_B41]**

QA15_B40 Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?
 Nagpatingin ba kayo sa emergency room ng ospital para sa inyong sakit sa puso dahil hindi kayo nakapagpatingin sa doktor ninyo?

AB116

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

YES1
 NO2
 DOESN'T HAVE DOCTOR3
 REFUSED -7
 DON'T KNOW -8

QA15_B41 During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?
 Nitong nakaraang 12 buwan, na-ospital ba kayo nang magdamag o mas matagal pa para sa inyong sakit sa puso?

AB117

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_B42 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?
 Natulungan na ba kayo ng inyong mga doktor o iba pang medical provider upang makagawa ng plano nang sa ganoon malalaman ninyo kung paano alagaan ang inyong sakit sa puso?

AB118

YES1
 NO2 **[GO TO QA15_B45]**
 REFUSED -7 **[GO TO QA15_B45]**
 DON'T KNOW -8 **[GO TO QA15_B45]**

QA15_B43 Do you have a written or printed copy of this plan?
 Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

AB119

**[IF NEEDED, SAY: "This can be an electronic or hard copy."]
 [IF NEEDED, SAY: "Pwedeng electronic o nasa papel ang kopyang ito."]**

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_B44 How confident are you that you can control and manage your heart disease? Would you say you are...
 Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang inyong sakit sa puso?
 Masasabi ba ninyo na kayo ay...

AB120

Very confident,1
 Lubos na may tiwala,1
 Somewhat confident,2
 Medyo may tiwala,2
 Not too confident, or3
 Walang masyadong tiwala, o3
 Not at all confident?4
 Walang tiwala kahit kaunti?4
 REFUSED -7
 DON'T KNOW -8

QA15_B45 During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?
 Nitong nakaraang 12 buwan, nagpa-flu shot ba kayo, o nagpa-nasal flu vaccine na tinatawag na Flumist?

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]

[IF NEEDED, SAY: "Karaniwang ibinibigay ang flu shot tuwing Fall at nagbibigay-proteksyon ito laban sa trangkaso sa panahon ng trangkaso."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

Section C – Health Behaviors

QA15_C1 The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

Tungkol sa paglalakad bilang paraan ng transportasyon ang sumusunod na mga tanong.
Tatanungin ko kayo nang hiwalay tungkol sa paglalakad para maglibang o mag-ehersisyo.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?
Nitong naraang 7 araw, naglakad ba kayo para marating ang isang lugar, at inabot kayo nang kahit man lamang 10 minuto?

AD37W

YES	1	
NO	2	[GO TO QA15_C4]
UNABLE TO WALK	3	[GO TO QA15_C7]
REFUSED	-7	[GO TO QA15_C4]
DON'T KNOW	-8	[GO TO QA15_C4]

QA15_C2 In the past 7 days, how many times did you do that?
Nitong nakaraang 7 araw, ilang beses ninyo ginawa iyon?

AD38W

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

[IF NEEDED, SAY: "Naglakad kahit man lamang 10 minuto upang marating ang isang lugar."]

_____ TIMES PER WEEK [IF 0, GO TO QA15_C4]

REFUSED	-7	[GO TO QA15_C4]
DON'T KNOW	-8	[GO TO QA15_C4]

PROGRAMMING NOTE QA15_C3:

IF QA15_C2 = 1 DISPLAY "How long did that walk take";

IF QA15_C2 > 1 DISPLAY "On average, how long did those walks take"

QA15_C3 {How long did that walk take/On average, how long did those walks take}?
Gaano katagal inabot ang paglalakad na iyon?
Sa karaniwan, gaano katagal inabot ang mga paglalakad na iyon?

AD39W

_____ MINUTES PER DAY

_____ HOURS PER DAY

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_C4:

IF QA15_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

QA15_C4

Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.

Paminsan-minsan, maaaring naglalakad kayo para sa kasiyahan, libangan, ehersisyo, o upang ilakad ang aso. Nitong nakaraang 7 araw, naglakad ba kayo kahit man lamang 10 minuto para sa anumang dahilan na ganito? {Mangyaring huwag bilangin ang paglalakad bilang paraan ng transportasyon.}

AD40W

YES	1	
NO	2	[GO TO QA15_C7]
REFUSED	-7	[GO TO QA15_C7]
DON'T KNOW	-8	[GO TO QA15_C7]

QA15_C5

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

Nitong nakaraang 7 araw, ilang beses ninyo ginawa iyon?

AD41W

[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog."]

[IF NEEDED, SAY: "Naglakad kahit man lamang 10 minuto para sa kasiyahan, libangan, ehersisyo, o upang ilakad ang aso."]

_____ TIMES PER WEEK **[IF 0, GO TO QA15_C7]**

REFUSED	-7	[GO TO QA15_C7]
DON'T KNOW	-8	[GO TO QA15_C7]

PROGRAMMING NOTE QA15_C6:

IF QA15_C5 = 1 DISPLAY "How long did that walk take";

IF QA15_C5 > 1 DISPLAY "On average, how long did those walks take"

QA15_C6

{How long did that walk take/On average, how long did those walks take}?

Gaano katagal inabot ang paglalakad na iyon?

Sa karaniwan, gaano katagal inabot ang mga paglalakad na iyon?

AD42W

_____ MINUTES PER DAY

_____ HOURS PER DAY

REFUSED	-7
DON'T KNOW	-8

QA15_C7

During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

[Nitong nakaraang buwan,] gaano kadalas kayo uminom ng regular soda o softdrink na may asukal? Huwag ninyong bilangin ang diet soda.

AC11

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

[IF NEEDED, SAY: "Huwag ninyong bilangin ang mga de-lata o naka-boteng juice o tsaa. Ayos lang ang inyong pinakamagaling na tantya."]

_____TIMES

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

QA15_C8

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?

AC46

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

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

_____TIMES

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

QA15_C9

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

Kahapon, gaano karaming baso ng tubig ang ininom ninyo sa trabaho, sa bahay at saan pa man? Bilangin ang isang tasa na isang baso at bilangin ang isang bote ng tubig na dalawang baso. Bilangin ang ilang sipsip, gaya ng mula sa water fountain, na kulang sa isang baso. Ayos lang ang inyong pinakamagaling na tantya.

AC47

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

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

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

[IF NEEDED, SAY: "Bilangin ang isang tasa o ang 8 onsa na isang baso."]

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

LESS THAN 1 GLASS

(e.g., SIPS FROM A FOUNTAIN)..... 99

NONE.....0

REFUSED -7

DON'T KNOW -8

QA15_C10

Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

Ngayon, isipin ninyo ang nakaraang linggo. Nitong nakaraang 7 araw, ilang beses kayo kumain ng fast food? Bilangin ninyo ang mga fast food meal na kinain sa trabaho, sa bahay o sa mga restaurant ng fast food, sa carryout o sa drive through.

AC31

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."]

[IF NEEDED, SAY: "Gaya ng pagkain na binibili ninyo sa McDonald's, KFC, Panda Express o Taco Bell."]

_____ # OF TIMES IN PAST 7 DAYS

REFUSED -7

DON'T KNOW -8

QA15_C11 How often can you find fresh fruits and vegetables in your neighborhood? Would you say...
Gaano kadalas kayo nakakahanap ng sariwang mga prutas at mga gulay sa inyong kapitbahayan? Masasabi ba ninyo na...

AC42

Never.....1
Hindi kailanman.....1
Sometimes,2
Paminsan-minsan2
Usually, or3
Karaniwan, o3
Always?4
Palagi?4
DOESN'T EAT F & V5
DOESN'T SHOP FOR F&V6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....7
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_C12:

IF QA15_C11 = 2, 3, OR 4, THEN CONTINUE WITH QA15_C12;

ELSE GO TO PROGRAMMING NOTE QA15_C13

QA15_C12 How often are they affordable? Would you say...
Gaano kadalas na abot-kaya ang mga iyon? Masasabi ba ninyo na...

AC44

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

[IF NEEDED, SAY: "Gaano kadalas abot-kaya ang mga sariwang pruta at gulay na makukuha ninyo sa inyong kapitbahayan? Masasabi ba ninyo na..."]

Never.....1
Hindi kailanman.....1
Sometimes2
Paminsan-minsan2
Usually, or3
Karaniwan, o3
Always?4
Palagi?4
REFUSED -7
DON'T KNOW -8

QA15_C13 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?

AE15

YES1
NO2
REFUSED -7
DON'T KNOW -8

[GO TO QA15_C19]

QA15_C14 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?

AE15A

EVERY DAY.....	1	
SOME DAYS.....	2	[GO TO PN QA15_C16]
NOT AT ALL.....	3	[GO TO PN QA15_C17]
REFUSED.....	-7	[GO TO PN QA15_C17]
DON'T KNOW.....	-8	[GO TO PN QA15_C17]

QA15_C15 On average, how many cigarettes do you now smoke a day?
Sa karaniwan, nakaka ilang sigarilyo kayo sa isang araw?

AD32

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

_____ NUMBER OF CIGARETTES [HR: 0-120]		[GO TO PN QA15_C17]
REFUSED.....	-7	[GO TO PN QA15_C17]
DON'T KNOW.....	-8	[GO TO PN QA15_C17]

PROGRAMMING NOTE QA15_C16:
IF QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C16;
ELSE GO TO QA15_C17

QA15_C16 In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
Nitong nakaraang 30 araw, noong naninigarilyo kayo, naka-ilang sigarilo kayo sa bawat araw?

AE16

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

[IF NEEDED, SAY: "Noong mga araw na naninigarilyo kayo." AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]	
REFUSED.....	-7
DON'T KNOW.....	-8

PROGRAMMING NOTE QA15_C17:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C17;
ELSE CONTINUE WITH QA15_C19

QA15_C17 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, ilang beses na kayo sumubok na huminto ng paninigarilyo nang isang araw man lang o mas matagal?

AC49

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

QA15_C18 Are you thinking about quitting smoking in the next six months?
Iniisip ba ninyong huminto sa paninigarilyo sa susunod na anim na buwan?

AC50

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA15_C19:
IF AGE <= 65 THEN CONTINUE WITH QA15_C19;
ELSE SKIP TO QA15_C22;

QA15_C19 Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?
Humithit na ba kayo kahit kailan ng electronic cigarettes, tinatawag din na e-cigarettes o vaporizer cigarettes?

AC81

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]
[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]
[IF NEEDED, SAY: "Ang electronic cigarettes ay mga aparato na tumutulad sa tradisyunal na paninigarilyo, pero ang aparato na gumagana sa pamamagitan ng baterya ay naglalabas ng singaw sa halip ng usok. Maaaring may nicotine ang mga solusyon na ginagamit sa aparato at karaniwang hinahaluan ng pampalasa.]

YES1
NO2 **[GO TO QA15_C22]**
REFUSED-7 **[GO TO QA15_C22]**
DON'T KNOW-8 **[GO TO QA15_C22]**

QA15_C20 During the past 30 days, how many days did you use electronic cigarettes?
Nitong nakaraang 30 araw, ilang araw kayo gumamit ng electronic cigarettes?

AC82

_____ NUMBER OF DAYS **[IF 0, THEN SKIP TO QA15_C22]**
REFUSED-7 **[SKIP TO QA15_C22]**
DON'T KNOW-8 **[SKIP TO QA15_C22]**

QA15_C21 What are your reasons for using electronic cigarettes?
Anu-ano ang mga dahilan ninyo sa paggamit ng electronic cigarettes?

AC83

[CODE ALL THAT APPLY]

QUIT SMOKING1
REPLACE SMOKING2
CUT DOWN OR REDUCE SMOKING3
USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED4
CURIOSITY, JUST TRY IT5
OTHER (SPECIFY: _____) 91
REFUSED-7
DON'T KNOW-8

QA15_C22 Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?
 Ngayon, isipin ninyo ang nakaraang 12 buwan. Sa panahong iyon, uminom ba kayo ng anumang uri ng inuming may alkohol?

AC32

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

[IF NEEDED, SAY: Ayos lang ang inyong pinakamagaling na tantya.]"

YES	1	
NO	2	[GO TO QA15_C25]
REFUSED	-7	[GO TO QA15_C25]
DON'T KNOW	-8	[GO TO QA15_C25]

PROGRAMMING NOTE QA15_C23:

IF QA15_A5 = 1 (MALE) CONTINUE WITH QA15_C23;

ELSE SKIP TO QA15_C24

QA15_C23 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?
 Nitong nakaraang 12 buwan, mga ilang beses kayo uminom ng 5 o mahigit pang inuming may alkohol sa isang araw?

AC34

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]

[IF NEEDED, SAY: "Sa inumin, ang ibig naming sabihin ay isang lata o baso ng beer na 12 onsa, isang baso ng wine na 5 onsa, isang cocktail, o isang shot ng alak."]

_____ TIMES [HR: 0-365; SR: 0-99] **[GO TO QA15_C25]**

REFUSED	-7	[GO TO QA15_C25]
DON'T KNOW	-8	[GO TO QA15_C25]

QA15_C24 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?
 Nitong nakaraang 12 buwan, mga ilang beses kayo uminom ng 4 o mahigit pang inuming may alkohol sa isang araw?

AC35

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]

[IF NEEDED, SAY: "Sa inumin, ang ibig naming sabihin ay isang lata o baso ng beer na 12 onsa, isang baso ng wine na 5 onsa, isang cocktail, o isang shot ng alak."]

_____ TIMES [HR: 0-365; SR: 0-99]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_C25:

**IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO SECTION D;
 ELSE IF QA15_A5 = 2 (FEMALE) AND QA15_C22 = 1, THEN CONTINUE WITH QA15_C25;
 ELSE IF QA15_A5 = 1 (MALE) AND QA15_C22 = 1, THEN GO TO QA15_C26;
 ELSE IF QA15_C22 = 2, -7, OR -8, GO TO QA15_C28**

QA15_C25 How many times in the past 30 days did you have four or more drinks on an occasion?
 Nitong nakaraang 30 araw, gaano kadalas kayo uminom ng 4 o mahigit pang inuming may alkohol sa isang okasyon?

AE14AU2

_____ NUMBER OF TIMES

**[IF QA15_C25 = 0,
GO TO QA15_C27]**

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_C26:

**IF QA15_A5 = 2 (FEMALE), THEN SKIP TO QA15_C27;
 ELSE IF QA15_A5 = 1 (MALE) AND QA15_C22 = 1, THEN CONTINUE WITH QA15_C26**

QA15_C26 How many times in the past 30 days did you have five or more drinks on an occasion?
 Nitong nakaraang 30 araw, gaano kadalas kayo uminom ng 5 o mahigit pang inuming may alkohol sa isang okasyon?

AE14U2

_____ NUMBER OF TIMES

**[IF QA15_C26 = 0,
GO TO QA15_C28]**

REFUSED -7

DON'T KNOW -8

QA15_C27 During the past 30 days, on the days you drank, about how many drinks did you have on the average?

AE13U2

_____ DRINKS

REFUSED -7

DON'T KNOW -8

QA15_C28 In the past 12 months, did you use alcohol or drugs to relieve feelings such as sadness, anger or boredom? Do not count medication prescribed to you by a doctor.

AC97

YES1

NO2

REFUSED -7

DON'T KNOW -8

QA15_C29 In the past 12 months, have you found yourself thinking a lot about drinking or using drugs?

AC98

YES1

NO2

REFUSED -7

DON'T KNOW -8

QA15_C30 In the past 30 days, how many days did you use two or more drugs at the same time?

AC99

_____ DAYS [RANGE: 0-30]

REFUSED -7

DON'T KNOW -8

Section D – General Health, Disability, and Sexual Health

QA15_D1 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.

How tall are you without shoes?
Gaano katangkad kayo kapag walang suot na sapatos?

AE17

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

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

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

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

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_D2:

IF QA15_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA15_D2 {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?

AE18

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

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

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

REFUSED -7

DON'T KNOW -8

QA15_D3 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?

AD50

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO QA15_D5]

[GO TO QA15_D5]

[GO TO QA15_D5]

QA15_D4 Are you legally blind?
Kayo ba ay legally blind?

AL8

YES1

NO2

REFUSED -7

DON'T KNOW -8

QA15_D5

Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
 Mayroon ba kayong karamdaman na lubhang naglilimita sa isa o higit pang pangunahing gawaing pisikal gaya ng paglalakad, pag-akyat sa hagdanan, pag-aabot, pagbubuhat, o pagbibitbit?

AD57

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_D6

Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:
 Dahil sa karamdamang pisikal, mental, o emosyonal na tumagal nang 6 na buwan o mahigit pa, nakakaranas ba kayo ng anumang sumusunod:

Any difficulty learning, remembering, or concentrating?
 Anumang kahirapan na matuto, na makaalala, o na mag-concentrate?

AD51

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_D7

Any difficulty dressing, bathing, or getting around inside the home?
 Anumang kahirapan sa pagbihis, sa pagligo, o sa pagkilos sa loob ng tahanan?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

[IF NEEDED, SAY: "Dahil sa karamdamang pisikal, mental, o emosyonal na nagtagal nang 6 na buwan o mahigit pa."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_D8

Any difficulty going outside the home alone to shop or visit a doctor's office?
 Anumang kahirapang umalis sa bahay nang mag-isa para mamili o magpatingin sa doktor?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

[IF NEEDED, SAY: "Dahil sa karamdamang pisikal, mental, o emosyonal na nagtagal nang 6 na buwan o mahigit pa."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

**PROGRAMMING NOTE QA15_D9:
IF AAGE > 64 GO TO PN QA15_D11**

QA15_D9 Any difficulty working at a job or business?
Anumang kahirapang magtrabaho sa empleo o sa negosyo?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

[IF NEEDED, SAY: "Dahil sa karamdamang pisikal, mental, o emosyonal na nagtagal nang 6 na buwan o mahigit pa."]

YES	1	
NO	2	[GO TO PN QA15_D11]
REFUSED	-7	[GO TO PN QA15_D11]
DON'T KNOW	-8	[GO TO PN QA15_D11]

QA15_D10 Do you have a physical or mental condition that has kept you from working for at least a year?
Mayroon ba kayong karamdamang pisikal o mental na pumigil sa inyo na magtrabaho nang isang taon man lamang?

AL8A

[IF NEEDED, SAY "Current condition."]

[IF NEEDED, SAY: "Kasalukuyang karamdaman."]

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

**PROGRAMMING NOTE QA15_D11:
IF AAGE ≥ 65 GO TO PROGRAMMING NOTE QA15_D12;
ELSE CONTINUE WITH QA15_D11**

QA15_D11 Has Social Security or the State Department of Social Services determined that you have a disability that is expected to last one year or longer?
Natiyak ba ng Social Security o ng Department of Social Services ng Estado na mayroon kayong kapansanan na sa kanilang palagay ay magtatagal nang isang taon o higit pa?

AD73

[IF NEEDED, SAY: "This does not include short-term disability for illness, injury, pregnancy, or childbirth."]

[IF NEEDED, SAY: "Hindi kabilang dito ang short-term disability para sa sakit, kapinsalaan, pagbubuntis, o panganganak.."]

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

**PROGRAMMING NOTE QA15_D12:
IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO QA15_D15;
ELSE IF AAGE > 60, CONTINUE WITH QA15_D12;
ELSE SKIP TO QA15_D13**

QA15_D12 Are you homebound, that is, unable to leave your home without assistance from someone else?

AD74

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA15_D13 In the past 12 months, have you provided unpaid care to a family member, friend, or neighbor who needs help because of disability or frailty? By care, we mean providing personal care, running errands, providing transportation, helping with cleaning or other day to day needs.

AD75

YES1
 NO2 [GO TO QA15_D15]
 REFUSED-7 [GO TO QA15_D15]
 DON'T KNOW-8 [GO TO QA15_D15]

QA15_D14 How many hours in a typical week do you spend providing this care?

AD76

_____ HOURS [RANGE: 1-168]

REFUSED-7
 DON'T KNOW-8

QA15_D15 We are asking a few questions about people's sexual experiences. All answers will be kept private.

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

May ilang tanong kami tungkol sa mga karanasang sexual ng mga tao. Pananatiliing lihim ang lahat ng mga sagot. Nitong nakaraang 12 buwan, ilan na ang naging katalik ninyo?

AD43

_____ NUMBER OF SEXUAL PARTNERS [GO TO PN QA15_D17]

REFUSED-7 [GO TO PN QA15_D17]
 DON'T KNOW-8

QA15_D16 Can you give me your best guess?
 Maaari bang sabihin ninyo sa akin ang inyong pinakamagaling na tantya?

AD44

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

_____ NUMBER OF PARTNERS

1 PARTNER1
 2-3 PARTNERS2
 4-5 PARTNERS3
 6-10 PARTNERS4
 MORE THAN 10 PARTNERS5
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_D17:

IF QA15_D15 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA15_D16=0, GO TO

PROGRAMMING NOTE QA15_D18;

ELSE CONTINUE WITH QA15_D17;

IF QA15_D15 OR QA15_D16 = 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”

QA15_D17 {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?

AD45

MALE1
 FEMALE2
 BOTH MALE AND FEMALE3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_D18:

IF QA15_A5 = 1 (MALE), DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;

ELSE IF QA15_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian” IN HELP SCREEN

QA15_D18 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, o bisexual?

AD46

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

[IF NEEDED, SAY: “Nakikipagtalik o pangunahing naaakit ang mga taong Straight o Heterosexual sa mga tao sa kabilang kasarian, ang gay at lesbian, ay nakikipagtalik o pangunahing naaakit sa mga taong may katulad na kasarian, at nakikipagtalik o naakit ang mga taong Bisexual sa mga tao sa magkabilang kasarian.”]

STRAIGHT OR HETEROSEXUAL1
 GAY, LESBIAN, OR HOMOSEXUAL2
 BISEXUAL3
 NOT SEXUAL/CELIBATE/NONE4
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_D19:

IF [QA15_D15 > 1 OR QA15_D16 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR [QA15_A5 = 1 (MALE) AND (QA15_D18=2 (GAY) OR QA15_D18=3 (BISEXUAL)], CONTINUE WITH QA15_D19;

HIV SAMPLING FOR AMERICAN INDIAN ALASKA NATIVE RESPONDENTS ;

IF QA15_A8 = 4 OR QA15_A15 = 18 (AMERICAN INDIAN OR ALASKA NATIVE)], CONTINUE WITH QA15_D19;

**CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE WITH QA15_D19;
CONTROL GROUP: QA15_D15 ≤ 1 OR QA15_D16 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND QA15_D18 = 1 (STRAIGHT OR HETEROSEXUAL) AND QA15_A8 ≠ 4 OR QA15_A15 ≠ 18 (NOT AMERICAN INDIAN OR ALASKA NATIVE)];
(MINIMUM N = 1,200 equally spread across each replicate);**

ELSE GO TO PROGRAMMING NOTE QA15_D23

QA15_D19 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?

AD55

YES1
NO.....2
REFUSED-7
DON'T KNOW-8

**PROGRAMMING NOTE QA15_D20:
IF QA15_D19 = 1 CONTINUE WITH QA15_D20;
ELSE GO TO PROGRAMMING NOTE QA15_D23;**

QA15_D20 In the past year, how many times have you been tested for HIV?
Nitong nakaraang taon, ilang beses na kayo nagpa-test para sa HIV?

AD62

NOT TESTED IN PAST YEAR0
ONE TIME.....1
TWO TIMES.....2
THREE TIMES.....3
FOUR TIMES.....4
FIVE TIMES.....5
SIX OR MORE TIMES.....6
REFUSED-7
DON'T KNOW-8

QA15_D21 When was your last HIV test?
Kailan ang inyong huling test para sa HIV?

