CHIS 2016
Adult Questionnaire
Version 2.8 (Tagalog)
August 10, 2017
Adult Respondents Age 18 and Older

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

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550
Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: **www.chis.ucla.edu**

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2016 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]

A1YR

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) THE
N 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_A2 = -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 29...1
BETWEEN 30 AND 39...2
BETWEEN 40 AND 44...3
BETWEEN 45 AND 49...4
BETWEEN 50 AND 64...5
65 OR OLDER 6
REFUSED .... -7
DON'T KNOW .... -8

POST NOTE 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

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

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

AA4

                         YES 1
                         NO 2   **[GO TO PN QA15_A8]**
                         REFUSED .... -7   **[GO TO PN QA15_A8]**
                         DON'T KNOW .... -8   **[GO TO PN QA15_A8]**

A15_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/CHICANO 1
                         SALVADORAN...4
                         GUATEMALAN 5
                         COSTA RICAN...6
                         HONDURAN 7
                         NICARAGUAN 8
                         PANAMANIAN 9
                         PUERTO RICAN.. 10
                         CUBAN... 11
                         SPANISH-AMERICAN (FROM SPAIN) 12
                         OTHER LATINO (SPECIFY: _____) 91
                         REFUSED .... -7
                         DON'T KNOW .... -8

PROGRAMMING NOTE 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 <u>or more</u> 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 <u>o mahigit pa</u> 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]
ASIAN ........................................................3      [GO TO PN QA15_A12]
AMERICAN INDIAN OR ALASKA NATIVE .............4      [GO TO PN QA15_A9]
OTHER PACIFIC ISLANDER ..................................5      [GO TO PN QA15_A13]
NATIVE HAWAIIAN ................................................6      [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
    (SPECIFY) 7
CHOCTAW
    CHOCTAW OKLAHOMA...................................8
    CHOCTAW (NOT SPECIFIED) 9
    OTHER CHOCTAW [Ask for spelling]
    (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 QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

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

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 <u>most</u> identify with?
Sa aling lahi ninyo <u>higit na</u> 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.
Tungkol sa inyong kalusugan ang sumusunod na mga katanungan.

Would you say that in general your health is excellent, very good, good, fair, or poor?
Masasabi ba ninyo na sa pangkalahatan ang kalusugan ninyo ay mabuting-mabuti, napakabuti, mabuti, mabuti-buti o mahina?

AB1

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

QA15_B2   Has a doctor <u>ever</u> told you that you have asthma?
Nasabihan na ba kayo ng doktor <u>kailanman</u> na may asthma kayo?

AB17

YES 1
NO..2   **[GO TO PN QA15_B18]**
REFUSED .... -7   **[GO TO PN QA15_B18]**
DON'T KNOW .... -8   **[GO TO PN QA15_B18]**

QA15_B3   Do you still have asthma?
Mayroon pa ba kayong asthma?

AB40

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

QA15_B4   During the <u>past 12 months</u>, have you had an episode of asthma or an asthma attack?
Nitong <u>nakaraang 12 buwan</u>, nakaranas ba kayo ng pagsumpong ng asthma o ng atake ng asthma?

AB41

YES 1
NO..2
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, or 4
Bawat linggo, o 4
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

YES 1
NO 2   **[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.]

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

QA15_B9   Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor?
Umiinom ba kayo ngayon ng <u>pang-araw-araw</u> 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."]

YES 1
NO 2
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 <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…
Nitong <u>nakaraang 12 buwan</u>, 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, or 4
Bawat linggo, o...4
Every day? 5
Araw-araw? 5
REFUSED .... -7
DON'T KNOW .... -8

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

AB67

YES 1
NO 2   **[GO TO QA15_B13]**
REFUSED .... -7   **[GO TO QA15_B13]**
DON'T KNOW .... -8   **[GO TO QA15_B13]**

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

AB80

          YES 1
          NO..2
          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

          YES 1
          NO..2   **[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."]

          YES 1
          NO..2
          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, or...................................................3
Walang masyadong tiwala, .......................................3
Not at all confident? ...................................................4
Walang tiwala kahit kaunti? ......................................4
REFUSED .............................................................. -7
DON'T KNOW ......................................................... -8
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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 <u>ever</u> told you that you have diabetes or sugar diabetes?

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

AB22

```
YES.........................................................................1
NO...........................................................................2
BORDERLINE OR PRE-DIABETES........................3      [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 <u>ever</u> told you that you have pre-diabetes or borderline diabetes?

{Maliban sa panahon ng pagbubuntis, nasabihan na ba} kayo ng doktor <u>kailanman</u> na mayroon kayong pre-diabetes, o borderline diabetes?
{Nasabihan na ba} kayo ng doktor <u>kailanman</u> na mayroon kayong pre-diabetes, o borderline diabetes?

AB99

```
YES ......................................................................1
NO ........................................................................2
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 ...................................................................1
TYPE 2 ...................................................................2
ANOTHER TYPE (Specify:_____) .....................91     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

　　　　　　　　　　　　YES 1
　　　　　　　　　　　　NO..2
　　　　　　　　　　　　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."]

　　　　　　　　　　　　YES 1
　　　　　　　　　　　　NO..2
　　　　　　　　　　　　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 MONTH 1
WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...2
WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...3
2 OR MORE YEARS AGO..4
NEVER...5
REFUSED .... -7
DON'T KNOW .... -8

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

AB109

YES 1
NO..2   **[GO TO QA15_B30]**
REFUSED .... -7   **[GO TO QA15_B30]**
DON'T KNOW .... -8   **[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.]

YES 1
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

YES 1
NO 2
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

YES 1
NO 2   **[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."]

```
YES.................................................................. 1
NO...................................................................2
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, or..................................3
Walang masyadong tiwala, o ...................3
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."]

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

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

AB29

YES...1
NO...2   **[GO TO QA15_B37]**
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION 3   **[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

YES...1
NO...2
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 <u>kailanman</u> na mayroon kayong anumang uri ng sakit sa puso?

AB34

YES...1
NO...2   **[GO TO QA15_B45]**
REFUSED .... -7   **[GO TO QA15_B45]**
DON'T KNOW .... -8   **[GO TO QA15_B45]**

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

AB52

YES...1
NO...2
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 <u>nakaraang 12 buwan</u>, kinailangan ba ninyong magpagamot sa emergency room ng ospital dahil sa inyong sakit sa puso?

AB115

YES...1
NO...2   **[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.]

YES 1
NO 2
DOESN'T HAVE DOCTOR 3
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

YES 1
NO 2
YES 1
NO 2
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

YES 1
NO 2   **[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."]

YES 1
NO 2
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, or.................................3
            Walang masyadong tiwala, o .................3
            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."]

```
            YES .......................................................1
            NO.........................................................2
            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_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, sacarryout 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-minsan 2
Usually, or 3

Karaniwan, o 3
Always? 4
Palagi? 4
DOESN'T EAT F & V 5
DOESN'T SHOP FOR F&V 6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....7
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE 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
Sometimes 2
Paminsan-minsan 2
Usually, or 3
Karaniwan, o 3
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

YES 1
NO 2   **[GO TO QA15_C37C20]**

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_C18]**
NOT AT ALL..3   **[GO TO PN QA15_C16]**
REFUSED ....-7   **[GO TO PN QA15_C37]**
DON'T KNOW ....-8   **[GO TO PN QA15_C37]**

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_C18]**

REFUSED .... -7   **[GO TO PN QA15_C18]**
DON'T KNOW .... -8   **[GO TO PN QA15_C18]**

PROGRAMMING NOTE QA15_C17:
IF QA15_C14 = 3 (NOT AT ALL) CONTINUE WITH QA15_C16;
ELSE GO TO PN QA15_C18

QA15_C16   Did you quit smoking within the last 2 years?

AC101

YES (QUIT WITHIN THE PAST 2 YEARS) 1
NO (QUIT MORE THAN 2 YEARS AGO) 2   **[GO TO PN QA15_C37]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_C17   How many months ago did you quit?

AC102

_____ MONTHS [HR: 0-24] ....

DID NOT QUIT 999
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_C18:
IF QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C18;
ELSE GO TO QA15_C19

QA15_C18   In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
Nitong nakaraang 30 araw, noong nanigarilyo 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 nanigarilyo 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_C19C18:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C19;
ELSE SKIP TO PN QA15_C20

QA15_C19   How long has it been since you smoked on a daily basis?

AC53B

```
_____ DAY(S)    [HR: 0 - 365] ............................. [SKIP TO PN QA15_C26]
_____ MONTH(S)  [HR: 0 - 12] ............................. [SKIP TO PN QA15_C26]
_____ YEAR(S)   [HR: 0 - 99] ............................. [SKIP TO PN QA15_C26]

NEVER SMOKED DAILY…………..................... 999   [SKIP TO PN QA15_C26]
REFUSED ............................................................ -7   [SKIP TO PN QA15_C26]
[SKIP TO PN QA15_C26]
```

IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C20C18;
ELSE SKIP TO PN QA15_C22;
IF QA15_C14 = 2 (SMOKE SOME DAYS), THEN DISPLAY "On days when you smoke, how"

QA15_C20   {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?
{Sa mga araw na naninigarilyo kayo/ Sa karaniwang} gaano katagal pagkatapos ninyong gumising na humihithit kayo ng unang sigarilyo ninyo?

AC54B

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

_____ AMOUNT OF TIME

_____ UNIT OF TIME

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

QA15_C21   Do you usually smoke menthol or non-menthol cigarettes?
Sa karaniwan, menthol o non-menthol ba ang mga sigarilyo na hinihithit ninyo?

AC58B

```
MENTHOL...............................................................1
NON-MENTHOL .....................................................2
```

PROGRAMMING NOTE QA15_C22:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH
QA15_C22;C19
ELSE GO TO PN QA15_C37

QA15_C22C18 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   **[GO TO QA15_C24C19]**
REFUSED .... -7   **[GO TO QA15_C24C19]**
DON'T KNOW .... -8   **[GO TO QA15_C24C19]**

QA15_C23 During the past 12 months, how many times have you tried to quit smoking for one day or longer?
Nitong nakaraang 12 buwan, ilang beses ninyong sinubukang huminto sa paninigarilyo nang isang araw man lang o mas matagal?

AC59

_____ NUMBER OF TIMES

QA15_C24 Are you thinking about quitting smoking in the next six months?
Iniisip ba ninyong huminto sa paninigarilyo sa susunod na anim na buwan?

AC50

YES 1
NO 2   **[GO TO QA15_C26]**
REFUSED .... -7

QA15_C25 Do you plan to quit in the next month?
May balak ba kayong huminto sa susunod na buwan?

AC103

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

PROGRAMMING NOTE QA15_C26:
IF QA15_C22 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS) OR QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C26;
ELSE SKIP TO QA15_C35;

DISPLAYS:
IF QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS) DISPLAY "The last time you tried to quit";
IF QA15_C22 = 1 (CURRENT SMOKERS TRIED QUITTING IN THE PAST 12 MONTHS) DISPLAY "In the past 12 months"

QA15_C26   There are many products called Nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. {The last time you tried to quit / In the past 12 months}, did you use a nicotine patch?
May maraming produkto na tinatawag na Nicotine Replacement Therapy o NRT na kapalit ng nicotine para makatulong sa mga tao na huminto sa paninigarilyo. {Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, gumamit ba kayo ng nicotine patch?

