



CHIS 2007
Adult Questionnaire (Spanish)
Version 5.2
October 1, 2012

Adult Respondents Age 18 and older

Collaborating Agencies:

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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2009 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

QA07_A1 What is your date of birth?
¿Cuál es su fecha de nacimiento?

AA1MON

MONTH _____

- | | |
|-------------|--------------|
| 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 _____

AA1YR

YEAR _____

REFUSED-7
DON'T KNOW-8

**PROGRAMMING NOTE FOR QA07_A2:
IF QA07_A1 = -7 OR -8 THEN CONTINUE WITH QA07_A2;
ELSE GO TO QA07_A5**

QA07_A2 What month and year were you born?
¿En qué mes y año nació?

AA1AMON

MONTH _____

- | | |
|-------------|--------------|
| 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 _____

REFUSED-7
DON'T KNOW-8

**PROGRAMMING NOTE FOR QA07_A3:
 IF QA07_A2 = -7 OR -8 THEN CONTINUE WITH QA07_A3;
 ELSE GO TO QA07_A5**

QA07_A3 What is your age, please?
 ¿Cuál es su edad, por favor?

AA2

_____ YEARS OF AGE
 REFUSED -7
 DON'T KNOW -8

**PROGRAMMING NOTE FOR QA07_A4:
 IF QA07_A3 = -7 OR -8 THEN CONTINUE WITH QA07_A4;
 ELSE GO TO QA07_A5**

QA07_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
 ¿Tiene usted entre 18 y 29 años, entre 30 y 39 años, entre 40 y 44 años, entre 45 y 49 años, entre 50 y 64 años o tiene 65 años de edad o más?

AA2A

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

**PROGRAMMING NOTE: QA07_A5
 CALCULATE VALUE OF AGE (AAGE) BASED ON QA07_A1, QA07_A2, OR QA07_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
 IF QA07_A1, QA07_A2, OR QA07_A3 = -7 OR -8 THEN USE QA07_A4;
 ELSE USE ENUM.AGE (FROM SCREENER SEGMENT OF INTERVIEW);**

QA07_A5 Are you male or female?
 ¿Es usted del sexo femenino o masculino?

AA3

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

QA07_A6 Are you Latino or Hispanic?
¿Es usted latino(a) o hispano(a)?

AA4

- YES1
- NO2 **[GO TO QA07_A8]**
- REFUSED -7 **[GO TO QA07_A8]**
- DON'T KNOW -8 **[GO TO QA07_A8]**

QA07_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran -- and if you have more than one, tell me all of them.
¿Y cuál es su descendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño-- y si usted tiene más de uno, dígamelos todos.

AA5

[INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NECESSARY, GIVE MORE EXAMPLES.]

- MEXICAN/MEXICANO1
- MEXICAN AMERICAN2
- CHICANO3
- SALVADORAN4
- GUATEMALAN5
- COSTA RICAN6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN10
- CUBAN11
- SPANISH-AMERICAN (FROM SPAIN)12
- OTHER LATINO (SPECIFY: _____)91
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE FOR QA07_A8:
IF QA07_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY “You said you are Latino or Hispanic. Also...”**

QA07_A8 {You said you are Latino or Hispanic.} Please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
{Me dijo que usted es latino(a) o hispano(a).} Por favor dígame cuál o cuáles de los siguientes usaría usted para describirse a sí mismo(a). ¿Usted se describiría como nativo(a) de Hawái o de otra isla del Pacífico, indígena americano, nativo de Alaska, asiático(a), negro(a), africano americano o blanco(a)?

AA5A

[INTERVIEWER NOTE: IF R GIVES ANOTHER RESPONSE, SPECIFY. CODE ALL THAT APPLY]

- WHITE1
- BLACK OR AFRICAN AMERICAN.....2
- ASIAN3
- AMERICAN INDIAN OR ALASKA NATIVE4
- OTHER PACIFIC ISLANDER5
- NATIVE HAWAIIAN6
- OTHER (SPECIFY: _____)91
- REFUSED-7
- DON'T KNOW-8

**PROGRAMMING NOTE FOR QA07_A9:
IF QA07_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA07_A9;
ELSE GO TO PROGRAMMING NOTE QA07_A12;**

QA07_A9 You said American Indian or Alaska Native - and what is your tribal heritage? If you have more than one tribe, tell me all of them.
Usted dijo indígena americano(a) o nativo(a) de Alaska. ¿De qué tribu es descendiente? Si es de más de una tribu, dígame las todas.

AA5B

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- APACHE1
- BLACKFOOT/BLACKFEET2
- CHEROKEE3
- CHOCTAW4
- MEXICAN AMERICAN INDIAN5
- NAVAJO.....6
- POMO7
- PUEBLO8
- SIoux9
- YAQUI.....10
- OTHER TRIBE (SPECIFY: _____).....91
- REFUSED-7
- DON'T KNOW-8

QA07_A10 Are you an enrolled member in a federally or state recognized tribe?
¿Es usted miembro inscrito(a) en una tribu federal o estatalmente reconocida?

AA5C

- YES 1
- NO 2 [GO TO QA07_A12]
- REFUSED -7 [GO TO QA07_A12]
- DON'T KNOW -8 [GO TO QA07_A12]

QA07_A11 Which tribe are you enrolled in?
¿En qué tribu está inscrito(a) usted?

AA5D

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

**PROGRAMMING NOTE FOR QA07_A12:
 IF QA07_A8= 3 (ASIAN) CONTINUE WITH QA07_A12;
 ELSE GO TO PROGRAMMING NOTE QA07_A13;**

QA07_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.
Usted dijo asiático(a), ¿y de qué grupo étnico específico es usted, tal como chino, filipino o vietnamita? Sí usted es de más de un grupo, dígamelos todos.

AA5E

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- BANGLADESHI1
- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA).....7
- INDONESIAN.....8
- JAPANESE9
- KOREAN10
- LAOTIAN.....11
- MALAYSIAN12
- PAKISTANI13
- SRI LANKAN.....14
- TAIWANESE15
- THAI16
- VIETNAMESE17
- OTHER ASIAN (SPECIFY: _____)91
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE FOR QA07_A13:
 IF QA07_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA07_A13;
 ELSE GO TO PROGRAMMING NOTE QA07_A15;**

QA07_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
Usted dijo que es de otra isla del Pacífico. ¿De qué grupo étnico específico es usted, tal como samoano, tongano o guamaniano? Si usted es de más de un grupo, dígamelos todos.

AA5E1

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- SAMOAN/AMERICAN SAMOAN.....1
- GUAMANIAN2
- TONGAN.....3
- FIJIAN4
- OTHER PACIFIC ISLANDER (SPECIFY: _____) ..91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE FOR QA07_A14:
IF QA07_A6 = 1 (LATINO) AND [QA07_A8 = 6 (NATIVE HAWAIIAN) OR QA07_A8= 5 (OTHER PACIFIC ISLANDER) OR QA07_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA07_A8= 3 (ASIAN) OR QA07_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA07_A8= 1 (WHITE) OR QA07_A8 = 91 (OTHER)], CONTINUE WITH QA07_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA07_A8, QA07_A12, OR QA07_A13 (NOT COUNTING - 7 OR -8) CONTINUE WITH QA07_A14;
ELSE SKIP TO QA07_A15;

QA07_A14 You said that you are:
Usted me dijo que es:
 [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1].

Do you identify with any one race in particular?
¿Se identifica usted con alguna raza en particular?

AA5G

- | | | |
|------------------|----|------------------|
| YES | 1 | |
| NO | 2 | [GO TO QA07_A16] |
| REFUSED | -7 | [GO TO QA07_A16] |
| DON'T KNOW | -8 | [GO TO QA07_A16] |

PROGRAMMING NOTE FOR QA07_A15:
IF QA07_A6 = 1 (YES, LATINO) AND QA07_A7 ≠ -7 or -8, DO NOT DISPLAY QA07_A15 = 14 (LATINO);
IF QA07_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA07_A12 = 1 to 5, DO NOT DISPLAY QA07_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA07_A8 = 3 AND QA07_A12 = 1 to 18 (ANY OF AA5E1 THROUGH AA5E18 = 1), DO NOT DISPLAY QA07_A15 = 19 (ASIAN);

QA07_A15 Which do you most identify with?
 ¿Con cuál se identifica usted más?

AA5F

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

- MEXICAN/MEXICANO1
- MEXICAN AMERICAN2
- CHICANO3
- SALVADORAN4
- GUATEMALAN5
- COSTA RICAN6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN10
- CUBAN11
- SPANISH-AMERICAN (FROM SPAIN)12
- LATINO, OTHER SPECIFY13
- LATINO14
- NATIVE HAWAIIAN16
- OTHER PACIFIC ISLANDER17
- AMERICAN INDIAN OR ALASKA NATIVE18
- ASIAN19
- BLACK OR AFRICAN AMERICAN20
- WHITE21
- RACE, OTHER SPECIFY22
- BANGLADESHI30
- BURMESE31
- CAMBODIAN32
- CHINESE33
- FILIPINO34
- HMONG35
- INDIAN (INDIA)36
- INDONESIAN37
- JAPANESE38
- KOREAN39
- LAOTIAN40
- MALAYSIAN41
- PAKISTANI42
- SRI LANKAN43
- TAIWANESE44
- THAI45
- VIETNAMESE46
- ASIAN, OTHER SPECIFY49
- SAMOAN/AMERICAN SAMOAN50
- GUAMANIAN51
- TONGAN52
- FIJIAN53
- PACIFIC ISLANDER, OTHER SPECIFY55
- BOTH/ALL/MULTIRACIAL90
- NONE OF THESE95
- REFUSED-7
- DON'T KNOW-8

QA07_A16

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

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

AH43

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

- MARRIED1
- LIVING WITH PARTNER.....2
- WIDOWED.....3
- DIVORCED.....4
- SEPARATED.....5
- NEVER MARRIED.....6
- REFUSED.....-7
- DON'T KNOW.....-8

Section B – Health Conditions

QA07_B1 These next questions are about your health. Would you say that in general your health is excellent very good, good, fair, or poor?
Estas preguntas que siguen son acerca de su salud. En general, ¿diría usted que su salud es excelente, muy buena, buena, regular o mala?

AB1

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

QA07_B2 Has a doctor ever told you that you have asthma?
¿Le ha dicho alguna vez un médico que tiene asma?

AB17

- YES1
- NO2 [GO TO QA07_B14]
- REFUSED-7 [GO TO QA07_B14]
- DON'T KNOW-8 [GO TO QA07_B14]

QA07_B3 Do you still have asthma?
¿Usted todavía tiene asma?

AB40

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

QA07_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?
Durante los últimos 12 meses, ¿ha tenido un episodio de asma o un ataque de asma?

AB41

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

PROGRAMMING NOTE FOR QA07_B5:
IF QA07_B3= 2, -7, or -8 (NO, REFUSED, DON'T KNOW) AND QA07_B4= 2, -7, or -8 (NO, REFUSED, DON'T KNOW), GO TO QA07_B8;
ELSE CONTINUE WITH QA07_B5

QA07_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...
Durante los últimos 12 meses, ¿cada cuando ha tenido síntomas de asma como tos, resollando, dificultad para respirar, sintió el pecho oprimido, o tuvo flema? ¿Diría que ...

AB19

- Not at all1
- No tuvo síntomas*1
- Less than every month2
- Los tuvo menos de una vez al mes*2
- Every month3
- Todos los meses*3
- Every week, or4
- Todas las semanas, o*4
- Every day5
- Todos los días*5
- REFUSED-7
- DON'T KNOW-8

QA07_B6 During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de urgencias de un hospital o a un centro clínico de urgencia debido a su asma?

AH13A

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

QA07_B7 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
Durante los últimos 12 meses, ¿permaneció usted hospitalizado(a) por una noche o más debido al asma?

AH15A

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

QA07_B8 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?
¿Está actualmente tomando algún medicamento diario para controlar el asma que le haya sido dado o recetado por un médico?

AB18

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

[IF NEEDED, SAY: “Esto incluye medicamentos orales o que tiene ser inhalados. Este medicamento es diferente a los inhaladores que se usan para alivio rápido.”]

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

PROGRAMMING NOTE FOR QA07_B9:
IF QA07_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA07_B4 = 1 (YES, EPISODE IN LAST 12 MOS), SKIP TO QA07_B12;
ELSE CONTINUE WITH QA07_B9;

QA07_B9 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...
En los últimos 12 meses, ¿con qué frecuencia ha tenido síntomas de asma tales como tos, resuello, dificultad para respirar, opresión el pecho o flemas? ¿Diría que ...

AB66

- Not at all1
- Nunca*1
- Less than every month2
- Menos de una vez al mes*2
- Every month3
- Todos los meses*3
- Every week, or4
- Todas las semanas, o*4
- Every day?5
- Todos los días?*5
- REFUSED -7
- DON'T KNOW -8

QA07_B10 During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?
Durante los últimos 12 meses, ¿ha tenido usted que visitar la sala de emergencias de un hospital o una clínica de cuidados urgentes debido a su asma?

AB67

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

QA07_B11 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
Durante los últimos 12 meses, ¿permaneció usted hospitalizado(a) por una noche o más debido al asma?