AD63

MONTH _____ [RANGE: 1-12]

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

YEAR _____ [RANGE: 1985-2016]

REFUSED-7
DON'T KNOW-8

QA15_D22 Was the result of your HIV test positive or negative?
Positibo ba o negatibo ang resulta ng inyong test para sa HIV?

AD64

POSITIVE1
NEGATIVE2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA15_D23:

**IF [QA15_A5 = 1 (MALE) AND QA15_D17 = 1 (MALE)] OR [QA15_A5 = 2 (FEMALE) AND QA15_D17 = 2 (FEMALE)] OR [QA15_D17 = 3, -7, OR -8] OR [IF QA15_D18 ≠ 1] CONTINUE WITH QA15_D23;
ELSE GO TO QA15_D25**

QA15_D23 Are you legally married to someone of the same sex?
Legal na kasal ba kayo sa taong may kasarian na katulad ng inyo?

AD60

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

YES1 **[GO TO PN QA15_D25]**
NO2
REFUSED-7
DON'T KNOW-8

QA15_D24 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?

AD61

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA15_D25;

**IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D25;
ELSE SKIP TO QA15_D25A**

QA15_D25 What sex was you assigned at birth, on your original birth certificate?
Anong kasarian ang itinala para sa inyo sa inyong orihinal na birth certificate noong ipinanganak kayo?

AD65

MALE1
FEMALE2
REFUSED-7
DON'T KNOW-8

**PROGRAMMING NOTE QA15_D25A:
ALTERNATE TESTING OF QA15_D25;**

QA15_D25A On your original birth certificate, was your sex assigned as male or female?
Sa inyong orihinal na birth certificate, babae o lalaki ba ang kasarian na itinala para sa inyo?

AD65A

MALE1
FEMALE2
REFUSED -7
DON'T KNOW -8

QA15_D26 Do you currently describe yourself as male, female, or transgender?
Sa kasalukuyan, inilalalarawan ba ninyo ang inyong sarili bilang lalaki, babae, o transgender?

AD66

MALE1 [GO TO PN QA15_D28]
FEMALE2 [GO TOPN QA15_D28]
TRANSGENDER.....3 [GO TOPN QA15_D28]
NONE OF THESE.....4
REFUSED -7 [GO TO SECTION E]
DON'T KNOW -8 [GO TO SECTION E]

**PROGRAMMING NOTE QA15_D27:
IF QA15_D26=4 THEN CONTINUE WITH QA15_D27;
ELSE SKIP TO QA15_D28**

QA15_D27 What is your current gender identity?
Ano ang inyong kasalukuyang gender identity, o ang inyong itinuturing na kasarian ninyo?

AD67

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

PROGRAMMING NOTE QA15_D28:
**IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D26 = 1 (MALE)] OR [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 2 (FEMALE)] THEN SKIP TO SECTION E;
ELSE CONTINUE WITH QA15_D28;**

DISPLAYS;
IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D26 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D26 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};
IF [QA15_D25 = 1 OR QA15_D25A = 1 (MALE) AND QA15_D27 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {male} and {<QA15_D27>};
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 1 OR QA15_D25A = 1 (MALE), THEN DISPLAY {female} and {male};
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 3 (TRANSGENDER), THEN DISPLAY {female} and {transgender};
IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D27 ^= -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {female} and {<QA15_D27>};

QA15_D28 Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D25} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}. Is that correct? Upang matiyak lamang, {INSERT RESPONSE FROM QA15_D25} ang itinala para sa inyo noong ipinanganak kayo, subalit sa kasalukuyan inilalarawan ninyo ang sarili na {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}. Tama ba ito?

AD68

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

[GO BACK TO QA15_D26]

Section E – Women’s Health

PROGRAMMING NOTE QA15_E1:

IF QA15_A5 = 1 (MALE), THEN GO TO QA15_F1;
IF AGE > 45, THEN GO TO PROGRAMMING NOTE QA15_E2;
ELSE CONTINUE WITH QA15_E1

DISPLAYS;

IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 2 (FEMALE)], DISPLAY “These next questions are about women’s health.”;

IF [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW)], DISPLAY “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”

QA15_E1

{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?

AD13

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_E2:

IF AAGE < 40 OR QA15_A4 = 1 OR 2 (BETWEEN 18 AND 29 OR BETWEEN 30 AND 39) OR ENUM.AGE < 40, THEN GO TO QA15_F1;
ELSE CONTINUE WITH QA15_E2;

DISPLAYS;

IF [AAGE > 45 OR UNKNOWN], AND [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 2 (FEMALE)], DISPLAY “These next questions are about women’s health.”;

IF [AAGE > 45 OR UNKNOWN] AND [QA15_D25 = 2 OR QA15_D25A = 2 (FEMALE) AND QA15_D26 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW)], DISPLAY “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”;

QA15_E2

{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.}

Have you ever had a mammogram?
Nagpa-mammogram na ba kayo kahit kailan?

AD14

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

[IF NEEDED, SAY: "Ang mammogram ay x-ray ng magkabilang suso na magkahiwalay na kinukuha ng isang makinang pumipipi o pumipisa sa bawat suso."]

YES	1	
NO	2	[READ DEFINITION, GO TO SECTION F]
REFUSED	-7	[GO TO SECTION F]
DON'T KNOW	-8	[GO TO SECTION F]

QA15_E3

How long has it been since you had your last mammogram?
Gaanong nakatagal na mula noong huli kayong nagpa-mammogram?

AD17

A YEAR AGO OR LESS	1	
MORE THAN 1 UP TO 2 YEARS AGO	2	
MORE THAN 2 UP TO 3 YEARS AGO	3	
MORE THAN 3 UP TO 5 YEARS AGO	4	
MORE THAN 5 YEARS AGO	5	
REFUSED	-7	[GO TO QA15_F1]
DON'T KNOW	-8	[GO TO QA15_F1]

QA15_E4

How long did your provider advise you to wait until your next mammogram?
Gaano katagal ang ipinayo ng inyong provider na dapat ninyong palipasing panahon bago kayo muling magpa-mammogram?

AE95

[INTERVIEWER NOTE: PROMPT ONLY IF RESPONDENT ASKS FOR CLARIFICATION.]

3 MONTHS AGO OR LESS	1
MORE THAN 3 AND UP TO 6 MONTHS	2
MORE THAN 6 MONTHS UP TO 1 YEAR	3
MORE THAN 1 UP TO 2 YEARS	4
MORE THAN 2 YEARS	5
PROVIDER DIDN'T ADVISE ME/DIDN'T SAY	6
NO LONGER NEEDS MAMMOGRAMS	7
REFUSED	-7
DON'T KNOW	-8

Section F – Mental Health

QA15_F1

The next questions are about how you have been feeling during the past 30 days.
Tungkol sa inyong pakiramdam nitong nakaraang 30 araw ang sumusunod na mga tanong

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

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

AJ29

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

QA15_F2

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

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

AJ30

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

QA15_F3

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

Nitong nakaraang 30 araw, gaano kadalasan kayo nakaramdam ng pagkabalisa o ng di-mapalagay?

AJ31

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

[IF NEEDED, SAY: “palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?”]

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

QA15_F4 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?

AJ32

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

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

ALL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

QA15_F5 During the past 30 days, about how often did you feel that everything was an effort?
Nitong nakaraang 30 araw, gaano kadalasan kayo nakaramdam na napakahirap gawin ang lahat?

AJ33

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

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

ALL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

QA15_F6 During the past 30 days, about how often did you feel worthless?
Nitong nakaraang 30 araw, gaano kadalasan kayo nakaramdam na bale-wala kayo?

AJ34

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

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

ALL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

QA15_F7 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?

AF62

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_F8:
IF QA15_F7 = 1 THEN CONTINUE WITH QA15_F8;
ELSE SKIP TO PROGRAMMING NOTE QA15_F14intro

QA15_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.
 Ang sumusunod na mga tanong ay tungkol sa kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng damdamin ninyo.

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

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

AF63

ALL1
 MOST2
 SOME3
 A LITTLE4
 NONE5
 REFUSED -7
 DON'T KNOW -8

QA15_F9 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 kadalasan kayo nakaramdam ng kawalang pag-asa - palagi, kadalasan, paminsan- minsan, kaunting panahon lang, o hindi kailanman?

AF64

ALL1
 MOST2
 SOME3
 A LITTLE4
 NONE5
 REFUSED -7
 DON'T KNOW -8

QA15_F10 How often did you feel restless or fidgety?
Gaano kadalasan kayo nakaramdam ng pagkabalisa o di-mapalagay?

AF65

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

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

ALL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

QA15_F11 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?

AF66

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

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

ALL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

QA15_F12 How often did you feel that everything was an effort?
Gaano kadalasan kayo nakaramdam na napakahirap gawin ang lahat?

AF67

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

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

AL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

QA15_F13 How often did you feel worthless?
Gaano kadalasan kayo nakaramdam na bale-wala kayo?

AF68

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

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

ALL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:

PROGRAMMING NOTE QA15_F14intro:

IF (QA15_F1 + QA15_F2 + QA15_F3 + QA15_F4 + QA15_F5 + QA15_F6 > 8) OR

(QA15_F8 + QA15_F9 + QA15_F10 + QA15_F11 + QA15_F12 + QA15_F13 > 8) OR

(IF QA15_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR

(IF QA15_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH

QA15_F14intro;

IF QA15_F7 = 1 THEN DISPLAY "again, please";

ELSE SKIP TO QA15_F19

QA15_F14intro

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 QA15_F14:

IF AGE > 70 GO TO QA15_F15;

ELSE CONTINUE WITH QA15_F14

QA15_F14 Did your emotions interfere a lot, some, or not at all with your performance at work?
Masyado bang nakasagabal ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa paggawa ninyo ng trabaho?

AF69B

A LOT1
SOME2
NOT AT ALL3
DOES NOT WORK4
REFUSED -7
DON'T KNOW -8

QA15_F15 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?

AF70B

A LOT1
SOME2
NOT AT ALL.....3
REFUSED -7
DON'T KNOW -8

QA15_F16 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?

AF71B

A LOT1
SOME2
NOT AT ALL.....3
REFUSED -7
DON'T KNOW -8

QA15_F17 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?

AF72B

A LOT1
SOME2
NOT AT ALL.....3
REFUSED -7
DON'T KNOW -8

QA15_F18 Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
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?

AF73B

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

_____ NUMBER OF DAYS

REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_F19:

**IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO QA15_F21;
ELSE CONTINUE WITH QA15_F19;**

QA15_F19 During the past 30 days, about how often did you feel lonely?—all of the time, most of the time, some of the time, a little of the time, or none of the time?

AF92

ALL1
MOST2
SOME3
A LITTLE4
NONE5
REFUSED -7
DON'T KNOW -8

QA15_F20 Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

AE93

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_F21 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?

AF81

YES 1
NO 2 **[GO TO QA15_F23]**
REFUSED -7 **[GO TO QA15_F23]**
DON'T KNOW -8 **[GO TO QA15_F23]**

QA15_F22 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?

AJ1

YES1
NO2
DON'T HAVE INSURANCE3
REFUSED -7
DON'T KNOW -8

QA15_F23 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?

AF74

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_F24 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?

AF75

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_F25:

**IF QA15_F23 = 1 OR QA15_F24 = 1 THEN CONTINUE WITH QA15_F25;
 ELSE SKIP TO QA15_F30**

QA15_F25 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?

AF76

MENTAL-EMOTIONAL HEALTH1
 ALCOHOL-DRUG PROBLEM2
 BOTH MENTAL & ALCOHOL-DRUG3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_F26:**IF QA15_F25 = 1, DISPLAY: "mental or emotional health";****IF QA15_F25 = 2, DISPLAY: "use of alcohol or drugs";****IF QA15_F25 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";****ELSE SKIP TO QA15_F27****QA15_F26**

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.

AF77

_____ NUMBER OF VISITS

REFUSED -7

DON'T KNOW -8

QA15_F27

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?

AF78YES1 **[GO TO QA15_F30]**

NO2

REFUSED -7 **[GO TO QA15_F30]**DON'T KNOW -8 **[GO TO QA15_F30]****QA15_F28**

Did you complete the recommended full course of treatment?

Kinumpleto ba ninyo ang buong inirekomendang programa ng paggamot?

AF79YES1 **[GO TO QA15_F30]**

NO2

REFUSED -7 **[GO TO QA15_F30]**DON'T KNOW -8 **[GO TO QA15_F30]****QA15_F29**

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

Ano ang PANGUNAHING DAHILAN kung bakit hindi na kayo ginagamot?

AF80

GOT BETTER/NO LONGER NEEDED1

NOT GETTING BETTER2

WANTED TO HANDLE PROBLEM ON OWN3

HAD BAD EXPERIENCES WITH TREATMENT4

LACK OF TIME/TRANSPORTATION5

TOO EXPENSIVE6

INSURANCE DOES NOT COVER7

OTHER (SPECIFY: _____)8

REFUSED -7

DON'T KNOW -8

QA15_F30 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?

AJ5

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMING NOTE QA15_F31:

**IF QA15_F21 = 1 AND (QA15_F23 ≠ 1 AND QA15_F24 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
 CONTINUE WITH QA15_F31;
 ELSE SKIP TO QA15_F35**

QA15_F31 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.

AF82

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_F38 In the past 12 months, did you take any pain medications that were prescribed to you by a doctor?

AF97

YES1
 NO (INCLUDE NOT PRESCRIBED AND
 PRESCRIBED BUT DID NOT USE)2
 REFUSED -7
 DON'T KNOW -8

QA15_F39 The last time you filled a prescription for pain medication was there any medication left over?

AF98

YES1
 NO2 [GO TO QA15_F41]
 NEVER HAD AN RX FOR PAIN MEDICATION3 [GO TO QA15_F41]
 REFUSED -7 [GO TO QA15_F41]
 DON'T KNOW -8 [GO TO QA15_F41]

QA15_F40 What did you do with the leftover prescription pain medication?

AF99

KEPT IT.....1
 DISPOSED OF IT2
 GAVE IT TO SOMEONE ELSE3
 SOLD IT4
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA15_F41 Do you currently have any expired, unused or leftover prescribed medications in your home?

AF100

YES.....1
 NO.....2 [GO TO QA15_F43]
 REFUSED -7 [GO TO QA15_F43]
 DON'T KNOW -8 [GO TO QA15_F43]

QA15_F42 If you decided to dispose of these, which of the following methods would you choose? Would you...

AF101

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

Flush it down the toilet or sink,.....1
 I-flush sa kubeta o lababo,..... 01
 Throw it away in the garbage,.....2
 Itapon sa basura, 02
 Return it to the doctor's office or clinic,.....3
 Ibalik sa tanggapan o klinika ng doktor,..... 03
 Return it to the pharmacy, or4
 Ibalik sa botika, o 04
 Dispose of it in some other way?
 (SPECIFY: _____) 91
 Itapon sa ibang paraan? (TUKUYIN: ____). 91
 REFUSED -7
 DON'T KNOW -8

QA15_F43 Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.

In the past 12 months, did you take prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter.

AF102

YES.....1
 NO.....2 [GO TO QA15_F46]
 REFUSED -7 [GO TO QA15_F46]
 DON'T KNOW -8 [GO TO QA15_F46]

QA15_F44

We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons?

AF103**[CODE ALL THAT APPLY]****[PROBE: "Anything else?"]**

- To relieve pain,.....1
- Upang bigyang lunas ang kirot,1
- To relieve other physical symptoms,2
- Upang bigyang lunas ang ibang pisikal na sintomas,2
- To relieve anxiety or depression,3
- Upang bigyang lunas ang pagkabalisa o matinding kalungkutan,.....3
- For fun, good feelings, getting high, or peer pressure, or (FRIENDS WERE DOING IT) ..4
- Upang magsaya, upang magkaroon na magagandang mga pakiramdam, upang magka "high", o dahil pinilit ng mga kaibigan, o (GINAWA ITO NG MGA KAIBIGAN)4
- Another reason? (SPECIFY: _____)91
- Ibang dahilan? (TUKUYIN: _____) 91
- REFUSED -7
- DON'T KNOW -8

QA15_F45

From whom did you obtain the prescription pain medication?

AF104**[IF NECESSARY, GIVE EXAMPLES]**

- FROM A FRIEND OR RELATIVE.....1
- FROM AN ACQUAINTANCE.....2
- FROM A STREET DEALER OR OTHER PERSON I DID NOT KNOW.....3
- ONLINE4
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

QA15_F46

How much do people risk harming themselves physically and in other ways when they try prescription pain medications not prescribed to them by a doctor once or twice? Would you say there is---no risk, slight risk, moderate risk, or great risk?

AF105

- NO RISK1
- SLIGHT RISK.....2
- MODERATE RISK3
- GREAT RISK4
- REFUSED -7
- DON'T KNOW -8

QA15_F47 How much do people risk harming themselves physically and in other ways when they try prescription pain medications not prescribed to them by a doctor once or twice **a week**? Would you say there is---no risk, slight risk, moderate risk, or great risk?

AF106

NO RISK1
 SLIGHT RISK.....2
 MODERATE RISK3
 GREAT RISK4
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_F48:

**IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_F48;
 ELSE GO TO SECTION G;**

QA15_F48 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.

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

Ang sumusunod na mga tanong ay tungkol sa inyong pakiramdam tungkol sa iba-ibang aspekto o bahagi ng inyong buhay. Para sa bawat isa, mangyaring sabihin sa akin kung gaano kadalas ninyo nadadama ito. Una, sabihin gaano kadalas ninyo nadadama na kulang kayo sa pagsasamahan? Ito ba ay...

AF107

Hardly ever.....1
 Bihira,1
 Some of the time, or.....2
 Kung minsan, o2
 Often?3
 Madalas.....3
 REFUSED-7
 DON'T KNOW-8

QA15_F49 How often do you feel left out? Is it...
 Gaano kadalas ninyo nadadama na napupuwera kayo? Ito ba ay...

AF108

Hardly ever.....1
 Bihira,1
 Some of the time, or.....2
 Kung minsan, o2
 Often?3
 Madalas.....3
 REFUSED-7
 DON'T KNOW-8

QA15_F50

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

Gaano kadalas ninyo nadadama na napapalayo kayo sa iba? Ito ba ay...

AF109

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

Section G – Demographic Information, Part II

QA15_G1

Now a few more questions about your background.

In what country were you born?

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

Saang bansa kayo ipinanganak?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

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

PROGRAMMING NOTE QA15_G2:**IF QA15_G1 ≠ 1 (NOT BORN IN US) GO TO QA15_G4;****ELSE IF QA15_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA15_G2****QA15_G2**

In what country was your mother born?

Saang bansa ipinanganak ang nanay ninyo?

AH34**[SELECT FROM MOST LIKELY COUNTRIES]****[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

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

QA15_G3

In what country was your father born?
 Saang bansa ipinanganak ang tatay ninyo?

AH35

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

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

PROGRAMMING NOTE QA15_G4:

**IF QA15_A12 ≠ 9 (NOT JAPANESE) OR QA15_A15 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA15_G7;
ELSE IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND AAGE ≤ 70, SKIP TO QA15_G6;**

QA15_G4 You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?

Sinabi ninyo na Hapon ang inyong mga ninuno. Nangibang bayan ba sa
US kayo at ang inyong mga Hapon na ninuno pagkatapos ng 1945?

AG25

YES1 [SKIP TO QA15_G6]
NO2
REFUSED -7
DON'T KNOW -8

QA15_G5 Which generation of Japanese immigrant are you?
Aling generation ng immigrant (salinlahi ng nangingibang lupain) na Hapon
ba kayo?

AG26

1ST GENERATION (ISSEI)1 [SKIP TO QA15_G7]
2ND GENERATION (NISEI)2 [SKIP TO QA15_G7]
3RD GENERATION (SANSEI)3 [SKIP TO QA15_G7]
4TH GENERATION (YONSEI)4 [SKIP TO QA15_G7]
5TH GENERATION (GOSEI)5 [SKIP TO QA15_G7]
OTHER SPECIFY: () 91 [SKIP TO QA15_G7]
REFUSED -7 [SKIP TO QA15_G7]
DON'T KNOW -8 [SKIP TO QA15_G7]

QA15_G6 {You said you were of Japanese heritage,} which generation of Japanese immigrant are you?
Aling generation ng immigrant (salinlahi ng nangingibang lupain) na Hapon
kayo?

AG27

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

QA15_G7 What languages do you speak at home?
Aling mga wika ang sinasalita ninyo sa tahanan?

AH36

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "Mayroon pa bang iba?"]

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

PROGRAMMING NOTE QA15_G8:

IF INTERVIEW CONDUCTED IN ENGLISH AND QA15_G7 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA15_G8 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA15_G8.

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_G8 WAS ASKED;

ELSE GO TO PROGRAMMING NOTE QA15_G9

QA15_G8 {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...

AH37

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

PROGRAMMING NOTE QA15_G9:

IF QA15_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA15_G12

ELSE CONTINUE WITH QA15_G9

QA15_G9

The next questions are about citizenship and immigration.

Are you a citizen of the United States?

Tungkol sa citizenship at immigration ang mga sumusunod na tanong.

Citizen ba kayo ng United States?

AH39

YES1 **[GO TO QA15_G11]**
 NO2
 APPLICATION PENDING3
 REFUSED-7
 DON'T KNOW-8

QA15_G10

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.

AH40**[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.]**

YES1
 NO2
 APPLICATION PENDING3
 REFUSED-7
 DON'T KNOW-8

QA15_G11

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

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

AH41**[FOR LESS THAN A YEAR, ENTER 1 YEAR]**

_____ NUMBER OF YEARS

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

REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_G11A:
IF QA15_G9 = 1 (NATURALIZED) CONTINUE WITH QA15_11A
ELSE GO TO QA15_G11B;

QA15_G11A In what year did you become naturalized?
 Aling taon kayo pinagkalooban ng karapatang maging citizen?

AG30

[IF NEEDED, PROBE: "How long ago did you become naturalized?"]
[INTERVIEWER: TRY TO GET A SPECIFIC YEAR IF POSSIBLE. "YEARS AGO" AND
"MONTHS AGO" SHOULD ONLY BE USED IF R CANNOT GIVE A DATE.]

_____ CALENDAR YEAR [RANGE 1900-2015] [CANNOT BE EARLIER THAN AA1YR]

_____ YEARS AGO

_____ MONTHS AGO

OTHER (SPECIFY : _____)91

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_G11B

**IF QA15_G9 ≠ 1 (NOT NATURALIZED) AND QA15_G10 ≠ 1 (NO GREEN CARD), CONTINUE WITH QA15_G11B;
ELSE GO TO PROGRAMMING NOTE QA15_G12**

QA15_G11B Tell me if you are currently here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time? Sabihin sa akin kung sa kasalukuyan nandito kayo batay sa anuman sa mga sumusunod: isang tourist visa, isang student visa, isang work visa o permit, o iba pang dokumento na nagpapahintulot sa inyong manatili sa U.S. para sa limitadong panahon?

AG36

[INTERVIEWER: CHECK FIRST MENTION.]

[INTERVIEWER: CIRCLE "4" OR "5" ONLY IF VOLUNTEERED. DO NOT PROBE.]