AC60B

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

QA15_C27   {The last time you tried to quit / In the past 12 months}, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, gumamit ba kayo ng nicotine gum, nicotine lozenges, o nicotine inhaler?

AC104

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

QA15_C28   There are prescription medications to help people quit smoking cigarettes. {The last time you tried to quit / In the past 12 months}, did you use Zyban, Wellbutrin, Bupropion, Prozac, Chantix or Varenicline?
May mga gamot na nirireseta para makatulong sa mga tao na huminto sa paninigarilyo. {Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, gumamit ba kayo ng Zyban, Wellbutrin, Bupropion, Prozac, Chantix, o Varenicline?

AC105

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

PROGRAMMING NOTE QA15_C29:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit, did you try")

QA15_C29   {The last time you tried to quit, did you try / In the past 12 months, have you done} any of the following to help you quit smoking? Did you…
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo} ang mga sumusunod para matulungan kayong huminto sa paninigarilyo? Sinubukan ba ninyo

AC68B

Switch to smokeless tobacco, such as chewing tobacco, snus or snuff?
Ang pagpapalit sa smokeless tobacco, tulad ng pagpanguya ng tobacco, snus, o snuff?

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

PROGRAMMING NOTE QA15_C30:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY "The last time you tried to quit")

QA15_C30   [{The last time you tried to quit / In the past 12 months}] did you
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, sinubukan ba ninyo

AC69B

Quit completely on your own or "cold turkey"?
Ang lubusang paghinto ganap sa sariling pagsisikap o "cold turkey"?

YES 1
NO 2
REFUSED .... -7

PROGRAMMING NOTE QA15_C31:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY "The last time you tried to quit"

QA15_C31   [{The last time you tried to quit attempt/ In the past 12 months}] did you
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo} , sinubukan ba ninyo

AC106

Use technology such as an app, texting or quitting website?
Ang paggamit ng teknolohiya tulad ng app, texting, o website para sa paghinto?

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

PROGRAMMING NOTE QA15_C32:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 24 MONTHS), THEN DISPLAY "The last time you tried to quit"

QA15_C32   [{The last time you tried to quit / In the past 12 months}] did you
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo} , sinubukan ba ninyo

AC107

Use social media such as Facebook, Instagram, Twitter, or WhatsApp?
Ang paggamit ng social media tulad ng Facebook, Instagram, Twitter, o WhatsApp?

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

PROGRAMMING NOTE QA15_C33:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit"

QA15_C33   [{The last time you tried to quit / In the past 12 months}] did you
                      {Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12
                      buwan, nasubukan ba ninyo} , sinubukan ba ninyo

AC72B

                      Exercise more to help you quit smoking?
                      Ang paghehersisyo nang mas matagal para makatulong sa iyo sa paghinto ng
                      paninigarilyo?

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

PROGRAMMING NOTE QA15_C34:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit"

QA15_C34   [{The last time you tried to quit / In the past 12 months}] did you
                 {Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan,
                 nasubukan ba ninyo}, sinubukan ba ninyo

AC75B

                      Call a telephone quitting helpline?
                      Ang pagtawag sa telepono ng isang helpline para sa paghinto ng paninigarilyo?

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

PROGRAMMING NOTE QA15_C35:
IF QA15_C14 = 1 (EVERY DAY) OR QA15_C14 = 2 (SOME DAYS), CONTINUE WITH QA15_C35;
ELSE IF QA15_C14 =3 (NOT AT ALL), SKIP TO PN QA15_C37

QA15_C35   In the past 12 months, did a doctor or other health professional advise you to quit smoking?
Nitong nakaraang 12 buwan, pinayuhan ba kayo ng doktor o ng iba pang health professional na huminto ng paninigarilyo?

AC77

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

QA15_C36   In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?
Nitong nakaraang 12 buwan, ipinadala ba kayo ng doktor o ng iba pang health professional sa isang programa, o binigyan ba kayo ng impormasyon tungkol sa programa para sa paghinto ng paninigarilyo?

AC78

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

PROGRAMMING NOTE QA15_C37:
IF AGE <= 65 THEN CONTINUE WITH QA15_C37C20;
ELSE SKIP TO PN QA15_C46C23;

QA15_C37   Have you ever smoked a Hookah pipe?
Nakapaghithit ba kayo kahit kailan ng Hookah pipe?

AC79

[IF NEEDED, SAY: "Hookah is also known as shisha (she-sha), nargila (nar-geela), argila (argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the smoke"]
[IF NEEDED, SAY: "Tinatawag din ang Hookah na shisha (she-sha), nargila (nar-geela), argila (argeela), o lula. Ipinadadaan ang usok sa tubig na nasa glass waterpipe para palamigin at salain ang usok".]

YES 1
NO...2   **[GO TO QA15_C39]**
REFUSED .... -7   **[GO TO QA15_C39]**
DON'T KNOW .... -8   **[GO TO QA15_C39]**

QA15_C38   During the past 30 days how many days did you use a hookah?
Nitong nakaraang 30 araw, mga ilang araw kayo nakagamit ng hookah?

AC108

           _____   ENTER NUMBER OF DAYS [HR: 0 - 30]

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

QA15_C39   Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?
Humithit na ba kayo kahit kailan ng electronic cigarettes, tinatawag din na e-cigarettes o vaporizer cigarettes?

AC81B

           YES 1
           NO…………………………………………………….2   **[GO TO QA15_C46]**
           REFUSED .... -7   **[GO TO QA15_C46]**
           DON'T KNOW .... -8   **[GO TO QA15_C46]**

QA15_C40   During the past 30 days, on how many days did you use electronic cigarettes?
Anu-ano ang mga dahilan ninyo sa paggamit ng electronic cigarettes?

AC82B

                                                     [IF 0, THEN SKIP
           _____ NUMBER OF DAYS [RANGE: 0-30]   **TO QA15_C46]**

           REFUSED .... -7   **[SKIP TO QA15_C46]**
           DON'T KNOW .... -8   **[SKIP TO QA15_C46]**

QA15_C41   What best describes your reasons for using e-cigarettes?
Ano ang pinakamabuting dahilan ninyo sa paggamit ng e-cigarettes?

AC83B

        [CODE ALL THAT APPLY]

           QUIT SMOKING...1
           REPLACE SMOKING 2
           CUT DOWN OR REDUCE SMOKING 3
           USE IN PLACES WHERE SMOKING NOT IS
           NOT ALLOWED...4
           CURIOSITY, JUST TRY IT 5
           NO LINGERING ODOR 6
           HELPS ME CONCENTRATE/STAY ALERT 7
           COME IN MANY FLAVORS 8
           LESS EXPENSIVE 9
           HEALTHIER THAN CIGARETTES......................... 10
           OTHER (SPECIFY: _____)...................... 91
           REFUSED .... -7
           DON'T KNOW .... -8

QA15_ C42　How long ago did you start using e-cigarettes regularly?
Gaano katagal na ang nakaraan nang sinimulan mong gamitin ang e-cigarette ng pangkaraniwan?

AC109

_____ MONTHS
_____YEARS

LESS THAN ONE MONTH 00
NEVER USED E-CIGARETTES REGULARLY 99
....

QA15_C43　Where do you <u>usually</u> buy your e-cigarettes or e-liquid?
Saan kayo karaniwang bumibili ng inyong e-cigarette o e-liquid?

AC110

CONVENIENCE STORES OR GAS STATIONS......1
SUPER MARKETS 2
PHARMACY OR DRUG STORES...........................3
TOBACCO OR VAPE SHOP 4
ONLINE 5
OTHER DISCOUNT OR WAREHOUSE STORES,
　SUCH AS WAL-MART OR COSTCO 6
SOMEWHERE ELSE? (Other specify:_____)　91
I DON'T BUY E-CIGARETTES OR E-FLUIDS 99

QA15_C44　During the day you last used an electronic nicotine product, how many
puffs did you take?
Noong huling araw na gumamit kayo ng produktong electronic nicotine, ilang puffs ang inyong
kinuha?

AC111

_____PUFFS

DID NOT USE A NICOTINE PRODUCT　　　　-3 (?)
REFUSED .... -7
DON'T KNOW .... -8

QA15_ C45   What concentration or strength of nicotine is in the liquid or cartridge you typically use with your e-cigarette? For example, is it zero nicotine, 3, 6, 12, or 24 milligrams per milliliter, or some other concentration?
Anong konsentrasyon o lakas ng nicotine ang nasa likido o cartridge na karaniwang ginagamit mo sa iyong e-cigarette? Kumbaga, ito ba ay may zero na nikotina, 3, 6, 12, o 24 milligrams sa bawat milliliter, o iba pang konsentrasyon?

AC112

```
ZERO ...................................................................1
THREE .................................................................2
SIX .....................................................................3
TWELVE ...............................................................4
TWENTY-FOUR.....................................................5
OTHER (Specify:_____) .................... 91
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

PROGRAMMING NOTE QA15_C46:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) OR QA15_C40 > 0 (USED E-CIGARETTES WITHIN PAST MONTH), CONTINUE WITH QA15_C46;
ELSE SKIP TO QA15_C50

QA15_C46   What are the current rules or restrictions about smoking inside your home? Would you say…
Anu-ano ang mga tuntunin o mga restriksyon sa kasalukuyan tungkol sa paninigarilyo sa loob ng inyong tahanan? Masasabi ba ninyo na..

> **[IF NEEDED, SAY: "This is for regular, tobacco cigarettes".]**
> **[IF NEEDED, SAY: "Ito ay para sa karaniwang sigarilyo na tobacco".]**

AC84B

```
Smoking is completely banned for everyone, ...........1
Smoking is generally banned for everyone with
few exceptions, .........................................................2
Smoking is allowed in some rooms only, or..............3
There are no rules or restrictions on smoking inside
your home? ...............................................................4
NO SMOKERS/NO NEEDVOLUNTARILY DON'T SMOKE INSIDE HOME        6
OTHER (SPECIFY:_____)............................. 91
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

QA15_C47   What are the current rules or restrictions about **using E-CIGARETTES (vaping) inside your home**? Would you say…
Anu-ano ang mga tuntunin o mga restriksyon sa kasalukuyan tungkol sa **paggamit ng e-cigarette (vaping) sa loob ng inyong tahanan?** Masasabi ba ninyo na…

AC113

Vaping is completely banned for everyone...............1
Vaping is generally banned for everyone with
few exceptions, ...2
Vaping is allowed in some rooms only, or 3
There are no rules or restrictions on vaping inside
your home? 4
NO VAPERS/NO NEED...5
VOLUNTARILY DON'T VAPE INSIDE HOME 6
OTHER (SPECIFY:_____).............................. 91
REFUSED .... -7

QA15_C48   Do you agree or not with the following statement: The use of e-cigarettes should not be allowed in the places where cigarette smoking is not allowed?
Sumasang-ayon ba kayo o hindi sang-ayon sa sumusunod na pahayag: Dapat pagbawalan din ang paggamit ng e-cigarette sa mga lugar na hindi pinahihintuluan ang paninigarilyo ng sigarilyo.

AC114

YES (AGREE) 1
NO (DO NOT AGREE)...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_C49
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) CONTINUE WITH QA15_C49;
ELSE SKIP TO QA15_C50

QA15_C49   How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Would you support a tax increase of…
Magkanong karagdagang buwis sa isang kaha ng sigarilyo ang payag ninyong itaguyod kung lahat ng perang maiipon ay gagamiting pampondo sa mga programang may layunin na pigilin ang paninigarilyo sa mga bata, at iba pang mga programa para sa pangangalaga sa kalusugan?Susuportahan ba ninyo ang karagdagang buwis na...