AB80

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

**PROGRAMMING NOTE FOR QA07_B12;
 IF AAGE > 69 THEN SKIP TO QA07_B13;
 ELSE CONTINUE WITH QA07_B12;**

QA07_B12 During the past 12 months, how many days of work did you miss due to asthma?
Durante los últimos 12 meses, ¿cuántos días de trabajo perdió debido al asma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 – 365)

- REFUSED -7
- DON'T KNOW -8

QA07_B13 Has a doctor or other health professional ever given you an asthma management plan?
¿Le ha dado alguna vez un médico u otro profesional de salud un plan para controlar el asma?

AB43

[IF NEEDED, SAY: “An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.”]

[IF NEEDED, SAY: “Un plan para controlar el asma es un folleto que le indica cuándo cambiar la cantidad o tipo de medicina, cuándo llamar al doctor para consultar, y cuándo ir a la sala de urgencias.”]

[ALSO INCLUDE NURSES AND ASTHMA EDUCATORS]

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

PROGRAMMING NOTE FOR QA07_B14:
IF QA07_A5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has";

QA07_B14 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?
 {Sin contar los meses de embarazo,} ¿Le ha dicho un médico alguna vez que tenía diabetes o diabetes de azúcar?

AB22

- YES1
- NO2 [GO TO QA07_B23]
- BORDERLINE OR PRE-DIABETES.....3 [GO TO QA07_B23]
- REFUSED -7 [GO TO QA07_B23]
- DON'T KNOW -8 [GO TO QA07_B23]

QA07_B15 How old were you when a doctor first told you that you have diabetes?
 ¿Qué edad tenía usted cuando un médico le dijo por primera vez que usted tenía diabetes?

AB23

- _____ AGE IN YEARS
- REFUSED -7
 - DON'T KNOW -8

QA07_B16 Were you told that you had Type 1 or Type 2 diabetes?
 ¿Le dijeron que tenía diabetes Tipo 1 o Tipo 2?

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]
[IF NEEDED, SAY: "La diabetes Tipo 1 es causada porque el cuerpo no puede producir insulina y se diagnostica normalmente en niños y adultos jóvenes. La diabetes Tipo 2 es causada por la resistencia a la insulina y es la forma más común de diabetes."]

- TYPE 11
- TYPE 22
- REFUSED -7
- DON'T KNOW -8

QA07_B17 Are you now taking insulin?
 ¿Está actualmente tomando insulina?

AB24

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

QA07_B18 Do you now take diabetic pills to lower your blood sugar?
¿Está usted actualmente tomando píldoras diabéticas para bajar el azúcar en la sangre?

AB25

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

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

QA07_B19 About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
¿Más o menos cuántas veces al día, a la semana, o al mes se revisa usted, un miembro de su familia o un amigo su nivel de glucosa o azúcar en la sangre?

AB26

_____ TIMES

AB26UNT

- PER DAY1
- PER WEEK2
- PER MONTH3
- PER YEAR4
- REFUSED -7
- DON'T KNOW -8

QA07_B20 About how many times in the last 12 months has a doctor checked you for hemoglobin "A one C"?
Más o menos, ¿cuántas veces en los últimos 12 meses le ha examinado un médico para ver si tenía hemoglobina "A uno C"?

AB27

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

_____ NUMBER OF TIMES

- REFUSED -7
- DON'T KNOW -8

QA07_B21 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
¿Más o menos cuántas veces en los últimos 12 meses le ha examinado los pies un médico para ver si tenía lesiones o irritaciones?

AB28

_____ NUMBER OF TIMES

- REFUSED -7
- DON'T KNOW -8

QA07_B22 When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
¿Cuándo fue la última vez que le hicieron un examen de los ojos en el que le dilataron las pupilas? Este examen causa que los ojos queden más sensibles a la luz brillante durante un periodo de tiempo corto.

AB63

- WITHIN THE PAST MONTH1
- WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...2
- WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...3
- 2 OR MORE YEARS AGO4
- NEVER.....5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_B23;
IF OR QA07_B14 = 1 (HAS DIABETES), THEN SKIP TO QA07_B24;
ELSE IF QA07_A5 = 2 (FEMALE), CONTINUE WITH QA07_B23; ELSE GO TO QA07_B24;

QA07_B23 Has a doctor ever told you that you had diabetes only during pregnancy?
¿Le ha dicho alguna vez un médico que usted tenía diabetes solamente durante el embarazo?

AB81

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

QA07_B24 Has a doctor ever told you that you have high blood pressure?
¿Le ha dicho alguna vez un médico que usted tiene la presión arterial alta?

AB29

- YES1
- NO2 **[GO TO QA07_B26]**
- REFUSED -7 **[GO TO QA07_B26]**
- DON'T KNOW -8 **[GO TO QA07_B26]**

QA07_B25 Are you now taking any medications to control your high blood pressure?
¿Está usted actualmente tomando algún medicamento para controlar su alta presión de la sangre?

AB30

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

QA07_B26 Has a doctor ever told you that you have any kind of heart disease?
¿Le ha dicho alguna vez un médico que tiene alguna clase de enfermedad cardíaca?

AB34

- YES.....1
- NO.....2 [GO TO QA07_B28]
- REFUSED.....-7 [GO TO QA07_B28]
- DON'T KNOW.....-8 [GO TO QA07_B28]

QA07_B27 Has a doctor ever told you that you have heart failure or congestive heart failure?
¿Le ha dicho alguna vez un médico que usted tenía un paro cardíaca o un paro congestivo del corazón?

AB52

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

QA07_B28 During the past 12 months, have you had a flu shot?
Durante los últimos 12 meses, ¿le han puesto a usted una inyección contra la influenza?

AE30

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

PROGRAMMING NOTE QA07_B29;
IF AAGE < 40 OR [QA07_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40
OR AGE IS UNKNOWN, SKIP TO QA07_C1;
ELSE CONTINUE WITH QA07_B29;

QA07_B29 A stool or fecal blood test is done at home to check for colon cancer. You send your stool sample to the doctor's office or lab for testing. Have you ever done a stool or fecal blood test?
La prueba de sangre en las heces o materia fecal se hace en casa para detectar el cáncer de colon. Usted envía una muestra de las heces al consultorio del doctor o a un laboratorio para que la analicen. ¿Se ha hecho alguna vez una prueba de sangre en las heces o materia fecal?

AF22

[IF NEEDED, SAY: "Do not include over-the-counter test kits from a drugstore or pharmacy."]
[IF NEEDED, SAY: "No incluya los kits de prueba que puede comprar sin receta en una farmacia."]

- YES.....1
- NO.....2 [GO TO QA07_B32]
- REFUSED.....-7 [GO TO QA07_B32]
- DON'T KNOW.....-8 [GO TO QA07_B32]

QA07_B30 When did you do your most recent blood test using a home kit to check for colon cancer?
¿Cuándo se hizo la prueba más reciente de sangre en el excremento para detectar el cáncer de colon usando un kit en su casa?

AF24

- A YEAR AGO OR LESS1
- MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO.....2
- MORE THAN 2 YEARS AGO UP TO
5 YEARS AGO.....3
- MORE THAN 5 YEARS AGO4
- REFUSED-7
- DON'T KNOW-8

QA07_B31 What was the main reason you had your most recent stool blood test using a home kit? Was it...
¿Cuál fue el motivo principal por el que usted se hizo más recientemente la prueba de sangre fecal usando el sistema para hacer la prueba en casa? ¿Fue...

AB83

- PART OF A ROUTINE EXAM1
- Parte de un examen de rutina*1
- BECAUSE OF A PROBLEM.....2
- Debido a un problema, o*2
- SOME OTHER REASON3
- Por otro motivo?*.....3
- REFUSED-7
- DON'T KNOW-8

QA07_B32 A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home. Have you ever had a colonoscopy?
La sigmoidoscopia y la colonoscopia son pruebas para examinar el intestino mediante la inserción de un tubo en el recto. La diferencia es que durante una sigmoidoscopia, usted permanece despierto(a) y puede conducir usted mismo(a) de vuelta a casa después de la prueba; mientras que durante una colonoscopia, le puede dar sueño y necesita que otra persona conduzca de regreso a casa. ¿Se le ha hecho una colonoscopia alguna vez?

AB84

- YES1
- NO2 **[GO TO QA07_B35]**
- REFUSED-7 **[GO TO QA07_B35]**
- DON'T KNOW-8 **[GO TO QA07_B35]**

QA07_B33 When did you have your most recent colonoscopy to check for colon cancer?
¿Cuándo fue la última vez que se le hizo una colonoscopia para detectar cáncer del colon?

AB85

- A YEAR AGO OR LESS1
- MORE THAN 1 UP TO 5 YEARS AGO2
- MORE THAN 5 UP TO 10 YEARS AGO3
- MORE THAN 10 YEARS AGO4
- REFUSED -7
- DON'T KNOW -8

QA07_B34 What was the main reason you had your most recent colonoscopy? Was it...
¿Cuál fue el motivo principal por el que se hizo la colonoscopia más reciente? ¿Fue...

AB86

- PART OF A ROUTINE EXAM1
- Parte de un examen de rutina*1
- BECAUSE OF A PROBLEM, OR2
- Debido a un problema, o*2
- SOME OTHER REASON3
- Por otro motivo?*.....3
- REFUSED -7
- DON'T KNOW -8

QA07_B35 Have you ever had a sigmoidoscopy?
¿Se le ha hecho alguna vez una sigmoidoscopia?

AB87

- YES1
- NO2 **[GO TO QA07_B38]**
- REFUSED -7 **[GO TO QA07_B38]**
- DON'T KNOW -8 **[GO TO QA07_B38]**

QA07_B36 When did you have your most recent sigmoidoscopy to check for colon cancer?
¿Cuándo fue la última vez que se le hizo una sigmoidoscopia para detectar cáncer del colon?

AB88

- A YEAR AGO OR LESS1
- MORE THAN 1 UP TO 5 YEARS AGO2
- MORE THAN 5 UP TO 10 YEARS AGO3
- MORE THAN 10 YEARS AGO4
- REFUSED -7
- DON'T KNOW -8

QA07_B37 What was the main reason you did your most recent sigmoidoscopy? Was it...
¿Cuál fue el motivo principal por el que se hizo la sigmoidoscopia más reciente? ¿Fue ...

AB89

- PART OF A ROUTINE EXAM1
Parte de un examen de rutina1
- BECAUSE OF A PROBLEM, OR2
Debido a un problema, o2
- SOME OTHER REASON3
Por otro motivo.....3
- REFUSED-7
- DON'T KNOW-8

QA07_B38 In the past 5 years, has a doctor recommended that you have a sigmoidoscopy, colonoscopy, or stool blood test?
En los últimos 5 años, ¿le ha recomendado a usted un médico que se hiciera una sigmoidoscopia, una colonoscopia, o una prueba de sangre fecal?

AB90

- YES1
- NO2
- DID NOT GO TO A DOCTOR IN PAST 5 YRS92
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA07_B39:
IF AAGE < 65 YEARS, GO TO QA07_C1;
ELSE CONTINUE WITH QA07_B39;

QA07_B39 During the past 12 months, have you fallen to the ground more than once?
Durante los últimos 12 meses, ¿se ha caído al suelo más de una vez?

AC7

- YES1
- NO2 **[GO TO QA07_C1]**
- REFUSED-7 **[GO TO QA07_C1]**
- DON'T KNOW-8 **[GO TO QA07_C1]**

QA07_B40 Did you get any medical care because of those falls?
¿Recibió usted atención médica debido a esas caídas?

AB91

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

QA07_B41 Did a health care professional talk with you about how to avoid falling?
¿Habló con usted algún profesional de la salud acerca de cómo evitar las caídas?

AB92

[IF NEEDED, SAY: “A health care professional is a doctor, nurse, or other health care provider.”]
[IF NEEDED, SAY: “Un profesional de la salud puede ser un médico, enfermera, u otro proveedor de atención médica.”]

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

QA07_B42 Because of those falls, did a health care professional review your medications?
Debido a esas caídas, ¿revisó un profesional de la salud los medicamentos que usted toma?

AB93

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

QA07_B43 Because of those falls, did you start a physical therapy or exercise program?
Debido a esas caídas, ¿comenzó usted un régimen de terapia física o ejercicio?

AB94

[IF NEEDED, SAY: “Include temporary changes during your recovery.”]
[IF NEEDED, SAY: “Incluya cambios temporales durante su recuperación.”]

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

QA07_B44 Because of those falls, did you make changes to your home, such as adding grab bars or removing rugs?
Debido a esas caídas, ¿hizo usted modificaciones en su casa, como poner barras para sujetarse o retirar alfombras?

AB95

[IF NEEDED, SAY: “Include temporary changes during your recovery.”]
[IF NEEDED, SAY: “Incluya cambios temporales durante su recuperación.”]

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

QA07_B45 Did you start using a cane or walker?
¿Comenzó a usar un bastón o un andador?

AB96

[IF NEEDED, SAY: "Because of those falls. Include temporary changes during your recovery."]

[IF NEEDED, SAY: "Debido a esas caídas. Incluye cambios temporales durante su recuperación."]

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

QA07_B46 Did you change your daily routines?
¿Cambió sus rutinas diarias?

AB97

[IF NEEDED, SAY: "Because of those falls."]

[IF NEEDED, SAY: "Include temporary changes during your recovery."]

[IF NEEDED, SAY: "Debido a esas caídas."]

[IF NEEDED, SAY: "Incluya cambios temporales durante su recuperación."]