TOURIST VISA	1	[GO TO QA15_G11D]
STUDENT VISA	2	[GO TO QA15_G11D]
WORK VISA OR PERMIT	3	
DEFERRED ACTION FOR CHILDHOOD ARRIVALS OR "DACA"	4	[GO TO QA15_G11D]
DEFERRED ACTION FOR PARENTAL ACCOUNTABILITY OR "DAPA"	5	[GO TO QA15_G11D]
ANOTHER DOCUMENT WHICH PERMITS STAY FOR LIMITED TIME	6	
NONE OF THE ABOVE		[GO TO QA15_G12]
REFUSED	-7	[GO TO QA15_G12]
DON'T KNOW	-8	[GO TO QA15_G12]

QA15_G11C Was this visa or permit through Deferred Action for Childhood Arrivals or "DACA" or Deferred Action for Parental Accountability or "DAPA"?
Nakuha ba itong visa o permit sa pamamagitan ng Deferred Action for Childhood Arrivals, o "DACA", o Deferred Action for Parental Accountability or "DAPA"?

AG43

YES, DACA (DEFERRED ACTION FOR CHILDHOOD ARRIVALS)	1
YES, DAPA (DEFERRED ACTION FOR PARENTAL ACCOUNTABILITY)	2
NO	3
REFUSED	-7
DON'T KNOW	-8

QA15_G11D Is this visa or document still valid or has it expired?
Balido pa ba itong visa o dokumento o nawalan na ng bisa?

AG37

VALID	1
EXPIRED	2
APPLICATION PENDING	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_G12:

IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12;

IF QA15_A16 = 1, THEN DISPLAY "spouse";

IF QA15_A16 = 2 OR QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE QA15_G14

QA15_G12 Is your {spouse/partner} also living in your household?
Nakatira din ba ang inyong <spouse_part> sa inyong pamamahay?

AH44

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_G13 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}?

SC11A

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

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA15_G14:

IF [AAGE < 30 OR QA15_A4 = 1 (AGE 18-29)] AND [QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR QA15_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH QA15_G14;

ELSE GO TO PROGRAMMING NOTE QA15_G15

QA15_G14 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]

AH43A

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_G15:

IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH QA15_G15;

ELSE GO TO QA15_G17;

IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY “for any children under age 14”;

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your spouse”;

ELSE IF QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;

ELSE DISPLAY “you”

QA15_G15 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?

AH44A

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

[IF NEEDED, SAY: "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."]

YES	1	
NO	2	[GO TO QA15_G17]
REFUSED	-7	[GO TO QA15_G17]
DON'T KNOW	-8	[GO TO QA15_G17]

QA15_G16 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?

AH44B

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

[IF NEEDED, 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]

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

QA15_G17 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?

AH47

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

QA15_G18 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?

AG22

YES	1	
NO.....	2	[GO TO QA15_G21]
REFUSED	-7	[GO TO QA15_G21]
DON'T KNOW	-8	[GO TO QA15_G21]

QA15_G19

When did you serve?
Kailan kayo naglingkod?

AG23

FROM _____ TO _____

OR

[CHECK ALL THAT APPLY]

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

QA15_G20

Altogether, how long did you serve?
Sa kabuuan, gaano katagal kayong naglingkod?

AG24

_____ YEARS

_____ MONTHS

REFUSED -7

DON'T KNOW -8

QA15_G21

Which of the following were you doing last week?
Alin sa sumusunod ang ginawa ninyo noong nakaraang linggo?

AK1

Working at a job or business,1
 Nagtrabaho sa pinapasukan o sa negosyo,1
 With a job or business but not at work,2
 May pinapasukan o may negosyo ngunit
 hindi nagtrabaho,2
 Looking for work, or3
 Naghanap ng trabaho, o3
 Not working at a job or business?4
 Walang pinapasukan na trabaho o negosyo?4
 REFUSED -7
 DON'T KNOW -8

[GO TO QA15_G26]**[GO TO QA15_G26]****[GO TO QA15_G26]**

QA15_G22 What is the main reason you did not work last week?
Ano ang pangunahing dahilan na hindi kayo nagtrabaho nitong nakaraang linggo?

AK2

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

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

TAKING CARE OF HOUSE OR FAMILY	1	
ON PLANNED VACATION	2	
COULDN'T FIND A JOB	3	
GOING TO SCHOOL/STUDENT	4	
RETIRED	5	[GO TO PN QA15_G24]
DISABLED	6	[GO TO PN QA15_G24]
UNABLE TO WORK TEMPORARILY	7	
ON LAYOFF OR STRIKE	8	
ON FAMILY OR MATERNITY LEAVE	9	
OFF SEASON	10	
SICK	11	
OTHER	91	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G23 Do you usually work?
Karaniwan ba kayong nagtatrabaho?

AG10

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

PROGRAMMING NOTE QA15_G24:
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA15_G23 = 2 (DOES NOT USUALLY WORK) OR QA15_G22 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA15_G24;
ELSE GO TO PROGRAMMING NOTE QA15_G25

QA15_G24 Are you receiving Social Security Disability Insurance or SSDI?
Tumatanggap ba kayo ng Social Security Disability Insurance o SSDI?

AL22

YES	1	[GO TO PN QA15_G29]
NO	2	[GO TO PN QA15_G29]
REFUSED	-7	[GO TO PN QA15_G29]
DON'T KNOW	-8	[GO TO PN QA15_G29]

PROGRAMMING NOTE QA15_G25:

**IF QA15_G21 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA15_G23 = 1 (USUALLY WORKS),
CONTINUE WITH QA15_G25;
ELSE GO TO PROGRAMMING NOTE QA15_G28**

QA15_G25

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?

AK4

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

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

PRIVATE COMPANY

NON-PROFIT ORGANIZATION, FOUNDATION1

GOVERNMENT2

SELF-EMPLOYED3

FAMILY BUSINESS OR FARM4

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_G26:

**IF QA15_G25 = 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?"]"**

QA15_G26

{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?}

AK5

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

_____ (GOVERNMENT AGENCY OR
DEPARTMENT/BUSINESS OR INDUSTRY)

REFUSED -7

DON'T KNOW -8

QA15_G27

What is the main kind of work you do?

Ano ang pangunahing trabaho na inyong ginagawa?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

_____ (OCCUPATION)

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_G28:

IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), CODE QA15_G28 = 8 AND GO TO QA15_G29;
IF QA15_G25 = 3 (SELF-EMPLOYED), CONTINUE WITH QA15_G28 AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH QA15_G28 AND DISPLAY "About" and "your employer";

QA15_G28 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?
 Ilang ang empleado ng inyong employer sa lahat ng mga sangay?
 Kabilang ang sarili ninyo, ilan ang empleado ninyo sa lahat ng mga sangay?
 {Kabilang ang sarili ninyo, humigi-kumulang/Humigit-Kumulang}
 ilan ang empleado {ng inyong employer /ninyo} sa lahat ng mga sangay?

AK8

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

[IF NEEDED, SAY: Ayos lang ang inyong pinakamahasay na tantya.]"

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

PROGRAMMING NOTE QA15_G29:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1, CONTINUE WITH QA15_G29;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner";
ELSE GO TO QA15_H1

QA15_G29 Which of the following was your {spouse/partner} doing last week?
 Alin sa sumusunod ang ginawa ng inyong {asawa/partner} nitong nakaraang linggo?

AG8

Working at a job or business,.....	1	[GO TO QA15_G32]
Nagtrabaho sa pinapasukan o sa negosyo,	1	[GO TO QA15_G32]
With a job or business but not at work,	2	[GO TO QA15_G32]
May pinapasukan o may negosyo ngunit hindi nagtrabaho,	2	[GO TO QA15_G32]
Looking for work, or	3	
Naghanap ng trabaho, o	3	
Not working at a job/business?	4	
Walang pinapasukan na trabaho o negosyo?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G30 Does your {spouse/partner} usually work?
 Karaniwan bang nagtatrabaho and {asawa/partner} ninyo?

AG11

YES	1	
NO	2	[GO TO QA15_H1]
LOOKING FOR WORK	3	[GO TO QA15_H1]
REFUSED	-7	[GO TO QA15_H1]
DON'T KNOW	-8	[GO TO QA15_H1]

QA15_G31 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?

AG9

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

PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION	1
GOVERNMENT	2
SELF-EMPLOYED	3
FAMILY BUSINESS OR FARM	41
REFUSED	-7
DON'T KNOW	-8

Section H – Health Insurance

QA15_H1 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?

AH1

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

YES	1	
NO	2	[GO TO QA15_H3]
DOCTOR/MY DOCTOR	3	
KAISER	4	
MORE THAN ONE PLACE	5	
REFUSED	-7	[GO TO QA15_H3]
DON'T KNOW	-8	[GO TO QA15_H3]

PROGRAMMING NOTE QA15_H2:

IF QA15_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF QA15_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF QA15_H1 = 4 (KAISER) CIRCLE "1" FOR QA15_H2 AND GO TO QA15_H3

QA15_H2 {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?
{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?

AH3

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

PROGRAMMING NOTE QA15_H3:

IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA15_H4;

ELSE CONTINUE WITH QA15_H3

QA15_H3 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?

AH12

YES1
 NO2 [GO TO QA15_H5]
 REFUSED -7 [GO TO QA15_H5]
 DON'T KNOW -8 [GO TO QA15_H5]

PROGRAMMING NOTE QA15_H4:

IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY “During the past 12 month, how many times did you visit a hospital emergency room for your own health?”;
 ELSE DISPLAY “How many times did you do that?”

QA15_H4 {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?
 {Nitong nakaraang 12 buwan, ilang beses kayo nagpagamot sa emergency room ng ospital para sa inyong kalusugan/ Ilang beses ninyo ginawa iyon?}

AH95

[IF NEEDED, SAY: “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”]

[IF NEEDED SAY: “Nitong nakaraang 12 buwan, ilang beses kayo nagpagamot sa emergency room ng ospital para sa inyong sariling kalusugan?”]

_____ NUMBER OF TIMES

REFUSED -7
 DON'T KNOW -8

QA15_H5 MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?
 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?

AI1

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

YES1 [GO TO QA15_H8]
 NO2
 REFUSED -7 [GO TO QA15_H16]
 DON'T KNOW -8 [GO TO QA15_H16]

POST-NOTE QA15_H5:

IF QA15_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H6:

**IF [AAGE > 64 OR QA15_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA15_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA15_H6;
ELSE GO TO PROGRAMMING NOTE QA15_H8**

QA15_H6 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?

A12

CORRECT, NOT COVERED BY MEDICARE.....1	[GO TO PN QA15_H16]
NOT CORRECT, R IS COVERED BY MEDICARE..2	[GO TO PN QA15_H8]
AGE IS INCORRECT..... 93	
REFUSED -7	[GO TO PN QA15_H16]
DON'T KNOW -8	[GO TO PN QA15_H16]

POST-NOTE QA15_H6:

IF QA15_H6 =2, SET ARM CARE = 1 AND SET ARINSURE = 1

QA15_H7 What is your age, please?
Kung pwede po sanang matanong, ano ang edad ninyo?

A13

_____ YEARS OF AGE [HR: 18-105]	[GO TO PN QA15_H16]
REFUSED -7	[GO TO PN QA15_H16]
DON'T KNOW -8	[GO TO PN QA15_H16]

POST NOTE QA15_H7: AIDATE

SET AIDATE = CURRENT DATE (YYYYMMDD);

SET AAGE = QA15_H7;

IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA15_H8:

**IF ARM CARE = 1, CONTINUE WITH QA15_H8;
ELSE GO TO PROGRAMMING NOTE QA15_H16**

QA15_H8 Is this a MediCARE Advantage Plan?
MediCare Advantage Plan ba ito?

AH123

[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."]

YES.....1	
NO.....2	[GO TO QA15_H11]
REFUSED -7	[GO TO QA15_H11]
DON'T KNOW -8	[GO TO QA15_H11]

QA15_H9

Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

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

AH124

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]

[IF NEEDED, SAY: "Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangan ninyong gamitin ang mga doktor sa HMO upang masakop ang gastos. Kung gagamit kayo ng doktor na hindi sa HMO, sa karaniwan hindi mababayaran ito maliban kung ito'y emergency."]

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

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

[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]

[IF NEEDED, SAY: "Sa Private Fee-for-Service, nagbabayad ang MediCARE sa private insurance company ng tiyak na halaga buwan-buwan. Sa Private Fee-for-Service, ang insurance company, hindi ang MediCARE, ang nagpapasya kung ano ang inyong babayaran para sa mga serbisyo."]

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

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

HMO (HEALTH MAINTENANCE ORGANIZATION) 1
 PPO (PREFERRED PROVIDER ORGANIZATION) 2
 PFFS (PRIVATE FEE FOR SERVICE)3
 SNP (SPECIAL NEEDS PLAN)4
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA15_H10

What is the name of your MediCARE plan?

Ano ang pangalan ng inyong MediCARE plan?

AH125

[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?"]

ACCESS SENIOR HEALTHCARE1
 AETNA2
 AETNA GOLDEN MEDICARE3

AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES.....	83
ANTHEM BLUE CROSS OF CALIFORNIA	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIA CARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN ..	14
CALIFORNIA KIDS (CAL KIDS)	15
CAL OPTIMA (CAL OPTIMA ONE CARE)	16
CALVIVA HEALTH.....	17
CARE 1 ST HEALTH PLAN	18
CAREMORE HEALTH PLAN.....	19
CENTER FOR ELDER'S INDEPENDENCE.....	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN.....	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK.....	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTH PLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN.....	35
GOLDEN STATE MEDICARE HEALTH PLAN.....	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JOE AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46
HEALTH ADVANTAGE	82
KAISER PERMANENTE	47
KAISER PERMANENTE SENIOR ADVANTAGE..	48
KERN FAMILY HEALTH CARE	49
L.A. CARE HEALTH PLAN	50
MD CARE.....	51
MOLINA HEALTHCARE OF CALIFORNIA	54
MONARCH HEALTH PLAN.....	55
ON LOK SENIOR HEALTH SERVICES	56
PARTNERSHIP HEALTH PLAN OF CALIFORNIA	57
PIH HEALTH CARE SOLUTIONS.....	58
PREMIER HEALTH PLAN SERVICES.....	59

PRIMECARE MEDICAL NETWORK	60
PROVIDENCE HEALTH NETWORK.....	61
SCRIPPS HEALTH PLAN SERVICES	68
SEASIDE HEALTH PLAN	69
SAN FRANCISCO HEALTH PLAN.....	84
SANTA CLARA FAMILY HEALTH PLAN	90
SAN MATEO HEALTH COMMISION	86
SANTA BARBARA	88
SATELLITE HEALTH PLAN	92
SCAN HEALTH PLAN	67
SHARP HEALTH PLAN	70
SUTTER HEALTH PLAN	71
SUTTER SENIOR CARE	72
UNITED HEALTHCARE	73
UNITED HEALTHCARE SECURE HORIZON.....	74
UNIVERSITY HEALTHCARE ADVANTAGE	75
VALLEY HEALTH PLAN.....	76
VENTURA COUNTY HEALTH CARE PLAN.....	77
WESTERN HEALTH ADVANTAGE.....	78
CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87
VA HEALTH CARE SERVICES.....	89
MEDI-CAL	52
MEDICARE	53
OTHER (SPECIFY: _____)	85
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_H10:**ALL ANSWERS GO TO PROGRAMMING NOTE QA15_H12;****IF QA15_H10 = 93, 87, OR 89 THEN ARMILIT = 1**

QA15_H11 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?

A14**[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."]**

YES	1	
NO	2	[GO TO PN QA15_H16]
REFUSED	-7	[GO TO PN QA15_H16]
DON'T KNOW	-8	[GO TO PN QA15_H16]

POST-NOTE FOR QA15_H11:**IF QA15_H11 = 1, SET ARSUPP = 1**

PROGRAMMING NOTE QA15_H12:

IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) OR ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE QA15_H16;

DISPLAYS;

IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY “MediCARE Advantage plan”;

IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY “MediCARE Supplement plan”;

QA15_H12 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?

AH126

[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”]

[IF NEEDED, SAY: “American Association of Retired Persons ang kahulugan ng AARP.”]

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

QA15_H13 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.

AH53

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

[IF NEEDED, SAY: “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."]

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

QA15_H14 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?

AH54

YES.....1
 NO.....2 [GO TO PN QA15_H16]
 REFUSED..... -7 [GO TO PN QA15_H16]
 DON'T KNOW..... -8 [GO TO PN QA15_H16]

QA15_H15 Who is that?
 Sino iyon?

AH55

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

[IF NEEDED, SAY: "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?"]

CURRENT EMPLOYER1
 FORMER EMPLOYER2
 UNION.....3
 SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
 SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
 PROFESSIONAL/FRATERNAL ORGANIZATION...6
 MEDICAID/MEDI-CAL ASSISTANCE7
 OTHER..... 91
 REFUSED..... -7
 DON'T KNOW..... -8

POST-NOTE FOR QA15_H15:

IF QA15_H15 = 7, SET ARMCAL = 1;

PROGRAMMING NOTE QA15_H16:

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

QA15_H16

{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?

A16**[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"]**

YES1

NO2

REFUSED -7

DON'T KNOW -8

POST-NOTE FOR QA15_H16:**IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;****IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0**

PROGRAMMING NOTE QA15_H17:

IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"

QA15_H17 {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?

AI8

[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?"]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE FOR QA15_H17:

IF QA15_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H18:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QA15_H18;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H18 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?

AI11

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

[IF NEEDED, SAY: "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."]

YES1
 NO2 [GO TO PN QA15_H20]
 REFUSED -7 [GO TO PN QA15_H20]
 DON'T KNOW -8 [GO TO PN QA15_H20]

POST-NOTE FOR QA15_H18:

IF QA15_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA15_H19;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H19 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?

AH104

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

POST-NOTE FOR QA15_H19:
IF QA15_H19 = 2, THEN SET ARHBEX = 1
PROGRAMMING NOTE FOR QA15_H20:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_H20;
ELSE GO TO PROGRAMMING NOTE QA15_H22

QA15_H20 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?

A19

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

IN OWN NAME1 **[GO TO PN QA15_H22]**
 IN SOMEONE ELSE'S NAME2
 REFUSED -7 **[GO TO PN QA15_H22]**
 DON'T KNOW -8 **[GO TO PN QA15_H22]**

POST-NOTE FOR QA15_H20:
IF QA15_H17 = 1 AND QA15_H20 = 1 SET AREMPOW = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA15_H17 = 1 AND QA15_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA15_H21:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 OR IF QA15_G14 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA15_H21;
 ELSE GO TO PROGRAMMING NOTE QA15_H22;
 IF QA15_A16 = 1, THEN DISPLAY "spouse's name";
 IF QA15_A16 ≠ 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "partner's name";
 IF QA15_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H21 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?

AI9A

IN SPOUSE'S/PARTNER'S NAME1
 IN PARENT'S NAME2
 IN SOMEONE ELSE'S NAME3
 REFUSED-7
 DON'T KNOW-8

POST-NOTE FOR QA15_H21:

IF QA15_H17 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
 IF QA15_H19 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND
 SPHBEX = 1;
 IF QA15_H17 = 1 AND QA15_H21 = 2 SET AREMPPAR =1 AND AREMPOTH = 0;
 IF QA15_H18 = 1 AND QA15_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
 IF QA15_H18 = 1 AND QA15_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA15_H22:

IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28 < 5 (FIRM SIZE <=100), CONTINUE
 WITH QA15_H22 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 QA15_H23;

QA15_H22 How did {you/he or she} sign up for this health insurance – through an employer, through a union,
 or through Covered California's SHOP program?
 Paano {kayo/siya} nagpatala para sa health insurance na ito - sa pamamagitan ng isang
 employer, union, o SHOP program ng Covered California?

AH105

[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."]

EMPLOYER1
 UNION.....2
 SHOP / COVERED CALIFORNIA3
 OTHER (SPECIFY: _____)..... 92
 REFUSED-7
 DON'T KNOW-8

POST-NOTE FOR QA15_H22:**IF QA15_H22 = 3, THEN SET ARHBEX = 1****PROGRAMMING NOTE QA15_H23****IF ARHBEX = 1, THEN CONTINUE WITH QA15_H23;****ELSE GO TO PROGRAMMING NOTE QA15_H25;**

QA15_H23 Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold o platinum plan ba ito?

AH106

BRONZE1
SILVER2
GOLD3
PLATINUM.....4
MEDI-CAL / MEDICAID5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
OTHER (SPECIFY:). 92
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA15_H24:
IF QA15_H22 = 3, THEN GO TO QA15_H25;
ELSE CONTINUE WITH QA15_H24;

QA15_H24 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?

AH107

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA15_H25:

**IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_H25;
ELSE GO TO PROGRAMMING NOTE QA15_H28**

QA15_H25

Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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.

AH57

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

[IF NEEDED, SAY: "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."]

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO PN QA15_H27]**QA15_H26**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

AH58

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO PN QA15_H28]**[GO TO PN QA15_H28]****[GO TO PN QA15_H28]**

PROGRAMMING NOTE QA15_H27:

IF QA15_H25 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

QA15_H27 {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?
 {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}?

AH56

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

[IF NEEDED, SAY: "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?"]

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

POST-NOTE QA15_H27:

IF QA15_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF QA15_H27 = 4 OR 5, THEN SET AREMPSP = 1;

IF QA15_H27 = 6, THEN SET AROTHER = 1;

IF QA15_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;

IF QA15_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;

IF QA15_H27 = 11, SET ARHBEX = 1;

IF QA15_H27 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA15_H28:

IF [QA15_G21 = 1 OR 2 (R WORKED LAST WEEK) OR QA15_G23 = 1 (R USUALLY WORKS)] AND QA15_G25 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA15_H28;

ELSE GO TO PROGRAMMING NOTE QA15_H32

QA15_H28 Does your employer offer health insurance to any of its employees?
 Nag-aalok ba ng health insurance ang inyong employer sa mga empleado nito?

AI13

YES1
 NO2 [GO TO PN QA15_H32]
 REFUSED-7 [GO TO PN QA15_H32]
 DON'T KNOW-8 [GO TO PN QA15_H32]

QA15_H29

Are you eligible to be in this plan?
 Karapat-dapat ba kayong sumali sa plan na ito?

AI14

YES1
 NO2 [GO TO QA15_H31]
 REFUSED-7 [GO TO PN QA15_H32]
 DON'T KNOW-8

QA15_H30

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?

AI15

COVERED BY ANOTHER PLAN1 [GO TO PN QA15_H32]
 TOO EXPENSIVE2 [GO TO PN QA15_H32]
 DIDN'T LIKE PLAN OFFERED3 [GO TO PN QA15_H32]
 DON'T NEED OR BELIEVE IN
 HEALTH INSURANCE4 [GO TO PN QA15_H32]
 OTHER (SPECIFY: _____) 91 [GO TO PN QA15_H32]
 REFUSED-7 [GO TO PN QA15_H32]
 DON'T KNOW-8 [GO TO PN QA15_H32]

QA15_H31

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?

AI15A

HAVEN'T YET WORKED FOR THIS
 EMPLOYER LONG ENOUGH TO BE COVERED ..1
 CONTRACT OR TEMPORARY EMPLOYEES
 NOT ALLOWED IN PLAN2
 DON'T WORK ENOUGH HOURS PER WEEK
 OR WEEKS PER YEAR3
 OTHER (SPECIFY: _____) 91
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_H32:

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
 CONTINUE WITH QA15_H32;
 ELSE GO TO PN QA15_H33**

QA15_H32

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?

AI16

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H32:

IF QA15_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H33:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH QA15_H33;
 ELSE GO TO PROGRAMMING NOTE QA15_H34

QA15_H33

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?

AI17

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

[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-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.

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H33:

IF QA15_H33 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H34:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA15_H34;
 ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H34

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?

AI18

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA15_H38]
 [GO TO PN QA15_H38]
 [GO TO PN QA15_H38]

QA15_H35 What type of health insurance do you have?
Anong uri ng health insurance ang mayroon kayo?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "May iba pa ba?"]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Nakukuha ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelawhan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o direkta mula sa health plan?"]