AC92

50 cents a pack,...1
$1.00, ...2
$2.00, ...3
$3.00, ...4
more than $3.00 a pack, or 5
no tax increase?...6
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. 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

YES 1
NO..2   **[GO TO QA15_D5]**
REFUSED .... -7   **[GO TO QA15_D5]**
DON'T KNOW .... -8   **[GO TO QA15_D5]**

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

AL8

                            YES 1
NO 2
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

                            YES 1
NO 2
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 anuman sa sumusunod:
Any difficulty learning, remembering, or concentrating?
Anumang kahirapan na matuto, na makaalala, o na mag-concentrate?

AD51

                            YES 1
NO 2
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."]**

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

44

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."]

YES 1
NO 2
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

QA15_D12   We are asking a few questions about people's sexual experiences. All answers will be kept
private.
May ilang tanong kami tungkol sa mga karanasang sexual ng mga tao.
Pananatilihing lihim ang lahat ng mga sagot.

                In the past 12 months, how many sexual partners have you had?
                Nitong nakaraang 12 buwan, ilan na ang naging katalik ninyo?

AD43
              _____ NUMBER OF SEXUAL PARTNERS   **[GO TO PN QA15_D14D17]**

              REFUSED .... -7   **[GO TO PN QA15_D14D17]**
              DON'T KNOW .... -8

QA15_D13   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 PARTNER 1
2-3 PARTNERS 2
4-5 PARTNERS 3
6-10 PARTNERS 4
MORE THAN 10 PARTNERS.................................5
REFUSED ....-7
DON'T KNOW ....-8

PROGRAMMING NOTE QA15_D14D17:
IF QA15_D12D15 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA15_D13D16=0, GO TO
PROGRAMMING NOTE QA15_D15; D18;
ELSE CONTINUE WITH QA15_D14D17;
IF QA15_D12D15 OR QA15_D13D16 = 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_D14   {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

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

PROGRAMMING NOTE QA15_D15D18:
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_D15   Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?
Itiinuturing ba ninyo ang sarili ninyo na straight o heterosexual, na gay {,lesbian}, o homosexual,
o bisexual?

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, nakikipagtalik o pangunahing naaakit ang
mga taong Gay {at Lesbian} sa mga taong may katulad na kasarian, at nakikipagtalik o
naaakit ang mga taong Bisexual sa mga tao sa magkabilang kasarian."]

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

PROGRAMMING NOTE QA15_D15D19:
IF [QA15_D12D15 > 1 OR QA15_D13D16 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)]
OR [QA15_A5 = 1 (MALE) AND (QA15_D15D18=2 (GAY) OR QA15_D15D18=3 (BISEXUAL)],))]
CONTINUE WITH QA15_D16D19;

HIV SAMPLING FOR ALL AMERICAN INDIAN ALASKA NATIVE RESPONDENTS;
IF QA15_A8 = 4 OR QA15_A15 = 18 (AMERICAN INDIAN OR ALASKA NATIVE)],), CONTINUE WITH
QA15_D16D19;

CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE
WITH QA15_D16; D19;
CONTROL GROUP: QA15_D12D15 ≤ 1 OR QA15_D13D16 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND
QA15_D15D18 = 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);) EQUALLY SPREAD ACROSS EACH
REPLICATE;

ELSE GO TO PROGRAMMING NOTE QA15_D20D23;

QA15_D16   Have you <u>ever</u> 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

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

PROGRAMMING NOTE QA15_D17D20:
IF QA15_D16D19 = 1 CONTINUE WITH QA15_D17D20;
ELSE GO TO PROGRAMMING NOTE QA15_D20D23;

QA15_D17   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 YEAR ................................0
                         ONE TIME ................................................1
                         TWO TIMES ...............................................2
                         THREE TIMES ............................................3
                         FOUR TIMES .............................................4
                         FIVE TIMES ..............................................5
                         SIX OR MORE TIMES ...........................................6
                         REFUSED ............................................... -7
                         DON'T KNOW ......................................... -8
```

QA15_D18   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_D19   Was the result of your HIV test positive or negative?
Positibo ba o negatibo ang resulta ng inyong test para sa HIV?

AD64

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

PROGRAMMING NOTE QA15_D20D23:
IF [QA15_A5 = 1 (MALE) AND QA15_D14D17 = 1 (MALE)] OR [QA15_A5 = 2 (FEMALE) AND QA15_D14D17
= 2 (FEMALE)] OR [QA15_D14D17 = 3, -7, OR -8] OR [IF QA15_D15D18 ≠ 1] CONTINUE WITH
QA15_D20D23;
ELSE GO TO PROGRAMMING NOTE QA15_D22D25

QA15_D20   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.]**

YES 1   **[GO TO PN QA15_D22D25]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA15_D21   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

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

PROGRAMMING NOTE QA15_D22D25;
IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D22D25;
ELSE SKIP TO QA15_D22AD25A

QA15_D22   What sex were 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

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

PROGRAMMING NOTE QA15_D22A:
ALTERNATE TESTING OF QA15_D22;

QA15_D22A   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

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

QA15_D23   Do you currently describe yourself as male, female, or transgender?
Sa kasalukuyan, inilalalarawan ba ninyo ang inyong sarili bilang lalaki, babae, o transgender?

AD66

```
MALE ....................................................................1    [GO TO PN QA15_D25]
FEMALE................................................................2    [GO TO PN QA15_D25]
TRANSGENDER....................................................3    [GO TO PN QA15_D25]
NONE OF THESE..................................................4
REFUSED ............................................................ -7    [GO TO SECTION E]
DON'T KNOW ...................................................... -8    [GO TO SECTION E]
```

PROGRAMMING NOTE QA15_D24:
IF QA15_D23 = 4 THEN CONTINUE WITH QA15_D24;
ELSE SKIP TO QA15_D25

QA15_D24　　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_D25:
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 1 (MALE)] OR [QA15_D22 = 2 OR
QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)] THEN SKIP TO SECTION E;
ELSE CONTINUE WITH QA15_D25;

DISPLAYS;
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 2 (FEMALE), THEN DISPLAY {male} and
{female};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY
{male} and {transgender};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY),
THEN DISPLAY {male} and {<QA15_D24>};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1 OR QA15_D22A = 1 (MALE), THEN
DISPLAY {female} and {male};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY
{female} and {transgender};
IF [QA15_D22 = 2 OR QA15_D2A = 2 (FEMALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY),
THEN DISPLAY {female} and {<QA15_D24>};

QA15_D25　　Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D22 OR QA15_D22A} at
birth and now describe yourself as {INSERT RESPONSE FROM QA15_D23 OR QA15_D24}. 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　　**[GO BACK TO QA15_D23]**
REFUSED .... -7
DON'T KNOW .... -8

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_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 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 <u>now</u> pregnant?
Sa inyong kaalaman, buntis ba kayo <u>sa kasalukuyan</u>?

AD13

YES 1
NO...2
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_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2**
> **(FEMALE)], DISPLAY "These next questions are about women's health.";**
> **IF [AAGE > 45 OR UNKNOWN] AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 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 <u>ever</u> had a mammogram?
Nagpa-mammogram na ba kayo <u>kahit kailan</u>?

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 LESSLESS 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,-
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 kadalas 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 kadalas 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 kadalas 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 kadalas 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 lamang, o hindi kailanman?"]

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

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?"]

ALL 1
MOST 2
SOME 3
A LITTLE 4
NONE 5
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 kadalas 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?"]

ALL 1
MOST 2
SOME 3
A LITTLE 4
NONE 5
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

YES 1
NO...2
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 kadalas kayo nakaramdam ng pagkanerbiyos - palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

AF63

ALL...1
MOST...2
SOME...3
A LITTLE 4
NONE...5
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 kadalas kayo nakaramdam ng kawalang pag-asa - palagi, kadalasan, paminsan- minsan, kaunting panahon lang, o hindi kailanman?

AF64

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

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

AF65

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

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

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

QA15_F11   How often did you feel so depressed that nothing could cheer you up?
Gaano kadalas kayo nakaramdam ng matinding kalungkutan na walang anumang makapagpatuwa sa inyo?

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?"]

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

QA15_F12   How often did you feel that everything was an effort?
Gaano kadalas 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?"]

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

QA15_F13   How often did you feel worthless?
Gaano kadalas 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?"]

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

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE 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 LOT...1
SOME...2
NOT AT ALL..3
DOES NOT WORK 4
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 LOT...1
SOME...2
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 LOT...1
SOME...2
NOT AT ALL..3
REFUSED .... -7
DON'T KNOW .... -8

QA15_F17   Did your emotions interfere a lot, some, or not at all with y our 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 LOT 1
                        SOME 2
                        NOT AT ALL 3
                        REFUSED .... -7
                        DON'T KNOW .... -8

QA15_F18   Now think about the past 12 months. <u>About how many days</u> out of the past 365 days were you <u>totally unable</u> 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 <u>lubusang nawalan ng kakayahan</u> 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

QA15_F19   Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?

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_F21F21]**
                        REFUSED .... -7   **[GO TO QA15_F21F21]**
                        DON'T KNOW .... -8   **[GO TO QA15_F21F21]**

QA15_F20   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

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

QA15_F21   In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
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

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

QA15_F22   In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
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

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

PROGRAMMING NOTE QA15_F23F23:
IF QA15_F21F21 = 1 OR QA15_F22F22 = 1 THEN CONTINUE WITH QA15_F23F23;
ELSE SKIP TO QA15_F28F28

QA15_F23   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 HEALTH.............................1
        ALCOHOL-DRUG PROBLEM 2
        BOTH MENTAL & ALCOHOL-DRUG 3
        REFUSED .... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE QA15_F24F24:
IF QA15_F23F23 = 1, DISPLAY: "mental or emotional health";
IF QA15_F23F23 = 2, DISPLAY: "use of alcohol or drugs";
IF QA15_F23F23 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO QA15_F25F25

QA15_F24   In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.
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_F25   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?

AF78

YES 1   **[GO TO QA15_F28F28]**
NO 2
REFUSED .... -7   **[GO TO QA15_F28F28]**
DON'T KNOW .... -8   **[GO TO QA15_F28F28]**

QA15_F26   Did you complete the recommended full course of treatment?
Kinumpleto ba ninyo ang buong inirekomendang programa ng paggagamot?

AF79

YES 1   **[GO TO QA15_F28F28]**
NO 2
REFUSED .... -7   **[GO TO QA15_F28F28]**
DON'T KNOW .... -8   **[GO TO QA15_F28F28]**

QA15_F27   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 NEEDED 1
NOT GETTING BETTER 2
WANTED TO HANDLE PROBLEM ON OWN..........3
HAD BAD EXPERIENCES WITH TREATMENT 4
LACK OF TIME/TRANSPORTATION.......................5
TOO EXPENSIVE...6
INSURANCE DOES NOT COVER 7
OTHER (SPECIFY: _____)_____) 8
REFUSED .... -7
DON'T KNOW .... -8

QA15_F28   During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

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

PROGRAMING NOTE QA15_F29F29:
IF QA15_F19F19 = 1 AND (QA15_F21F21 ≠ 1 AND QA15_F22F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH QA15_F29F29;
ELSE SKIP TO QA15_F33G1

QA15_F29   Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.
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

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

QA15_F30F32 You did not feel comfortable talking with a professional about your personal problems.
Hindi kayo komportableng nakikipag-usap sa isang propesyonal tungkol sa inyong personal na mga problema.

64

AF83

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

QA15_F31   You were concerned about what would happen if someone found out you had a problem.
Nag-alala kayo kung ano ang mangyayari kapag may makaalam na may problema kayo.

AF84

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

QA15_F32   You had a hard time getting an appointment.
Nahirapan kayong makakuha ng appointment.

AF85

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

PROGRAMMING NOTE QA15_F33F48:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH
QA15_F33F48; ELSE GO TO SECTION G;

QA15_F33   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…

AF107