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

Section C – Health Behaviors

QA07_C1

The next questions are about physical activities or exercise you may do in your free time. First think about activities that take moderate physical effort, such as walking, bicycling, swimming, dancing, or gardening.

Las preguntas siguientes son acerca de las actividades físicas o el ejercicio que usted quizá haga en su tiempo libre. Piense primero en las actividades que exigen un esfuerzo físico moderado, como caminar, andar en bicicleta, nadar, bailar o trabajar en el jardín.

During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes?

Durante los últimos 7 días, ¿hizo alguna actividad física moderada en su tiempo libre durante 10 minutos por lo menos?

AE26

[IF NEEDED, SAY: “Moderate physical activities make you breathe somewhat harder than normal.”]

[IF NEEDED, SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

[IF NEEDED, SAY: “*Las actividades físicas moderadas le hacen respirar un poco más fuerte de lo normal.*”]

[IF NEEDED, SAY: “*Piense solamente en las actividades físicas que hizo durante por lo menos 10 minutos seguidos.*”]

- YES1
- NO2 [GO TO QA07_C4]
- REFUSED -7 [GO TO QA07_C4]
- DON'T KNOW -8 [GO TO QA07_C4]

QA07_C2

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

AE27

_____ DAYS PER WEEK [IF 0, GO TO QA07_C4]

- REFUSED -7 [GO TO QA07_C4]
- DON'T KNOW -8 [GO TO QA07_C4]

PROGRAMMING NOTE QA07_C3
IF QA07_C2 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”;
IF QA07_C2 > 1 DISPLAY “usually” and “one of those days”;

QA07_C3 How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?
¿Cuánto tiempo pasó generalmente {uno de esos días/ ese día} practicando actividades físicas moderadas en su tiempo libre?

AE27A

[IF NEEDED, SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]
[IF NEEDED, SAY: “Piense solamente en las actividades físicas que hizo al menos por 10 minutos seguidos.”]

_____ TIMES

AE27AUNT

HOURS PER DAY1
 MINUTES PER DAY2
 REFUSED-7
 DON'T KNOW-8

QA07_C4 Now think about **vigorous** activities you may do in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming.
*Piense ahora en las actividades **vigorousas** que usted quizá haga en su tiempo libre y que requieren mucho esfuerzo físico, como por ejemplo ejercicio aeróbico, correr, jugar fútbol, andar en bicicleta rápidamente o nadar rápidamente.*

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

AE24

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

YES1
 NO2 [GO TO QA07_C7]
 REFUSED-7 [GO TO QA07_C7]
 DON'T KNOW-8 [GO TO QA07_C7]

QA07_C5 On how many days did you do this?
¿Cuántos días hizo esto?

AE25

_____ DAYS PER WEEK

REFUSED-7 [GO TO QA07_C7]
 DON'T KNOW-8 [GO TO QA07_C7]

PROGRAMMING NOTE QA07_C6
IF QA07_C5 = 1 DO NOT DISPLAY “usually” and display “that day”;
IF QA07_C5 > 1 DISPLAY “usually” and “one of those days”;

QA07_C6 How much time did you {usually} spend on {one of those days/on that day} doing vigorous physical activities in your free time?
¿Cuánto tiempo pasó generalmente {uno de esos días/ ese día} practicando actividades físicas fuertes o vigorosas en su tiempo libre?

AE25A

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

_____ TIMES

AE25AUNT

HOURS PER DAY1
 MINUTES PER DAY2
 REFUSED -7
 DON'T KNOW -8

QA07_C7 Now think about activities that strengthen your muscles, such as lifting weights or other strength building exercises. Include all such activities even if you have mentioned them before.
Ahora piense en actividades para fortalecer los músculos, como levantar pesas u otros ejercicios que le hacen más fuerte. Incluya todas estas actividades, aunque las haya mencionado antes.

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

AC20

_____ DAYS PER WEEK [HR: 0-7]

REFUSED -7
 DON'T KNOW -8

QA07_C8

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

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

AE2

[IF NEEDED, SAY: "Your best guess is fine."]
[IF NEEDED, SAY: "Está bien si me da un número aproximado."]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week or month?"]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "¿Eso es por día, semana, o mes?"]

_____TIMES

AE2UNT

- PER DAY1
- PER WEEK2
- PER MONTH3
- REFUSED-7
- DON'T KNOW-8

QA07_C9

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

AE3

[IF NEEDED, SAY: "Do not include potato chips."]
[IF NEEDED, SAY: "No incluya las papas fritas en bolsas."]

_____TIMES

AE3UNT

- PER DAY1
- PER WEEK2
- PER MONTH3
- REFUSED-7
- DON'T KNOW-8

QA07_C10 During the past month, how many times did you eat vegetables, like green salad, green beans, or potatoes? Do not include fried potatoes.
Durante el mes pasado, ¿cuántas veces comió vegetales como ensalada verde, ejotes/judías verdes/vainas, o papas? No incluya las papas fritas.

AE7

[INTERVIEWER NOTE: IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “Was that per day, week or month?” AND ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: “Rice is not a vegetable.”]

[INTERVIEWER NOTE: IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “¿Esa cantidad fue cada día, cada semana o cada mes?” AND ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: “El arroz no se considera un vegetal.”]

_____TIMES

AE7UNT

- PER DAY1
- PER WEEK2
- PER MONTH3
- REFUSED -7
- DON'T KNOW -8

QA07_C11 During the past month, how many times per day, week, or month did you drink soda such as coke or 7-up? Do not include diet soda.
Durante el mes pasado, ¿cuántas veces al día, a la semana o al mes, bebió refrescos como Coca-Cola o 7-Up? No incluya refrescos de dieta.

AC11

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

[IF NEEDED, SAY: “No incluya jugos ni tés en lata o en botella. Me puede dar un número aproximado.”]

_____TIMES

AC11UNT

- PER DAY1
- PER WEEK2
- PER MONTH3
- REFUSED -7
- DON'T KNOW -8

QA07_C12 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. *Ahora piense en la semana pasada. En los últimos 7 días, ¿cuántas veces comió comida rápida? Cuento comida rápida que haya comido en el trabajo, en la casa, o en restaurantes de comida rápida, comprada para llevar o un “drive-through.”*

AC31

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

[IF NEEDED, SAY: “Como la comida del McDonald’s, del Kentucky Fried Chicken, Panda Express o de Taco Bell.”]

_____ # OF TIMES IN PAST 7 DAYS

REFUSED -7
 DON'T KNOW -8

QA07_C13 Now, I am going to ask about various health behaviors. *Ahora voy a preguntarle acerca de varios comportamientos relacionadas con la salud.*

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime? *En total, ¿ha fumado por lo menos 100 cigarrillos o más en toda su vida?*

AE15

YES1
 NO2 **[GO TO QA07_C17]**
 REFUSED -7
 DON'T KNOW -8

QA07_C14 Do you now smoke cigarettes every day, some days, or not at all? *¿Fuma usted ahora cigarrillos todos los días, algunos días o nunca?*

AE15A

EVERY DAY1
 SOME DAYS2 **[GO TO QA07_C16]**
 NOT AT ALL3 **[GO TO QA07_C17]**
 REFUSED -7 **[GO TO QA07_C17]**
 DON'T KNOW -8 **[GO TO QA07_C17]**

QA07_C15 On the average, how many cigarettes do you now smoke a day? *Más o menos, ¿cuántos cigarrillos al día fuma usted actualmente?*

AD32

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

_____ NUMBER OF CIGARETTES **[GO TO QA07_C17]**
 REFUSED -7 **[GO TO QA07_C17]**
 DON'T KNOW -8 **[GO TO QA07_C17]**

QA07_C16 In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
En los últimos 30 días, cuando fumó, ¿cuántos cigarrillos fumó al día?

AE16

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

[AND IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES

REFUSED -7
 DON'T KNOW -8

QA07_C17 Is smoking ever allowed inside your home?
¿Permite fumar algunas veces en su casa?

AC17

YES1
 NO2 **[GO TO QA07_C19]**
 REFUSED -7 **[GO TO QA07_C19]**
 DON'T KNOW -8 **[GO TO QA07_C19]**

QA07_C18 On average, about how many days per week is there smoking inside your home?
Como promedio, ¿cuántos días a la semana se fuma dentro de su casa?

AD34

[INTERVIEWER NOTE: IF RARELY OR LESS THAN 1 DAY PER WEEK ENTER 0]

_____ DAYS PER WEEK

REFUSED -7
 DON'T KNOW -8

QA07_C19 Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?
Ahora piense en los últimos 12 meses. Durante ese tiempo, ¿tomó usted algún tipo de bebida alcohólica?

AC32

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

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

QA07_C20 About how many drinks did you have on a typical day when you drank alcohol?
Más o menos, ¿cuántas bebidas al día tomó normalmente cuando bebió alcohol?

AC33

[IF NEEDED, SAY: "In the past 12 months."]
 [IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
 [IF NEEDED, SAY: "En los últimos 12 meses."]
 [IF NEEDED, SAY: "Por bebida, queremos decir una lata o vaso de cerveza de 12 onzas, un vaso de vino de 5 onzas, un cocktail, o un trago de licor."]

[ALSO, NOTE THAT LESS THAN 1 DRINK SHOULD BE RECORDED AS 1 DRINK]

_____ # OF DRINKS

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_C21;
IF QA07_A5 = 1 (MALE) CONTINUE WITH QA07_C21;
ELSE GO TO QA07_C22;

QA07_C21 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?
En los últimos 12 meses, ¿más o menos cuántas veces tomó 5 o más bebidas alcohólicas en un solo día?

AC34

_____TIMES **[GO TO QA07_D1]**
 REFUSED -7 **[GO TO QA07_D1]**
 DON'T KNOW -8 **[GO TO QA07_D1]**

QA07_C22 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?
En los últimos 12 meses, ¿más o menos cuántas veces tomó 4 o más bebidas alcohólicas en un solo día?

AC35

_____TIMES
 REFUSED -7
 DON'T KNOW -8

Section D – General Health, Disability, and Sexual Health

QA07_D1 These next questions are about your height and weight.
Las preguntas que siguen son sobre su estatura y peso.

How tall are you without shoes?
¿Cuánto mide usted sin zapatos?

AE17F/AE17I

[IF NEEDED, SAY: “About how tall?”]
 [IF NEEDED, SAY: “¿Más o menos cuánto mide?”]

_____ FEET _____ INCHES

AE17M/AE17C

_____ METERS _____ CENTIMETERS

AE17FMT

FEET/INCHES1
 METERS/CENTIMETERS2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA07_D2:

IF QA07_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";ELSE DISPLAY "How";

QA07_D2 {When not pregnant} How much do you weigh without shoes?
{Cuando no está embarazada} ¿Cuánto pesa sin zapatos?

AE18P

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

_____ POUNDS

AE18K

_____ KILOGRAMS

AE18FMT

POUNDS1
 KILOGRAMS2
 REFUSED-7
 DON'T KNOW-8

**PROGRAMMING NOTE QA07_D3:
IF AAGE = 18, GO TO QA07_D4;**

QA07_D3 How much did you weigh at age 18?
¿Cuánto pesaba usted cuando tenía 18 años?

AE19P

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

_____ POUNDS

AE19K

_____ KILOGRAMS

AE19FMT

POUNDS.....1
KILOGRAMS.....2
REFUSED.....-7
DON'T KNOW.....-8

QA07_D4 Are you blind or deaf, or do you have a severe vision or hearing problem?
¿Es usted ciego, sordo, o tiene algún problema grave con la vista u oído?

AD50

YES.....1
NO.....2 **[GO TO QA07_D6]**
REFUSED.....-7 **[GO TO QA07_D6]**
DON'T KNOW.....-8 **[GO TO QA07_D6]**

QA07_D5 Are you legally blind?
¿Está usted legalmente ciego(a)?

AL8

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

QA07_D6 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
¿Tiene usted alguna condición que limite substancialmente una o más actividades físicas básicas como caminar, subir escaleras, extender los brazos, levantar objetos o transportar cosas?

AD57

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

QA07_D7 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following?
Díganos si tiene alguna dificultad a causa de una afección física, mental o emocional que haya durado 6 meses o más:

Any difficulty learning, remembering, or concentrating?
¿Tiene alguna dificultad para aprender, recordar o concentrarse?

AD51

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

QA07_D8 Any difficulty dressing, bathing, or getting around inside the home?
¿Tiene alguna dificultad para vestirse, bañarse o moverse dentro de su casa?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition."]
[IF NEEDED, SAY: "Debido a una afección física, mental o emocional."]

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

QA07_D9 Any difficulty going outside the home alone to shop or visit a doctor's office?
¿Tiene alguna dificultad para salir sólo(a) de su casa para ir de compras o a la oficina del doctor?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition."]
[IF NEEDED, SAY: "Debido a una afección física, mental o emocional."]

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

PROGRAMMING NOTE QA07_D10:
IF AAGE > 64 GO TO QA07_D12;

QA07_D10 Any difficulty working at a job or business?
¿Tiene alguna dificultad para trabajar en un oficio o en una empresa?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition."]
[IF NEEDED, SAY: "Debido a una afección física, mental o emocional."]