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

POST-NOTE QA15_H35:

IF QA15_H35 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 4, SET ARM CARE = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 5, SET ARM CAL = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 8, SET ARIHS = 1;
 IF QA15_H35 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
 IF QA15_H35 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

QA15_H36 Was this plan obtained in your own name or in the name of someone else?
Kinuha ba ang plan na ito sa inyong pangalan o sa pangalan ng ibang tao?

AH59

[PROBE: "Even someone who does not live in this household?"]

[PROBE: "Kahit ibang taong hindi tumitira sa pamamahay na ito."]

IN OWN NAME	1	[GO TO PN QA15_H38]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA15_H38]
DON'T KNOW	-8	[GO TO PN QA15_H38]

POST-NOTE QA15_H36:

IF (QA15_H35 = 1 OR 2) AND QA15_H36 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;

IF QA15_H35 = 3 AND QA15_H36 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;

IF (QA15_H35 = 1 OR 2) AND (QA15_H36 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;

IF QA15_H35 = 3 AND (QA15_H36 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H37:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 OR IF QA15_G14 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA15_H37;

ELSE GO TO PROGRAMMING NOTE QA15_H38;

IF QA15_A16 = 1 THEN DISPLAY "spouse's name";

IF QA15_A16 ≠ 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "partner's name";

IF QA15_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H37 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
Nasa pangalan ba ng inyong {asawa} {partner} {magulang} o iba pa ang plan?

AH60

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

POST-NOTE QA15_H37:

IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;

IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA15_H38:

**IF ARIHS \neq 1 AND QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_H38;
ELSE GO TO PROGRAMMING NOTE QA15_H39_INTRO**

QA15_H38 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?

AI20

YES1
NO2
REFUSED-7
DON'T KNOW-8

POST-NOTE QA15_H38:

IF QA15_H38 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA15_H39_INTRO:

**IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1] AND QA15_G12 = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA15_H39_INTRO;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_H60**

QA15_H39_INTRO

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].

AI37intro

PROGRAMMING NOTE QA15_H39:

**IF SPOUSE 65 OR OLDER THEN
IF ARM CARE \neq 1, CONTINUE WITH QA15_H39 WITHOUT DISPLAY
ELSE IF ARM CARE = 1, CONTINUE WITH QA15_H39 AND DISPLAY "You said that you are covered by
Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA15_H42**

QA15_H39 {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)?

AI37

YES1
NO2
REFUSED-7
DON'T KNOW-8

POST-NOTE QA15_H39:

IF QA15_H39 = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H40:

IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE QA15_H41;

DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH QA15_H40 WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY “You said that you have a Medicare Advantage plan.” AND “also”;

IF QA15_A16 = 1 (MARRIED) THEN DISPLAY “spouse’s”;

ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY “partner’s”;

QA15_H40 {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}?

AH127

[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.”]

YES1

NO2

REFUSED-7

DON'T KNOW-8

POST-NOTE QA15_H40:

IF QA15_H40 = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H41:

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;

ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”;

IF QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse”;

ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY “partner”;

ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H41 {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}?

AI37A

YES1

NO2

REFUSED-7

DON'T KNOW-8

POST-NOTE QA15_H41:

IF QA15_H41 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H42:**IF ARMCAL = 1, CONTINUE WITH QA15_H42 WITHOUT DISPLAY;****IF ARMCARE = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA15_H43**

QA15_H42 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)?

AI38

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA15_H42:**IF QA15_H42 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1****PROGRAMMING NOTE QA15_H43:****IF AREMPOW = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H43;****IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA15_H45**

QA15_H43 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?

AI40

YES1 **[GO TO PN QA15_H46]**
 NO2
 OTHER3
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA15_H43:**IF QA15_H43 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;****PROGRAMMING NOTE QA15_H44:****IF ARHBEX = 1 AND (AREMPOW = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA15_H44;****IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA15_H45**

QA15_H44 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?

AH108

**[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."]

YES1 **[GO TO PN QA15_H46]**
 NO2
 OTHER3
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H44:

IF QA15_H44 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA15_H45:

**IF QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS),
 CONTINUE WITH QA15_H45;**

**IF AREMPSP = 1 AND QA15_A16 = 1, DISPLAY "You said you have insurance from your spouse's
 employer or union.";**

**ELSE IF AREMPSP = 1 AND (QA15_D23 = 1 OR QA15_D24 = 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 QA15_H46

QA15_H45

{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?

AI40A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H45:

IF QA15_H45 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H46:

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H46;

IF ARM CARE = 1 OR ARM CAL = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE QA15_H47

QA15_H46

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 direkta mula sa kompanya ng
 insurance. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI41

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H46:

IF QA15_H46 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H47:

IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH QA15_H47;

IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY “also”;

ELSE GO TO PROGRAMMING NOTE QA15_H48

QA15_H47

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)?

AH109

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H47:

IF QA15_H47 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA15_H48:

IF ARMILIT = 1, CONTINUE WITH QA15_H48;

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”;

ELSE GO TO PROGRAMMING NOTE QA15_H49

QA15_H48

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)?

AI42

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H48:

IF QA15_H48 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H49:

IF AROTHGOV = 1, CONTINUE WITH QA15_H49;

IF QA15_H36 = 1, THEN DISPLAY “AIM”;

IF QA15_H36 = 2, THEN DISPLAY “MRMIP”;

IF QA15_H36 = 3, THEN DISPLAY “Family PACT”;

IF QA15_H36 = 4, THEN DISPLAY “PCIP”;

IF QA15_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 QA15_H50

QA15_H49 You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?
 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)?

AI42A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H49: IF QA15_H49 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H50: IF SPINSURE ≠ 1, DISPLAY “any”; ELSE DISPLAY “through any other source”

QA15_H50 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?

AI46

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA15_H52]
 [GO TO QA15_H56]
 [GO TO QA15_H56]

QA15_H51 What type of health insurance does {he/she} have?
Anong uri ng health insurance ang mayroon {siya}?

AI47

CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: May iba pa ba?]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]

[IF NEEDED, SAY: "Gaya ng mula sa kasalukuyan o dating employer, o na binili nila nang direkta mula sa health plan."]

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

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Nakuha ba {niya} ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkta mula sa health plan?"]

THROUGH CURRENT OR FORMER EMPLOYER/
UNION.....1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION.....2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE)3
MEDICARE4
MEDI-CAL5
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME
OTHER MILITARY HEALTH CARE.....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC8
COVERED CALIFORNIA..... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED -7
DON'T KNOW -8

POST-NOTE QA15_H51:

IF QA15_H51 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 8, SET SPIHS = 1;
IF QA15_H51 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H52:**IF SPINSURE ≠ 1, CONTINUE WITH QA15_H52;****ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA15_H54;****ELSE GO TO PROGRAMMING NOTE QA15_H56**

QA15_H52 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?

AI48

YES1 [GO TO PN QA15_H56]
 NO2
 REFUSED-7 [GO TO PN QA15_H56]
 DON'T KNOW-8 [GO TO PN QA15_H56]

QA15_H53 What type of health insurance does {he/she} have?
 Anong uri ng health insurance ang mayroon {siya}?

AI49**[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?"]

EMPLOYER/UNION1
 THROUGH SCHOOL, PROFESSIONAL
 ASSOCIATION, TRADE GROUP OR OTHER
 ORGANIZATION2
 PURCHASED DIRECTLY FROM HEALTH PLAN
 (BY R OR ANYONE ELSE)3
 MEDICARE4
 MEDI-CAL5
 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME
 OTHER MILITARY HEALTH CARE7
 INDIAN HEALTH SERVICE, TRIBAL HEALTH
 PROGRAM OR URBAN INDIAN CLINIC8
 COVERED CALIFORNIA 10
 SHOP THROUGH COVERED CALIFORNIA 11
 OTHER GOVERNMENT HEALTH PLAN 91
 OTHER NON-GOVERNMENT HEALTH PLAN 92
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_H53:**IF QA15_H53 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;****IF QA15_H53 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;****IF QA15_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;**

IF QA15_H53 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;
 IF QA15_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF QA15_H53 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
 IF QA15_H53 = 8, SET SPIHS = 1;
 IF QA15_H53 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
 IF QA15_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
 IF QA15_H53 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF QA15_H53 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA15_H54:

IF QA15_H51 = (1, 2, 3, 10, 11) OR QA15_H53 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA15_H54;
 IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY "partner's";
 ELSE SKIP TO PROGRAMMING NOTE QA15_H56

QA15_H54 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?

AH62

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

IN SPOUSE'S/PARTNER'S NAME	1	[GO TO PN QA15_H56]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA15_H56]
DON'T KNOW	-8	[GO TO PN QA15_H56]

POST-NOTE QA15_H54:

IF QA15_H54 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET
 SPEMPOW = 1 AND SET SPEMPOTH = 0;
 IF QA15_H54 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET
 SPHBEX = 1;

QA15_H55 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?

AH63

IN ADULT RESPONDENT'S NAME	1
IN ADULT RESPONDENT'S PARENT'S NAME	2
IN SOMEONE ELSE'S NAME	3
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_H55:

IF QA15_H55 = 1 AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET SPEMPAR = 1 AND SET
 SPEMPOTH = 0 AND ARSAMESP=1;
 IF QA15_H55 = 1 AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1 AND
 ARSAMESP=1;
 IF QA15_H55 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0

PROGRAMMING NOTE QA15_H56:

**IF SEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA15_H60;
 ELSE IF [QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS)]
 AND QA15_G31 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA15_H56;
 IF QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
 ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner’s”
 ELSE GO TO PROGRAMMING NOTE QA15_H60**

QA15_H56 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?

AI43

YES	1	
NO	2	[GO TO PN QA15_H60]
REFUSED	-7	[GO TO PN QA15_H60]
DON'T KNOW	-8	[GO TO PN QA15_H60]

QA15_H57 Is {he/she} eligible to be in this plan?
 Karapat-dapat ba {siyang} sumali sa plan na ito?

AI44

YES	1	
NO	2	[GO TO QA15_H59]
REFUSED	-7	[GO TO PN QA15_H60]
DON'T KNOW	-8	[GO TO PN QA15_H60]

QA15_H58 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?

AI45

COVERED BY ANOTHER PLAN	1	[GO TO PN QA15_H60]
TOO EXPENSIVE	2	[GO TO PN QA15_H60]
DOESN'T LIKE PLAN OFFERED	3	[GO TO PN QA15_H60]
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE	4	[GO TO PN QA15_H60]
OTHER (SPECIFY: _____)	91	[GO TO PN QA15_H60]
REFUSED	-7	[GO TO PN QA15_H60]
DON'T KNOW	-8	[GO TO PN QA15_H60]

QA15_H59 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?

AI45A

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

PROGRAMMING NOTE QA15_H60:

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA15_H63;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO QA15_H76;

ELSE CONTINUE WITH QA15_H60 DISPLAY;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other” ;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL” ;

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY “Besides your/the MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other” ;

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL” ;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY “Next, I have some questions about your own main health plan.”; AND “ “;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan.” AND “Medi-Cal”;

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “ “;

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “Medi-Cal”;

ELSE DISPLAY, “Is your health plan an HMO?”

QA15_H60 {Besides the 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?

AI22C

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

[IF NEEDED, SAY: "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."]

YES	1	[GO TO QA15_H62]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_H61:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA15_H62;
ELSE CONTINUE WITH QA15_H61;

QA15_H61 Is your health plan a PPO or EPO?
 PPO o EPO ba ang inyong health plan?

AH122

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

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

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

PPO	1
EPO	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_H62:

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY “your main”;
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY “this”

QA15_H62 What is the name of {your main/this} health plan?
 Ano ang pangalan ng inyong pangunahing health plan?

AI22A

[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?”]

ACCESS SENIOR HEALTHCARE1
 AETNA2
 AETNA GOLDEN MEDICARE3
 AIDS HEALTHCARE FOUNDATION, LA4
 ALAMEDA ALLIANCE FOR HEALTH5
 ALTAMED HEALTH SERVICES..... 83
 ANTHEM BLUE CROSS OF CALIFORNIA7
 ASPIRE HEALTH PLAN8
 BLUE CROSS CALIFORNIACARE9
 BLUE CROSS SENIOR SECURE 79
 BLUE SHIELD 65 PLUS 11
 BLUE SHIELD OF CALIFORNIA 12
 BRAND NEW DAY (UNIVERSAL CARE) 13
 CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
 CALIFORNIAKIDS (CALKIDS) 15
 CAL OPTIMA (CALOPTIMA ONE CARE) 16
 CALVIVA HEALTH..... 17
 CARE 1ST HEALTH PLAN 18
 CAREMORE HEALTH PLAN..... 19
 CENTER FOR ELDERS' INDEPENDENCE..... 21
 CEN CAL HEALTH 80
 CENTRAL CALIFORNIA ALLIANCE FOR
 HEALTH 22
 CENTRAL HEALTH PLAN..... 23
 CHINESE COMMUNITY HEALTH PLAN 24
 CHOICE PHYSICIANS NETWORK..... 25
 CIGNA HEALTHCARE 26
 CITIZENS CHOICE HEALTHPLAN 27
 COMMUNITY CARE HEALTH PLAN 28
 COMMUNITY HEALTH GROUP 29
 CONTRA COSTA HEALTH PLAN..... 81
 DAVITA HEALTHCARE PARTNERS PLAN 31
 EASY CHOICE HEALTH PLAN..... 32
 EPIC HEALTH PLAN 33
 GEM CARE HEALTH PLAN 34
 GOLD COAST HEALTH PLAN..... 35
 GOLDEN STATE MEDICARE HEALTH
 PLAN..... 36
 HEALTH NET 38
 HEALTH NET SENIORITY PLUS..... 39

HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46
HEALTH ADVANTAGE	82
KAISER PERMANENTE	47
KAISER PERMANENTE SENIOR ADVANTAGE..	48
KERN FAMILY HEALTH CARE	49
L.A. CARE HEALTH PLAN	50
MD CARE	51
MOLINA HEALTHCARE OF CALIFORNIA	54
MONARCH HEALTH PLAN	55
ON LOK SENIOR HEALTH SERVICES	56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA	57
PIH HEALTH CARE SOLUTIONS	58
PREMIER HEALTH PLAN SERVICES	59
PRIMECARE MEDICAL NETWORK	60
PROVIDENCE HEALTH NETWORK	61
SCRIPPS HEALTH PLAN SERVICES	68
SEASIDE HEALTH PLAN	69
SAN FRANCISCO HEALTH PLAN	84
SANTA CLARA FAMILY HEALTH PLAN	90
SAN MATEO HEALTH COMMISION	86
SANTA BARBARA	88
SATELLITE HEALTH PLAN	92
SCAN HEALTH PLAN	67
SHARP HEALTH PLAN	70
SUTTER HEALTH PLAN	71
SUTTER SENIOR CARE	72
UNITED HEALTHCARE	73
UNITED HEALTHCARE SECURE HORIZON.....	74
UNIVERSITY HEALTHCARE ADVANTAGE	75
VALLEY HEALTH PLAN	76
VENTURA COUNTY HEALTH CARE PLAN	77
WESTERN HEALTH ADVANTAGE	78
CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87
VA HEALTH CARE SERVICES	89
MEDI-CAL	52
MEDICARE	53
OTHER (SPECIFY: _____)	85
REFUSED	-7
DON'T KNOW	-8

POST NOTE QA15_H62:

IF QA15_H62 = 62, 63, OR 64 THEN SET ARMILIT=1

PROGRAMMING NOTE QA15_H63:

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

QA15_H63 {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?

AI25

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

PROGRAMMING NOTE QA15_H64:

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA15_H64;
 ELSE GO TO QA15_H69**

QA15_H64 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?

AH71

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES	1	
NO	2	[GO TO QA15_H66]
YES, ONLY WHEN I GO OUT OF NETWORK	3	[GO TO QA15_H66]
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_H65:

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H65;
 ELSE GO TO QA15_H66**

QA15_H65 Does your health plan have a deductible that is more than \$2,000?
 May deductible ba na higit sa \$2,000 ang health plan ninyo?

AH96

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES1 [GO TO PN QA15_H67]
 NO2
 YES, ONLY WHEN I GO OUT OF NETWORK3
 REFUSED-7
 DON'T KNOW-8

QA15_H66

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?

AH72

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES1
 NO2 [GO TO PN QA15_H68]
 YES, ONLY WHEN I GO OUT OF NETWORK3 [GO TO PN QA15_H68]
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_H67:

IF AREMPOW = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOH = 1, THEN CONTINUE WITH QA15_H67;

ELSE GO TO PROGRAMMING NOTE QA15_H68

QA15_H67

Does your health plan have a deductible for all covered persons that is more than \$4,000?
 May deductible ba na mahigit sa \$4,000 para sa lahat ng taong naka-insure ang inyong health plan?

AH97

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES1
 NO2
 YES, ONLY WHEN I GO OUT OF NETWORK3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_H68:

IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR ARMCARE = 1 (CURRENTLY HAS MEDICARE) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, HK), SKIP TO QA15_H69;

ELSE CONTINUE WITH QA15_H68

QA15_H68 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?

AH73

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]

[IF NEEDED, SAY: 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."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_H69 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.

AI31

YES1 **[GO TO PN QA15_H82]**
NO2
REFUSED -7 **[GO TO QA15_H72]**
DON'T KNOW -8

QA15_H70 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?

AI32

YES1
NO2 **[GO TO QA15_H73]**
REFUSED -7 **[GO TO QA15_H72]**
DON'T KNOW -8 **[GO TO QA15_H72]**

QA15_H71 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?

MODIFIED AI33

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

MEDI-CAL1
 THROUGH CURRENT OR FORMER
 EMPLOYER/UNION3
 PURCHASED DIRECTLY5
 COVERED CALIFORNIA6
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

QA15_H72 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?

AI34

YES1
 NO2 **[GO TO PN QA15_H82]**
 REFUSED -7 **[GO TO PN QA15_H82]**
 DON'T KNOW -8 **[GO TO PN QA15_H82]**

QA15_H73 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?

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11] **[IF 0 GO TO PN QA15_H82]**
 REFUSED -7 **[GO TO PN QA15_H82]**
 DON'T KNOW -8 **[GO TO PN QA15_H82]**

Reasons for Lack of Coverage

QA15_H74 What is the ONE MAIN reason why you did not have any health insurance during those months?
 Ano ang ISANG PANGUNAHING dahilan bakit wala kayong anumang health insurance noong mga buwan na iyon?

AI36

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR OTHER
 PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES, DELAY
 BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY FOR
 OWN CARE8
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA15_H75

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?

AH74

YES1 [GO TO PN QA15_H82]
 NO2 [GO TO PN QA15_H82]
 REFUSED -7 [GO TO PN QA15_H82]
 DON'T KNOW -8 [GO TO PN QA15_H82]

QA15_H76

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?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA15_H77 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?

AH75

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_H78 Were you covered by health insurance at any time during the past 12 months?
 May health insurance ba kayo kailanman nitong nakaraang 12 buwan?

AI27

YES1 **[GO TO QA15_H80]**
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_H79 How long has it been since you last had health insurance?
 Gaano katagal na mula noong huling may health insurance kayo?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT
 MORE THAN 3 YEARS AGO1 **[GO TO PN QA15_H82]**
 MORE THAN 3 YEARS AGO2 **[GO TO PN QA15_H82]**
 NEVER HAD HEALTH INSURANCE3 **[GO TO PN QA15_H82]**
 REFUSED -7 **[GO TO PN QA15_H82]**
 DON'T KNOW -8 **[GO TO PN QA15_H82]**

QA15_H80 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?

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA15_H82]**
 REFUSED -7
 DON'T KNOW -8

QA15_H81 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?

AI30

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

MEDI-CAL1
 THROUGH CURRENT OR FORMER
 EMPLOYER OR UNION3
 PURCHASED DIRECTLY5
 COVERED CALIFORNIA6
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_H82:

**IF ARINSURE \neq 1 OR QA15_H70 = 2 OR ARDIRECT = 1 OR QA15_H81 = (5, 6) OR QA15_H71 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA15_H82;
 ELSE GO TO PROGRAMMING NOTE QA15_H99**

QA15_H82 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?

AH103h

YES1
 NO2 **[GO TO PN QA15_H99]**
 REFUSED -7 **[GO TO PN QA15_H99]**
 DON'T KNOW -8 **[GO TO PN QA15_H99]**

QA15_H83 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?

AH110h

DIRECTLY FROM AN INSURANCE
 COMPANY OR HMO, OR1
 THROUGH COVERED CALIFORNIA, OR2
 BOTH, FROM AN INSURANCE COMPANY AND
 THROUGH COVERED CALIFORNIA3
 REFUSED -7 **[GO TO PN QA15_H86]**
 DON'T KNOW -8 **[GO TO PN QA15_H86]**

PROGRAMMING NOTE QA15_H84:**IF QA15_H83 = 1; THEN CONTINUE WITH QA15_H84;****IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H84 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”****ELSE GO TO PROGRAMMING NOTE QA15_H88;**

QA15_H84 {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...

AH98h

Very difficult,1
 Talagang mahirap,1
 Somewhat difficult,2
 Medyo mahirap,2
 Not too difficult, or3
 Hindi masyadong mahirap, o3
 Not at all difficult?4
 Hindi mahirap kahit kaunti?4
 REFUSED -7
 DON'T KNOW -8

QA15_H85 How difficult was it to find a plan you could afford? Was it...
 Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay...

AH99h

Very difficult,1
 Talagang mahirap,1
 Somewhat difficult,2
 Medyo mahirap,2
 Not too difficult, or3
 Hindi masyadong mahirap, o3
 Not at all difficult?4
 Hindi mahirap kahit kaunti?4
 REFUSED -7
 DON'T KNOW -8

QA15_H86 Did anyone help you find a health plan?
 Mayroon bang tumulong sa inyong humanap ng health plan?

AH100h

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA15_H88]**[GO TO PN QA15_H88]****[GO TO PN QA15_H88]**

QA15_H87 Who helped you?
Sino ang tumulong sa inyo?

AH101h

BROKER1
FAMILY MEMBER/FRIEND2
INTERNET3
OTHER (SPECIFY: _____) 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_H88:

IF QA15_H83 = 2; THEN CONTINUE WITH QA15_H88;

IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H88 AND DISPLAY “Now, think about your experience with Covered California.”

ELSE GO TO PROGRAMMING NOTE QA15_H92;

QA15_H88 {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...

AH111h

Very difficult,1
Talagang mahirap,1
Somewhat difficult,2
Medyo mahirap,2
Not too difficult, or3
Hindi masyadong mahirap, o3
Not at all difficult?4
Hindi mahirap kahit kaunti?4
REFUSED -7
DON'T KNOW -8

QA15_H89 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...

AH112h

Very difficult,1
Talagang mahirap,1
Somewhat difficult,2
Medyo mahirap,2
Not too difficult, or3
Hindi masyadong mahirap, o3
Not at all difficult?4
Hindi mahirap kahit kaunti?4
REFUSED -7
DON'T KNOW -8

QA15_H90 Did anyone help you find a health plan?
Mayroon bang tumulong sa inyong humanap ng health plan?

AH113h

YES	1	
NO	2	[GO TO QA15_H92]
REFUSED	-7	[GO TO QA15_H92]
DON'T KNOW	-8	[GO TO QA15_H92]

QA15_H91 Who helped you?
Sinong tumulong sa inyo?