```
Hardly ever ................................................... 1
Some of the time, or ..................................... 2
Often? ........................................................... 3
REFUSED ..................................................... -7
DON'T KNOW ............................................... -8
```

QA15_F34   How often do you feel left out? Is it…

AF108

```
Hardly ever ................................................... 1
Some of the time, or ..................................... 2
Often? ........................................................... 3
REFUSED ..................................................... -7
DON'T KNOW ............................................... -8
```

QA15_F35   How often do you feel isolated from others? Is it...

AF109

    Hardly ever...1
    Some of the time, or...2
    Often 3
    REFUSED .... -7
    DON'T KNOW .... -8

Section G – Demographic Information, Part II

QA15_G1   Now a few more questions about your background.
Ngayon, mayroon akong ilang tanong pa tungkol sa inyong background.

In what country were you born?
Saang bansa kayo ipinanganak?

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

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

        YES 1   **[SKIP TO QA15_G6]**
        NO 2
        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]**

PROGRAMMING NOTE QA15_G6:
IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND AAGE < 70, DISPLAY "You said you were of Japanese heritage";
ELSE GO TO QA15_G7

QA15_G6   {You said you were of Japanese heritage,} which generation of Japanese immigrant are you?
      {Sinabi ninyo na Hapon ang inyong mga ninuno.} 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 QA15_G7 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE QA15_G9;
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

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
                   Well, ...2
                   Not well, or 3
                   Not at all?..4
                   REFUSED .... -7
                   DON'T KNOW .... -8

PROGRAMMING NOTE QA15_G9G10:
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_G12G13;
ELSE CONTINUE WITH QA15_G9G10

QA15_G9　　　The next questions are about citizenship and immigration.
Tungkol sa citizenship at immigration ang mga sumusunod na tanong.

Are you a citizen of the United States?
Citizen ba kayo ng United States?

AH39

　　　　　　　YES ....1　　　**[GO TO QA15_G11]**
　　　　　　　NO 2
　　　　　　　APPLICATION PENDING 3
　　　　　　　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."]

　　　　　　　YES 1
　　　　　　　NO 2
　　　　　　　APPLICATION PENDING 3
　　　　　　　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:G12A
IF QA15_G9G10 = 1 (NATURALIZED) CONTINUE WITH QA15_G11A12A
ELSE GO TO QA15_G11BG12B;

QA15_G11   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_G11BG12B
IF QA15_G9G10 ≠ 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 <u>sa kasalukuyan</u> 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 (DEFFEREDDEFERRED 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_G12G13:
IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12G13;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
IF QA15_A16 = 2 OR QA15_D20D23 = 1 OR QA15_D21D24 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_G15

ELSE GO TO PROGRAMMING NOTE QA15_G14

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

AH44

YES 1
NO..2
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?

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

AH43A

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

PROGRAMMING NOTE QA15_G16:
IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH QA15_G15G16;
ELSE GO TO QA15_G17G18;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
** ELSE IF QA15_G12G13 = 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 binabayarang 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 weeklast 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_G17G18 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_G18G19 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 <u>you</u> doing last week?
              Alin sa sumusunod ang ginawa <u>ninyo</u> noong nakaraang linggo?

AK1

              Working at a job or business,....................................1   **[GO TO QA15_G25]**
              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, or 3
              Naghanap ng trabaho, o 3
              Not working at a job or business?............................4
              Walang pinapasukan na trabaho o negosyo? 4
              REFUSED .... -7   **[GO TO QA15_G25]**
              DON'T KNOW .... -8   **[GO TO QA15_G25]**

QA15_G22   What is the <u>main reason</u> you did not work last week?
              Ano ang <u>pangunahing dahilan</u> 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 <u>main</u> job, are you employed by a private company, the government, <u>or</u> are you self-
employed, <u>or</u> are you working without pay in a family business or farm?
Sa inyong <u>pangunahing</u> trabaho, empleado ba kayo ng isang pribadong kompanya, ng
gobyerno, <u>o</u> nagtatrabaho para sa inyong sarili, <u>o</u> nagtatrabaho nang walang sahod sa isang
negosyo o sakahan ng pamilya?

AK4

[IF NEEDED, SAY: "Where did you work <u>most</u> hours?"]
[IF NEEDED, SAY: "Saan kayo nagtrabaho nang <u>pinakamaraming</u> oras?"]

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

PROGRAMMING NOTE 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 industrya 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?"]}

            [IF NEEDED, SAY: "Anong produkto ang yinayari o anong gawain ang ginagawa sa negosyong ito?]

            [INTERVIEWER: ENTER DESCRIPTION]

            _____ (GOVERNMENT AGENCY OR
            DEPARTMENT/BUSINESS OR INDUSTRY)

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

QA15_G27   What is the <u>main</u> kind of work <u>you</u> do?
            Ano ang <u>pangunahing</u> trabaho na <u>inyong</u> 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 pinakamahusay 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_D20 = 1 OR QA15_D21 = 1, CONTINUE WITH QA15_G29;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 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_G31]**
Nagtrabaho sa pinapasukan o sa negosyo,	1	
With a job or business but not at work,	2	**[GO TO QA15_G31]**
May pinapasukan o may negosyo ngunit hindi nagtrabaho,	2	
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} <u>main</u> job, is {he/she} employed by a private company, the
government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family
business or farm?
Sa <u>pangunahing</u> katungkulan ng inyong {asawa/partner}, nagtatrabaho ba {siya/siya} sa isang
kompanyang pribado, sa gobyerno, <u>o</u> nagtatrabaho ba {siya/siya} para sa kanyang sarili, <u>o</u>
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 4
                      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 <u>usually</u> go to when you are sick or need advice about your health?
Mayroon bang lugar na <u>karaniwang</u> 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

```
                                YES ......................................................................1
                                NO.......................................................................2    [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 months, 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
```

86

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.]

YES 1   **[GO TO QA15_H8]**
NO...2
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 <u>not</u> covered by MediCARE even though you told me earlier that you are 65 or older?
Tama ba na <u>hindi</u> kayo naka-insure sa MediCARE kahit na sinabi ninyo sa akin kanina na 65 taong gulang o higit na kayo?

AI2

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 ARMCARE = 1 AND SET ARINSURE = 1

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

AI3

     _____ 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 ARMCARE = 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]**

POST-NOTE QA15_H8;
IF QA15_H8 = 1, SET ARMADV= 1

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: KUNG NAGBANGGIT SI R NG ISANG HEALTH PLAN GAYA NG "Kaiser" ILAGAY ANG "1" (HMO) SA CODE.]

[INTERVIEWER NOTE: CIRCLE "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]
[INTERVIEWER NOTE: BILUGAN ANG "4" KUNG KUSANG IBINIGAY LAMANG. HUWAG USISAIN.]

        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 HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES	83
ANTHEM BLUE CROSSOF 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 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
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HEALTH ADVANTAGE 82
KAISER PERMANENTE...................................... 47
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KERN FAMILY HEALTH CARE............................. 49
L.A. CARE HEALTH PLAN 50
MD CARE.. 51
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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 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?

AI4

[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) AND 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."]

"A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan."

"Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "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 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
                 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?

AI6

[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 mababab ang kita, mga babaeng buntis at mga taong may kapansanan o nakatatanda na"]

                 YES 1
                 NO..2
                 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

Employer-Based Coverage

> **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?"]

      YES 1
      NO 2
      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."]

      YES 1
      NO ....2 **[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?

AI9

[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 NAME ...........................................1      [GO TO PN QA15_H22]
IN SOMEONE ELSE'S NAME .................................2
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 AREMPOWN = 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_D20D23 = 1 OR QA15_D21D24 = 1OR IF QA15_G14G15 = 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_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY "partner's name;
IF QA15_G14G15 = 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 NAME .........................1
IN PARENT'S NAME ..........................................2
IN SOMEONE ELSE'S NAME ...............................3
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?

[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."]

AH105

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

```
EMPLOYER ...........................................................1
UNION...................................................................2
SHOP / COVERED CALIFORNIA ...........................3
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

                    BRONZEBRONZE 1
                    SILVERSILVER...2
                    GOLDGOLD 3
                    PLATINUM...4
                    MEDI-CAL / MEDICAID 5
                    MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
                    OTHER (SPECIFY: _____)...................... 92
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H24:
IF QA15_H22H21 = 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

                    YES...1
                    NO...2
                    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."]

"A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan."

"Premium is the monthly charge for the cost of your health insurance   plan."]
"Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan."]

```
YES .......................................................................1
NO ........................................................................2     [GO TO PN QA15_H27]
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
```

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 pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan na ito?

AH58

```
YES .......................................................................1
NO ........................................................................2     [GO TO PN QA15_H28]
REFUSED ............................................................ -7     [GO TO PN QA15_H28]
DON'T KNOW ...................................................... -8     [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}?

<div style="border:1px solid">AH56</div>

[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_G21G22 = 1 OR 2 (R WORKED LAST WEEK) OR QA15_G23G24 = 1 (R USUALLY WORKS)]**
> **AND QA15_G25G26 ≠ 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

YES 1
NO...2   **[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

YES 1
NO...2   **[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 PLAN 1   **[GO TO PN QA15_H32]**
TOO EXPENSIVE...2   **[GO TO PN QA15_H32]**
DIDN'T LIKE PLAN OFFERED 3   **[GO TO PN QA15_H32]**
DON'T NEED OR BELIEVE IN
HEALTH INSURANCE...4   **[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 <u>one</u> main reason why you are not eligible for this plan?
Ano ang <u>isang</u> 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 PLAN...2
DON'T WORK ENOUGH HOURS PER WEEK
OR WEEKS PER YEAR 3
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

> PROGRAMMING NOTE 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

YES 1
NO..2
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 mababa ang kita; at ang PCIP ang insurance plan para sa mga dati nang umiiral na karamdaman.

YES 1
NO..2   **[GO TO PN QA15_H34]**
REFUSED .... -7   **[GO TO PN QA15_H34]**
DON'T KNOW .... -8   **[GO TO PN QA15_H34]**

> 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

YES 1
NO...2   **[GO TO PN QA15_H38]**
REFUSED .... -7   **[GO TO PN QA15_H38]**
DON'T KNOW .... -8   **[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 ARMCARE = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 5, SET ARMCAL = 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

```
PROGRAMMING NOTE QA15_H36:
IF QA15_H35 = 1, 2, OR 3 CONTINUE WITH QA15_H36;
ELSE GO TO PROGRAMMING NOTE QA15_H38
```

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_D20D23 = 1 OR QA15_D21D24 = 1 OR IF QA15_G14G15 = 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_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY "partner's name";
IF QA15_G14G15 = 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_H37H38:
IF ARIHS ≠ 1 AND QA15_A8 = 4 (AMERCAN 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 |

YES 1
NO 2
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_D20D23 = 1 OR QA15_D21D24 = 1] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA15_H39_INTRO;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 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 ARMCARE ≠ 1, CONTINUE WITH QA15_H39 WITHOUT DISPLAY
      ELSE IF ARMCARE = 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 |

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

POST-NOTE QA15_H39:
IF QA15_H39 = 1, SET SPMCARE = 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_D20D23 = 1 OR QA15_D21D24 = 1THEN DISPLAY "partner's";
ELSE GO TO PROGRAMMING NOTE QA15_H41

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."]

AH127

[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
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_D20D23 = 1 OR QA15_D21D24 = 1THEN 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

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

```
YES ........................................................1
NO..........................................................2
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 AREMPOWN = 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 <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?