- YES1
- NO2 **[GO TO QA07_D12]**
- REFUSED-7 **[GO TO QA07_D12]**
- DON'T KNOW-8 **[GO TO QA07_D12]**

QA07_D11 Do you have a physical or mental condition that has kept you from working for at least a year?
¿Tiene usted una condición física o mental que le haya impedido trabajar por un año al menos?

AL8A

**[IF NEEDED, SAY: "Current condition."]
 [IF NEEDED, SAY: "Condición actual."]**

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

**PROGRAMMING NOTE QA07_D12:
 IF AAGE > 70 OR QA07_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
 PROGRAMMING NOTE QA07_E1;
 ELSE CONTINUE WITH QA07_D12;**

QA07_D12 We are asking a few questions about people's sexual experiences. All answers will be kept private.
Estamos haciendo algunas preguntas sobre las experiencias sexuales de las personas. Todas las respuestas se mantendrán privadas.

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

AD43

- _____ NUMBER OF SEXUAL PARTNERS **[GO TO QA07_D14]**
- REFUSED -7 **[GO TO QA07_D14]**
- DON'T KNOW -8

QA07_D13 Can you give me your best guess?
¿Podría darme un número aproximado?

AD44

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

- ___ NUMBER OF PARTNERS
- 1 PARTNER1
- 2-3 PARTNERS2
- 4-5 PARTNERS3
- 6-10 PARTNERS4
- MORE THAN 10 PARTNERS.....5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_D14:
IF QA07_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA07_D13 = 0, GO TO PROGRAMMING NOTE QA07_D15; ELSE CONTINUE WITH QA07_D14;
IF QA07_D12 OR QA07_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female?”

QA07_D14 {Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?
En los últimos 12 meses, ¿las personas con quienes ha tenido relaciones sexuales han sido del sexo masculino, femenino, o de ambos sexos, masculino y femenino?

AD45

- MALE1
- FEMALE.....2
- BOTH MALE AND FEMALE3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_D15:
IF QA07_A5 = 1 (MALE), DISPLAY “Gay” in question and “Gay” in Help Screen,
ELSE IF QA07_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” in question and “Gay and Lesbian” in Help Screen

QA07_D15 Do you think of yourself as straight or heterosexual, as gay {lesbian,} or homosexual, or bisexual?
¿Se considera usted heterosexual, gay {lesbiana,} 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: “Las personas heterosexuales tienen relaciones sexuales o sienten atracción principalmente por personas del sexo opuesto. Los gay, y las lesbianas tienen relaciones sexuales o sienten atracción principalmente por personas del mismo sexo. Los bisexuales, tienen relaciones sexuales o les atraen personas de ambos sexos.”]

- STRAIGHT OR HETEROSEXUAL1
- GAY, LESBIAN, OR HOMOSEXUAL2
- BISEXUAL3
- NOT SEXUAL/ CELIBATE/ NONE4
- OTHER (SPECIFY: _____)5
- REFUSED -7
- DON'T KNOW -8

QA07_D16 Have you ever been tested for HIV, the virus that causes AIDS?
¿Le han hecho alguna vez la prueba del VIH, el virus que causa el SIDA o AIDS?

AD55

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

PROGRAMMING NOTE QA07_D17:
IF QA07_D12 = 0 OR QA07_D13 = 0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING NOTE QA07_E1;
ELSE CONTINUE WITH QA07_D17;

QA07_D17 Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months, have you been tested for a sexually transmitted disease?
Ahora, pensando acerca de otras enfermedades transmitidas sexualmente, aparte del VIH— En los últimos 12 meses, ¿se ha hecho alguna prueba para ver si tenía alguna enfermedad transmitida sexualmente?

AD47

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_D18:
IF FEMALE OR AAGE > 50, GO TO QA07_E1;
ELSE CONTINUE WITH QA07_D18;

QA07_D18 Have you and a partner ever tried for more than 12 months to get pregnant but was not able to?
¿Alguna vez han tratado usted y una pareja, por más de 12 meses, de lograr un embarazo, pero no han podido?

AD58

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

Section E – Women’s Health

**PROGRAMMING NOTE SECTION E:
IF QA07_A5 = 1 (MALE), GO NEXT SECTION; ELSE CONTINUE QA07_E1;**

QA07_E1 These next questions are about women's health.
Estas preguntas siguientes tratan acerca de la salud de las mujeres.

How old were you when your periods or menstrual cycles started?
¿Qué edad tenía usted cuando empezaron sus períodos (regla) o ciclos menstruales?

AD1

[INTERVIEWER NOTE: IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]

_____ AGE

NEVER STARTED MENSTRUAL CYCLE96
 REFUSED -7
 DON'T KNOW -8

**PROGRAMMING NOTE QA07_E2:
IF QA07_E1 = -8 (DON'T KNOW), CONTINUE WITH QA07_E2; ELSE GO TO QA07_E3;**

QA07_E2 Were you younger than 12, about 12-13, or older than 13?
¿Tenía usted menos de 12 años, entre 12 y 13 años, o más de 13?

AE70

YOUNGER THAN 121
 ABOUT 12 to 13.....2
 OLDER THAN 13.....3
 REFUSED -7
 DON'T KNOW -8

**PROGRAMMING NOTE QA07_E3:
IF AGE > 45 GO TO PROGRAMMING NOTE FOR QA07_E4;**

QA07_E3 To your knowledge, are you now pregnant?
Que usted sepa, ¿está embarazada ahora?

AD13

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_E4:
IF AAGE > 50 GO TO QA07_E5;
ELSE CONTINUE WITH QA07_E4;

QA07_E4 Have you and a partner ever tried for more than 12 months to get pregnant but was not able to?
¿Ha intentado, usted con su compañero, quedar embarazada durante más de 12 meses, pero no lo ha logrado?

AE86

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

PROGRAMMING NOTE QA07_E5:
IF AGE < 30 OR QA07_E3=1 (CURRENTLY PREGNANT) GO TO PROGRAMMING NOTE QA07_E6;
ELSE CONTINUE WITH QA07_5;

QA07_E5 Have you had a hysterectomy?
¿Ha tenido usted una histerectomía?

AD12

[IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."]

[IF NEEDED, SAY: "Una histerectomía es cuando el útero, o la matriz, se extrae, no solamente cuando se atan las trompas de Falopio para evitar embarazos."]

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

QA07_E6 Have you ever had a Pap test to check for cervical cancer?
¿Se ha hecho alguna vez la prueba de Papanicolaou (también llamada prueba Pap) para detectar el cáncer cervical o cáncer del cuello del útero?

AD4

[IF NEEDED, SAY: "Sometimes, when a woman has a routine pelvic exam, she also has a Pap smear to test for cancer of the cervix, A doctor takes a cell sample from the cervix with a small stick or brush and sends it to the lab."]

[IF NEEDED, SAY: "A veces, cuando a una mujer le hacen un examen de rutina de la pelvis, también le hacen la prueba Pap para detectar el cáncer del cuello del útero. El doctor toma una muestra de células del cuello del útero con un palito o un cepillo y las envía al laboratorio."]

- YES 1
- NO 2 **[GO TO QA07_E9]**
- REFUSED -7 **[GO TO QA07_E10]**
- DON'T KNOW -8 **[GO TO QA07_E10]**

QA07_E7 How many Pap tests have you had in the last 6 years?
¿Cuántas pruebas de Papanicolau (Pap) le han hecho en los últimos 6 años?

AD5

- _____ PAP SMEARS [IF 0 GO TO QA07_E9]
- NONE.....0 [GO TO QA07_E9]
- REFUSED.....-7
- DON'T KNOW.....-8

QA07_E8 How long ago did you have your most recent Pap test?
¿Hace cuánto tiempo se hizo la última prueba de Papanicolau?

AD6

- A YEAR AGO OR LESS.....1 [GO TO QA07_E10]
- MORE THAN 1 UP TO 2 YEARS AGO.....2 [GO TO QA07_E10]
- MORE THAN 2 UP TO 3 YEARS AGO.....3 [GO TO QA07_E10]
- MORE THAN 3 UP TO 5 YEARS AGO.....4
- MORE THAN 5 YEARS AGO.....5
- REFUSED.....-7 [GO TO QA07_E10]
- DON'T KNOW.....-8 [GO TO QA07_E10]

PROGRAMMING NOTE QA07_E9:
IF (QA07_E8 > 3 (NO PAP SMEAR WITHIN LAST 3 YEARS) OR QA07_E7= 0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA07_E6= 2 (NEVER HAD PAP SMEAR)), THEN CONTINUE WITH QA07_E9;
IF QA07_E6 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear";
IF QA07_E8 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE GO TO PROGRAMMING NOTE QA07_E10;

QA07_E9 What is the ONE most important reason why you have {NEVER had a Pap test/NOT had a Pap test in the last 3 years}?
¿Cuál es la razón más importante por la que usted {NUNCA tuvo/ NO ha tenido} una prueba Pap en los últimos 3 AÑOS?

AD10

- NO REASON/NEVER THOUGHT ABOUT IT1
- DIDN'T KNOW I NEEDED THIS TYPE OF TEST2
- DOCTOR DIDN'T TELL ME I NEEDED IT3
- HAVEN'T HAD ANY PROBLEMS4
- PUT IT OFF/LAZINESS.....5
- TOO EXPENSIVE/NO INSURANCE/COST.....6
- TOO PAINFUL, UNPLEASANT,
OR EMBARRASSING7
- HYSTERECTOMY8 [GO TO QA07_E13]
- DON'T HAVE A DOCTOR9
- HAD HPV VACCINE10
- HAD HPV DNA TEST11
- OTHER91
- REFUSED.....-7
- DON'T KNOW.....-8

QA07_E10 In the past 3 years, has a doctor recommended that you have a Pap test?
En los últimos 3 años, ¿le ha recomendado un doctor que se haga la prueba de Papanicolau?

AE71

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

PROGRAMMING NOTE QA07_E11;
IF AGE <28 THEN CONTINUE WITH QA07_E11;
ELSE SKIP TO QA07_E12;

QA07_E11 When do you expect to have your next Pap test?
¿Cuándo espera hacerse la próxima prueba de Papanicolau o prueba Pap?

AE79

- A YEAR OR LESS FROM NOW 1
- 1-3 YEARS FROM NOW 2
- 3-5 YEARS FROM NOW 3
- MORE THAN 5 YEARS FROM NOW 4
- WHEN DOCTOR RECOMMENDS IT 5
- NEVER, HAD HPV DNA TEST 6
- NEVER, HAD HPV VACCINE 7
- NEVER, OTHER REASON 8
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_E12;
IF QA07_E6 = 1 (Ever had a Pap test) CONTINUE WITH QA07_E12;
ELSE GO TO QA07_E13;

QA07_E12 Have you ever had a Pap test where the results were NOT normal?
¿Le han hecho alguna vez una prueba de Papanicolau en la que los resultados NO fueron normales?

AD8

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

**PROGRAMMING NOTE QA07_E13;
IF AGE > 65, GO TO PROGRAMMING NOTE QA07_E22;
ELSE CONTINUE WITH QA07_E13;**

QA07_E13 Have you ever heard of HPV? HPV stands for Human Papillomavirus.
¿Ha oído hablar alguna vez del VPH? Las iniciales VPH, o HPV en inglés, significan Virus del Papiloma Humano.

AE72

- YES1
- NO2 **[GO TO QA07_E16]**
- REFUSED -7 **[GO TO QA07_E16]**
- DON'T KNOW -8 **[GO TO QA07_E16]**

QA07_E14 Where did you hear about HPV?
¿Dónde oyó usted hablar del HPV?

AE73

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- HEALTH CARE PROVIDER/CLINIC1
- FAMILY2
- FRIENDS3
- TV ADVERTISEMENT4
- TV NEWS5
- TV SHOW6
- NEWSPAPER OR MAGAZINE7
- INTERNET8
- SCHOOL9
- OTHER10
- REFUSED -7
- DON'T KNOW -8

QA07_E15a Do you think HPV can cause cervical cancer?
¿Cree usted que el VPH puede causar cáncer del cuello uterino o cervical?

AE74

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

QA07_E15b Do you think you can get HPV through sexual contact?
¿Cree usted que el HPV es una enfermedad que se transmite por contacto sexual?

AE75

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

QA07_E15c Do you think HPV causes AIDS?
¿Cree usted que el HPV causa el SIDA?

AE76

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

QA07_E15d Do you think HPV can go away on its own without treatment?
¿Cree que el VPH puede curarse por sí solo, sin tratamiento?

AE87

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

**PROGRAMMING NOTE QA07_E16;
 IF AGE > 27 GO TO PROGRAMMING NOTE QA07_E22;
 ELSE CONTINUE WITH QA07_E16;**

QA07_E16 Have you ever heard of the HPV vaccine or shot to prevent cervical cancer?
¿Ha oído hablar alguna vez de una vacuna para HPV o una inyección para prevenir el cáncer cervical?

AE77

[INTERVIEWER NOTE: IF RESPONDENT MENTIONS “GARDASIL”, THEN CODE YES.]

- YES 1
- NO 2 **[GO TO QA07_E18]**
- REFUSED -7 **[GO TO QA07_E18]**
- DON'T KNOW -8 **[GO TO QA07_E18]**

QA07_E17 Have you ever received the HPV vaccine or HPV shots?
¿Le han puesto a usted alguna vez la vacuna o inyección contra el HPV?