AH114h

BROKER	1
FAMILY MEMBER / FRIEND	2
INTERNET	3
CERTIFIED ENROLLMENT COUNSELOR	4
OTHER (SPECIFY: _____)	92
REFUSED	-7
DON'T KNOW	-8

QA15_H92 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?

AH115h

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

PROGRAMMING NOTE QA15_H93:

**IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_H93;
ELSE GO TO QA15_H94;**

QA15_H93 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?

AH116h

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

QA15_H94 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?

AH117h

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

QA15_H95 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?

AH118h

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

QA15_H96 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?

AH119h

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

QA15_H97 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?

AH120h

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_H98:

```

IF QA15_H23 = 1 THEN DISPLAY "Bronze"
ELSE IF QA15_H23 = 2 THEN DISPLAY "Silver"
ELSE IF QA15_H23 = 3 THEN DISPLAY "Gold"
ELSE IF QA15_H23 = 4 THEN DISPLAY "Platinum"
ELSE IF QA15_H23 = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY " ";

```

QA15_H98 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?

AH121h

COST	1
SPECIFIC DOCTOR	2
SPECIFIC HOSPITAL	3
CHOICE OF DOCTORS IN NETWORK	4
OTHER (SPECIFY: _____)	92
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_H99:

```

IF QA15_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR
QA15_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA15_B41 = 1 (HOSPITALIZED FOR HEART
DISEASE) THEN GO TO PROGRAMMING NOTE QA15_H100;
ELSE CONTINUE WITH QA15_H99

```

QA15_H99 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?

AH14

YES	1	
NO	2	[GO TO PN QA15_H101]
REFUSED	-7	[GO TO PN QA15_H101]
DON'T KNOW	-8	[GO TO PN QA15_H101]

PROGRAMMING NOTE QA15_H100:

**IF ARINSURE \neq 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA15_H100;
ELSE GO TO PROGRAMMING NOTE QA15_H101**

QA15_H100 Was any of that hospital care paid for by Medi-Cal?
Binayaran ba ng Medi-Cal ang anumang bahagi ng paggagamot ng ospital?

AH76

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE FOR QA15_H101:

**IF [ARINSURE \neq 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA15_H101;
ELSE SKIP TO PROGRAMMING NOTE QA15_I1**

QA15_H101 During the last 12 months, did you get prenatal care that you didn't have to pay for?
Nitong nakaraang 12 buwan, nakapagpatingin ba kayo para sa pangangalaga habang buntis na hindi ninyo kinailangang bayaran?

AH77

YES1
NO2 [GO TO PN QA15_I1]
REFUSED-7 [GO TO PN QA15_I1]
DON'T KNOW-8 [GO TO PN QA15_I1]

QA15_H102 Was it paid for by Medi-Cal?
Binayaran ba ito ng Medi-Cal?

AH78

YES1
NO2
REFUSED-7
DON'T KNOW-8

Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA15_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA15_I39 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA15_I2;
ELSE CONTINUE WITH QA15_I1

QA15_I1 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?

Isa ba ang insurance ninyo at ni {CHILD}?

CF10A

YES	1	[GO TO QA15_I19]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I1:

IF QA15_I1 = 1 AND ARM CARE = 1, SET CHM CARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARM CAL = 1, SET CHM CAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPPAR = 1, SET CEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE QA15_I2:**IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;****ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;****ELSE CONTINUE WITH QA15_I2****QA15_I2** Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/
PARTNER NAME}?Iisa ba ang insurance ni (CHILD) at ng inyong {asawa/partner/ PANGALAN NG
ASAWA/PARTNER }?**MA1**

YES1 **[GO TO QA15_I19]**
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_I2:**IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPOTHOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPIHS = 1, SET CHIHS = 1****IF QA15_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;****IF QA15_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH =****1****QA15_I3** Is {he/she} currently covered by Medi-CAL?

Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

CF1**[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families,
pregnant women, and disabled or elderly people."]****[IF NEEDED, SAY: "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."]**

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_I3:**IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1**

QA15_I4 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

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES	1	
NO	2	[GO TO PN QA15_I6]
REFUSED	-7	[GO TO PN QA15_I6]
DON'T KNOW	-8	[GO TO PN QA15_I6]

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5 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?

AI90

[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."]

EMPLOYER	1
UNION	2
SHOP / COVERED CALIFORNIA	3
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA15_I6:
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6

QA15_I6 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?

CF4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

[IF NEEDED, SAY: "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."]

YES	1	
NO	2	[GO TO PN QA15_I13]
REFUSED	-7	[GO TO PN QA15_I13]
DON'T KNOW	-8	[GO TO PN QA15_I13]

POST-NOTE QA15_I6:
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA15_I7:
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8

QA15_I7 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?

AI91

INSURANCE COMPANY OR HMO	1
COVERED CALIFORNIA	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_I7:
IF QA15_I7 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA15_I8

**IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;**

QA15_I8 Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold o platinum plan ba ito?

AI92

BRONZE1
SILVER2
GOLD3
PLATINUM.....4
MEDI-CAL / MEDICAID5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
OTHER (SPECIFY:). 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I9

**IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA15_I9;
ELSE GO TO PROGRAMMING NOTE QA15_I10;**

QA15_I9 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?

AI93

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I10:
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I10;
ELSE GO TO PROGRAMMING NOTE QA15_14

QA15_I10 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.

AI54

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

[IF NEEDED, SAY: "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 kailangan ninyong bayaran bago magsimulang magbayad ang inyong health plan para sa inyong pagpapagamot."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

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

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_I11 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)?

AI50

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

[GO TO PN QA15_I13]

[GO TO PN QA15_I13]

[GO TO PN QA15_I13]

QA15_I12 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)?

AI51

[CODE ALL THAT APPLY.]

CURRENT EMPLOYER1
FORMER EMPLOYER2
UNION.....3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE7
COVERED CALIFORNIA..... 10
OTHER..... 91
REFUSED -7
DON'T KNOW -8

POST-NOTE QA15_I12:

IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF QA15_I12 = 7, SET CHMCAL = 1

IF QA15_I12 = 10, SET CHHBEX = 1;

PROGRAMMING NOTE QA15_I13:

IF CHINSURE = 1, GO TO PN QA15_I19;

ELSE CONTINUE WITH QA15_I13

QA15_I13 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?

CF6

YES1 **[GO TO PN QA15_I19]**
NO.....2
REFUSED -7
DON'T KNOW -8

POST-NOTE QA15_I13:

IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA15_I14 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?

CF7

[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.]

AIM.....	1	[GO TO PN QA15_I19]
"MISTER MIP"/MRMIP.....	2	[GO TO PN QA15_I19]
HEALTHY KIDS	3	[GO TO PN QA15_I19]
NO OTHER PLAN.....	4	
SOMETHING ELSE (SPECIFY: _____) ..	91	[GO TO PN QA15_I19]
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I14:

IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15 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?

CF8

YES	1	
NO.....	2	[GO TO PN QA15_I18]
REFUSED	-7	[GO TO PN QA15_I18]
DON'T KNOW	-8	[GO TO PN QA15_I18]

QA15_I16 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?

CF9

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "May iba pa ba?"]

THROUGH CURRENT OR FORMER
 EMPLOYER/UNION1
 THROUGH SCHOOL, PROFESSIONAL
 ASSOCIATION, TRADE GROUP OR OTHER
 ORGANIZATION.....2
 PURCHASED DIRECTLY FROM A HEALTH PLAN
 (BY R OR ANYONE ELSE)3
 MEDICARE4
 MEDI-CAL5
 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME
 OTHER MILITARY HEALTH CARE.....7
 INDIAN HEALTH SERVICE, TRIBAL HEALTH
 PROGRAM, URBAN INDIAN CLINIC.....8
 COVERED CALIFORNIA..... 10
 SHOP THROUGH COVERED CALIFORNIA 11
 OTHER GOVERNMENT HEALTH PLAN 91
 OTHER NON-GOVERNMENT HEALTH PLAN..... 92
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_I16:

IF QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
 IF QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
 IF QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
 IF QA15_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
 IF QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
 IF QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
 IF QA15_I16 = 8, SET CHIHS = 1
 IF QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
 IF QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
 IF QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
 IF QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
 IF QA15_I16 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA15_I17:
IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;
ELSE SKIP TO PROGRAMMING NOTE QA15_I18

QA15_I17 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?

CF9VER

YES1
 NO.....2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18 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)?

CF1A

PAPERWORK TOO DIFFICULT1
 DIDN'T KNOW IF ELIGIBLE2
 INCOME TOO HIGH, NOT ELIGIBLE3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 OTHER NOT ELIGIBLE5
 DON'T BELIEVE IN HEALTH INSURANCE6
 DON'T NEED IT BECAUSE HEALTHY7
 ALREADY HAVE INSURANCE8
 DIDN'T KNOW IT EXISTED.....9
 DON'T LIKE / WANT WELFARE 10
 OTHER (SPECIFY)..... 91
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_I19:

IF QA15_I1 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I19 = QA15_H9 AND QA15_I21 = QA15_H10 AND SKIP TO QA15_I22;
 ELSE IF QA15_I1 = 1, THEN QA15_I19 = QA15_H60 AND QA15_I21 = QA15_H62 AND QA15_I22 = QA15_H63 AND GO TO PN QA15_I23;
 ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA15_I19;
 ELSE GO TO PN QA15_I23

QA15_I19

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)?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]

[IF NEEDED, SAY: "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."]

YES	1	[GO TO QA15_I21]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20 Is (CHILD)'s health plan a PPO or EPO?
 PPO o EPO ba ang health plan ni (CHILD)?

AI115

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

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

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

[IF NEEDED, SAY: "Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doctor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong 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."]

PPO.....	1
EPO.....	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_I21

What is the name of (CHILD)'s main health plan?
Ano ang pangalan ng pangunahing health plan ni (CHILD)?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: Mayroon bang insurance card si (CHILD)? o anumang bagay kung saan nakasulat ang pangalan ng plan?"]

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES.....	83
ANTHEM BLUE CROSS OF CALIFORNIA.....	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN ..	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH.....	17
CARE 1 ST HEALTH PLAN	18
CAREMORE HEALTH PLAN.....	19
CENTER FOR ELDERS' INDEPENDENCE.....	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN.....	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK.....	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN.....	35
GOLDEN STATE MEDICARE HEALTH PLAN.....	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46

HEALTH ADVANTAGE	82
KAISER PERMANENTE	47
KAISER PERMANENTE SENIOR ADVANTAGE..	48
KERN FAMILY HEALTH CARE	49
L.A. CARE HEALTH PLAN	50
MD CARE	51
MOLINA HEALTHCARE OF CALIFORNIA	54
MONARCH HEALTH PLAN	55
ON LOK SENIOR HEALTH SERVICES	56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA	57
PIH HEALTH CARE SOLUTIONS	58
PREMIER HEALTH PLAN SERVICES	59
PRIMECARE MEDICAL NETWORK	60
PROVIDENCE HEALTH NETWORK	61
SCRIPPS HEALTH PLAN SERVICES	68
SEASIDE HEALTH PLAN	69
SAN FRANCISCO HEALTH PLAN	84
SANTA CLARA FAMILY HEALTH PLAN	90
SAN MATEO HEALTH COMMISION	86
SANTA BARBARA	88
SATELLITE HEALTH PLAN	92
SCAN HEALTH PLAN	67
SHARP HEALTH PLAN	70
SUTTER HEALTH PLAN	71
SUTTER SENIOR CARE	72
UNITED HEALTHCARE	73
UNITED HEALTHCARE SECURE HORIZON	74
UNIVERSITY HEALTHCARE ADVANTAGE	75
VALLEY HEALTH PLAN	76
VENTURA COUNTY HEALTH CARE PLAN	77
WESTERN HEALTH ADVANTAGE	78
CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87
VA HEALTH CARE SERVICES	89
MEDI-CAL	52
MEDICARE	53
OTHER (SPECIFY: _____)	85
REFUSED	-7
DON'T KNOW	-8

QA15_I22

Is (CHILD) covered for prescription drugs?

Naka-insure ba si (CHILD) para sa mga inireresetang gamot?

CF14

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

PROGRAMMING NOTE FOR QA15_I23:

**IF (ARINSURE \neq 1 OR QA15_I1 \neq 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA15_I23;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28**

QA15_I23 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)?

AI79

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES	1	
NO	2	[GO TO QA15_I25]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO QA15_I25]
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE FOR QA15_I24:

**IF CHEMP = 1, THEN CONTINUE WITH QA15_I24;
ELSE GO TO QA15_I25**

QA15_I24 Does (CHILD)'s health plan have a deductible that is more than \$2,000?
Mayroon bang deductible na higit sa \$2,000 ang health plan ni (CHILD)?

AI85

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES	1	[GO TO PN QA15_I26]
NO	2	
YES, ONLY WHEN GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA15_I25 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)?

AI80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES	1	
NO	2	[GO TO PN QA15_I27]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO PN QA15_I27]
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE FOR QA15_I26:

**IF CHEMP = 1, THEN CONTINUE WITH QA15_I26;
ELSE GO TO PROGRAMMING NOTE QA15_I27**

QA15_I26 Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$4,000?
Mayroon bang deductible na higit sa \$4,000 para sa lahat ng taong naka-insure ang health plan ni (CHILD)?

AI86

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES1
NO2
YES, ONLY WHEN GO OUT OF NETWORK3
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I27:

**IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28**

QA15_I27 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)?

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: 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."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28

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) ?

CF18

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY: _____)..... 91
 REFUSED -7
 DON'T KNOW -8

QA15_I29

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?

CF20

YES1 **[GO TO QA15_I31]**
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_I30

How long has it been since (CHILD) last had health insurance?
 Gaano katagal na mula noong huling may health insurance si (CHILD)?

CF21

MORE THAN 12 MONTHS, BUT NOT
 MORE THAN 3 YEARS AGO1 **[GO TO PN QA15_I39]**
 MORE THAN 3 YEARS AGO2 **[GO TO PN QA15_I39]**
 NEVER HAD HEALTH INSURANCE COVERAGE ..3 **[GO TO PN QA15_I39]**
 REFUSED -7 **[GO TO PN QA15_I39]**
 DON'T KNOW -8 **[GO TO PN QA15_I39]**

QA15_I31

For how many of the last 12 months did {he/she} have health insurance?
 Ilang buwan ba { siyang / siyang } may health insurance nitong nakaraang 12 buwan?

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA15_I39]**
 REFUSED -7
 DON'T KNOW -8

QA15_I32

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 kanyang insurance ba ay Medi-CAL, isang planong nakuha ninyo mula sa isang employer, isang planong binili ninyo nang direkta mula sa isang insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

CF23**[CIRCLE ALL THAT APPLY]****[PROBE: "Any others?"]****[PROBE: "May iba pa ba?"]**

MEDI-CAL	1	[GO TO PN QA15_I39]
THROUGH CURRENT OR FORMER EMPLOYER		
UNION.....	3	[GO TO PN QA15_I39]
PURCHASED DIRECTLY.....	5	[GO TO PN QA15_I39]
COVERED CALIFORNIA.....	6	[GO TO PN QA15_I39]
OTHER HEALTH PLAN.....	91	[GO TO PN QA15_I39]
REFUSED	-7	[GO TO PN QA15_I39]
DON'T KNOW	-8	[GO TO PN QA15_I39]

QA15_I33

Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Isipin ninyo ang kasalukuyang health insurance (CHILD) ito rin ba ang insurance {niya/niya} para sa KABUUAN ng nakaraang 12 buwan?

CF24

YES	1	[GO TO PN QA15_I39]
NO.....	2	
HAD SAME INSURANCE SINCE BIRTH		
(FOR CHILDREN LESS THAN ONE YEAR OLD) ...	3	[GO TO PN QA15_I39]
REFUSED	-7	
DON'T KNOW	-8	

QA15_I34

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?

CF25

YES	1	
NO.....	2	[GO TO QA15_I36]
REFUSED	-7	[GO TO QA15_I36]
DON'T KNOW	-8	[GO TO QA15_I36]

QA15_I35

Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-CAL ba itong iba pang health insurance, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

CF26**[CODE ALL THAT APPLY]****[PROBE: "Any others?"]****[PROBE: "May iba pa ba?"]**

MEDI-CAL1
 THROUGH CURRENT OR FORMER
 EMPLOYER/UNION4
 PURCHASED DIRECTLY.....5
 COVERED CALIFORNIA.....6
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

QA15_I36

During the past 12 months, was there any time when {he/she} had no health insurance at all?
 Nitong nakaraang 12 buwan, mayroon bang anumang panahon na {siya/siya} aywalang anumang health insurance?

CF27

YES1
 NO2 **[GO TO PN QA15_I39]**
 REFUSED -7 **[GO TO PN QA15_I39]**
 DON'T KNOW -8 **[GO TO PN QA15_I39]**

QA15_I37

For how many of the past 12 months did {he/she} have no health insurance?
 Nitong nakaraang 12 buwan, ilang buwan ba {siya/siya} walang health insurance?

CF28**[IF < 1 MONTH, ENTER "1"]**

_____ MONTHS [RANGE: 1-12]

REFUSED -7
 DON'T KNOW -8

QA15_I38

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?

CF29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE8
 OTHER (SPECIFY) 91
 REFUSED -7
 DON'T KNOW -8

Teen's Health Insurance

PROGRAMMING NOTE QA15_I39:

IF NO TEEN SELECTED, GO TO PN QA15_I78;

IF ARINSURE = 1, CONTINUE WITH QA15_I39;

IF ARINSURE = 0, GO TO PN QA15_I40;

ELSE CONTINUE WITH QA15_I39

QA15_I39

These next questions are about health insurance (TEEN) may have.

Ang mga sumusunod na mga tanong ay tungkol sa health insurance na maaaring mayroon si (TEEN).

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

Iisa ba ang insurance {ninyo/PANGALAN NG ADULT RESPONDENT} at ni (TEEN)?

IA10A

YES1 **[GO TO QA15_I58]**
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_I39:

IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARIHS = 1, SET TEIHS = 1
 IF QA15_I39 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA15_I40:

IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
 ELSE IF QA15_I39 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
 ELSE CONTINUE WITH QA15_I40

QA15_I40 Does (TEEN) have the same insurance as your spouse?
 lisa ba ang insurance ni (TEEN) at ng inyong {asawa}?

MA5

YES1 [GO TO QA15_I58]
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA15_I40:

IF QA15_I40 = 1 AND SPMPCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1
 IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
 IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

PROGRAMMING NOTE QA15_I41:**IF CHINSURE \neq 1, THEN SKIP TO QA15_I42;****ELSE IF (QA15_I39 = 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;****ELSE CONTINUE WITH QA15_I41;**

QA15_I41 Does (TEEN) have the same insurance as (CHILD)?
 lisa ba ang insurance ni (TEEN) at ni (CHILD)?

MA6

YES1 **[GO TO PN QA15_I72]**
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA15_I41:**IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;****IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;****IF QA15_I41 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;****IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;****IF QA15_I41 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;****IF QA15_I41 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;****IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;****IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;****IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1**

QA15_I42 Is {he/she} currently covered by Medi-CAL?
 Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

[IF NEEDED, SAY: "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."]

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA15_I42:**IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1**

QA15_I43

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?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES	1	
NO	2	[GO TO QA15_I45]
REFUSED	-7	[GO TO QA15_I45]
DON'T KNOW	-8	[GO TO QA15_I45]

POST-NOTE QA15_I43:

IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA15_I44

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?

AI94

[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."]

EMPLOYER	1
UNION	2
SHOP / COVERED CALIFORNIA	3
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_I44:

IF QA15_I44 = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I45:
IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45

QA15_I45 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?

IA4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]
[IF NEEDED, SAY: "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 maospital kayo."]

YES	1	
NO	2	[GO TO PN QA15_I52]
REFUSED	-7	[GO TO PN QA15_I52]
DON'T KNOW	-8	[GO TO PN QA15_I52]

POST-NOTE QA15_I45:
IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:
IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46 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?

AI95

INSURANCE COMPANY OR HMO	1
COVERED CALIFORNIA	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_I46:
IF QA15_I46 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I47

**IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;**

QA15_I47 Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold o platinum plan ba ito?

AI96

BRONZE1
SILVER2
GOLD3
PLATINUM.....4
MEDI-CAL / MEDICAID5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
OTHER (SPECIFY: _____). 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I48

**IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;**

QA15_I48 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?

AI97

YES1
NO.....2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I49:

**IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I49;
ELSE GO TO PROGRAMMING NOTE QA15_I52**

QA15_I49

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.

AI55

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

[IF NEEDED, SAY: "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."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_I50

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 pampropesiyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

AI52

YES1
NO2 **[GO TO PN QA15_I52]**
REFUSED -7 **[GO TO PN QA15_I52]**
DON'T KNOW -8 **[GO TO PN QA15_I52]**

QA15_I51 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)?

AI53

[CODE ALL THAT APPLY.]

CURRENT EMPLOYER1
FORMER EMPLOYER2
UNION.....3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE7
COVERED CALIFORNIA..... 10
OTHER..... 91
REFUSED -7
DON'T KNOW -8

POST-NOTE QA15_I51:

IF QA15_I51 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;

IF QA15_I51 = 7, SET TEMCAL = 1;

IF QA15_I51 = 10, SET TEHBEX =1;

PROGRAMMING NOTE QA15_I52:

IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;

ELSE CONTINUE WITH QA15_I52

QA15_I52 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?

IA6

YES1
NO2
REFUSED -7
DON'T KNOW -8

[GO TO PN QA15_I58]

POST-NOTE QA15_I52:

IF QA15_I52 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA15_I53 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?

IA7

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

[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- aanak para sa mga hindi naka-insure na mga babae't lalake na mabababa ang kita.]

AIM	1	[GO TO PN QA15_I58]
"MISTER MIP"/MRMIP	2	[GO TO PN QA15_I58]
Family PACT	3	[GO TO PN QA15_I58]
HEALTHY KIDS	4	[GO TO PN QA15_I58]
NO OTHER PLAN.....	5	
SOMETHING ELSE (SPECIFY: _____) ..	91	[GO TO PN QA15_I58]
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I53:

IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA15_I54 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?

IA8

YES	1	
NO.....	2	[GO TO PN QA15_I58]
REFUSED	-7	[GO TO PN QA15_I58]
DON'T KNOW	-8	[GO TO PN QA15_I58]

QA15_I55

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 Medi-CAL, isang employer o union, o mula sa iba pang pinagkukunan?

IA9

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "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?"]

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

POST-NOTE QA15_I55:

IF QA15_I55_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;

IF QA15_I55_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;

IF QA15_I55_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;

IF QA15_I55_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;

IF QA15_I55_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;

IF QA15_I55_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;

IF QA15_I55_8 = 1, SET TEIHS = 1;

IF QA15_I55 = 10, SET TEHBEX = 1 AND TEINSURE = 1;

IF QA15_I55 = 11, SET TEHBEX = 1 AND TEINSURE = 1;

IF QA15_I55_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;

IF QA15_I55_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;

IF QA15_I55 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA15_I56:

**IF QA15_I55 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57**

QA15_I56

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?

IA9VER

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I57:

**IF TEINSURE # 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;**

QA15_I57

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)?