Sinabi ninyo na mayroon {din} kayong insurance mula sa <u>inyong</u> kasalukuyan o dating employer o union. Naka-insure {rin} ba ang inyong (ASAWA/PARTNER)? sa insurance mula sa <u>inyong</u> employer o union?

AI40

```
YES ........................................................1     [GO TO PN QA15_H46]
NO..........................................................2
OTHER....................................................3
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 (AREMPOWN = 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?

[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."]

AH108

YES 1   **[GO TO PN QA15_H46]**
NO...2
OTHER..3
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_D20 = 1 OR QA15_D21 = 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} <u>own</u> 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} <u>sariling</u> employer?

AI40A

YES 1
NO 2
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 ARMCARE = 1 OR ARMCAL = 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 nang direkta mula sa kompanya ng insurance. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI41

YES 1
NO 2
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

YES 1
NO 2
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**

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

YES 1
NO..2
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

YES 1
NO..2   **[GO TO PN QA15_H52]**
REFUSED .... -7   **[GO TO QA15_H56]**
DON'T KNOW .... -8   **[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
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_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 SPMCARE = 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 <u>no</u> health insurance from any source.
 Is this correct?
Sinabi ninyo na <u>walang</u> health insurance ang inyong (ASAWA/PARTNER) mula sa anumang iba pang pinagkukunan? Tama ba ito?

AI48

    YES 1   **[GO TO PN QA15_H56]**
    NO...2
    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/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_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 SPMCARE = 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_D20 = 1 OR QA15_D21 = 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 SPEMPOWN = 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 SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA15_H60;
ELSE IF [QA15_G29G30 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30G31 = 1 (USUALLY WORKS)] AND QA15_G31G32 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA15_H56H55;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 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 <u>one</u> main reason why {he/she} is not eligible for this plan?
Ano ang <u>isang</u> 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_D20 = 1 OR QA15_D21 = 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_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;

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

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

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 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_D20 = 1 OR QA15_D21 = 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 yourthe MediCARE plan you told me about earlier, I have some questions about **your** other health plancoverage./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."]
[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Ang PANGUNAHING health plan ninyo."]

> 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: "Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doctor at mga espesyalista na wala nang referral mula sa inyong primary care provider."]

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

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

```
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 HEALTHCARE ...........................1
AETNA  ...................................................................2
AETNA GOLDEN MEDICARE  ................................3
AIDS HEALTHCARE FOUNDATION, LA .................4
ALAMEDA ALLIANCE FOR HEALTH .....................5
ALTAMED HEALTH SERVICES............................ 83
ANTHEM BLUE CROSSOF 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 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 = 93, 87, OR 89 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_D20D23 = 1 OR QA15_D21D24 = 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."]

```
YES.........................................................................1    [GO TO PN QA15_H67]
NO...........................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ........3
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."]

```
YES.........................................................................1
NO...........................................................................2    [GO TO PN QA15_H68]
YES, ONLY WHEN I GO OUT OF NETWORK ........3    [GO TO PN QA15_H68]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
```

PROGRAMMING NOTE QA15_H67:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 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."]

```
YES ............................................................1
NO ..............................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ........3
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."]

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

Coverage over Past 12 Months

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

YES..1   **[GO TO PN QA15_H82]**
NO..2
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

YES..1
NO..2   **[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-CAL...1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 3
PURCHASED DIRECTLY......................................5
COVERED CALIFORNIA...6
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

YES..1
NO..2   **[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]**

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 EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR
OWN CARE 8
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

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

YES 1   **[GO TO PN QA15_H82]**
NO 2   **[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 EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...8
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

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

YES 1
NO 2
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

YES 1   **[GO TO QA15_H80]**
NO 2
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 AGO 1   **[GO TO PN QA15_H82]**
MORE THAN 3 YEARS AGO 2   **[GO TO PN QA15_H82]**
NEVER HAD HEALTH INSURANCE........................3   **[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, Healthy
Families, a plan you obtained from an employer, a plan you purchased directly from an
insurance company, a plan you purchased through Covered California, or some other plan?

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-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER OR UNION 3
PURCHASED DIRECTLY.......................................5
COVERED CALIFORNIA..6
OTHER HEALTH PLAN.. 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H82:
IF ARINSURE ≠ 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

YES 1
NO..2   **[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, OROR 1
THROUGH COVERED CALIFORNIA, OROR 2
BOTH, FROM AN INSURANCE COMPANY
AND
THROUGH COVERED CALIFORNIACALIFORNIA   3
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, or 3
Hindi masyadong mahirap, o 3
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, or 3
Hindi masyadong mahirap, o 3
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

YES 1
NO...2   **[GO TO PN QA15_H88]**
REFUSED .... -7   **[GO TO PN QA15_H88]**
DON'T KNOW .... -8   **[GO TO PN QA15_H88]**

QA15_H87   Who helped you?
Sino ang tumulong sa inyo?

AH101h

BROKER 1
FAMILY MEMBER/FRIEND....................................2
INTERNET 3
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

130

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 3
Hindi masyadong mahirap, o 3
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 3
Hindi masyadong mahirap, o 3
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_G8G9 > 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 IMPORTANT 1
                          SOMEWHAT IMPORTANT.......................................2
                          NOT IMPORTANT 3
                          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 IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
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 IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
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 IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
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 <u>most</u> 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 <u>pinaka</u>-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 ≠ 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

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

PROGRAMMING NOTE FOR QA15_H101:
IF [ARINSURE ≠ 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 SC14AQA15_G18 = 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

YES 1
NO 2   **[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

YES 1
NO 2
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?
Iisa 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 ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 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

                              YES 1   **[GO TO QA15_I19]**
                              NO..2
                              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 SPOTHGOV = 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
                  mababa ang kita, mga babaeng buntis, at mga taong may kapansanan o
                  nakatatanda."]**

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

POST-NOTE QA15_I3:
IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE =

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 o union o ng ibang tao?

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?

[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."]

AI90

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

PROGRAMMING 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

```
BRONZE ..................................................................1
SILVERSILVER...........................................................2
GOLDGOLD ..............................................................3
PLATINUM .................................................................4
MEDI-CAL / MEDICAID ...........................................5
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_I9H9   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

```
YES.......................................................................1
NO.........................................................................2
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_I13

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."]

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

```
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]
```

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 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
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 = 8, SET CHHFAM = 1;
IF QA15_I12 = 7, SET CHMCAL = 1
IF QA15_I12 = 9, SET CHHKID = 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

YES 1   **[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/UNION 1
> THROUGH SCHOOL, PROFESSIONAL
> ASSOCIATION, TRADE GROUP OR OTHER
> ORGANIZATION..2
> PURCHASED DIRECTLY FROM A HEALTH PLAN
> (BY R OR ANYONE ELSE) 3
> MEDICARE 4
> MEDI-CAL 5
> 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?

CF9VER

Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (CHILD) ng health insurance sa pamamagitan ng Medicare?

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

PROGRAMMING NOTE QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18I20   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 DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE...................................2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE..5
DON'T BELIEVE IN HEALTH INSURANCE 6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....................................9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY)... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE 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?"]

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, 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 CROSSOF 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 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
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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 ≠ 1 OR QA15_I1 ≠ 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."]

YES 1
NO 2
YES, ONLY WHEN GO OUT OF NETWORK 3
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."]

YES 1
NO...2
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 <u>one main</u> reason (CHILD) does not have any health insurance?
Ano ang <u>isang pangunahing</u> dahilan kung bakit walang anumang health insurance si (CHILD) ?

CF18

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...8

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

YES 1   **[GO TO QA15_I31]**
NO...2
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 AGO 1   **[GO TO PN QA15_I39]**
MORE THAN 3 YEARS AGO 2   **[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]**
HEALTHY FAMILIES 2   **[GO TO PN QA15_I39]**
THROUGH CURRENT OR FORMER EMPLOYER
UNION...3   **[GO TO PN QA15_I39]**
HEALTHY KIDS 4   **[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-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 4
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

YES 1
NO ....2 **[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 EXPENSIVE 1
    NOT ELIGIBLE DUE TO WORKING STATUS/
    CHANGED EMPLOYER/LOST JOB 2
    NOT ELIGIBLE DUE TO HEALTH OR
    OTHER PROBLEMS 3
    NOT ELIGIBLE DUE TO CITIZENSHIP/
    IMMIGRATION STATUS 4
    FAMILY SITUATION CHANGED............................5
    DON'T BELIEVE IN INSURANCE 6
    SWITCHED INSURANCE COMPANIES, OTHER PROBLEMS 3
    NOT ELIGIBLE DUE TO CITIZENSHIP/
    IMMIGRATION STATUS 4
    FAMILY SITUATION CHANGED............................5
    DON'T BELIEVE IN INSURANCE 6
    SWITCHED INSURANCE COMPANIES,
     DELAY BETWEEN 7
    CAN GET HEALTH CARE FOR FREE/PAY
    FOR OWN CARE..8
    OTHER (SPECIFY)... 91
    REFUSED .... -7
    DON'T KNOW .... -8

> **PROGRAMMING NOTE 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

YES 1   **[GO TO QA15_I58]**
NO 2
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 ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;**
> **IF QA15_I39 = 1 AND ARHKID = 1, SET TEHKID = 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?
Iisa ba ang insurance ni (TEEN) at ng inyong {asawa}?

MA5

YES ....1 **[GO TO QA15_I58]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

```
POST-NOTE QA15_I40:
IF QA15_I40 = 1 AND SPMCARE = 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 ≠ 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)?
Iisa ba ang insurance ni (TEEN) at ni (CHILD)?

MA6

                     YES 1   **[GO TO PN QA15_I72]**
                     NO 2
                     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."]

                     YES 1
                     NO 2
                     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?

[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."]

AI94

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by 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 ma-ospital 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

BRONZEBRONZE 1
SILVERSILVER...2
GOLDGOLD...3
PLATINUM.. PLATINUM   4
MEDI-CAL / MEDICAID 5
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

YES 1
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.

A deductible is the amount you pay for medical care before your health plan starts paying."]
Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.

Premium is the monthly charge for the cost of your health insurance plan."]
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_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 pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

AI52

```
                    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]
```

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 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
                    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 = 10I54 = 51, 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

                                   YES 1   **[GO TO PN QA15_I58]**
                                   NO...2
                                   REFUSED .... -7
                                   DON'T KNOW .... -8

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

Other Coverage (Teen)

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_I55I57 = 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

```
YES ....................................................................1
NO ......................................................................2
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 DIFFICULT .............................1
DIDN'T KNOW IF ELIGIBLE...................................2
INCOME TOO HIGH, NOT ELIGIBLE ....................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ........................................4
OTHER NOT ELIGIBLE..........................................5
DON'T BELIEVE IN HEALTH INSURANCE .............6
DON'T NEED IT BECAUSE HEALTHY ...................7
ALREADY HAVE INSURANCE ...............................8
DIDN'T KNOW IT EXISTED.....................................9
DON'T LIKE / WANT WELFARE .......................... 10
OTHER (SPECIFY: _____) .................. 91
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
```

PROGRAMMING NOTE QA15_I58:
IF QA15_I39 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I58 = QA15_H9H8 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_I60I59]**
       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?"]

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: Mayroon bang insurance card si (TEEN) o anumang bagay kung saan nakasulat ang pangalan ng plan?"]