AE78

- YES 1
- NO 2 **[GO TO QA07_E18]**
- REFUSED -7 **[GO TO QA07_E18]**
- DON'T KNOW -8 **[GO TO QA07_E18]**

QA07_E17A Did you receive all three doses of the HPV vaccine?
¿Recibió las tres dosis de la vacuna contra el HPV?

AE88

- YES 1 **[GO TO QA07_E22]**
- NO 2 **[GO TO QA07_E22]**
- REFUSED -7 **[GO TO QA07_E22]**
- DON'T KNOW -8 **[GO TO QA07_E22]**

**PROGRAMMING NOTE QA07_E18;
 IF QA07_E16 = 2, -7, OR -8 OR QA07_E17 = 2, -7, OR -8 THEN DISPLAY: "HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26."**

QA07_E18 {HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.} Would you be interested in getting the vaccine?
 {El HPV es un virus que puede causar cáncer cervical. Una vacuna contra el HPV ha sido aprobada para niñas y mujeres de 9 a 26 años de edad.} ¿Estaría usted interesada en ponerse la vacuna?

AE80

- YES1 [GO TO QA07_E20]
- NO2
- REFUSED -7
- DON'T KNOW -8

QA07_E19 What is the main reason you would not want to get the vaccine?
 ¿Cuál es el motivo principal por el que usted no se pondría la vacuna?

AE81

- DOES NOT NEED VACCINE1 [GO TO QA07_E22]
- NOT SEXUALLY ACTIVE2 [GO TO QA07_E22]
- TOO EXPENSIVE3 [GO TO QA07_E21]
- TOO OLD FOR VACCINE4 [GO TO QA07_E22]
- DOCTOR DIDN'T RECOMMEND IT5 [GO TO QA07_E22]
- WORRIED ABOUT SAFETY OF VACCINE6 [GO TO QA07_E22]
- DON'T KNOW WHERE TO GET VACCINE7 [GO TO QA07_E22]
- MY SPOUSE/FAMILY MEMBER IS AGAINST IT8 [GO TO QA07_E22]
- DON'T KNOW ENOUGH ABOUT VACCINE9 [GO TO QA07_E22]
- OTHER10 [GO TO QA07_E22]
- REFUSED -7 [GO TO QA07_E22]
- DON'T KNOW -8 [GO TO QA07_E22]

QA07_E20 The cost of the vaccine may be about \$360. Would you get the HPV vaccine if you had to pay this amount?
 La vacuna cuesta más o menos \$360. ¿Se pondría usted la vacuna HPV si tuviera que pagar esta cantidad?

AE82

- YES1 [GO TO QA07_E22]
- NO2
- REFUSED -7 [GO TO QA07_E22]
- DON'T KNOW -8 [GO TO QA07_E22]

QA07_E21 If you could get the HPV vaccine for free, or at a much lower cost, would you get it?
 Si usted pudiera obtener la vacuna gratis o si fuera mucho más barata, ¿se la pondría?

AE83

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

**PROGRAMMING NOTE QA07_E22;
IF AGE > 45 GO TO PROGRAMMING NOTE QA07_E24;
ELSE CONTINUE WITH QA07_E22;**

QA07_E22 The next few questions are about emergency contraception.
Las preguntas siguientes son acerca del anticonceptivo de emergencia.

Do you think you can get emergency contraception or the “morning after pill” over the counter from a drug store pharmacist without phoning or seeing a doctor first?
¿Cree usted que puede obtener el anticonceptivo de emergencia, llamado también la “píldora de la mañana siguiente”, sin receta en una farmacia, sin necesidad de telefonar o visitar a un doctor?

AE85

- YES1
- NO2 [GO TO QA07_E24]
- REFUSED -7 [GO TO QA07_E24]
- DON'T KNOW -8 [GO TO QA07_E24]

QA07_E23 In the past 12 months, have you used emergency contraception pills or the “morning after pill”?
En los últimos 12 meses, ¿ha usado la píldora anticonceptiva de emergencia o la “píldora para la mañana siguiente”?

AF44

[IF NEEDED, SAY: “Emergency contraception can prevent pregnancy if taken within 72 hours of unprotected sex or contraceptive failure. It is not RU486, also known as the ‘abortion pill’.”]
[IF NEEDED, SAY: “El anticonceptivo de emergencia, conocido también como la “píldora para la mañana después”, puede prevenir el embarazo si se toma dentro de 72 horas después de haber tenido relaciones sexuales sin protección o de haber fallado con el método anticonceptivo. No es la RU486, conocida también como píldora para abortar.”]

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

PROGRAMMING NOTE QA07_E24:
IF AAGE < 30 OR QA07_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA07__E28;
ELSE CONTINUE WITH QA07_E24 (INCLUDE WOMEN WITH AGE UNKNOWN);

QA07_E24 Have you ever had a mammogram?
 ¿Se ha hecho alguna vez una mamografía?

AD14

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

[AND READ DEFINITION IF R ANSWERS "No." IF STILL NO, FOLLOW SKIP INSTRUCTIONS]

- YES1
- NO2 [GO TO QA07_E27]
- REFUSED-7 [GO TO QA07_E28]
- DON'T KNOW-8 [GO TO QA07_E28]

QA07_E25 How many mammograms have you had in the last 6 years? Your best estimate is fine.
 ¿Cuántas mamografías ha tenido usted en los últimos 6 años? Puede dar una aproximación.

AD16

- _____ MAMMOGRAMS
- REFUSED-7
 - DON'T KNOW-8

PROGRAMMING NOTE QA07_E26:
IF QA07_E25 = 0 (NO MAMMOGRAMS IN LAST 6 YEARS), SKIP TO QA07_E27;
ELSE CONTINUE WITH QA07_E26

QA07_E26 How long ago did you have your most recent mammogram?
 ¿Hace cuánto tiempo se hizo la última mamografía?

AD17

- A YEAR AGO OR LESS1
- MORE THAN 1 UP TO 2 YEARS AGO2
- MORE THAN 2 UP TO 3 YEARS AGO3
- MORE THAN 3 UP TO 5 YEARS AGO4
- MORE THAN 5 YEARS AGO5
- REFUSED7 [GO TO QA07_E28]
- DON'T KNOW-8 [GO TO QA07_E28]

QA07_E27 In the past 2 years, has a doctor recommended that you have a mammogram?
 En los últimos 2 años, ¿le ha recomendado un doctor que se haga una mamografía?

AD26

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

PROGRAMMING NOTE QA07_E28;
IF AGE > 39 AND AD13 = 2 THEN CONTINUE WITH QA07_E28;
ELSE GO TO QA07_F1;

QA07_E28 Are you currently taking hormone replacement therapy or HRT for menopause?
¿Está usted actualmente recibiendo terapia de reemplazo de hormonas, o TRH, para la menopausia?

AD28

[IF NEEDED, SAY: “This is a pill, patch or treatment that gives women more of the female hormone, estrogen.”]
[IF NEEDED, SAY: “Esta terapia es una píldora, un parche o un tratamiento que proporciona a las mujeres una mayor cantidad de la hormona femenina llamada estrógeno.”]

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

QA07_E29 Some women go on and off hormone replacement therapy. Altogether, how long have you taken HRT?
Algunas mujeres siguen la terapia de reemplazo hormonal durante algún tiempo y no la siguen durante otros periodos de tiempo. En total, ¿cuánto tiempo ha estado siguiendo la Terapia de Reemplazo Hormonal?

AE84

- A YEAR AGO OR LESS1
- MORE THAN 1 UP TO 2 YEARS2
- MORE THAN 2 UP TO 4 YEARS3
- MORE THAN 4 UP TO 8 YEARS4
- MORE THAN 8 YEARS AGO5
- REFUSED-7
- DON'T KNOW-8

Section F – Mental Health

QA07_F1

The next questions are about how you have been feeling during the past 30 days.
Las siguientes preguntas son acerca de cómo se ha sentido durante los últimos 30 días.

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?
*Durante los últimos 30 días, ¿más o menos con qué frecuencia, se ha sentido nervioso(a)? —
 ¿Diría usted que siempre, casi siempre, algunas veces, muy pocas veces, o nunca?*

AJ29

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

QA07_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?
Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido sin esperanzas - siempre, casi siempre, algunas veces, muy pocas veces, o nunca?

AJ30

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

QA07_F3

During the past 30 days, about how often did you feel restless or fidgety?
Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido inquieto(a) o intranquilo(a)?

AJ31

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

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

QA07_F4

How often did you feel so depressed that nothing could cheer you up?
¿Con que frecuencia se ha sentido tan deprimido(a) que nada le podía levantar el ánimo?

AJ32

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

[IF NEEDED, SAY: "¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"]

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

QA07_F5

During the past 30 days, about how often did you feel that everything was an effort?
Durante los últimos 30 días, ¿más o menos con qué frecuencia sintió que todo era un esfuerzo?

AJ33

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

[IF NEEDED, SAY: "¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"]

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

QA07_F6

During the past 30 days, about how often did you feel worthless?
Durante los últimos 30 días ¿con qué frecuencia sintió que usted no valía nada?

AJ34

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

[IF NEEDED, SAY: "¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"]

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

QA07_F7 Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
¿Hubo algún mes en los últimos 12 meses en que se haya sentido así con más frecuencia que en los últimos 30 días?

AF62

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

**PROGRAMMING NOTE QA07_F8;
 IF QA07_F7 = 1 THEN CONTINUE WITH QA07_F8;
 ELSE SKIP TO PROGRAMMING NOTE QA07_F14;**

QA07_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.
Las preguntas que siguen son acerca de ese mes en los últimos 12 meses cuando usted se sintió peor emocionalmente.

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?
Durante ese mismo mes, ¿con qué frecuencia se sintió nervioso(a)--siempre, casi siempre, algunas veces, muy pocas veces, o nunca?

AF63

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

QA07_F9 During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?
Durante ese mismo mes, ¿con qué frecuencia se sintió sin esperanzas- siempre, casi siempre, algunas veces, muy pocas veces, o nunca?

AF64

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

QA07_F10 How often did you feel restless or fidgety?
¿Con qué frecuencia se sintió inquieto(a) o intranquilo(a)?

AF65

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

[IF NEEDED, SAY: "¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"]

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

QA07_F11 How often did you feel so depressed that nothing could cheer you up?
¿Con qué frecuencia se sintió tan deprimido(a) que nada le podía levantar el ánimo?

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: "¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"]

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

QA07_F12 How often did you feel that everything was an effort?
¿Con qué frecuencia se sintió como que todo era un esfuerzo?

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: "¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?"]

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

QA07_F13 How often did you feel worthless?
¿Con qué frecuencia se sintió que no valía nada?

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: “¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?”]

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

PROGRAMMING NOTE QA07_F14intro;
IF (QA07_F1 + QA07_F2 + QA07_F3 + QA07_F4 + QA07_F5 + QA07_F6 > 5) OR
(QA07_F8 + QA07_F9 + QA07_F10 + QA07_F11 + QA07_F12 + QA07_F12 > 5) OR
(IF QA07_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 4) OR
(IF QA07_F8-F12 = ONE OUT OF RANGE RESPONSE AND F8-F6 > 4) THEN CONTINUE WITH QA07_F14;
IF QA07_F7 = 1 THEN CATI HIGHLIGHT {AGAIN, PLEASE};
ELSE SKIP TO QA07_F19;

QA07_F14intro Think {again, please} about the month in the past 12 months when you were at your worst emotionally.
Piense en el mes, durante los últimos 12 meses, en el que se sintió peor emocionalmente.

PROGRAMMING NOTE QA07_F14;
IF AGE > 70 GO TO QA07_F15;
ELSE CONTINUE WITH QA07_F14;

QA07_F14 Did your emotions interfere a lot, some, or not at all with your performance at work?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en su desempeño en el trabajo?

AF69

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

QA07_F15 Did your emotions interfere a lot, some, or not at all with your household chores?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en las tareas o quehaceres de su casa?

AF70

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

QA07_F16 Did your emotions interfere a lot, some, or not at all with your social life?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en su vida social?

AF71

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

QA07_F17 Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?
¿Tuvieron sus emociones mucha influencia, alguna influencia, o ninguna influencia en las relaciones con sus amigos y su familia?

AF72

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

QA07_F18 Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
Ahora piense en los últimos 12 meses. De los 365 días, ¿en cuántos días le fue imposible o no fue capaz de trabajar o llevar a cabo sus actividades normales debido a que se sentía nervioso(a), deprimido(a), o estresado(a) emocionalmente?

AF73

[IF NEEDED, SAY: "You can use any number between 0 and 365 to answer."]
 [IF NEEDED, SAY: "Para responder, puede usar cualquier número entre 0 y 365."]

- _____ NUMBER OF DAYS
- REFUSED -7
 - DON'T KNOW -8

QA07_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, nerves, or your use of alcohol or drugs?
¿Hubo alguna vez en los últimos 12 meses en que usted pensó que posiblemente necesitaba ver a un profesional debido a problemas con su salud mental, sus emociones o nervios, o su consumo de alcohol o drogas?

AF81

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

QA07_F20 In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
En los últimos 12 meses, ¿ha visto a su doctor de atención primaria o doctor general para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

AF74

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

QA07_F21 In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
En los últimos 12 meses, ¿ha visto a cualquier otro profesional, tal como un consejero, un siquiatra, o un trabajador social para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

AF75

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

PROGRAMMING NOTE QA07_F22:
IF QA07_F20 = 1 OR QA07_F21 = 1 THEN CONTINUE WITH QA07_F22;
ELSE SKIP TO QA07_F27;

QA07_F22 Did you seek help for your mental or emotional health or for an alcohol or drug problem?
¿Buscó usted ayuda para su salud mental o emocional, o por un problema de alcohol o drogas?