IA1A

PAPERWORK TOO DIFFICULT1
DIDN'T KNOW IF ELIGIBLE2
INCOME TOO HIGH, NOT ELIGIBLE3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
OTHER NOT ELIGIBLE5
DON'T BELIEVE IN HEALTH INSURANCE6
DON'T NEED IT BECAUSE HEALTHY7
ALREADY HAVE INSURANCE8
DIDN'T KNOW IT EXISTED.....9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY:)..... 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_I58:

IF QA15_I39 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I58 = QA15_H9 AND QA15_I60 = QA15_H10 AND SKIP TO QA15_I61;
 ELSE IF QA15_I39 = 1, THEN QA15_I58 = QA15_H60 AND QA15_I60 = QA15_H62 AND QA15_I61 = QA15_H63 AND GO TO PN QA15_I62;
 ELSE IF QA15_I41 = 1, THEN QA15_I58 = QA15_I19 AND QA15_I60 = QA15_I21 AND QA15_I61 = QA15_I22 AND GO TO PN QA15_I62;
 ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA15_I58;
 ELSE GO TO PROGRAMMING NOTE QA15_I62

QA15_I58 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)?

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she/} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF NEEDED, SAY: "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."]

YES	1	[GO TO QA15_I60]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I59:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA15_I60;
ELSE CONTINUE WITH QA15_I59;

QA15_I59 Is (TEEN)'s health plan a PPO or EPO?
 PPO o EPO ba ang health plan ni (TEEN)?

AI116

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

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

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

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

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "Ang kanyang PANGUNAHING health plan."]

PPO.....	1
EPO.....	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_I60 What is the name of (TEEN)'s main health plan?
 Ano ang pangalan ng pangunahing health plan ni {TEEN}?

MA7

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: Mayroon bang insurance card si (TEEN) o anumang bagay kung saan nakasulat ang pangalan ng plan?"]

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES.....	83

ANTHEM BLUE CROSS OF CALIFORNIA.....	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN ..	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH.....	17
CARE 1 ST HEALTH PLAN	18
CAREMORE HEALTH PLAN.....	19
CENTER FOR ELDERS' INDEPENDENCE.....	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN.....	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK.....	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN.....	35
GOLDEN STATE MEDICARE HEALTH PLAN.....	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46
HEALTH ADVANTAGE	82
KAISER PERMANENTE	47
KAISER PERMANENTE SENIOR ADVANTAGE..	48
KERN FAMILY HEALTH CARE	49
L.A. CARE HEALTH PLAN	50
MD CARE.....	51
MOLINA HEALTHCARE OF CALIFORNIA	54
MONARCH HEALTH PLAN.....	55
ON LOK SENIOR HEALTH SERVICES	56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA	57
PIH HEALTH CARE SOLUTIONS	58
PREMIER HEALTH PLAN SERVICES.....	59
PRIMECARE MEDICAL NETWORK	60
PROVIDENCE HEALTH NETWORK.....	61
SCRIPPS HEALTH PLAN SERVICES	68

SEASIDE HEALTH PLAN	69
SAN FRANCISCO HEALTH PLAN.....	84
SANTA CLARA FAMILY HEALTH PLAN	90
SAN MATEO HEALTH COMMISION	86
SANTA BARBARA	88
SATELLITE HEALTH PLAN	92
SCAN HEALTH PLAN	67
SHARP HEALTH PLAN	70
SUTTER HEALTH PLAN	71
SUTTER SENIOR CARE	72
UNITED HEALTHCARE	73
UNITED HEALTHCARE SECURE HORIZON.....	74
UNIVERSITY HEALTHCARE ADVANTAGE	75
VALLEY HEALTH PLAN	76
VENTURA COUNTY HEALTH CARE PLAN.....	77
WESTERN HEALTH ADVANTAGE.....	78
CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87
VA HEALTH CARE SERVICES.....	89
MEDI-CAL	52
MEDICARE	53
OTHER (SPECIFY: _____)	85
REFUSED	-7
DON'T KNOW	-8

QA15_I61

Is (TEEN) covered for prescription drugs?

Naka-insure ba si (TEEN) para sa inireresetang mga gamot?

IA14

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

PROGRAMMING NOTE FOR QA15_I62:

**IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN
CONTINUE WITH QA15_I62;
ELSE SKIP TO PN QA15_I67**

QA15_I62 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)?

AI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES	1	
NO	2	[GO TO QA15_I64]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO QA15_I64]
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I63:

**IF TEEMP = 1, THEN CONTINUE WITH QA15_I63;
ELSE GO TO QA15_I61**

QA15_I63 Does (TEEN)'s health plan have a deductible that is more than \$2,000?
Mayroon bang deductible na higit sa \$2,000 ang health plan ni (TEEN)?

AI87

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES	1	[GO TO PN QA15_I65]
NO	2	
YES, ONLY WHEN GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA15_I64 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)?

AI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES	1	
NO	2	[GO TO PN QA15_I66]
YES, ONLY WHEN GO OUT OF NETWORK	3	[GO TO PN QA15_I66]
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I65:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I65;
ELSE GO TO PROGRAMMING NOTE QA15_I66

QA15_I65 Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$4,000?
 Mayroon bang deductible na higit sa \$4,000 para sa lahat ng taong naka-insure ang health plan ni (TEEN)?

AI88

IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

YES1
 NO2
 YES, ONLY WHEN GO OUT OF NETWORK3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_I66:
IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67

QA15_I66 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)?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

[IF NEEDED, SAY: 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."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

Reasons for Lack of Coverage (Teen)**PROGRAMMING NOTE QA15_I67:****IF TEINSURE = 1, GO TO QA15_I72;****ELSE CONTINUE WITH QA15_I67****QA15_I67**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)?**IA18**

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR OTHER
 PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES, DELAY
 BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY FOR
 OWN CARE8
 OTHER (SPECIFY: _____)..... 91
 REFUSED -7
 DON'T KNOW -8

QA15_I68

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?

IA20

YES1 **[GO TO QA15_I70]**
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_I69

How long has it been since (TEEN) last had health insurance?

Gaano katagal na mula noong huling may health insurance si (TEEN)?

IA21

MORE THAN 12 MONTHS, BUT NOT
 MORE THAN 3 YEARS AGO1 **[GO TO QA15_I78]**
 MORE THAN 3 YEARS AGO2 **[GO TO QA15_I78]**
 NEVER HAD HEALTH INSURANCE COVERAGE ..3 **[GO TO QA15_I78]**
 REFUSED -7 **[GO TO QA15_I78]**
 DON'T KNOW/NOT SURE -8 **[GO TO QA15_I78]**

QA15_I70

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?

IA22**[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]**

_____ MONTHS [HR: 0-12]

**[IF 0, THEN GO TO PN
QA15_I78]**

REFUSED -7

DON'T KNOW -8

QA15_I71

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?

IA23**[CODE ALL THAT APPLY.]****[PROBE: "Any others?"]****[PROBE: "May iba pa ba?"]**

MEDI-CAL1

[GO TO QA15_I78]

THROUGH CURRENT OR FORMER

EMPLOYER/UNION3

[GO TO QA15_I78]

PURCHASED DIRECTLY5

[GO TO QA15_I78]

COVERED CALIFORNIA6

[GO TO QA15_I78]

OTHER HEALTH PLAN 91

[GO TO QA15_I78]

REFUSED -7

[GO TO QA15_I78]

DON'T KNOW -8

[GO TO QA15_I78]**QA15_I72**

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?

IA24

YES1

[GO TO QA15_I78]

NO2

REFUSED -7

DON'T KNOW -8

QA15_I73

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang iba pang health insurance?

IA25

YES1

[GO TO QA15_I75]

NO2

REFUSED -7

[GO TO QA15_I75]

DON'T KNOW -8

[GO TO QA15_I75]

QA15_I74

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?

IA26**[CODE ALL THAT APPLY.]****[PROBE: "Any others?"]****[PROBE: "May iba pa ba?"]**

MEDI-CAL1
 THROUGH CURRENT OR FORMER EMPLOYER/
 UNION.....3
 PURCHASED DIRECTLY.....5
 COVERED CALIFORNIA.....6
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

QA15_I75

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?

IA27

YES1
 NO.....2 **[GO TO QA15_I78]**
 REFUSED -7 **[GO TO QA15_I78]**
 DON'T KNOW -8 **[GO TO QA15_I78]**

QA15_I76

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?

IA28**[IF < 1 MONTH, ENTER "1"]**

_____ MONTHS [RANGE: 1-12]

REFUSED -7
 DON'T KNOW -8

QA15_I77 What is the one main reason why (TEEN) 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 (TEEN) noong panahon na hindi {siya/siya} naka-insure?

IA29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR OTHER
 PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES, DELAY
 BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY FOR
 OWN CARE8
 OTHER (SPECIFY: _____)..... 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_I78:

IF NOT ANSWERED IN SECTION H (AH103h = -1 AND KAH103h = -1), THEN CONTINUE;

[IF CHILD SELECTED]

IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]

IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95

QA15_I78 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?

AH103i

YES1
 NO2 **[GO TO PN QA15_I95]**
 REFUSED -7 **[GO TO PN QA15_I95]**
 DON'T KNOW -8 **[GO TO PN QA15_I95]**

QA15_I79 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
 Iyon ba ay direkta mula sa insurance company o sHMO, o sa pamamagitan ng Covered California, o pareho mula sa insurance company at sa pamamagitan ng Covered California?

AH110i

DIRECTLY FROM AN INSURANCE
 COMPANY OR HMO, OR.....1
 THROUGH COVERED CALIFORNIA, OR.....2
 BOTH, FROM AN INSURANCE COMPANY,
 AND THROUGH COVERED CALIFORNIA.....3
 REFUSED -7 [GO TO PN QA15_I82]
 DON'T KNOW -8 [GO TO PN QA15_I82]

PROGRAMMING NOTE QA15_I80:

IF QA15_I79 = 1; THEN CONTINUE WITH QA15_I80;

IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE QA15_I84;

QA15_I80 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
 {Una, isipin ninyo ang inyong karanasan sa pagsusumikap na bumili ng insurance nang direkta mula sa insurance company o sa HMO.}

How difficult was it to find a plan with the coverage you needed? Was it...
 Gaano kahirap makahanap ng plan na may coverage na kailangan ninyo? Ito ba ay...

AH98i

Very difficult,.....1
 Talagang mahirap,1
 Somewhat difficult,2
 Medyo mahirap,2
 Not too difficult, or3
 Hindi masyadong mahirap, o3
 Not at all difficult?4
 Hindi mahirap kahit kaunti?4
 REFUSED -7
 DON'T KNOW -8

QA15_I81 How difficult was it to find a plan you could afford? Was it...
 Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay...

AH99i

Very difficult,.....1
 Talagang mahirap,1
 Somewhat difficult,2
 Medyo mahirap,2
 Not too difficult, or3
 Hindi masyadong mahirap, o3
 Not at all difficult?4
 Hindi mahirap kahit kaunti?4
 REFUSED -7
 DON'T KNOW -8

QA15_I82 Did anyone help you find a health plan?
Mayroon bang sinumang tumulong sa inyo na humanap ng health plan?

AH100i

YES	1	
NO	2	[GO TO PN QA15_I84]
REFUSED	-7	[GO TO PN QA15_I84]
DON'T KNOW	-8	[GO TO PN QA15_I84]

QA15_I83 Who helped you?
Sino ang tumulong sa inyo?

AH101i

BROKER	1
FAMILY MEMBER/FRIEND	2
INTERNET	3
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I84:

IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;

IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY "Now, think about your experience with Covered California."

ELSE GO TO PROGRAMMING NOTE QA15_I88;

QA15_I84 {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...

AH111i

Very difficult,	1
Talagang mahirap,	1
Somewhat difficult,	2
Medyo mahirap,	2
Not too difficult, or	3
Hindi masyadong mahirap, o	3
Not at all difficult?	4
Hindi mahirap kahit kaunti?	4
REFUSED	-7
DON'T KNOW	-8

QA15_I85 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...

AH112i

Very difficult,1
Talagang mahirap,1
Somewhat difficult,2
Medyo mahirap,2
Not too difficult, or3
Hindi masyadong mahirap, o3
Not at all difficult?4
Hindi mahirap kahit kaunti?4
REFUSED-7
DON'T KNOW-8

QA15_I86 Did anyone help you find a health plan?
Mayroon bang tumulong sa inyong humanap ng health plan?

AH113i

YES1
NO2
REFUSED-7
DON'T KNOW-8

[GO TO QA15_I88]

[GO TO QA15_I88]

[GO TO QA15_I88]

QA15_I87 Who helped you?
Sinong tumulong sa inyo?

AH114i

BROKER1
FAMILY MEMBER / FRIEND2
INTERNET3
CERTIFIED INSURANCE AGENTS4
OTHER (SPECIFY: _____) 91
REFUSED-7
DON'T KNOW-8

QA15_I88 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?

AH115i

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA15_I89:

**IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89;
ELSE GO TO QA15_I90;**

QA15_I89 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?

AH116i

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA15_I90 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?

AH117i

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

QA15_I91 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?

AH118i

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

QA15_I92 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?

AH119i

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

QA15_I93 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
 Iyong pagpili ba ng mga doctor na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH120i

VERY IMPORTANT1
 SOMEWHAT IMPORTANT.....2
 NOT IMPORTANT3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_I94:

IF QA15_I8 = 1 OR QA15_I47 = 1, THEN DISPLAY "Bronze"
 ELSE IF QA15_I8 = 2 OR QA15_I47 = 2, THEN DISPLAY "Silver"
 ELSE IF QA15_I8 = 3 OR QA15_I47 = 3, THEN DISPLAY "Gold"
 ELSE IF QA15_I8 = 4 OR QA15_I47 = 4, THEN DISPLAY "Platinum"
 ELSE IF QA15_I8 = 6 OR QA15_I47 = 6, THEN DISPLAY "Minimum coverage"
 ELSE DISPLAY " ";

QA15_I94

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?

AH121i

COST1
 SPECIFIC DOCTOR2
 SPECIFIC HOSPITAL3
 CHOICE OF DOCTORS IN NETWORK4
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_I95:

IF NO TEEN SELECTED, GO TO SECTION J;
 IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA15_I95

In what country was (TEEN)'s {mother/father} born?
 Saang bansa ipinanganak ang nanay ni {TEEN}?

AI56

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

UNITED STATES1
 AMERICAN SAMOA2
 CANADA3
 CHINA4
 EL SALVADOR5
 ENGLAND6
 FRANCE7
 GERMANY8
 GUAM9
 GUATEMALA 10

HUNGARY	11
INDIA.....	12
IRAN.....	13
IRELAND.....	14
ITALY	15
JAPAN.....	16
KOREA.....	17
MEXICO	18
PHILIPPINES.....	19
POLAND	20
PORTUGAL	21
PUERTO RICO	22
RUSSIA.....	23
TAIWAN	24
VIETNAM	25
VIRGIN ISLANDS	26
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I96:

**IF QA15_I95 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH QA15_I96;**

IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";

IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA15_I96 Does (TEEN)'s {mother/father} now live in the U.S.?
Nakatira ba ngayon sa U.S. ang nanay ni {TEEN}?

AI57

YES	1
NO.....	2
MOTHER/FATHER DECEASED	3
MOTHER/FATHER NEVER LIVED IN US	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I97:

IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
 IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

QA15_I97 {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}?

AI58

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES1 [GO TO PN QA15_I99]
 NO2
 APPLICATION PENDING3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_I98:

IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
 IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

QA15_I98 {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}?

AI59

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

YES1
 NO2
 APPLICATION PENDING3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_I99:

IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA15_I99

About how many years has (TEEN)'s {mother/father} lived in the United States?
 Humigit-kumulang, ilang taon nang nakatira sa United States ang nanay/tatay ni {TEEN}?

AI60**[IF < 1 YEAR, ENTER “1”]**

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED3
 MOTHER/FATHER NEVER LIVED IN US4
 REFUSED -7
 DON'T KNOW -8

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA15_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”

QA15_J1 {Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor}?

{Ngayon, gusto kong magtanong tungkol sa pangangalagang pangkalusugan na tinatanggap ninyo.} Nitong nakaraang 12 buwan, ilang beses na kayong nagpatingin sa medical doctor?

AH5

_____ TIMES [HR: 0-365]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_J2:

IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2;

ELSE GO TO PROGRAMMING NOTE QA15_J3

QA15_J2 About how long has it been since you last saw a doctor about your own health?

Gaano katagal na mula noong huling nagpatingin kayo sa medical doctor tungkol sa inyong kalusugan?

AH6

ONE YEAR AGO OR LESS0

MORE THAN 1 UP TO 2 YEARS AGO1

MORE THAN 2 UP TO 5 YEARS AGO2

MORE THAN 5 YEARS AGO3

NEVER4

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_J3:
IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4;
ELSE CONTINUE WITH QA15_J3

QA15_J3 About how long has it been since you last saw a doctor or medical provider for a routine check-up?
 Gaano katagal na mula noong huling pagpapatingin ninyo sa doktor o iba pang medical provider para sa regular check-up?

AJ114

[IF NEEDED, SAY: "A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking."]

ONE YEAR AGO OR LESS.....0
 MORE THAN 1 UP TO 2 YEARS AGO1
 MORE THAN 2 UP TO 5 YEARS AGO2
 MORE THAN 5 YEARS AGO3
 NEVER.....4
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_J4:
IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5

QA15_J4 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?

AJ77

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

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

PROGRAMMING NOTE QA15_J5:

**IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;
ELSE GO TO PROGRAMMING NOTE QA15_J7**

QA15_J5 How often does your doctor or medical provider listen carefully to you? Would you say...
Gaano kadalas nakikinig ng mabuti sa sinasabi ninyo ang inyong doktor o medical provider?
Masasabi ba ninyo na...

AJ112

Never,.....	1
Hindi kailanman,.....	1
Sometimes,	2
Paminsan-minsan	2
Usually, or	3
Karaniwan, o	3
Always?	4
Palagi?	4
REFUSED	-7
DON'T KNOW	-8

QA15_J6 How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...
Gaano kadalas ipinaliliwanag ng inyong doktor o medical provider kung ano ang kailangan ninyong gawin upang pangalagaan ang inyong kalusugan? Masasabi ba ninyo na...

AJ113

Never,.....	1
Hindi kailanman,.....	1
Sometimes,	2
Paminsan-minsan	2
Usually, or	3
Karaniwan, o	3
Always?	4
Palagi?	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J7:

IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;

ELSE GO TO PROGRAMMING NOTE QA15_J9;

IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";

ELSE DISPLAY "a";

QA15_J7

Please tell me yes or no. 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?

AJ102

[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."]

YES	1	
NO	2	[GO TO QA15_J9]
REFUSED	-7	[GO TO QA15_J9]
DON'T KNOW	-8	[GO TO QA15_J9]

QA15_J8

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...

AJ103

Never,	1
Hindi kailanman,	1
Sometimes,	2
Paminsan-minsan	2
Usually, or	3
Karaniwan, o	3
Always?	4
Palagi?	4
REFUSED	-7
DON'T KNOW	-8

QA15_J9

During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

Nitong nakaraan 12 buwan, tumanggap ba kayo ng pangangalaga mula sa isang doktor o health professional sa pamamagitan ng isang salitaan na video o sa telepono sa halip ng isang dalaw sa kanyang opisina?

AJ152

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]

[IF NEEDED, SAY: "Huwag bilangin ang mga tawag tungkol sa mga appointment o mga prescription refills. Huwag bilangin ang mga tawag sa isang nurse helpline."]

YES	1	
NO	2	[GO TO QA15_J11]
REFUSED	-7	[GO TO QA15_J11]
DON'T KNOW	-8	[GO TO QA15_J11]

QA15_J10 Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?
 Itong pagpapagamot ba ay para sa isang problema sa balat o mata, isang problema sa emosyon o kalusugan ng kaisipan, o iba pang problema sa kalusugan?

AJ153

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "May iba pa ba?"]

SKIN PROBLEM1
 EYE PROBLEM2
 MENTAL OR EMOTIONAL HEALTH PROBLEM.....3
 OTHER HEALTH PROBLEM
 (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_J11:

**IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),
 CONTINUE WITH QA15_J11;
 ELSE GO TO PROGRAMMING NOTE QA15_J16**

QA15_J11 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?

AJ8

YES1 **[GO TO PN QA15_J13]**
 NO2
 REFUSED -7 **[GO TO QA15_J16]**
 DON'T KNOW -8 **[GO TO QA15_J16]**

PROGRAMMING NOTE QA15_J12:

**IF QA15_J11 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT
 CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],
 CONTINUE WITH QA15_J12;
 SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12 WAS ASKED;
 ELSE SKIP TO PROGRAMMING NOTE QA15_J16**

QA15_J12 In what language did the doctor speak to you?
 Sa anong wika kayo kinausap ng doktor?

AJ50

ENGLISH1 **[GO TO QA15_J14]**
 SPANISH2 **[GO TO PN QA15_J16]**
 CANTONESE.....3 **[GO TO PN QA15_J16]**
 VIETNAMESE4 **[GO TO PN QA15_J16]**
 TAGALOG.....5 **[GO TO PN QA15_J16]**
 MANDARIN6 **[GO TO PN QA15_J16]**
 KOREAN7 **[GO TO PN QA15_J16]**
 ASIAN INDIAN LANGUAGES.....8 **[GO TO PN QA15_J16]**
 RUSSIAN9 **[GO TO PN QA15_J16]**
 OTHER (SPECIFY: _____)..... 91 **[GO TO PN QA15_J16]**
 REFUSED -7 **[GO TO PN QA15_J16]**
 DON'T KNOW -8 **[GO TO PN QA15_J16]**

QA15_J13

Was this because you and the doctor spoke different languages?
 Ito ba ay dahil kayo at ang doctor ninyo ay nagsasalita ng magkaibang wika?

AJ9

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

QA15_J14

Did you need someone to help you understand the doctor?
 Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doctor?

AJ10

YES1
 NO2 [GO TO PN QA15_J16]
 REFUSED-7 [GO TO PN QA15_J16]
 DON'T KNOW-8 [GO TO PN QA15_J16]

QA15_J15

Who was this person who helped you understand the doctor?
 Sino ang tumulong sa inyo na maintindihan ang doktor?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

MINOR CHILD (UNDER AGE 18)1
 AN ADULT FAMILY MEMBER OR
 FRIEND OF MINE2
 NON-MEDICAL OFFICE STAFF3
 MEDICAL STAFF INCLUDING
 NURSES/DOCTORS4
 PROFESSIONAL INTERPRETER (BOTH IN
 PERSON AND ON THE TELEPHONE)5
 OTHER (PATIENTS, SOMEONE ELSE)6
 DID NOT HAVE SOMEONE TO HELP7
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_J16:

**IF QA15_G8 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16;
 ELSE GO TO PROGRAMMING NOTE QA15_J17**

QA15_J16

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?

AJ105

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_J17:

**IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J17;
ELSE GO TO QA15_J19**

QA15_J17 In the past 12 months, did you change where you usually go for health care?
Nitong huling 12 buwan, iniba ba ninyo ang karaniwan ninyong pinupuntahan para sa pagpapagamot?

AJ106

YES1
NO2 [GO TO QA15_J19]
REFUSED-7 [GO TO QA15_J19]
DON'T KNOW-8 [GO TO QA15_J19]

QA15_J18 Did you have to change because of your health insurance plan?
Kinailangan ba ninyong ibahin dahil sa inyong health insurance plan?

AJ107

[[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]

[IF NEEDED, SAY: "Kinailangan ba ninyong ibahin ang lugar kung saan kayo karaniwang pumupunta para sa pagpapagamot sa dahilang may-kinalaman sa inyong health insurance plan?"]

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA15_J19 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?

AH16

YES1
NO2 [GO TO QA15_J21]
REFUSED-7 [GO TO QA15_J21]
DON'T KNOW-8 [GO TO QA15_J21]

QA15_J20 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?

AJ19

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA15_J21 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?