```
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AETNA ....................................................................2
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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."]**

```
YES ........................................................................1
NO ...........................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
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."]

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

PROGRAMMING NOTE QA15_I67:
IF TEINSURE = 1, GO TO QA15_I72;
ELSE CONTINUE WITH QA15_I67

QA15_I67 What is the <u>one main</u> reason (TEEN) does not have any health insurance?
Ano ang <u>isang pangunahing</u> dahilan na walang anumang health insurance si (TEEN)?

IA18

```
CAN'T AFFORD/TOO EXPENSIVE ........................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB ........................2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS .................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ........................................4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE ...........................6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN .................................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...................................................8
OTHER (SPECIFY: _____)..................... 91
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
OTHER (SPECIFY: _____)..................... 91
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

YES 1   **[GO TO QA15_I70]**
NO 2
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 AGO 1   **[GO TO QA15_I78]**
MORE THAN 3 YEARS AGO 2   **[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-CAL 1   **[GO TO QA15_I78]**
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 3   **[GO TO QA15_I78]**
PURCHASED DIRECTLY.......................................5   **[GO TO QA15_I78]**
COVERED CALIFORNIA..6   **[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]**

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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

YES 1   **[GO TO QA15_I78]**
NO...2
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

YES 1
NO...2   **[GO TO QA15_I75]**
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-CAL 1
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

YES 1
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 <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?
Ano ang <u>isang pangunahing</u> 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 EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
DELAY
BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR
OWN CARE 8
OTHER (SPECIFY: _____)) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE 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

YES 1
NO..2   **[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, OROR 1
THROUGH COVERED CALIFORNIA, OROR 2
BOTH, FROM AN INSURANCE COMPANY,
AND THROUGH COVERED CALIFORNIACALIFORNIA   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 I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 I84 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, or 3
Hindi masyadong mahirap, o 3
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, or 3
                        Hindi masyadong mahirap, o 3
                        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_I84I94:
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, or 3
Hindi masyadong mahirap, o 3
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

YES 1
NO...2   **[GO TO QA15_ I88]**
REFUSED .... -7   **[GO TO QA15_ I88]**
DON'T KNOW .... -8   **[GO TO QA15_ I88]**

QA15_I87   Who helped you?
Sinong tumulong sa inyo?

AH114i

BROKER 1
FAMILY MEMBER / FRIEND 2
INTERNET 3
CERTIFIED INSURANCE AGENTS 4
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

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

PROGRAMMING NOTE QA15_I89:
IF QA15_G8G9 > 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

YES 1
NO 2
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 IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
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 IMPORTANT 1
                            SOMEWHAT IMPORTANT.......................................2
                            NOT IMPORTANT 3
                            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 IMPORTANT 1
                            SOMEWHAT IMPORTANT.......................................2
                            NOT IMPORTANT 3
                            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 mapagpipiliang mga doktor ba na kaanib sa network ng plan ay napaka-importante,
                  medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH120i

                            VERY IMPORTANT 1
                            SOMEWHAT IMPORTANT.......................................2
                            NOT IMPORTANT 3
                            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 <u>most</u> important reason you chose your
{Bronze/Silver/Gold/Platinum/Minimum coverage/ 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 <u>pinaka-</u>importanteng dahilan kung bakit pinili ninyo ang
{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 mga mapagpipiliang mga provider na kaanib sa network ng inyong
plan, o iba pang dahilan?

AH121i

COST 1
SPECIFIC DOCTOR 2
SPECIFIC HOSPITAL...3
CHOICE OF DOCTORS IN NETWORK...................4
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE 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/tatay} ni (TEEN)?

AI56

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

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

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PROGRAMMING NOTE QA15_I96:
IF QA15_I95I99 = 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/tatay} 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_I96I95 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA15_I97   {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?
                {Ngayon ba,/Dati bang} citizen ng United States ang {nanay/tatay} ni (TEEN)?

AI58

                [IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

```
                    YES.........................................................................1   [GO TO PN QA15_I99]
                    NO..........................................................................2
                    APPLICATION PENDING........................................3
                    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?
                {Ngayon ba,/Dati bang} permanent resident na may green card ba ang {nanay/tatay} ni
                (TEEN)?

AI59

                [IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be
                pink, blue, or white."]
                [IF NEEDED, SAY: Karaniwang tinatawag ito na "Green Card" ngunit maaari ding rosas,
                asul o puti ang kulay nito."]

```
                    YES.........................................................................1
                    NO..........................................................................2
                    APPLICATION PENDING........................................3
                    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 DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
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?
Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa medical doctor tungkol sa inyong kalusugan?

AH6

ONE YEAR AGO OR LESS......................................0
MORE THAN 1 UP TO 2 YEARS AGO 1
MORE THAN 2 UP TO 5 YEARS AGO 2
MORE THAN 5 YEARS AGO 3
NEVER..4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE 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 <u>routine check-up</u>?

Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa doktor o iba pang medical provider para sa isang <u>routine r na check-up</u>?