AF76

- MENTAL-EMOTIONAL HEALTH.....1
- ALCOHOL-DRUG PROBLEM2
- BOTH MENTAL & ALCOHOL-DRUG3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_F23:
IF QA07_F22 = 1, DISPLAY: "MENTAL OR EMOTIONAL HEALTH"
IF QA07_F22 = 2, DISPLAY: "USE OF ALCOHOL OR DRUGS"
IF QA07_F22 = 3, DISPLAY: "MENTAL OR EMOTIONAL HEALTH AND YOUR USE OF ALCOHOL OR DRUGS"
ELSE SKIP TO QA07_F24;

QA07_F23 In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health?/ use of alcohol or drugs?/ mental or emotional health and your use of alcohol or drugs?} Do not count overnight hospital stays.
En los últimos 12 meses, ¿cuántas veces fue a ver a un profesional debido a problemas con su salud mental o emocional? No cuente las veces que tuvo que pasar la noche en el hospital.

AF77

_____ NUMBER OF VISITS
 REFUSED -7
 DON'T KNOW -8

QA07_F24 Are you still receiving treatment for these problems from one or more of these providers?
¿Todavía está recibiendo tratamiento de alguno de estos proveedores debido a uno o más de estos problemas?

AF78

YES1 [GO TO QA07_F27]
 NO2
 REFUSED -7 [GO TO QA07_F27]
 DON'T KNOW -8 [GO TO QA07_F27]

QA07_F25 Did you complete the recommended full course of treatment?
¿Terminó usted el completo tratamiento recomendado?

AF79

YES1 [GO TO QA07_F27]
 NO2
 REFUSED -7
 DON'T KNOW -8

QA07_F26 What is the MAIN REASON you are no longer receiving treatment?
¿Cuál es el MOTIVO PRINCIPAL por el que ya no está recibiendo tratamiento?

AF80

GOT BETTER/NO LONGER NEEDED1
 NOT GETTING BETTER2
 WANTED TO HANDLE PROBLEM ON OWN.....3
 BAD EXPERIENCES WITH TREATMENT.....4
 LACK OF TIME/TRANSPORTATION.....5
 TOO EXPENSIVE.....6
 INSURANCE DOES NOT COVER7
 OTHER (SPECIFY).....8
 REFUSED -7
 DON'T KNOW -8

QA07_F27 During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
Durante los últimos 12 meses, ¿tomó algunas medicinas con receta, como antidepresivos o sedantes, casi diario por dos semanas o más, debido a algún problema emocional o personal?

AJ5

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

PROGRAMING NOTE QA07_F28:
IF QA07_F19 = 1 AND (QA07_F20 ≠ 1 AND QA07_F21 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE; ELSE SKIP TO QA07_G1;

QA07_F28 Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.
Una persona podría decidir no buscar ayuda de un profesional, aunque crea que posiblemente la necesita, por algunas razones que mencionamos a continuación. Dígame “sí” o “no” para que sepa si cada una de estas razones explica por qué no vio usted a un profesional.

You were concerned about the cost of treatment.
Le preocupaba el costo del tratamiento.

AF82

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

QA07_F29 You did not feel comfortable talking with a professional about your personal problems.
Se sentía incómodo(a) hablando con un profesional acerca de sus problemas personales.

AF83

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

QA07_F30 You were concerned about what would happen if someone found out you had a problem.
Le preocupaba qué iba a pasar si alguien se enteraba de que tenía un problema.

AF84

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

QA07_F31 You had a hard time getting an appointment.
Le fue muy difícil conseguir una cita.

AF85

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

Section G – Demographic Information, Part II

QA07_G1

Now a few more questions about you.
Ahora tengo algunas preguntas sobre su historia.

AH33

In what country were you born?
¿En qué país nació?

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 QA07_G2;
 IF QA07_G1 ≠ 1 (NOT BORN IN US), GO TO QA07_G4;
 ELSE IF QA07_G1 = 1, -7, -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA07_G2;**

QA07_G2 In what country was your mother born?
¿En qué país nació su madre?

AH34

[INTERVIEWER NOTE: 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

QA07_G3 In what country was your father born?
¿En qué país nació su padre?

AH35

[INTERVIEWER NOTE: 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

QA07_G4 What languages do you speak at home?
¿Qué idiomas habla usted en su hogar?

AH36

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

- ENGLISH1
- SPANISH2
- CANTONESE3
- VIETNAMESE4
- TAGALOG5
- MANDARIN6
- KOREAN7
- ASIAN INDIAN LANGUAGES8
- RUSSIAN9
- OTHER 1 (SPECIFY: _____)91
- OTHER 2 (SPECIFY: _____)92
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA07_G5A and QA07_G5B;
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA07_G5A;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA07_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA07_G5A AND DISPLAY: "Ya que en casa usted habla un idioma que no es inglés, nos interesa saber qué idiomas usa en otras situaciones" AND DROP RESPONSE CATEGORY "NOT AT ALL";
REPLACE OTHER LANGUAGE FOR QA07_G5A and QA07_G5B WITH LANGUAGE PROVIDED IN QA07_G4 OR INTERVIEW LANGUAGE;
ELSE IF QA07_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA07_G7;

QA07_G5A What language do you speak with your friends?
¿Qué idioma habla usted con sus amigos?

AG20

- ONLY ENGLISH1
- BOTH ENGLISH AND OTHER LANGUAGE(S)2
- ONLY OTHER LANGUAGE(S)3
- REFUSED-7
- DON'T KNOW-8

QA07_G5B In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen, or read?
¿En qué idiomas son los programas de TV, las estaciones de radio, o los periódicos que usted normalmente ve, escucha, o lee?

AG21

- ONLY ENGLISH1
- BOTH ENGLISH AND OTHER LANGUAGE(S)2
- ONLY OTHER LANGUAGE(S)3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA07_G6:
IF INTERVIEW CONDUCTED IN ENGLISH AND QA07_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA07_G6 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "NOT AT ALL";
ELSE IF QA07_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA07_G7;

QA07_G6 {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...
Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés ¿Diría usted que habla inglés...

AH37

- Very well1
- Muy bien*1
- Well2
- Bien*2
- Not well3
- No bien*3
- Not at all4
- No muy bien?*4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_G7:
IF QA07_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO QA07_G11;
ELSE CONTINUE WITH QA07_G7;

QA07_G7 The next questions are about citizenship and immigration.
Las preguntas siguientes son acerca de ciudadanía e inmigración.

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

AH39

- YES1 **[GO TO QA07_G9]**
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

QA07_G8

Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
¿Es usted residente permanente con una tarjeta verde? Sus respuestas son confidenciales y no serán reportadas al Servicio de Inmigración.

AH40

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

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

QA07_G9

About how many years have you lived in the United States?
Aproximadamente, ¿cuántos años ha vivido usted en Estados Unidos?

AH41

[INTERVIEWER NOTE: 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 QA07_G11:
IF QA07_A16 = 1 (MARRIED) CONTINUE WITH QA07_G11;
IF QA07_A16 = 2 (LIVING WITH PARTNER), GO TO QA07_G12;
ELSE GO TO PROGRAMMING NOTE QA07_G13;

QA07_G11

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

AH44

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

QA07_G12

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

SC11A

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

- SPOUSE/PARTNER NAME _____
- SPOUSE/PARTNER AGE _____
- SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA07_G13:
IF AAGE < 30 OR QA07_A4 = 1 (AGE 18-29) AND QA07_A16 = 1 (MARRIED) AND QA07_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA07_G13;
IF AAGE < 30 OR QA07_A4 = 1 (AGE 18-29) AND QA07_A16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA07_G13;
IF AAGE < 30 OR QA07_A4 = 1 (AGE 18-29) AND QA07_A16 = 3, 4, 5, 6, OR -7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA07_G13;
ELSE GO TO QA07_G14;

QA07_G13 Are you now living with either of your parents?
¿Está usted viviendo ahora con su padre o con su madre?

AH43A

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA07_G14;
IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA07_G15;
ELSE CONTINUE WITH QA07_G14;

QA07_G14 Are there any children under the age of 18 living in the household, including babies?
Incluyendo a bebés ¿hay algún niño, menor de 18 años, viviendo en este hogar?

SC12

YES1
 NO2 [GO TO QA07_G21]
 REFUSED-7 [GO TO QA07_G21]
 DON'T KNOW-8 [GO TO QA07_G21]

QA07_G15 Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.
Por favor dígame solamente el primer nombre y la edad de todos los niños menores de 18 años, incluyendo a bebés, que usualmente viven en su hogar.

SC13A

[PROBE: "Is there anyone else?"]
 [PROBE: "¿Hay alguno más?"]

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

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

QA07_G16 Is (CHILD)...
 ¿Tiene (CHILD)...

SC15A

- 0 To 11 years old1
- De 0 a 11 años de edad, o1 [CODE AS CHILD]
- 12 To 17 years old2
- De 12 a 17 años de edad2 [CODE AS TEEN]
- REFUSED -7 [CODE AS TEEN]
- DON'T KNOW -8 [CODE AS TEEN]

QA07_G17 I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?
 He escrito que {numero} {niño/niños} menor de 18 años vive{n} en este hogar. ¿Se nos ha olvidado algún niño menor de 18 años que usualmente vive aquí pero que está fuera por un tiempo?

SC13

- NO ONE MISSED -- ROSTER IS CORRECT1
- RETURN TO ROSTER2 [GO BACK TO QA07_G15]

PROGRAMMING NOTE QA07_G18: IF ANY PEOPLE IN HH UNDER 18, ASK ABOUT EACH PERSON < 18;

QA07_G18 Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?
 ¿Es usted uno de los padres o guardianes legales de {PERSON NAME/AGE/SEX}?

SC14A

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

PROGRAMMING NOTE QA07_G18A: IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44 = 1 OR AH43 = 2], ASK QA07_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18; ELSE SKIP TO QA07_G19;

QA07_G18A Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?
 ¿Es {NAME/AGE/SEX} uno de los padres o guardianes legales de {PERSON NAME/AGE/SEX}?

SC14B

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

PROGRAMMING NOTE QA07_G19:
IF QA07_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA07_G15 ARE AGE 13 OR LESS, CONTINUE WITH QA07_G19; ELSE GO TO QA07_G21
IF ANY CHILD IN ROSTER QA07_G15 < 14 AND ≥ 14 display “for any children under age 13”;
IF QA07_A16 = 1 (MARRIED) AND QA07_G11 = 1 (SPOUSE LIVING IN HH), DISPLAY “you or your spouse”;
IF QA07_A16 = 2 (LIVING WITH PARTNER), DISPLAY “you or your partner”; ELSE DISPLAY “you”;

QA07_G19 In the past month, did you use any paid childcare {for any children under age 13} while {you or your spouse/partner/you} worked, were in school, or looked for work?
Durante el mes pasado, ¿pagó algún tipo de cuidado infantil por cualquier niño menor de 13 años mientras {usted o su esposo(a)/ compañero(a)} trabajaba, iba a la escuela o buscaba empleo?

AH44A

[IF NEEDED, SAY: “This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.”]
[IF NEEDED, SAY: “Esto incluye Head Start, guarderías infantiles, programas antes o después de la escuela y cualquier arreglo para que otra persona cuide a su niño/a mediante un pago.”]

- YES 1
- NO 2 **[GO TO QA07_G21]**
- REFUSED -7 **[GO TO QA07_G21]**
- DON'T KNOW -8 **[GO TO QA07_G21]**

QA07_G20 In the past month, how much did you pay for all child care arrangements and programs?
 En el mes pasado, ¿cuánto pagó en total por todos los arreglos y programas para cuidar niños?

AH44B

[IF NEEDED, SAY: “If it is easier for you, you can tell me what you or any other adult in your household paid in a typical week last month.”]
[IF NEEDED, SAY: “Si le es más fácil, puede decirme lo que pagó usted o cualquier otro adulto en su hogar en una semana normal durante el mes pasado.”]

- \$ _____ AMOUNT LAST MONTH
- \$ _____ AMOUNT IN TYPICAL WEEK
- NO PAYMENT IN LAST MONTH OR WEEK 3
- REFUSED -7
- DON'T KNOW -8

QA07_G21 What is the highest grade of education you have completed and received credit for?
¿Cuál es el grado de educación más alto que usted ha completado y por el que ha recibido reconocimiento?

AH47

NO FORMAL EDUCATION.....30

GRADE SCHOOL

1ST GRADE1

2ND GRADE2

3RD GRADE3

4TH GRADE4

5TH GRADE5

6TH GRADE6

7TH GRADE7

8TH GRADE8

HIGH SCHOOL OR EQUIVALENT

9TH GRADE9

10TH GRADE10

11TH GRADE11

12TH GRADE12

4-YEAR COLLEGE OR UNIVERSITY

1ST YEAR (FRESHMAN)13

2ND YEAR (SOPHOMORE)14

3RD YEAR (JUNIOR).....15

4TH YEAR (SENIOR) (BA/BS)16

5TH YEAR17

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 SCHOOL20

MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD).....21

2-YEAR JUNIOR OR COMMUNITY COLLEGE

1ST YEAR22

2ND YEAR (AA/AS)23

VOCATIONAL, BUSINESS, OR TRADE SCHOOL

1ST YEAR24

2ND YEAR25

MORE THAN 2 YEARS.....26

REFUSED-7

DON'T KNOW (OUT OF RANGE)-8

QA07_G22 Which of the following were you doing last week?
 ¿Cuál de los siguientes hizo la semana pasada?