AH22

YES1
 NO2 [GO TO QA15_J26]
 REFUSED -7 [GO TO QA15_J26]
 DON'T KNOW -8 [GO TO QA15_J26]

QA15_J22 Did you get the care eventually?
 Nagamot din ba kayo sa bandang huli?

AJ129

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_J23 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?

AJ20

YES1
 NO2 [GO TO QA15_J25]
 REFUSED -7 [GO TO QA15_J25]
 DON'T KNOW -8 [GO TO QA15_J25]

QA15_J24 Was that the main reason?
 Iyon ba ang pangunahing dahilan?

AJ130

YES1 [GO TO PN QA15_J26]
 NO2
 REFUSED -7 [GO TO PN QA15_J26]
 DON'T KNOW -8 [GO TO PN QA15_J26]

QA15_J25

What was the one main reason why you delayed getting the care you felt you needed?
 Ano ang pangunahing dahilan sa inyong pagpapaliban ng pagpapagamot na sa tingin ninyong kinakailangan ninyo?

AJ131

COULDN'T GET APPOINTMENT1
 MY INSURANCE NOT ACCEPTED2
 INSURANCE DID NOT COVER3
 LANGUAGE PROBLEMS4
 TRANSPORTATION PROBLEMS5
 HOURS NOT CONVENIENT6
 NO CHILD CARE FOR CHILDREN AT HOME7
 FORGOT OR LOST REFERRAL8
 I DIDN'T HAVE TIME9
 COULDN'T AFFORD/COST TOO MUCH 10
 NO INSURANCE 11
 OTHER (SPECIFY: _____) 91
 REFUSED -7
 DON'T KNOW -8

QA15_J26

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.

AJ136

[IF NEEDED, SAY: "Do not include dental visits."]

[IF NEEDED, SAY: "Huwag bilangin ang pagpatingin para sa ngipin."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_J27:

IF QA15_J26 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA15_J27;

ELSE GO TO QA15_J30

QA15_J27

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?

AJ137

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_J28 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?

AJ138

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_J29:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J29;
ELSE SKIP TO QA15_J30

QA15_J29 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?

AJ139

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_J30 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?

AJ133

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_J31 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?

AJ134

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_J32:

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J32;
ELSE SKIP TO QA15_J33**

QA15_J32 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?

AJ135

YES1
NO2
REFUSED-7
DON'T KNOW-8

Internet Use

QA15_J33

Have you ever used the Internet?

Gumamit na ba kayo kailanman ng Internet?

AJ108

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

YES1
NO2 **[GO TO QA15_J35]**
REFUSED-7 **[GO TO QA15_J35]**
DON'T KNOW-8 **[GO TO QA15_J35]**

QA15_J34

In the past 12 months, did you use the internet to look for health or medical information?

Nitong nakaraang 12 buwan, ginamit ba ninyo ang internet upang humanap ng impormasyong pangkalusugan o medical information.

AJ109

[IF NEEDED, SAY: "Include information about disease symptoms, diet, or nutrition, physical activity, healthcare providers, and health insurance plans."]

[IF NEEDED, SAY: "Bilangin ang impormasyon tungkol sa mga sintomas ng mga karamdaman, pagkain na kinakain araw-araw, nutrisyon, mga pisikal na gawain, mga healthcare provider, at mga health insurance plan."]

YES1
NO2
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE QA15_J35:

**IF QA15_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA15_J41;
ELSE CONTINUE WITH QA15_J35;**

QA15_J35

During the past 12 months, have you received counseling or information about 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?

AJ140

YES1
NO2
REFUSED-7
DON'T KNOW-8

QA15_J36

During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?

Nitong nakaraang 12 buwan, nakatanggap ba kayo mula sa doktor o medical provider ng paraan sa pagpigil sa o reseta para sa pagpigil sa pagbubuntis?

AJ141

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VASECTOMY OF PARTNER]

YES	1	
NO	2	[GO TO QA15_J39]
REFUSED	-7	[GO TO QA15_J39]
DON'T KNOW	-8	[GO TO QA15_J39]

QA15_J37

What MAIN birth control method or prescription did you receive?

Anong PANGUNAHING paraan o reseta na pampigil sa pagbubuntis ang inyong nakuha?

AJ142

[IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]
[INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT)	1
VASECTOMY (MALE STERILIZATION)	2
IUD (MIRENA, PARAGARD)	3
IMPLANT (IMPLANON, NEXPLANON)	4
BIRTH CONTROL PILLS	5
OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)	6
CONDOMS (MALE)	7
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_J38

Where did you receive the main birth control method or prescription?

Saan ninyo natanggap ang pangunahing paraan o reseta na pampigil sa pagbubuntis?

AJ143

PRIVATE DOCTOR'S OFFICE	1
HMO FACILITY	2
HOSPITAL OR HOSPITAL CLINIC	3
PLANNED PARENTHOOD	4
COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC	5
SCHOOL OR SCHOOL-BASED CLINIC	6
EMPLOYER OR COMPANY CLINIC	7
INDIAN HEALTH SERVICE	8
PHARMACY	9
SOME OTHER PLACE (SPECIFY: _____) ..	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J39:**IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;****IF QA15_A5 = 2 (FEMALE) AND IF QA15_D17 = 3 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA15_J44;****IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;****ELSE CONTINUE WITH QA15_J39****QA15_J39**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**AF40****[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."]**

YES	1	
NO	2	[GO TO QA15_J44]
NO MALE SEXUAL PARTNER	3	[GO TO QA15_J44]
REFUSED	-7	[GO TO QA15_J44]
DON'T KNOW	-8	[GO TO QA15_J44]

QA15_J40

Which birth control method or methods are you using?

Aling paraan o mga paraan ng pampigil sa pagbubuntis ang inyong ginagamit?

AJ154**[CODE ALL THAT APPLY]****[PROBE: "Any others?"]****[PROBE: "May iba pa ba?"]**

TUBAL LIGATION (TUBES TIED OR CUT)	1
VASECTOMY (MALE STERILIZATION)	2
IUD (MIRENA, PARAGARD)	3
IMPLANT (IMPLANON, NEXPLANON)	4
BIRTH CONTROL PILLS	5
OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)	6
CONDOMS (MALE)	7
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J41:

**IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J41;**

QA15_J41 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

AJ144

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_J42 During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?

Nitong nakaraang 12 buwan, nakatanggap ba kayo ng isang paraang pampigil sa pagbubuntis para sa lalaki gaya ng mga condom o vasectomy mula sa doctor o medical provider?

AJ145

YES1
NO2 [GO TO QA15_J44]
REFUSED -7 [GO TO QA15_J44]
DON'T KNOW -8 [GO TO QA15_J44]

QA15_J43 Where did you receive it?
Saan ninyo natanggap ito?

AJ146

PRIVATE DOCTOR'S OFFICE1
HMO FACILITY2
HOSPITAL OR HOSPITAL CLINIC3
PLANNED PARENTHOOD4
COUNTY HEALTH DEPARTMENT, FAMILY
PLANNING CLINIC, COMMUNITY CLINIC5
SCHOOL OR SCHOOL-BASED CLINIC6
EMPLOYER OR COMPANY CLINIC7
INDIAN HEALTH SERVICE8
PHARMACY9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_J44:**IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO QA15_J47;****ELSE IF AAGE IS < 65 YEARS, CONTINUE WITH QA15_J44;****ELSE GO TO QA15_J47****QA15_J44**

The next questions are about relationships with intimate partners and safety. An intimate partner is *any* husband, wife, boyfriend, girlfriend, or someone you lived with or dated. I'll ask about being slapped, hit, and about unwanted sex. Your answers will be kept private. If any question upsets you, you don't have to answer it.

Ang sumusunod na mga katanungan ay tungkol sa inyong mga pakikipag-ugnayan sa inyong mga katalik at tungkol sa kaligtasan. Ang isang katalik ay *sinumang* asawang lalaki, asawang babae, boyfriend, girlfriend, o isang tao na kinasama ninyo o naging date ninyo. Tatanungin ko kayo tungkol sa pagkakasampal, pagkakabugbog, at tungkol sa pakikipagtalik na labag sa kalooban ninyo. Manantiling lihim ang inyong mga sagot. Kung nakakagulo sa inyo ang anumang katanungan, hindi ninyo kailangang sagutin ito.

Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you or forced you into unwanted sex by threatening to harm you?

Mula noong naging 18 taong gulang kayo, binugbog, sinampal, tinulak, tinadyakan ba kayo kailanman ng isang kasalukuyan o dating katalik, o sinaktan nang pisikal o pinuwersang makipagtalik nang labag sa inyong kagustuhan sa pamamagitan ng pananakot na sasaktan kayo?

AJ57

YES	1	
NO	2	[GO TO QA15_DM1]
REFUSED	-7	[GO TO QA15_DM1]
DON'T KNOW	-8	[GO TO QA15_DM1]

QA15_J45

Was that person male or female?
Babae o lalaki ba ang taong iyon?

AJ70

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

QA15_J46

When this happened, did the person who did this to you appear to have been drinking or using drugs?

Noong nangyari ito, mukha bang lasing ang taong gumawa nito sa inyo dahil sa pag-inom ng alak o sa paggamit ng mga droga?

AJ72

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

PROGRAMMING NOTE QA15_J47:

**IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J47;
ELSE GO TO SECTION DM;**

QA15_J47 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?
Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon sa mga sumusunod na pahayag. Kapag may tumulong o nagbigay ng kahit ano sa inyo, dapat mong gantihin ang kagandahang-loob. Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?

AJ155

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED.....-7
DON'T KNOW.....-8

QA15_J48 It's natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?
Natural lang na ang panganay na anak na lalaki nagmamana ng bahay. Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?

AJ156

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED.....-7
DON'T KNOW.....-8

QA15_J49 Children should take care of their parents.
Dapat alagaan ng mga anak ang kanilang mga magulang.

AJ157

[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 di-sang-ayon?]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED.....-7
DON'T KNOW.....-8

QA15_J50

You should behave in accordance with systems around you.
Dapat kayong umasal sang-ayon sa mga sistema sa inyong paligid.

AJ158

[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 di-sang-ayon?]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED-7
DON'T KNOW-8

QA15_J51

Everything will be fine if you do things the way you have always done.
Mananatiling payapa kung patuloy ninyong gagawin ang lahat ayon sa inyong gawi.

AJ159

[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 di-sang-ayon?]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED-7
DON'T KNOW-8

QA15_J52

You tend to ask someone's opinions before taking actions.
Karaniwan ninyong hinihiling ang payo ng iba bago kumilos.

AJ160

[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 di-sang-ayon?]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED-7
DON'T KNOW-8

QA15_J53

You are nervous about what other people say about you or how they feel about you.
 Nanenerbiyos kayo tungkol sa kung ano ang sinasabi ng iba tungkol sa inyo o kung ano ang kanilang opinyon tungkol sa inyo.

AJ161

[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 di-sang-ayon?]

STRONGLY AGREE.....1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE.....4
 REFUSED-7
 DON'T KNOW-8

QA15_J54

You should behave hoping that people around you have good impressions of you.
 Dapat kayong umasal nang maganda – inaasahan mong pagagandahin nito ang opinyon tungkol sa iyo ng ibang tao.

AJ162

[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 di-sang-ayon?]

STRONGLY AGREE.....1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE.....4
 REFUSED-7
 DON'T KNOW-8

QA15_J55

You are careful about your behaviors and what you wear.
 Maingat kayo sa inyong pag-aasal at pananamit.

AJ163

[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 di-sang-ayon?]

STRONGLY AGREE.....1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE.....4
 REFUSED-7
 DON'T KNOW-8

QA15_J56

You do not want to be embarrassed in front of people.
 Ayaw ninyong mapahiya sa harap ng mga tao.

AJ164

[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 di-sang-ayon?]

STRONGLY AGREE.....1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE.....4
 REFUSED-7
 DON'T KNOW-8

QA15_J57

You are concerned about your appearance.
 Mahalaga sa inyo ang inyong hitsura.

AJ165

[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 di-sang-ayon?]

STRONGLY AGREE.....1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE.....4
 REFUSED-7
 DON'T KNOW-8

QA15_J58

You are careful about not doing something that people may laugh at.
 Ayaw ninyong gumawa ng anuman na maaaring mapagtawanan.

AJ166

[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 di-sang-ayon?]

STRONGLY AGREE.....1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE.....4
 REFUSED-7
 DON'T KNOW-8

Section DM – Discrimination

QA15_DM1 These next questions are about things that have happened to you while receiving medical care. The questions ask about times where you were treated unfairly.
Ang mga sumusunod na katanungan ay tungkol sa mga bagay na nangyari sa inyo habang ginagamot kayo.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

May panahon ba kahit kailan na mas mabuting paggagamot ang dapat ninyong natanggap kung iba sana ang inyong lahi o pangkating etniko na kinabibilangan ninyo?

DMC8

YES	1	
NO	2	[GO TO QA15_DM3]
REFUSED	-7	[GO TO QA15_DM3]
DON'T KNOW	-8	[GO TO QA15_DM3]

QA15_DM2 Think about the last time this happened. How long ago was that?
Isipin ninyo noong huling nangyari ito. Gaano katagal na nangyari iyon?

DMC9

A YEAR AGO OR LESS	1
MORE THAN 1 UP TO 2 YEARS AGO	2
MORE THAN 2 UP TO 3 YEARS AGO	3
MORE THAN 3 UP TO 5 YEARS AGO	4
MORE THAN 5 UP TO 10 YEARS AGO	5
MORE THAN 10 UP TO 20 YEARS AGO	6
MORE THAN 20 YEARS AGO	7
REFUSED	-7
DON'T KNOW	-8

QA15_DM3 Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say...
Sa inyong buong buhay, gaano kadalas kayo trinato nang di-matwid noong ginagamot kayo? Masasabi ba ninyo na...

DMC3

Never,	1	[GO TO QA15_K1]
Rarely,	2	
Sometimes, or	3	
Often?	4	
REFUSED	-7	[GO TO QA15_K1]
DON'T KNOW	-8	[GO TO QA15_K1]

- QA15_DM4** Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...
 Sa inyong palagay, alin sa mga ito ang pangunahing dahilan kung bakit trinato kayo nang di-matwid, sa inyong buong buhay? Dahil ba ito sa ...

DMC6B

Your ancestry or national origin1
 Because of your gender or sex2
 Because of your race or skin color.....3
 Because of your age, or4
 Because of the way you speak English, or5
 For some other reason? (Specify: _____)6
 REFUSED -7
 DON'T KNOW -8

- QA15_DM5** Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...
 Sa inyong buong buhay, gaano ang stress na naidudulot sa inyo ng ganitong mga karanasan ng di-matwid na pagtrato? Masasabi ba ninyo na...

DMC7

Not at all stressful.....1
 Walang anumang stress 01
 A little stressful2
 Nakaka-stress nang kaunti 02
 Somewhat stressful, or3
 Medyo nakaka-stress 03
 Extremely stressful?4
 Labis na nakaka-stress? 04
 REFUSED -7
 DON'T KNOW -8

Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA15_K1:

IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K4

QA15_K1 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?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]
_____ HOURS [HR: 0-95]

REFUSED -7
DON'T KNOW -8

QA15_K2 How long have you worked at your main job?
Gaano katagal na kayo nagtatrabaho sa inyong pangunahing trabaho?

AK7

[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]

REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_K3:

IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K3;
ELSE SKIP TO PROGRAMMING NOTE QA15_K4

QA15_K3 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?

AK10

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]

REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_K3:

**IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K3;
ELSE SKIP TO PROGRAMMING NOTE QA15_K4**

QA15_K3

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?

AK10

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_K4;

IF QA15_G29 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G30 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA15_K4 AND:

IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "The next question is about your partner's employment."

IF QA15_A16 = 1 THEN DISPLAY "spouse";

ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY "partner";

ELSE SKIP TO QA15_K6

QA15_K4

{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} 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?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_K5:**IF QA15_K4 ≠ 0 CONTINUE WITH QA15_K5;****IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;****ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY “partner’s”;****ELSE GO TO QA15_K6****QA15_K5**

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 por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

AK10A**[IF AMOUNT GREATER THAN \$999,995, ENTER “999,995”]**

\$ _____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

QA15_K6

What is your best estimate of your household’s total annual income from all sources before taxes in 2014?

Ano ang pinakamahasay ninyong tantya sa kita ng buong pamamahay sa isang taon mula sa lahat ng pinanggagalingan bago nabuwisan noong 2014?

AK22

[IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]

\$ _____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

[GO TO PN QA15_K8]**[GO TO PN QA15_K8]****QA15_K7****PLEASE VERIFY AMOUNT ENTERED:**

I have entered that your annual household income is (AMOUNT). Is that correct?

Itinala ko ang kita ng inyong pamamahay na {AMOUNT}. Tama ba ito?

AK22A

YES1

NO2

[GO TO PN QA15_K14]**[GO BACK TO QA15_K6]**

PROGRAMMING NOTE QA15_K8:
IF QA15_K6 = -7 OR -8 CONTINUE WITH QA15_K8;
ELSE GO TO PROGRAMMING NOTE QA15_K14

QA15_K8 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?

AK11

MORE	1	[GO TO QA15_K10]
EQUAL TO \$20K OR LESS.....	2	
REFUSED	-7	[GO TO PN QA15_K14]
DON'T KNOW	-8	[GO TO PN QA15_K14]

QA15_K9 Is it ...
 Ito ba ay...

AK12

\$5,000 or less,	1	[GO TO PN QA15_K14]
\$5,000 o menos,	01	
\$5,001 to \$10,000,	2	[GO TO PN QA15_K14]
\$5,001 a \$10,000,	02	
\$10,001 to \$15,000, or	3	[GO TO PN QA15_K14]
\$10,001 a \$15,000, o	03	
\$15,001 to 20,000?	4	[GO TO PN QA15_K14]
\$15,001 a \$20,000?	04	
REFUSED	-7	[GO TO PN QA15_K14]
DON'T KNOW	-8	[GO TO PN QA15_K14]

QA15_K10 Is it more or less than \$70,000 per year?
 Higit ba o mas mababa sa \$70,000 sa bawat taon?

AK13

MORE	1	[GO TO QA15_K12]
EQUAL TO \$70K OR LESS.....	2	
REFUSED	-7	[GO TO PN QA15_K14]
DON'T KNOW	-8	[GO TO PN QA15_K14]

QA15_K11 Is it ...
 Ito ba ay...

AK14

\$20,001 to \$30,000,	1	[GO TO PN QA15_K14]
\$20,001 a \$30,000,	1	
\$30,001 to \$40,000,	2	[GO TO PN QA15_K14]
\$30,001 a \$40,000,	2	
\$40,001 to \$50,000,	3	[GO TO PN QA15_K14]
\$40,001 a \$50,000,	3	
\$50,001 to \$60,000, or	4	[GO TO PN QA15_K14]
\$50,001 a \$60,000, o	4	
\$60,001 to \$70,000?	5	[GO TO PN QA15_K14]
\$60,001 a \$70,000?	5	
REFUSED	-7	[GO TO PN QA15_K14]
DON'T KNOW	-8	[GO TO PN QA15_K14]

QA15_K12 Is it more or less than \$135,000 per year?
Higit ba o mas mababa sa \$135,000 sa bawat taon?

AK15

MORE	1	[GO TO PN QA15_K14]
EQUAL TO \$135K OR LESS.....	2	
REFUSED	-7	[GO TO PN QA15_K14]
DON'T KNOW	-8	[GO TO PN QA15_K14]

QA15_K13 Is it ...
Ito ba ay...

AK16

\$70,001 to \$80,000,	1
\$70,001 a \$80,000,	01
\$80,001 to \$90,000,	2
\$80,001 a \$90,000,	02
\$90,001 to \$100,000, or	3
\$90,001 a \$100,000,	03
\$100,001 to \$135,000?	4
\$100,001 a \$135,000, o	04
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K14:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K15;
ELSE CONTINUE WITH QA15_K14

QA15_K14 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?

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K15:
QA15_K15 MUST BE LESS THAN QA15_K14;
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) =
QA15_K14 GO TO PROGRAMMING NOTE QA15_19;
ELSE CONTINUE WITH QA15_K15

QA15_K15 How many of these {INSERT NUMBER FROM QA15_K14} 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?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

REFUSED	-7
DON'T KNOW	-8

QA15_K16 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?

AK32

YES1
 NO2 [GO TO PN QA15_K18]
 REFUSED-7 [GO TO PN QA15_K18]
 DON'T KNOW-8 [GO TO PN QA15_K18]

QA15_K17 How many?
 Ilan?

AK33

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA15_K18:

OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA15_K14 AND QA15_K15 RESPECTIVELY.
 (THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2012 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2012" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)

IF EITHER QA15_K14 OR QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 50% FPL;
- 2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
- 3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
- 4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
- 5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
- 6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
- 7) ABOVE 400% FPL; OR
- 8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K6 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K24;

ELSE IF QA15_K6 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, ASK QA15_K18 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);

ELSE IF QA15_K6 = -7 OR -8 (REF/DK) AND IF QA15_K8 = -7 OR QA15_K10 = -7 OR QA15_K12 = -7, GO TO PROGRAMMING NOTE QA15_K24

ELSE GO TO PROGRAMMING NOTE QA15_K19

QA15_K18 I need to ask just one more question about income.
Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita.

Was your total annual household income before taxes less than or more than \${POVRT50}?
Mas mababa ba o higit sa \${POVRT50} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisan?

AK29

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K19:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, THEN CONTINUE WITH QA15_K19 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K20

QA15_K19 I need to ask just one or two more questions about income.
Kailangan kong magtanong ng isa o dalawang tanong na lang tungkol sa kinikita.

Was your total annual household income before taxes less than or more than \${POVRT100}?
Mas mababa ba o higit sa \${POVRT100} ang kabuuang taunang kita ng inyong pamamahay sa isang taon bago nabuwisan?

AK18A

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K20:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, THEN CONTINUE WITH QA15_K20 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QA15_K19 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QA15_K21

QA15_K20 {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than \${POVRT133}?
{Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita. Ang kabuuang taunang kita ng inyong pamamahay ba sa isang taon bago nabuwisan/Ito ba ay}? mas mababa o higit sa \${POVRT133}?

AK30

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K21:

**IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, CONTINUE WITH QA15_K21 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K22**

QA15_K21 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT200}?

Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita.
Mas mababa ba o higit sa \${POVRT200} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisan?

AK18B

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K22:

**IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, CONTINUE WITH QA15_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K23**

QA15_K22 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT300}?

Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita.
Mas mababa ba o higit sa \${POVRT300} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisan?

AK18C

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K23:

**IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, THEN CONTINUE WITH QA15_K23 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K24**

QA15_K23 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT400}?

Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita.
Mas mababa ba o higit sa \${POVRT400} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisan?

AK31

EQUAL TO OR LESS	1
MORE	2
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K24:

**IF POVERTY < 5 (HH Income ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN), CONTINUE WITH QA15_K24;
ELSE GO TO QA15_L1**

PROGRAMMING NOTE QA15_K24:

**IF QA15_K14 = 1, THEN DISPLAY "I",
ELSE IF QA15_K14 > 1 DISPLAY "We"**

QA15_K24

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Tungkol sa mga pagkain na kinain sa inyong pamamahay nitong nakaraang 12 buwan ang sumusunod na mga tanong at kung nakaya ninyong mamili ng pagkain.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

Babasahin ko ang dalawang pahayag ng mga tao tungkol sa kanilang kalagayan sa pagkain.

Para sa bawat isa, pakisabi sa akin kung isinasalarawan ng pahayag ang isang bagay na totoo nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan.

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

Ang unang pahayag ay: "Talagang hindi nagtagal ang pagkaing binili {ko/namin}, at wala {akong/kaming} pera upang bumili ng pandagdag."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

Totoo ba iyon nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan?