AJ114

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]
[IF NEEDED, SAY: "Ang rutinang check-up ay hindi para sa sakit o karamdaman. Maaaring pag-usapan sa dalaw na ito ang mga tanong tungkol sa mga gawaing pangkalusugan gaya ng paninigarilyo.]

```
ONE YEAR AGO OR LESS ......................................0
MORE THAN 1 UP TO 2 YEARS AGO ....................1
MORE THAN 2 UP TO 5 YEARS AGO ....................2
MORE THAN 5 YEARS AGO .................................3
NEVER ...............................................................4
REFUSED ............................................................. -7
DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE 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."]
[IF NEEDED, SAY: Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o iba pang 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

185

QA15_J5   How often does your doctor or medical provider listen carefully to you? Would you say…
Gaano kadalas kayo pinakikinggan nang mabuti ng 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_J9J12   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. Huawag bilangin ang mga tawag sa isang nurse helpline."]

YES 1
NO..2   **[GO TO QA15_J11J14]**
REFUSED .... -7   **[GO TO QA15_J11J14]**
DON'T KNOW .... -8   **[GO TO QA15_J11J14]**

QA15_J10   Was thisthe 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 PROBLEM 1
EYE PROBLEM 2
MENTAL OR EMOTIONAL OR MENTAL 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

YES...1   **[GO TO PN QA15_J13]**
NO...2
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_J12J15 In what language did the doctor speak to you?
Sa anong wika kayo kinausap ng doktor?

AJ50

ENGLISH 1	**[GO TO QA15_J14]**
SPANISH 2	**[GO TO PN QA15_J16]**
CANTONESE...3	**[GO TO PN QA15_J16]**
VIETNAMESE 4	**[GO TO PN QA15_J16]**
TAGALOG...5	**[GO TO PN QA15_J16]**
MANDARIN 6	**[GO TO PN QA15_J16]**
KOREAN 7	**[GO TO PN QA15_J16]**
ASIAN INDIAN LANGUAGES..................................8	**[GO TO PN QA15_J16]**
RUSSIAN 9	**[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_J13J16 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

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

QA15_J14J17 Did you need someone to help you understand the doctor?
Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doctor?

AJ10

YES 1	
NO..2	**[GO TO PN QA15_J16]**
REFUSED .... -7	**[GO TO PN QA15_J16]**
DON'T KNOW .... -8	**[GO TO PN QA15_J16]**

QA15_J15J18 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 MINE...2
NON-MEDICAL OFFICE STAFF 3
MEDICAL STAFF INCLUDING
NURSES/DOCTORS 4
PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE) 5
OTHER (PATIENTS, SOMEONE ELSE).................6
DID NOT HAVE SOMEONE TO HELP....................7
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE 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

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

PROGRAMMING NOTE QA15_J17J20:
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_J17J20;
ELSE GO TO QA15_J19J22

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

YES 1
NO 2   **[GO TO QA15_J19J22]**
REFUSED .... -7   **[GO TO QA15_J19J22]**
DON'T KNOW .... -8   **[GO TO QA15_J19J22]**

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?"]

YES 1
NO 2
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

YES 1
NO 2   **[GO TO QA15_J21J27]**
REFUSED .... -7   **[GO TO QA15_J21J27]**
DON'T KNOW .... -8   **[GO TO QA15_J21J27]**

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

YES 1
NO 2
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?

AH22

                                            YES..1
                                            NO...2   **[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

                                            YES..1
                                            NO...2
                                            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

                                            YES.. 1
                                            NO...2   **[GO TO QA15_J25J31]**
                                            REFUSED .... -7   **[GO TO QA15_J25J31]**
                                            DON'T KNOW .... -8   **[GO TO QA15_J25J31]**

QA15_J24   Was that the <u>main</u> reason?
                 Iyon ba ang <u>pangunahing</u> dahilan?

AJ130

                                            YES..1   **[GO TO PN QA15_J26]**
                                            NO...2
                                            REFUSED .... -7   **[GO TO PN QA15_J26]**
                                            DON'T KNOW .... -8   **[GO TO PN QA15_J26]**

QA15_J25   What was the <u>one</u> main reason why you delayed getting the care you felt you needed?
Ano ang <u>pangunahing</u> dahilan sa inyong pagpapaliban ng pagpapagamot na sa tingin ninyong kinakailangan ninyo?

AJ131

       COULDN'T GET APPOINTMENT 1
       MY INSURANCE NOT ACCEPTED 2
       INSURANCE DID NOT COVER 3
       LANGUAGE PROBLEMS 4
       TRANSPORTATION PROBLEMS...........................5
       HOURS NOT CONVENIENT...................................6
       NO CHILD CARE FOR CHILDREN AT HOME 7
       FORGOT OR LOST REFERRAL.............................8
       I DIDN'T HAVE TIME 9
       COULDN'T AFFORD/COST TOO MUCH 10
       NO INSURANCE.. 11
       OTHER (SPECIFY: _____)..................... 91
       REFUSED .... -7
       DON'T KNOW .... -8

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.

       In the past12 months, did you or a doctor think you needed to see a medical specialist?

AJ136

       [IF NEEDED: Do not include dental visits.]

       YES..1
       NO..2
       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

       YES..1
       NO..2
       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

       YES..1
       NO..2
       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

> YES 1
> NO 2
> 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

> YES 1
> NO 2
> 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

> YES 1
> NO 2
> 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_J32J41   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

> YES 1
> NO 2
> 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.]

YES...1
NO...2   **[GO TO QA15_J46]**
REFUSED .... -7   **[GO TO QA15_J46]**
DON'T KNOW .... -8   **[GO TO QA15_J35J46]**

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."]

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

PROGRAMMING NOTE QA15_J35J46:
IF QA15_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA15_J41;
J52; ELSE CONTINUE WITH QA15_J35J46;

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

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

195

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 <u>MAIN</u> birth control method or prescription did you receive?
Anong <u>PANGUNAHING</u> paraan o reseta na pampigil sa pagbubuntis ang inyong nakuha?

AJ142

[INTERVIEWER NOTE: IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]

[INTERVIEWER NOTE: IF MORE THAN ONE METHOD, ASK: "Anong paraan ang huli ninyong nakuha?"]

[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_J38J49 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_D18 = 2 (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 <u>prevent pregnancy</u>? This includes male or female sterilization.
Gumagamit ba kayo o ang inyong lalaking katalik ng isang paraan na pampigil sa pagbubuntis upang <u>mahadlangan ang pagkabuntis</u>? 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_J44J55]**
NO MALE SEXUAL PARTNER 3   **[GO TO QA15_J44J55]**
REFUSED .... -7   **[GO TO QA15_J44J55]**
DON'T KNOW .... -8   **[GO TO QA15_J44J55]**

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 a pagpigil sa pagbubuntis para sa lalaki o para sa babae

AJ144

        YES 1
        NO 2
        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

        YES 1
        NO 2   **[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 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

Dental Health

QA15_J44   These next questions are about dental health.
Tungkol sa kalusugan ng ngipin ang sumusunod na mga tanong.

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.
(CHIS 2016)

Humigit-kumulang, gaano katagal na mula noong huli kayong nagpatingin sa dentista o sa pagamutan ng ngipin? Bilangin ang mga hygienist at lahat ng uri ng mga espesyalista sa ngipin.

AG1

HAVE NEVER VISIT..0 **[GO TO QA15_J46]**
6 MONTHS AGO OR LESS...1
MORE THAN 6 MONTHS UP TO 1 YEAR AGO..............2
MORE THAN 1 YEAR UP TO 2 YEARS AGO 3
MORE THAN 2 YEARS UP TO 5 YEARS AGO...............4
MORE THAN 5 YEARS AGO 5
REFUSED .... -7 **[GO TO QA15_J46]**
DON'T KNOW .... -8 **[GO TO QA15_J46]**

QA15_J45   Was it for a routine checkup or cleaning, or was it for a specific problem?
(CHIS 2016)

Para ba ito sa rutinang checkup o paglilinis, o para sa partikular na problema?

AJ167

ROUTINE CHECKUP OR CLEANING 1
SPECIFIC PROBLEM..2
BOTH 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_J46   Do you now have any type of insurance that pays for part or all of your dental care?
(CHIS 2016)

Mayroon ba kayo ngayon na anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng iyong pangangalagang dental?

AG3

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

QA15_J47   How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?
(CHIS 2016)

Paano mo ilalarawan ang kalagayan ng iyong mga ngipin: mabuting-mabuti, napakabuti, mabuti, mabuti-buti, o mahina?

AJ168

EXCELLENT 1
VERY GOOD 2
GOOD 3
FAIR 4
POOR..5
HAS NO NATURAL TEETH....................................6
DON'T KNOW .... -7
REFUSED .... -8

Momose's Sekentei 12-Item (telephone administered)

PROGRAMMING NOTE QA15_J48J58:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J48J58;
ELSE GO TO NEXT SECTION DM;

QA15_J48   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?

AJ155

                    STRONGLY AGREE...1
                    AGREE...2
                    DISAGREE..3
                    STRONGLY DISAGREE..4
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA15_J49   It's natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?

AJ156

                    STRONGLY AGREE...1
                    AGREE...2
                    DISAGREE..3
                    STRONGLY DISAGREE..4
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA15_J50   Children should take care of their parents.

AJ157

                    [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

                    STRONGLY AGREE...1
                    AGREE...2
                    DISAGREE..3
                    STRONGLY DISAGREE..4
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA15_J51   You should behave in accordance with systems around you.

AJ158

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J52   Everything will be fine if you do things the way you have always done.

AJ159

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J53   You tend to ask someone's opinions before taking actions.

AJ160

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J54   You are nervous about what other people say about you or how they feel about you.

AJ161

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7

DON'T KNOW .... -8

STRONGLY AGREE 1
AGREE 2
DISAGREE 3
STRONGLY DISAGREE 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J55   You should behave hoping that people around you have good impressions of you.

AJ162

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE 1
AGREE 2
DISAGREE 3
STRONGLY DISAGREE 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J56   You are careful about your behaviors and what you wear.

AJ163

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE 1
AGREE 2
DISAGREE 3
STRONGLY DISAGREE 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J57   You do not want to be embarrassed in front of people.

AJ164

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE 1
AGREE 2
DISAGREE 3
STRONGLY DISAGREE 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J58   You are concerned about your appearance.

AJ165

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

      STRONGLY AGREE...1
      AGREE..2
      DISAGREE..3
      STRONGLY DISAGREE..4
      REFUSED .... -7
      DON'T KNOW .... -8

QA15_J59   You are careful about not doing something that people may laugh at.

AJ166

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

      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   <u>Over your entire lifetime</u>, how often have you been treated unfairly when getting medical care? Would you say…
<u>Sa inyong buong buhay</u>, 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 origin 1
Inyong lahi o bansang pinanggalingan 1
Because of your gender or sex 2
Dahil sa inyong gender or kasarian 2
Because of your race or skin color 3
Dahil sa inyong lipi (race) o kulay ng balat 3
Because of your age, or...4
Dahil sa inyong edad, o 4
Because of the way you speak English, or 5
Dahil sa kung paano kayo nagsasalita ng Ingles, o..5
For some other reason? (Specify:_____) 6
Iba pang dahilan? (Tukuyin: _____) 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
A little stressful 2
Somewhat stressful, or 3
Extremely stressful?..4
REFUSED .... -7
DON'T KNOW .... -8

206

Section K – Employment, Income, Poverty Status, Food Security

> **PROGRAMMING NOTE QA15_K1:**
> **IF QA15_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;**
> **ELSE GO TO PROGRAMMING NOTE QA15_K5**

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 <u>usually</u> work at <u>all</u> jobs or businesses?
Ilang oras sa bawat linggo kayo <u>karaniwang</u> nagtatrabaho sa <u>lahat</u> 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 <u>main</u> job?
Gaano katagal na kayo nagtatrabaho sa inyong <u>pangunahing</u> trabaho?

AK7

[IF NEEDED, SAY: "That is, for your <u>current</u> employer."]
[INTERVIEWER NOTE: [IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]NEEDED, SAY:"Sa ibang salita, para sa inyong <u>kasalukuyang</u> employer."]

_____ MONTHS   [HR: 0-12]

_____ YEARS   [HR: 0-50]

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

> **PROGRAMMING NOTE QA15_K4:**
> **IF QA15_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G23G24 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K4;**
> **ELSE SKIP TO PROGRAMMING NOTE QA15_K5**

QA15_K4   What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

Ano ang pinakamahusay 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_K5;
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_K5 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_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY "The next question is about your partner's employment."
IF QA15_A16 = 1 THEN DISPLAY "spouse";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1THEN DISPLAY "partner";
ELSE SKIP TO QA15_K7

QA15_K5   {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_K6:
IF QA15_K5 ≠ 0 CONTINUE WITH QA15_K6;
        IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
        ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY "partner's";
ELSE GO TO QA15_K7
```

QA15_K6   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 pinakamahusay 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_K7   What is your best estimate of your household's total annual income from all sources before taxes in 2014?

Ano ang pinakamahusay 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."]
[IF NEEDED, SAY: "Bilangin ang pera mula sa mga trabaho, social security, retirement income, bayad para sa unemployment, tulong mula sa gobyerno, at iba pa. Bilangin din ninyo ang kita mula sa interest, mga dividend, netong kita mula sa negosyo, sa sakahan o upa at anumang iba pang kinikitang pera."]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT   [HR: 0-999995]

REFUSED .... -7   **[GO TO PN QA15_K9]**
DON'T KNOW .... -8   **[GO TO PN QA15_K9]**

QA15_K8 PLEASE VERIFY AMOUNT ENTERED:
      MANGYARING TIYAKIN ANG HALAGANG NAKATALALA:

      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

        YES ....1 **[GO TO PN QA15_K15]**
        NO ....2 **[GO BACK TO QA15_K7]**

> **PROGAMMING NOTE QA15_K9:**
> **IF QA15_K7 = -7 OR -8 CONTINUE WITH QA15_K9;**
> **ELSE GO TO PROGRAMMING NOTE QA15_K15**

QA15_K9   We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> 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_K11]**
EQUAL TO $20K OR LESS	2	
REFUSED	..... -7	**[GO TO PN QA15_K15]**
DON'T KNOW	..... -8	**[GO TO PN QA15_K15]**

QA15_K10   Is it …
Ito ba ay...

AK12

$5,000 or less,	1	**[GO TO PN QA15_K15]**
$5,001 to $10,000,	2	**[GO TO PN QA15_K15]**
$10,001 to $15,000, or	3	**[GO TO PN QA15_K15]**
$15,001 to 20,000?	4	**[GO TO PN QA15_K15]**
REFUSED	..... -7	**[GO TO PN QA15_K15]**
DON'T KNOW	..... -8	**[GO TO PN QA15_K15]**

QA15_K11   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_K13]**
EQUAL TO $70K OR LESS	2	
REFUSED	..... -7	**[GO TO PN QA15_K15]**
DON'T KNOW	..... -8	**[GO TO PN QA15_K15]**

QA15_K12   Is it …
Ito ba ay...

AK14

$20,001 to $30,000,	1	**[GO TO PN QA15_K15]**
$30,001 to $40,000,	2	**[GO TO PN QA15_K15]**
$40,001 to $50,000,	3	**[GO TO PN QA15_K15]**
$50,001 to $60,000, or	4	**[GO TO PN QA15_K15]**
$60,001 to $70,000?	5	**[GO TO PN QA15_K15]**
REFUSED	..... -7	**[GO TO PN QA15_K15]**
DON'T KNOW	..... -8	**[GO TO PN QA15_K15]**

QA15_K13   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_K15]**
            EQUAL TO $135K OR LESS...............................2
            REFUSED .... -7   **[GO TO PN QA15_K15]**
            DON'T KNOW .... -8   **[GO TO PN QA15_K15]**

QA15_K14   Is it …
Ito ba ay...

> **AK16**

            $70,001 to $80,000, ...1
            $80,001 to $90,000, ...2
            $90,001 to $100,000, or...3
            $100,001 to $135,000? 4
            REFUSED .... -7
            DON'T KNOW .... -8

PROGRAMMING NOTE QA15_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K16;
ELSE CONTINUE WITH QA15_K15

QA15_K15   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_K16:
QA15_K16 MUST BE LESS THAN QA15_K15;
IF R IS ONLY MEMBER OF HH, GO TO QA15_K17;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR
TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) =
QA15_K15 GO TO PROGRAMMING NOTE QA15_K19;
ELSE CONTINUE WITH QA15_K16

QA15_K16   How many of these {INSERT NUMBER FROM QA15_K15} 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_K17   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

                              YES 1
                              NO 2   **[GO TO PN QA15_K19]**
                              REFUSED .... -7   **[GO TO PN QA15_K19]**
                              DON'T KNOW .... -8   **[GO TO PN QA15_K19]**

QA15_K18   How many?
                 Ilan?