AK1

- Working at a job or business 1 [GO TO QA07_G26]
- With a job or business but not at work 2
- Looking for work 3
- Not working at a job or business 4
- REFUSED -7 [GO TO QA07_G26]
- DON'T KNOW -8 [GO TO QA07_G26]

QA07_G23 What is the main reason you did not work last week?
 ¿Cuál es la razón principal por la que no trabajó la semana pasada?

AK2

[IF NEEDED, SAY: "Main reason is the most important reason."
 [IF NEEDED, SAY: "La razón principal es la razón más importante."]

- TAKING CARE OF HOUSE OR FAMILY 1
- ON PLANNED VACATION 2
- COULDN'T FIND A JOB 3
- GOING TO SCHOOL/STUDENT 4
- RETIRED 5 [GO TO QA07_G25]
- DISABLED 6 [GO TO QA07_G25]
- UNABLE TO WORK TEMPORARILY 7
- ON LAYOFF OR STRIKE 8
- ON FAMILY OR MATERNITY LEAVE 9
- OFF SEASON 10
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

QA07_G24 Do you usually work?
 ¿Trabaja usted generalmente?

AG10

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

PROGRAMMING NOTE QA07_G25;
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA07_G24 = 2 (NO) CONTINUE WITH QA07_G25;
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA07_G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE WITH QA07_G25;
ELSE GO TO PROGRAMMING NOTE QA07_G27;

QA07_G25 Are you receiving Social Security Disability Insurance or SSDI?
¿Recibe usted ingreso suplementario de seguridad por incapacidad o SSDI?

AL22

- YES1 [GO TO QA07_G27]
- NO2 [GO TO QA07_G27]
- REFUSED-7 [GO TO QA07_G27]
- DON'T KNOW-8 [GO TO QA07_G27]

PROGRAMMING NOTE QA07_G26:
ELSE IF QA07_G22 = 1, 2, -7, -8 OR QA07_G24 = 1, CONTINUE WITH QA07_G26;
ELSE GO TO PROGRAMMING NOTE QA07_G27;

QA07_G26 On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?
En su trabajo principal, ¿trabaja usted para: una compañía privada, para el gobierno, trabaja por cuenta propia, o está trabajando sin recibir pago en un negocio o finca de la familia?

AK4

[IF NEEDED, SAY: “Where did you work most hours?”]
[IF NEEDED, SAY: “¿Dónde trabajó más horas?”]

- PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION.....1
- GOVERNMENT2
- SELF-EMPLOYED.....3
- FAMILY BUSINESS OR FARM4
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA07_G27;
IF QA07_A16 = 1 (MARRIED), CONTINUE WITH QA07_G27;
ELSE GO TO QA07_H1;

QA07_G27 Which of the following was your spouse doing last week?
¿Cuál de los siguientes hizo la semana pasada su esposo (a)?

AG8

- Working at a job or business1 [GO TO QA07_G29]
- With a job or business but not at work.....2 [GO TO QA07_G29]
- Looking for work.....3
- Not working at a job/business.....4
- REFUSED-7
- DON'T KNOW-8

QA07_G28 Does your spouse usually work?
¿Trabaja su esposo/a generalmente?

AG11

- YES1
- NO2 [GO TO QA07_H1]
- LOOKING FOR WORK.....3 [GO TO QA07_H1]
- REFUSED -7 [GO TO QA07_H1]
- DON'T KNOW -8 [GO TO QA07_H1]

QA07_G29 On your spouse's main job, is he/she employed by a private company, the government, or is he/she self-employed, or is he/she working without pay in a family business or farm?
En el trabajo principal de su esposo(a), ¿trabaja {él/ ella} para una compañía privada, para el gobierno, trabaja por cuenta propia, o está trabajando sin recibir pago en un negocio o en un rancho o finca de la familia?

AG9

[IF NEEDED, SAY, "Where did he/she work most hours?"]
[IF NEEDED, SAY: "¿Donde trabajó {él/ella} más horas?"]

- PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION.....1
- GOVERNMENT2
- SELF-EMPLOYED.....3
- FAMILY BUSINESS OR FARM4
- REFUSED -7
- DON'T KNOW -8

Section H – Health Insurance

QA07_H1 Is there a place that you usually go to when you are sick or need advice about your health?
¿Hay algún lugar al que usted va normalmente cuando está enfermo(a) o necesita consejos sobre su salud?

AH1

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

- YES1
- NO.....2 **[GO TO QA07_H3]**
- DOCTOR/MY DOCTOR3
- KAISER.....4
- MORE THAN ONE PLACE.....5
- REFUSED.....-7 **[GO TO QA07_H3]**
- DON'T KNOW-8 **[GO TO QA07_H3]**

PROGRAMMING NOTE QA07_H2:
IF QA07_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY " A qué tipo de lugar va usted con más frecuencia - el consultorio de un médico";
ELSE IF QA07_H1 = 3 (DOCTOR/MY DOCTOR), SAY " Está su médico en un consultorio particular de médico ";
ELSE IF QA07_H1 = 4 (KAISER) CIRCLE "1" FOR QA07_H2 AND GO TO QA07_H3;

QA07_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?
¿{A qué tipo de lugar va usted con más frecuencia - el consultorio de un médico/ Está su médico en un consultorio particular de médico}, una clínica o clínica de hospital, {en} una sala de urgencias o {en} algún otro lugar?

AH3

- DOCTOR'S OFFICE/KAISER/OTHER HMO1
- CLINIC/HEALTH CENTER/HOSPITAL CLINIC2
- EMERGENCY ROOM3
- SOME OTHER PLACE (SPECIFY: _____)....91
- NO ONE PLACE92
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA07_H3:
IF QA07_B6 = 1 (YES, R VISITED ER FOR ASTHMA), SKIP TO QA07_H4;
ELSE CONTINUE WITH AH12;

QA07_H3 During the past 12 months, did you visit a hospital emergency room for your own health?
Durante los últimos 12 meses, ¿visitó usted una sala de urgencias de un hospital para su propia salud?

AH12

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

QA07_H4 Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?
Medicare es un programa de seguro de salud para personas de 65 años o más o para personas con ciertas incapacidades. En este momento, ¿está usted cubierto(a) por Medicare?

AI1

[INTERVIEWER NOTE: Include Medicare managed care plans as well as the original Medicare plan.]

[INTERVIEWER NOTE: *Incluya el HMO de Medicare así como el plan original de medicare.*]

YES.....1 [GO TO QA07_H7]
 NO.....2
 REFUSED.....-7 [GO TO QA07_H14]
 DON'T KNOW.....-8 [GO TO QA07_H14]

IF QA07_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA07_H5:
 IF [AAGE > 64 OR QA07_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA07_H4= 2 (NO, NOT COVERED BY MEDICARE)], CONTINUE WITH QA07_H5;
 ELSE GO TO PROGRAMMING NOTE QA07_H7;**

QA07_H5 Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?
¿Es correcto que usted no está cubierto(a) por Medicare aun cuando usted me dijo anteriormente que tiene 65 años o es mayor?

AI2

CORRECT, NOT COVERED BY MEDICARE.....1 [GO TO QA07_H14]
 NOT CORRECT, R COVERED BY MEDICARE.....2 [GO TO QA07_H7]
 AGE IS INCORRECT.....93
 REFUSED.....-7 [GO TO QA07_H14]
 DON'T KNOW.....-8 [GO TO QA07_H14]

**POST-NOTE FOR QA07_H5:
 IF QA07_H5 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA07_H6: AIDATE
 SET AIDATE = CURRENT DATE (YYYYMMDD); SET AAGE = QA07_H6;
 IF AAGE < 18, CODE AS IA AND TERMINATE**

QA07_H6 What is your age, please?
¿Cuál es su edad, por favor?

AI3

____ YEARS OF AGE [GO TO QA07_H14]
 REFUSED.....-7 [GO TO QA07_H14]
 DON'T KNOW.....-8 [GO TO QA07_H14]

PROGRAMMING NOTE QA07_H7:
IF ARM CARE = 1, CONTINUE WITH QA07_H7;
ELSE GO TO QA07_H14;

QA07_H7 Is your MediCARE coverage provided through an HMO?
¿Es su cobertura de MediCARE proporcionada a través de una HMO?

AH49

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

[IF NEEDED, SAY: "Con una HMO, normalmente tiene que recibir atención médica del HMO o no se cubrirán los gastos, a menos que hubiera una emergencia médica."]

[IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" OR "Blue Cross," CODE "1" (YES).]

- YES1
- NO2 [GO TO QA07_H9]
- REFUSED -7 [GO TO QA07_H9]
- DON'T KNOW -8 [GO TO QA07_H9]

POST-NOTE FOR QA07_H7:
IF QA07_H7 = 1, SET ARMHMO = 1;

QA07_H8

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

AH50

Aetna Us Healthcare	1
Aids Healthcare Foundation, LA	2
Alameda Alliance For Health	3
Altamed Health Services	4
Blue Cross/Californiacare	5
Blue Shield/Careamerica	6
California Medicare	7
CalKids.....	8
Caloptima.....	9
Care 1st Health Plan/UHP	10
Caremore Insurance Services, Inc.	11
Center For Elders Independence.....	12
Central Coast Alliance/Santa Cruz-Monterey	13
Chinese Community Health Plan.....	14
Chinese Community Health Plan Senior	15
Cigna Healthcare Of California	16
Citizens Choice Healthplan.....	17
Community Health Group (San Diego Co)	18
Community Health Plan of LA.....	19
Contra Costa Health Plan	20
Golden Medicare.....	21
Health Advantage	22
Health Net/Foundation.....	23
Inland Empire Health Plan	24
Inter Valley Health Plan	25
Kaiser Foundation Health Plan	26
Kern Health Systems	27
LA Care Health Plan	28
Molina Healthcare of California.....	29
On Lok Senior Health Services.....	30
One Health Plan Of California	31
Pacificare/FHP	32
San Francisco Health Dept./Family Mosaic Project.....	33
San Francisco Health Plan	34
San Joaquin Health Plan	35
San Mateo Health Commission	36
Santa Barbara Health Plan	37
Santa Clara Family Health Plan.....	38
Scan Health Plan	39
Secure Horizons	40
Senior Advantage	41
Senior Secure	42
Seniority Plus	43
Service to Seniors.....	44
Sharp Health Plan.....	45
Solano/Napa County Network	46
Sutter Senior Care	47
Universal Care/Healthmax.....	48
Valley Health Plan, Santa Clara	49
Ventura County Health Care Plan	50
Western Health Advantage.....	51
Western Health Advantage Care+	52
65 Plus	53
Medi-CAL.....	54
OTHER	91
OTHER (SPECIFY: _____)	92
REFUSED.....	-7
DON'T KNOW	-8

POST-NOTE FOR QA07_H8: ALL ANSWERS GO TO QA07_H10;

QA07_H9 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
Algunas personas que reúnen los requisitos para Medicare, también tienen un seguro que a veces se llama Medigap o póliza suplementaria de Medicare. ¿Está usted también cubierto por este tipo de seguro?

AI4

[IF NEEDED, SAY: “These are policies that cover health care costs not covered by MediCARE alone.”]

[IF NEEDED, SAY: “Estas son pólizas que cubren los costos de los servicios de salud que no están cubiertos por Medicare solamente.”]

- YES.....1
- NO.....2 **[GO TO QA07_H14]**
- REFUSED.....-7 **[GO TO QA07_H14]**
- DON'T KNOW.....-8 **[GO TO QA07_H14]**

POST-NOTE FOR QA07_H9:
IF QA07_H9 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA07_H10:
IF QA07_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA07_H10 AND DISPLAY “MediCARE”
IF QA07_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA07_H10 AND DISPLAY “Plan Supplemental MediCARE HMO”
ELSE GO TO QA07_H14

QA07_H10 For the {MediCARE HMO/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?
Para el {Plan Suplementar MediCARE HMO/MediCARE}, ¿usted se inscribió directamente, o lo obtuvo a través de su empleador actual, un empleador anterior, un sindicato, un negocio familiar, AARP o de alguna otra forma?

AH52

[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”]
[IF NEEDED, SAY: “AARP son las siglas en inglés de American Association of Retired Persons.”]

- DIRECTLY1
- CURRENT EMPLOYER2
- FORMER EMPLOYER3
- UNION4
- FAMILY BUSINESS.....5
- AARP6
- SPOUSE’S EMPLOYER.....7
- SPOUSE’S UNION8
- PROFESSIONAL/FRATERNAL ORGANIZATION...9
- OTHER91
- REFUSED.....-7
- DON'T KNOW-8

QA07_H11 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga usted una parte o toda la prima o el costo de este plan de salud? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AH53

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

[IF NEEDED, SAY: "*Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica, mientras alguien diferente paga la cobertura principal de su atención médica.*"]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "*Un deducible es la cantidad que usted paga por su atención médica antes de que su plan de salud comience a pagar.*"]

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

[IF NEEDED, SAY: "*Prima es el cargo mensual por el costo del su plan de seguro de salud.*"]

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

QA07_H12 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
¿Hay otras personas, tales como un empleador, un sindicato o una organización profesional que paguen toda, o una parte de la prima o del costo de este plan de salud?