AM1

OFTEN TRUE	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K25:
IF QA15_K14 = 1, THEN DISPLAY "I",
ELSE IF QA15_K14 > 1 DISPLAY "We"

QA15_K25 The second statement is:
 "{I/We} couldn't afford to eat balanced meals."
 Ang ikalawang pahayag ay:
 "Hindi {ko/namin} kayang kumain ng balanseng agahan/tanghalian/hapunan."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
 Totoo ba iyon nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong pamamahay nitong nakaraang 12 buwan?

AM2

OFTEN TRUE1
 SOMETIMES TRUE2
 NEVER TRUE3
 REFUSED -7
 DON'T KNOW -8

QA15_K26 Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
 Pakisagot ng oo o hindi. Nitong nakaraang 12 buwan, binawasan ba ninyo o ng iba pang adult sa inyong pamamahay ang dami ng pagkain o hindi kumain ng almusal/tanghalian/hapunan dahil sa hindi sapat ang pera para sa pagkain?

AM3

YES1
 NO2 [GO TO QA15_K28]
 REFUSED -7 [GO TO QA15_K28]
 DON'T KNOW -8 [GO TO QA15_K28]

QA15_K27 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?

AM3A

ALMOST EVERY MONTH1
 SOME MONTHS BUT NOT EVERY MONTH2
 ONLY IN 1 OR 2 MONTHS3
 REFUSED -7
 DON'T KNOW -8

QA15_K28 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?

AM4

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_K29

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?

AM5

YES1
NO2
REFUSED-7
DON'T KNOW-8

Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L:

IF HOUSEHOLD INCOME IS \leq 300% FPL (POVERTY = <6) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) CONTINUE WITH SECTION L;
ELSE GO TO QA15_M1TANF/CalWORKs

QA15_L1

Are you now receiving TANF or CalWORKs?

Tumatanggap ba kayo ngayon ng TANF o CalWORKs?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "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."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_L2:

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;

QA15_L2

Is (TEEN) now receiving TANF or CalWORKs?

Tumatanggap ba ngayon si (TEEN) ng TANF or CalWORKs

IAP1

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "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."]

YES1
NO2
REFUSED -7
DON'T KNOW -8

QA15_L3

Are you receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba kayo ng mga benepisyo ng Food Stamp na kilala rin bilang CalFresh?

AL5**[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]****IF NEEDED, SAY: "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.]**

YES1

NO2

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;
ELSE GO TO QA15_L5

QA15_L4 Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
 Tumatanggap ba si {TEEN} ng mga benepisyo ng Food Stamp na kilala din bilang CalFresh?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.]

[IF NEEDED, SAY: "Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugan na Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_L5 Are you receiving SSI?
 Tumatanggap ba kayo ng SSI?

AL6

[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.]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_L6:
IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA15_L6;
ELSE GO TO PROGRAMMING NOTE QA15_L7

QA15_L6 Are you on WIC?
 Naka-enrol ba kayo sa WIC?

AL7

[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]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND (POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7;
ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K14.

IF QA15_K14 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K14 = 1 DISPLAY \$2000;
IF QA15_K14 = 2 DISPLAY \$3000;
IF QA15_K14 = 3 DISPLAY \$3150;
IF QA15_K14 = 4 DISPLAY \$3300;
IF QA15_K14 = 5 DISPLAY \$3450;
IF QA15_K14 = 6 DISPLAY \$3600;
IF QA15_K14 = 7 DISPLAY \$3750;
IF QA15_K14 = 8 DISPLAY \$3900;
IF QA15_K14 = 9 DISPLAY \$4050;
IF QA15_K14 ≥ 10 DISPLAY \$4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “your family’s”;
ELSE DISPLAY “your”

QA15_L7

Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

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 ?

AL9

YES	1	[SKIP TO QA15_L14]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_L8:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “does your family”; ELSE DISPLAY “do you”

QA15_L8

About how much {do you/does your family} have in cash, savings, and investments?

Humigit kumulang, gaano ang cash, savings, at mga investment {ninyo/ng inyong pamilya}?

AL34**[IF NEEDED, SAY: “Again, do not count the value of any house or car you may own.”]****[IF NEEDED, SAY: “Inuulit ko ho, huwag ninyong ibilang ang halaga ng anumang bahay o kotse ninyo.”]****[IF AMOUNT GREATER THAN \$999,995, ENTER “999,995”]**

\$_____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_L9:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “does your family”; ELSE DISPLAY “do you”

QA15_L9

Besides your primary car or truck, {do you/does your family} own other cars or trucks?

Maliban sa inyong pangunahing kotse o truck, may pag-aari ba {kayo/ang inyong pamilya} na ibang mga kotse o truck?

AL35

YES1

NO2

REFUSED -7

DON'T KNOW -8

[SKIP TO QA15_L12]**[SKIP TO QA15_L12]****[SKIP TO QA15_L12]****QA15_L10**

Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

Itong mga kotse at mga truck ba ay para sa inyong personal na pangangailangan? Huwag bilangin ang mga kotse o truck na ginagamit para isakay ang mga taong may kapansanan o para sa negosyo.

AL36

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO PN QA15_L12]**[GO TO PN QA15_L12]****[GO TO PN QA15_L12]**

PROGRAMMING NOTE QA15_L11:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "your";

QA15_L11 Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?
Huwag bibilangin ang halaga ng utang {ninyo/ng inyong pamilya} sa mga kotse at mga truck, ano ang inyong tinayang halaga nitong mga kotse at mga truck.

AL37

[IF NEEDED, SAY: "Do not include your primary cars or trucks."]

[IF NEEDED, SAY: "Do not include cars or trucks used for transporting disabled persons or business purposes."]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_L12:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Does your family"; ELSE DISPLAY "Do you"

QA15_L12 {Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?
May pag-aari ba (kayo/ang inyong pamilya) na isang motorsiklo, bapor, trailer, o iba pang sasakyang di pang-negosyo?

AL38

YES1

NO2

REFUSED -7

DON'T KNOW -8

[SKIP TO QA15_L14]

[SKIP TO QA15_L14]

[SKIP TO QA15_L14]

PROGRAMMING NOTE QA15_L13:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"

QA15_L13 Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?
Huwag bibilangin ang halaga ng utang {ninyo/ng inyong pamilya} sa motorsiklo, bapor, trailer o iba pang sasakyang di pang-negosyo, ano ang inyong tinayang halaga ng mga ito?

AL39

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [HR: 0-999995]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_L14:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

QA15_L14 Did {you or your spouse/you or your partner/you} receive any money last month for child support?
 Nakatanggap ba {kayo o ang inyong asawa/kayo o ang inyong partner/kayo} ng anumang pera
 nitong nakaraang buwan para sa child support o sustento sa anak?

AL15

YES	1	
NO	2	[GO TO PN QA15_L16]
REFUSED	-7	[GO TO PN QA15_L16]
DON'T KNOW	-8	[GO TO PN QA15_L16]

PROGRAMMING NOTE QA15_L15:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

QA15_L15 What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?
 Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa child support nitong nakaraang buwan?

AL16

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L16:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
 ELSE DISPLAY "you"

QA15_L16 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?

AL17

YES, RESPONDENT PAID	1	
YES, SPOUSE/PARTNER PAID	2	
YES, BOTH PAID	3	
NO	4	[GO TO PN QA15_L18]
REFUSED	-7	[GO TO PN QA15_L18]
DON'T KNOW	-8	[GO TO PN QA15_L18]

PROGRAMMING NOTE QA15_L17:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
 ELSE DISPLAY "you"

QA15_L17 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?

AL18

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]
 _____ AMOUNT [000001-999995]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_L18:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

QA15_L18 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?

AL32

YES	1	
NO	2	[GO TO PN QA15_L20]
REFUSED	-7	[GO TO PN QA15_L20]
DON'T KNOW	-8	[GO TO PN QA15_L20]

PROGRAMMING NOTE QA15_L19:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

QA15_L19 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?

AL33

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L20:

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA15_L20 AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA15_L14 AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA15_L20 AND DISPLAY "you";

ELSE GO TO PROGRAMMING NOTE QA15_L22

QA15_L20 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?

AL18A

YES	1	
NO	2	[GO TO PN QA15_L22]
REFUSED	-7	[GO TO PN QA15_L22]
DON'T KNOW	-8	[GO TO PN QA15_L22]

QA15_L21 What was the total amount received last month from Social Security and Pensions?
Ano ang kabuuang halagang tinanggap nitong nakaraang buwan mula sa Social Security at mga Pension?

AL18B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L22:

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA15_L22;

ELSE GO TO QA15_M1

QA15_L22 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?

AL19

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED.....	9
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

Section M – Housing and Social Cohesion

QA15_M1

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?

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

[IF NEEDED, SAY: "Gusali na may dalawang unit ang duplex."]

HOUSE1
DUPLEX2
BUILDING WITH 3 OR MORE UNITS3
MOBILE HOME4
REFUSED -7
DON'T KNOW -8

QA15_M2

Do you own or rent your home?
Pag-aari ba ninyo o inuupahanang inyong bahay?

AK25

OWN1
RENT2
OTHER ARRANGEMENT3
REFUSED -7
DON'T KNOW -8

QA15_M3

About how long have you lived at your current address?
Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang address?

AM14

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA15_M4:

**IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4**

QA15_M4

About how long have you lived in your current neighborhood?

Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang kapitbahayan?

AM15

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

REFUSED -7

DON'T KNOW -8

QA15_M5

The last time you moved, what was your main reason for moving?

Noong huli kayong lumipat, ano ang inyong pangunahing dahilan sa paglipat?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1

TO ESTABLISH OWN HOUSEHOLD.....2

FOR CHILD'S EDUCATION3

TO ATTEND OR LEAVE COLLEGE4

WORK RELATED5

COULDN'T AFFORD MORTGAGE/RENT6

OTHER HOUSING RELATED7

BETTER NEIGHBORHOOD/LESS CRIME8

OTHER..... 91

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_M6:

**IF QA15_M6 THROUGH QA15_M10 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH QA15_M6;
ELSE GO TO QA15_M11**

QA15_M6

Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
People in my neighborhood are willing to help each other.
Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon sa mga sumusunod na pahayag.
Handang tumulong sa isa't-isa ang mga tao sa aking kapitbahayan.

AM19

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED.....-7
DON'T KNOW.....-8

QA15_M7

People in this neighborhood generally do NOT get along with each other.
HINDI nagkakasundo nang mabuti sa isa't-isa ang mga tao sa lugar na ito.

AM20

**[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 di-sang-ayon?"]**

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED.....-7
DON'T KNOW.....-8

QA15_M8

People in this neighborhood can be trusted.
Mapagkakatiwalaan ang mga tao sa kapitbahayang ito..

AM21

**[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 di-sang-ayon?"]**

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE.....1
AGREE.....2
DISAGREE.....3
STRONGLY DISAGREE.....4
REFUSED.....-7
DON'T KNOW.....-8

QA15_M9 You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.
Maaasahan ninyo na babantayan ng mga adult sa kapitbahayang ito ang mga bata upang matiyak na ligtas at hindi napapasok sa gulo.

AM35

[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 di-sang-ayon?"]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

STRONGLY AGREE	1
AGREE	2
DISAGREE	3
STRONGLY DISAGREE	4
REFUSED	-7
DON'T KNOW	-8

QA15_M10 Do you feel safe in your neighborhood...
Panatag ba ang pakiramdam ninyo sa inyong kapitbahayan...

AK28

All of the time,	1
palagi,	1
Most of the time,	2
kadalasan,	2
Some of the time, or	3
paminsan- minsan, o	3
None of the time	4
hindi kailanman?	4
REFUSED	-7
DON'T KNOW	-8

QA15_M12 In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?
Nitong nakaraang 12 buwan, naglingkod ba kayo bilang volunteer sa anumang local na lupon, sangguniang bayan, o samahan na nag-aasikaso sa mga problema ng pamayanan?

AM39

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

QA15_M13 In the past 12 months, have you gotten together informally with others to deal with community problems?
 Nitong nakaraang 12 buwan, nakipulong ba kayo nang walang pormalidad sa mga iba pang tao upang asikasuhin ang mga problema ng pamayanan?

AM40

[IF NEEDED SAY: "For example, with a neighborhood watch group."]

[IF NEEDED SAY: "Halimbawa, sa isang neighborhood watch group o grupong nagtatanod sa kapitbahayan."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_M14:

**IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_M14;
 ELSE GO TO QA15_S1;**

QA15_M14 In the past 12 months, have you donated money to a charity or non-profit organization?
 Nitong nakaraang 12 buwan, nagbigay ba kayo ng abuloy sa isang samahang pangkawangggawa o sa isang hindi pinagkakakitaang samahan?

AM41

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA15_M15 In the next 12 months, how likely are you to donate money to a charity or non-profit organization?
 Are you...
 Sa susunod na 12 buwan, gaano ang posibilidad na magbibigay kayo ng abuloy sa isang samahang pangkawangggawa o sa isang hindi pinagkakakitaang samahan?
 Ito ba ay...

AM42

Very likely1
 Malamang na malamang
 Somewhat likely2
 Medyo malamang
 A little likely, or3
 Malamang nang kaunti
 Not likely4
 Hindi malamang
 REFUSED -7
 DON'T KNOW -8

Section S – Suicide Ideation and Attempts

QA15_S1 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?

AF86

YES	1	
NO	2	[GO TO PN QA15_N1]
REFUSED	-7	[GO TO PN QA15_N1]
DON'T KNOW	-8	[GO TO PN QA15_N1]

QA15_S2 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?

AF87

YES	1	
NO	2	[GO TO QA15_S4]
REFUSED	-7	[GO TO QA15_S4]
DON'T KNOW	-8	[GO TO QA15_S4]

QA15_S3 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?

AF91

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

QA15_S4 Have you ever attempted suicide?
Nagtangka na ba kayong magpakamatay kailanman?

AF88

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

PROGRAMMING NOTE QA15_S5:

IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF QA15_S3 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF QA15_S3 = 1 AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

ELSE CONTINUE WITH QA15_S5

QA15_S5 Have you attempted suicide at any time in the past 12 months?
Nagtangka na ba kayong magpakamatay kailanman nitong nakaraang 12 buwan?

AF89

YES1
NO2
REFUSED -7
DON'T KNOW -8

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

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. 1-800-273-TALK (8255) ang number.

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

O, maaari ninyong tingnan ang isang website upang makahanap ng impormasyon tungkol sa kung paano humingi ng tulong. www.suicidepreventionlifeline.org ang website address.

POST-NOTE FOR SUICIDE RESOURCE:

IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE CONTINUE

QA15_S6 Would you like to discuss your thoughts with this person?
Gusto ba ninyong pag-usapan ang mga iniisip ninyo sa taong ito?

AF90

YES1 [GO TO SUICIDE PROTOCOL]
NO2 [GO TO PN QA15_N1]
REFUSED -7 [GO TO PN QA15_N1]
DON'T KNOW -8 [GO TO PN QA15_N1]

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA15_N1:

IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8:

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO QA15_N2

IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;

QA15_N1

Just a few final questions and then we are done.

Ilang pangwakas na tanong na lang at tapos na tayo.

To be sure we are covering the entire state, what county do you live in?

Upang matiyak na nasasakop namin ang buong estado, {mangyaring sabihin kung saang county kayo nakatira/saang county kayo nakatira?}

AH42

ALAMEDA	1
ALPINE	2
AMADOR	3
BUTTE	4
CALAVERAS.....	5
COLUSA	6
CONTRA COSTA.....	7
DEL NORTE.....	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES	19
MADERA.....	20
MARIN.....	21
MARIPOSA	22
MENDOCINO.....	23
MERCED	24
MODOC	25
MONO	26
MONTEREY	27
NAPA	28
NEVADA	29
ORANGE.....	30
PLACER.....	31
PLUMAS	32
RIVERSIDE	33
SACRAMENTO.....	34
SAN BENITO	35
SAN BERNARDINO.....	36
SAN DIEGO	37
SAN FRANCISCO.....	38
SAN JOAQUIN.....	39
SAN LUIS OBISPO.....	40

SAN MATEO	41
SANTA BARBARA	42
SANTA CLARA	43
SANTA CRUZ	44
SHASTA	45
SIERRA	46
SISKIYOU	47
SOLANO	48
SONOMA	49
STANISLAUS	50
SUTTER	51
TEHAMA	52
TRINITY	53
TULARE	54
TUOLUMNE	55
VENTURA	56
YOLO	57
YUBA	58
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_N2:

IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QA15_N2;

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final questions and then we are done.";

ELSE GO TO QA15_N3

QA15_N2

{Just a few final questions and then we are done.}

{Ilang pangwakas na tanong na lang at tapos na tayo.}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Ala-swerteng napili ng computer ang inyong phone number para sa pagsusuring ito. Napagtugma namin ang address sa inyong phone number upang magpadala ng sulat sa inyong bahay na nagpapaliwanag ng layunin nitong pagsusuri. Upang matulungan kaming maintindihan nang mas mabuti ang kapaligiran na inyong tinitirahan at kung paano maaaring maka-apekto ito sa inyong kalusugan, gusto naming tiyakin ang inyong address. Pananatiliing kompidensyal ang impormasyong ito at sisirain pagkatapos makumpleto ang buong pagsusuri.

Do you now live at {R's ADDRESS AND STREET}?

Nakatira ba kayo ngayon sa {R's ADDRESS AND STREET}?

AO1

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

[GO TO QA15_N7]

PROGRAMMING NOTE QA15_N3:

**IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT),
DISPLAY "Just a few final questions and then we are done".**

QA15_N3 {Just a few final questions and then we are done.}
{Ilang pangwakas na tanong na lang at tapos na tayo.}

What is your zip code?
Ano ang inyong zip code?

AM7

_____ ZIP CODE

REFUSED -7

DON'T KNOW -8

QA15_N5 To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Upang matulungan kaming maintindihan nang mas mabuti ang kapaligiran na inyong tinitirahan at kung paano maaaring maka-apekto ito sa inyong kalusugan, gusto naming tiyakin ang inyong address. Pananatiliing kompidensyal ang impormasyong ito at sisirain pagkatapos makumpleto ang buong pagsusuri.

A02

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING) **[GO TO QA15_N7]**

_____ STREET TYPE

_____ APT. NO

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_N6:

**IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N7;
ELSE CONTINUE WITH QA15_N6**

QA15_N6 Can you tell me just the name of the street you live on?
Masasabi ba ninyo sa akin ang pangalan lamang ng kalye na tinitirahan ninyo?

AM8

_____ NAME OF STREET

REFUSED -7 **[GO TO QA15_N8]**

DON'T KNOW -8 **[GO TO QA15_N8]**

QA15_N7 And what is the name of the street down the corner from you that crosses your street?
At ano ang pangalan ng kalye sa kanto na tumatawid sa kalye ninyo?

AM9

_____ NAME OF CROSS-STREET

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_N8:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14;
ELSE CONTINUE WITH QA15_N8

QA15_N8 I'm won't ask you for the number, but do you have a working cell phone?
 Hindi ko hihilingin ang inyong number, pero mayroon ba kayong gumaganang cell phone?

AM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES	1	
NO	2	[GO TO PN QA15_N10]
SHARES CELL PHONE	3	
REFUSED	-7	[GO TO PN QA15_N10]
DON'T KNOW	-8	[GO TO PN QA15_N10]

QA15_N9 How many different cell phone numbers do you currently use for personal calls?
 Ilang iba-ibang cell phone phone number ang ginagamit ninyo sa kasalukyan para sa mga personal na tawag?

AN10

_____ CELL PHONE NUMBERS

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_N10:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13;
ELSE CONTINUE WITH QA15_N10

QA15_N10 Is there a regular or landline telephone in your household?
 Mayroon bang regular na telepono o landline sa inyong pamamahay?

AN6

YES	1	
NO	2	[GO TO PN QA15_N14]
REFUSED	-7	[GO TO PN QA15_N14]
DON'T KNOW	-8	[GO TO PN QA15_N14]

QA15_N11 Is that telephone for personal use or business use only?
 Ang teleponong iyon ba ay para sa personal na pangangailangan
 o pangnegosyong pangangailangan lamang?

AN7

PERSONAL USE ONLY	1	
BUSINESS USE ONLY	2	[GO TO PN QA15_N14]
BOTH PERSONAL USE AND BUSINESS USE	3	
REFUSED	-7	
DON'T KNOW	-8	

QA15_N12 How many telephone lines do you have for personal use?
 Ilang linya ng telepono mayroon kayo para sa personal na gamit?

AN11

_____ REGULAR OR LANDLINE NUMBERS

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_N13:

**IF QA15_N8 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA15_N13;
 ELSE SKIP TO PROGRAMMING QA15_N14**

QA15_N13 Of all the telephone calls that you receive, are...
 Sa lahat ng tawag sa telepono na inyong natatanggap, ...

AM34

All or almost all calls received on a cell phone, 1

Lahat ba o halos lahat ng tawag ay natatanggap

sa mga cell phone, 1

Some on cell phones & some on regular phones, or 2

Ang ilan ba ay natatanggap sa cell phone at ang

ilan ay sa regular na mga telepono, o 2

Very few or none on cell phones 3

Kaunting-kaunti o wala sa mga cell phone? 3

REFUSED -7

DON'T KNOW -8

Survey Permission

PROGRAMMING NOTE QA15_N14:

**IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
 ELSE CONTINUE WITH QA15_N14**

QA15_N14 Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?
 Sa wakas, sa palagay ba ninyo papayag kayo sa isang follow-up sa survey
 na ito sa hinaharap?

AM10

YES 1

MAYBE/PROBABLY YES 2

DEFINITELY NOT 3

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE SUICIDE RESOURCE 2:

IF QA15_S6 = (2, -7, -8),
 AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE
 RESOURCE 2;
 ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is 1-800-273-TALK (8255).

Gaya nang binanggit ko kanina, kung gusto ninyong makipag-usap sa isang tao tungkol sa mga pag-iisip o mga pagtatangka na magpakamatay, may taong handang makipag-usap, 24 oras sa bawat araw, na makapagbibigay ng impormasyong makakatulong sa inyo. Ikalulugod kong maghintay habang kumukuha kayo ng panulat, at maaari kong ibigay sa inyo ang number. 1-800-273-TALK (8255) ang toll-free number.

Or you can visit their website at www.suicidepreventionlifeline.org

O, maaari ninyong tingnan ang kanilang website sa www.suicidepreventionlifeline.org

QA15_N15 Would you like to speak with someone now?
 Gusto ba ninyong makipag-usap sa isang tao ngayon?

AN8

YES	1	[GO TO SUICIDE PROTOCOL]
NO	2	[GO TO CLOSE1 AND CLOSE2]
REFUSED	-7	[GO TO CLOSE1 AND CLOSE2]
DON'T KNOW	-8	[GO TO CLOSE1 AND CLOSE2]

PROGRAMMING NOTE CLOSE1 AND CLOSE2:

IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
 ELSE CONTINUE WITH CLOSE1

CLOSE1 Let me check to see if there is anyone else. **[GO TO HHSELECT]**
 Titingnan ko kung mayroon sinumang iba pang kailangan naming kausapin.

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.
 Salamat. Napakamahalaga sa amin ang inyong panahon at tulong. Nakatulong kayo sa napakamahalagang survey sa buong estado. Kung mayroon kayong anumang mga katanungan tungkol sa pagsusuri, mangyaring kontakin si Dr. Ninez Ponce, ang namumuno sa pagsusuri. Maaari kayong makipag-ugnay kay Dr. Ponce sa 1-866-275-2447.