AK33

                              _____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K19:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA15_K15 AND QA15_K16 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_K15 OR QA15_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED (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_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K25;
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, ASK QA15_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF QA15_K9 = -7 OR QA15_K11 = -7 OR QA15_K13 = -7, GO TO PROGRAMMING NOTE QA15_K25
ELSE GO TO PROGRAMMING NOTE QA15_K20

QA15_K19   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_K25]**
MORE 2	**[GO TO PN QA15_K25]**
REFUSED .... -7	**[GO TO PN QA15_K25]**
DON'T KNOW .... -8	**[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K20:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, THEN CONTINUE WITH QA15_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K21

QA15_K20   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_K25]**
MORE 2
REFUSED .... -7   **[GO TO PN QA15_K25]**
DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K21:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, THEN CONTINUE WITH QA15_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY
AMOUNT);
IF QA15_K20 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";
ELSE DISPLAY "Was it";
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/ 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_K25]**
MORE 2   **[GO TO PN QA15_K25]**
REFUSED .... -7   **[GO TO PN QA15_K25]**
DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, CONTINUE WITH QA15_K22 USING POVRT200 (200% 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 ${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_K25]**
MORE 2   **[GO TO PN QA15_K25]**
REFUSED .... -7   **[GO TO PN QA15_K25]**
DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K23:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10,
QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K23 USING POVRT300 (300% 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 ${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_K25]**
MORE 2   **[GO TO PN QA15_K25]**
REFUSED .... -7   **[GO TO PN QA15_K25]**
DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K24:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, THEN CONTINUE WITH QA15_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K25

QA15_K24   I need to ask just one more question about income. Was your total annual household income
before taxes less than or more than ${POVRT400}?

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_K25:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (INSMD=1 OR ARINSURE ≠ 1)], CONTINUE WITH QA15_K25;
ELSE GO TO QA15_L1

PROGRAMMING NOTE QA15_K25:
IF QA15_K15 = 1, THEN DISPLAY "I",
ELSE IF QA15_K15 > 1 DISPLAY "We"

QA15_K25   These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
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_K26:
IF QA15_K15 = 1, THEN DISPLAY "I",
ELSE IF QA15_K15 > 1 DISPLAY "We"

QA15_K26   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 TRUE 1
SOMETIMES TRUE..2
NEVER TRUE 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_K27   Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

YES 1
NO...2   **[GO TO QA15_K29]**
REFUSED .... -7   **[GO TO QA15_K29]**
DON'T KNOW .... -8   **[GO TO QA15_K29]**

QA15_K28   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 MONTH...1
SOME MONTHS BUT NOT EVERY MONTH 2
ONLY IN 1 OR 2 MONTHS......................................3
REFUSED .... -7
DON'T KNOW .... -8

QA15_K29   In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
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

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

QA15_K30   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

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

Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L: ....
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT
BE DETERMINED (POVERTY = 8) AND (INSMD=1 OR ARINSURE ≠ 1)] 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."]

                         YES 1
                         NO 2
                         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."]

            YES 1
            NO 2
            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.]

            YES 1
            NO 2
            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 benepisyong 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.]

YES 1
NO...2
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.]

YES 1
NO...2
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]

YES 1
NO...2
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_K15.

IF QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K15 = 1 DISPLAY $2000;
IF QA15_K15 = 2 DISPLAY $3000;
IF QA15_K15 = 3 DISPLAY $3150;
IF QA15_K15 = 4 DISPLAY $3300;
IF QA15_K15 = 5 DISPLAY $3450;
IF QA15_K15 = 6 DISPLAY $3600;
IF QA15_K15 = 7 DISPLAY $3750;
IF QA15_K15 = 8 DISPLAY $3900;
IF QA15_K15 = 9 DISPLAY $4050;
IF QA15_K15 ≥ 10 DISPLAY $4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 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_D20D23 = 1 OR QA15_D21D24 = 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_D20D23 = 1 OR QA15_D21D24 = 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

            YES 1
            NO 2   **[SKIP TO QA15_L12]**
            REFUSED .... -7   **[SKIP TO QA15_L12]**
            DON'T KNOW .... -8   **[SKIP TO QA15_L12]**

QA15_L10   Are these cars or trucks <u>only</u> 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

            YES 1
            NO 2   **[GO TO PN QA15_L12]**
            REFUSED .... -7   **[GO TO PN QA15_L12]**
            DON'T KNOW .... -8   **[GO TO PN QA15_L12]**

PROGRAMMING NOTE QA15_L11:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 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: Do not include your primary cars or trucks.]
[IF NEEDED: 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_D20D23 = 1 OR QA15_D21D24 = 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

YES 1
NO 2   **[SKIP TO QA15_L14]**
REFUSED .... -7   **[SKIP TO QA15_L14]**
DON'T KNOW .... -8   **[SKIP TO QA15_L14]**

PROGRAMMING NOTE QA15_L13:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 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_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 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_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 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_G12G13 = 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_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 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_G12G13 = 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_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 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 a 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_L18L18:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_L18L18   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_L20L20]
REFUSED ............................................................... -7    [GO TO PN QA15_L20L20]
DON'T KNOW ......................................................... -8    [GO TO PN QA15_L20L20]
```

PROGRAMMING NOTE QA15_L19L19:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 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_L20 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."]

HOUSE 1
DUPLEX...2
BUILDING WITH 3 OR MORE UNITS.....................3
MOBILE HOME...4
REFUSED .... -7
DON'T KNOW .... -8

QA15_M2   Do you own or rent your home?
Pag-aari ba ninyo o inuupahanang inyong bahay?

AK25

OWN 1
RENT 2
OTHER ARRANGEMENT 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_M3   About how long have you lived at your current address?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]
Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang address?

AM14

_____ 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?

            [INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]
            Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang kapitbahayan?

AM15

            _____ 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 EDUCATION 3
            TO ATTEND OR LEAVE COLLEGE 4
            WORK RELATED 5
            COULDN'T AFFORD MORTGAGE/RENT 6
            OTHER HOUSING RELATED 7
            BETTER NEIGHBORHOOD/LESS CRIME 8
            OTHER.. 91
            REFUSED .... -7
            DON'T KNOW .... -8

> **PROGRAMMING NOTE 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?"]
[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_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 kapitbahayang 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_M11   In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
Nitong nakaraang 12 buwan, mayroon ka bang ginawang boluntaryong trabaho o serbisyo sa pamayanan na hindi ka pa nababayaran?

AM36

```
                    YES ..........................................................1
                    NO .............................................................2
                    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."]

```
                    YES ..........................................................1
                    NO .............................................................2
                    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_S1M16;

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

YES 1
NO 2
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 likely 1
Malamang na malamang
Somewhat likely 2
Medyo malamang
A little likely, or 3
Malamang nang kaunti
Not likely..4
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 <u>ever</u> seriously thought about committing suicide?
May pagkakataon ba <u>kailanman</u> na seryoso ninyong pinag-isip 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

237

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

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

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).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. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

O, 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

YES 1   **[GO TO SUICIDE PROTOCOL]**
NO...2   **[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 WASALREADY ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8N7:
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1 ;
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

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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
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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. Pananatilihing 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   **[GO TO QA15_N6]**
            NO 2
            REFUSED .... -7
            DON'T KNOW .... -8

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_N4   To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

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. Pananatilihing kompidensyal ang impormasyong ito at sisirain pagkatapos makumpleto ang buong pagsusuri.

AO2

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING)   **[GO TO QA15_N6]**

_____ STREET TYPE

_____ APT. NO

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

PROGRAMMING NOTE QA15_N5:
IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N6;
ELSE CONTINUE WITH QA15_N5

QA15_N5   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_N7]**
DON'T KNOW .... -8   **[GO TO QA15_N7]**

QA15_N6   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_N7:
IF [AM7 = 90012 OR 90021 OR 90031 OR 90032 OR 90033 OR 90063 OR 90023 OR 90058 (BOYLE HEIGHTS)] OR [AM7 = 92104 OR 92116 OR 92115 OR 92105 OR 92102 (CITY HEIGHTS)] OR [AM7 = 00049 OR 00054 OR 95555 OR 95556 OR 95568 OR 96039 OR 95531 OR 95567 OR 95548 OR 95543 OR 95546 (DEL NORTE AND ADJACENT TRIBAL LANDS)] OR [AM7 = 94577 OR 94601 OR 94621 OR 94603 OR 94605 OR 94601 (EAST OAKLAND)] OR [AM7 = 93905 (EAST SALINAS/ALISAL)] OR [AM7 = 92254 OR 92274 OR 92236 OR 92201 (EASTERN COACHELLA VALLEY)] OR [AM7 = 93703 OR 93728 OR 93727 OR 93702 OR 93701 OR 93721 OR 93706 OR 93725 (CENTRAL/SOUTHEAST/SOUTHWEST FRESNO)] OR [AM7 = 90755 OR 90802 OR 90804 OR 90810 OR 90813 OR 90806 (WEST AND CENTRAL LONG BEACH)] OR [AM7 = 93653 OR 95306 OR 95365 OR 95340 OR 95369 OR 95333 OR 95348 OR 93610 OR 93541 (SOUTHWEST MERCED AND EAST MERCED COUNTY)] OR [AM7 = 94804 OR 94801 OR 94530 OR 94805 OR 94806 (RICHMOND)] OR [AM7 = 93241 OR 92707 OR 92701 OR 92703 OR 92704 OR 92705 (CENTRAL SANTA ANA)] OR [AM7 = 93307 OR 93203 OR 93313 OR 93304 (SOUTH KERN)] OR [AM7 = 90007 OR 90011 OR 90037 OR 90044 OR 90003 (SOUTH LOS ANGELES)] OR [AM7 = 95822 OR 95823 OR 95826 OR 95820 OR 95824 OR 95828 OR 95817 OR 95818 (SOUTH SACRAMENTO)],
CONTINUE WITH QA15_N7;
ELSE SKIP TO QA15_N8

QA15_N7   Have you ever heard of "Building Healthy Communities", a program supported by The California Endowment?
Nabalitaan na ba ninyo ang "Building Healthy Communities", isang programang itinataguyod ng California Endowment?

AM43

[IF NEEDED, SAY: "The Building Healthy Communities program is a 10-year project to improve the health of kids and youth. It is working to improve job opportunities, schools, housing, safety, and access to healthy foods in the neighborhood."]
[IF NEEDED, SAY: "Ang Building Healthy Communities program ay isang 10-taong proyekto na pabutihin ang kalusugan ng mga bata at ng kabataabn. Sinisikap nitong proyekto na pabutihin ang mga pagkakataon sa empleo, ang mga eskwelahan, ang pabahay, ang kaligtasan, at ang access sa nakakapagpalusog na pagkain sa kapitbahayan."]

YES 1
NO 2
REFUSED .... -7

DON'T KNOW ....-8

PROGRAMMING NOTE QA15_N8N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14N13;
ELSE CONTINUE WITH QA15_N8N7

QA15_N8N7   I 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_N10N9]**
SHARES CELL PHONE 3
REFUSED .... -7   **[GO TO PN QA15_N10N9]**
DON'T KNOW .... -8   **[GO TO PN QA15_N10N9]**

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_N10N9:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13N12;
ELSE CONTINUE WITH QA15_N10N9

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_N14N13]**
REFUSED .... -7   **[GO TO PN QA15_N14N13]**
DON'T KNOW .... -8   **[GO TO PN QA15_N14N13]**

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_N14N13]**
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

PROGRAMMING NOTE QA15_N14N13:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14N13

QA15_N14   Finally, do you think you would be willing to do a follow-up to this survey sometimesome
time in the future?
Sa wakas, sa palagay ba ninyo papayag kayo sa isang follow-up sa survey na ito sa hinaharap?
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. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

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 to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address isat **www.suicidepreventionlifeline.org** [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

O, maaari ninyong tingnan ang kanilang website sa www.suicidepreventionlifeline.org

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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.