AH54

- YES 1
- NO 2 [GO TO QA07_H14]
- REFUSED -7 [GO TO QA07_H14]
- DON'T KNOW -8 [GO TO QA07_H14]

QA07_H13 Who is that?
¿Quién lo paga?

AH55

**[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]
[IF NEEDED, SAY: “¿Quién, además de usted, paga por una parte del costo de este plan, su empleador, el sindicato o una organización profesional?”]**

- CURRENT EMPLOYER1
- FORMER EMPLOYER2
- UNION3
- SPOUSE'S CURRENT EMPLOYER4
- SPOUSE'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE7
- HEALTHY FAMILIES8
- OTHER91
- REFUSED-7
- DON'T KNOW-8

**POST-NOTE FOR QA07_H13:
IF QA07_H13 = 7, SET ARMCAL = 1;
IF QA07_H13 = 8, SET ARHFAM = 1;**

**PROGRAMMING NOTE QA07_H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you";**

QA07_H14 {Is it correct that you are/Are you} covered by Medi-CAL?
¿Tiene usted cobertura de Medi-CAL?

AI6

**[IF NEEDED, SAY: “A plan for certain low-income children and their families, pregnant women, and disabled or elderly people.”]
[IF NEEDED, SAY: “Un plan para ciertos niños de bajos ingresos y sus familias, mujeres embarazadas y personas incapacitadas o mayores.”]**

- YES1 **[GO TO QA07_H16]**
- NO2
- REFUSED-7
- DON'T KNOW-8

**POST-NOTE FOR QA07_H14:
IF QA07_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA07_H14 = 2, SET ARMCAL = 0;**

PROGRAMMING NOTE QA07_H15:
IF AAGE > 18 OR [QA07_4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO QA07_H16;
ELSE IF [AAGE = 18 OR QA07_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA07_H15 AND DISPLAY: "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA07_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA07_H15 AND DISPLAY: "Are you";

QA07_H15 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?
 ¿{Es correcto que usted está/Está usted} cubierto(a) por el Programa de Familias Saludables?

AI7

[IF NEEDED, SAY: "Healthy Families is a State program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: "El Programa de Familias Saludables es un programa estatal que paga el seguro de salud para los niños hasta los 19 años de edad."]

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

POST-NOTE FOR QA07_H15:
IF QA07_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF ARHFAM = 1 AND QA07_H15 = 2, SET ARHFAM = 0;

PROGRAMMING NOTE QA07_H16
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" and "any other";
IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about";

QA07_H16 {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO plan you told me about} Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?
 {Además del plan suplementario de Medicare que me mencionó/Además del plan suplementar de Medicare HMO que me mencionó,} ¿Está usted cubierto(a) por un plan de seguro de salud o HMO a través de un empleador o de un sindicato actual o anterior?

AI8

[IF NEEDED, SAY: "...either through your own or someone else's employment."]
[IF NEEDED, SAY: "...ya sea a través de su propio empleo o del empleo de alguna otra persona."]

- YES1
- NO2 [GO TO QA07_H19]
- REFUSED -7 [GO TO QA07_H19]
- DON'T KNOW -8 [GO TO QA07_H19]

QA07_H17 Was this plan obtained in your own name or in the name of someone else?
¿Se obtuvo este plan a nombre suyo o a nombre de alguna otra persona?

AI9

[IF NEEDED, SAY: “Even someone who does not live in this household?”]
 [IF NEEDED, SAY: “¿Aún de alguien que no viva en este hogar?”]

- IN OWN NAME1 [GO TO QA07_H20]
- IN SOMEONE ELSE'S NAME2
- REFUSED -7 [GO TO QA07_H20]
- DON'T KNOW -8 [GO TO QA07_H20]

POST-NOTE FOR QA07_H17:
 IF QA07_H17 = 1, SET AREMPOW = 1 AND SET ARINSURE = 1
 IF QA07_H17 = [2, -7, -8], SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA07_H18:
 IF QA07_A16 = 1 (R HAS SPOUSE) OR IF QA07_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 25,
 CONTINUE WITH QA07_H18;
 ELSE GO TO QA07_H20;
 IF QA07_A16 = 1 AND R IS MALE, DISPLAY “wife’s”;
 IF QA07_A16 = 1 AND R IS FEMALE, DISPLAY “husband’s”;
 IF QA07_G13 = 1 OR AAGE < 25, DISPLAY “parent’s”;
 IF QA07_A16 = 1 AND QA07_G13 = 1, DISPLAY “or”;

QA07_H18 Is the plan in your (husband's/wife's) (or) (parent's) name?
¿Está el plan a nombre de (su esposo/ esposa o sus padres)?

AI9A

- IN HUSBAND'S/WIFE NAME1 [GO TO QA07_H20]
- IN PARENT'S NAME2 [GO TO QA07_H20]
- IN SOMEONE ELSE'S NAME3 [GO TO QA07_H20]
- REFUSED -7 [GO TO QA07_H20]
- DON'T KNOW -8 [GO TO QA07_H20]

POST-NOTE FOR QA07_H18:
 IF QA07_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;
 IF QA07_H18 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

PROGRAMMING NOTE QA07_H19:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER), CONTINUE WITH QA07_H19; ELSE GO TO QA07_H23;

QA07_H19 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?
¿Está usted cubierto(a) por un plan de seguro de salud que usted compró directamente de una compañía de seguro o HMO?

A111

[IF NEEDED, SAY: "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital."]
[IF NEEDED, SAY: "No incluya un plan que pague sólo por ciertas enfermedades tales como cáncer o derrame cerebral, o que solamente dé "dinero extra en efectivo" si usted está hospitalizado."]

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

POST-NOTE FOR QA07_H19:
IF QA07_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1;

PROGRAMMING NOTE QA07_H20:
IF QA07_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA07_H19 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH QA07_H20;
ELSE GO TO QA07_H23;

QA07_H20 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga una parte o toda la prima o el costo de este plan de salud? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AH57

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

[IF NEEDED, SAY: "*Los pagos compartidos son pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica mientras alguien diferente paga la cobertura principal de su atención médica.*"]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "*Un deducible es la cantidad que usted paga por la atención médica antes de que su plan de salud comience a pagar.*"]

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

[IF NEEDED, SAY: "*Prima es el cargo mensual por el costo de su plan de seguro de salud.*"]

- YES1
- NO2 [GO TO QA07_H22]
- REFUSED -7
- DON'T KNOW -8

QA07_H21 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
¿Hay otras personas, tales como un empleador, un sindicato o una organización profesional que pague toda, o una parte de la prima o costo de este plan de salud?

AH58

- YES1
- NO2 [GO TO QA07_H23]
- REFUSED -7 [GO TO QA07_H23]
- DON'T KNOW -8 [GO TO QA07_H23]

PROGRAMMING NOTE: QA07_H22:
IF QA07_H20 = 2 THEN DISPLAY "WHO BESIDES YOURSELF PAYS ANY PORTION OF THE COST FOR THAT PLAN?";
ELSE DISPLAY "WHO IS THAT?";

QA07_H22 {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?} Who is that?
 {¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional?} ¿Quién lo paga?

AH56

[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]
 [IF NEEDED, SAY: “¿Quién, además de usted, paga por cualquier parte del costo de ese plan, como por ejemplo su empleador, un sindicato o una organización profesional?”]

[PROBE: “Any others?”]
 [PROBE: “¿Alguien más?”]
 [CODE ALL THAT APPLY]

- CURRENT EMPLOYER1
- FORMER EMPLOYER2
- UNION3
- SPOUSE’S CURRENT EMPLOYER4
- SPOUSE’S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE7
- HEALTHY FAMILIES8
- MEDICARE9
- HEALTHY KIDS10
- OTHER91
- REFUSED-7
- DON'T KNOW-8

POST-NOTE QA07_H22:
 IF QA07_H22 = 1,2,3, THEN SET AREMPOWN = 1;
 IF QA07_H22 = 4 OR 5, THEN SET AREMPSP = 1;
 IF QA07_H22 = 10, THEN SET ARHKID = 1;
 IF QA07_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
 IF QA07_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
 IF QA07_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0;
 IF QA07_H22 = 91, THEN SET AROTHER = 1;

PROGRAMMING NOTE QA07_H23:
 IF [QA07_G22 = 1 (R WORKED LAST WEEK) OR QA07_G24 = 1 (R USUALLY WORKS)] AND QA07_G28 ≠ 3 AND AREMPOWN ≠ 1, CONTINUE WITH QA07_H23;
 ELSE GO TO PROGRAMMING NOTE QA07_H27;

QA07_H23 Does your employer offer health insurance to any of its employees?
 ¿Ofrece su empleador seguro de salud a alguno de sus empleados?

AI13

- YES1
- NO2 [GO TO QA07_H27]
- REFUSED-7 [GO TO QA07_H27]
- DON'T KNOW-8 [GO TO QA07_H27]

QA07_H24 Are you eligible to be in this plan?
¿Es usted elegible para inscribirse en este plan?

AI14

- YES1
- NO2 [GO TO QA07_H26]
- REFUSED -7 [GO TO QA07_H27]
- DON'T KNOW -8

QA07_H25 What is the one main reason why you aren't in this plan?
¿Cuál es la razón principal por la cual usted no está inscrito en este plan?

AI15

- COVERED BY ANOTHER PLAN1 [GO TO QA07_H27]
- TOO EXPENSIVE2 [GO TO QA07_H27]
- DIDN'T LIKE PLAN OFFERED3 [GO TO QA07_H27]
- DON'T NEED OR BELIEVE IN HEALTH INSURANCE4 [GO TO QA07_H27]
- OTHER (SPECIFY: _____)91 [GO TO QA07_H27]
- REFUSED -7 [GO TO QA07_H27]
- DON'T KNOW -8 [GO TO QA07_H27]

QA07_H26 What is the one main reason why you are not eligible for this plan?
¿Cuál es la razón principal por la cual usted no es elegible para estar inscrito en este plan?

AI15A

- HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED1
- CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN2
- DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR3
- OTHER (SPECIFY: _____)91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_H27:
IF ARINSURE ≠ 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA07_H27;
ELSE GO TO QA07_H28A;

QA07_H27 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA, or some other military health care?
¿Está cubierto(a) usted por CHAMPUS/ CHAMP-VA, TRICARE, VA o algún otro plan de servicios de salud militar?

AI16

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

POST-NOTE QA07_H27:
IF QA07_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA07_H28A:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDICAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND R_AGE = 18, CONTINUE WITH QA07_H28A AND DISPLAY "HEALTHY KIDS";
IF COUNTY = SAN FRANCISCO AND AGE < 25, DISPLAY "HEALTHY KIDS & YOUNG ADULTS";
IF COUNTY = EL DORADO, YUBA, COLUSA, OR SACRAMENTO AND AGE = 18, DISPLAY "HEALTHY KIDS, HEALTHY FUTURES.";
ELSE GO TO PROGRAMMING NOTE QA07_H28;

QA07_H28A Are you covered by the {Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy Futures} program?
¿Está usted cubierta/o por el programa {Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy Futures}?

AH70

[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county."]
[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} es un programa para niños de su condado."]

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

POST-NOTE QA07_H28A:
IF QA07_H28A = 1, SET ARHKID = 1 AND SET ARINSURE = 1;

PROGRAMMING NOTE QA07_H28:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDICAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA07_H28;
ELSE GO TO PROGRAMMING NOTE QA07_H30;

QA07_H28 Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, or something else?
¿Tiene usted cobertura de algún otro plan de salud del gobierno, como AIM, "Mister MIP," el programa Family PACT o algún otro programa?

A117

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program; and Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]
[IF NEEDED, SAY: "AIM significa Acceso para Niños y Madres; 'Mister MIP' o MRMIP significa Programa de Seguro Médico de Riesgo Principal; y Family PACT es un programa estatal que paga por servicios de salud relacionados con la reproducción y los anticonceptivos para mujeres y hombres de bajos ingresos que no tienen seguro."]

- YES1
- NO2 [GO TO QA07_H30]
- REFUSED -7 [GO TO QA07_H30]
- DON'T KNOW -8 [GO TO QA07_H30]

POST-NOTE QA07_H28:
IF QA07_H28 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1;

QA07_H29 **ASK IF NECESSARY:** "What is the name of this program?"
ASK IF NECESSARY: "¿Cuál es el nombre de este programa?"

AI17A

- AIM.....1
- MRMIP ("Mister Mip")2
- FAMILY PACT3
- OTHER (SPECIFY: _____)91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_H30:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEATHLY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA07_H30;
ELSE GO TO PROGRAMMING NOTE QA07_H34;

QA07_H30 Do you have any health insurance coverage through a plan that I missed?
 ¿Tiene usted alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

AI18

- YES.....1
- NO.....2 **[GO TO QA07_H34]**
- REFUSED -7 **[GO TO QA07_H34]**
- DON'T KNOW -8 **[GO TO QA07_H34]**

QA07_H31 What type of health insurance do you have?
¿Qué tipo de seguro de salud tiene usted?

AI19

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿ Consiguió usted este plan a través de un empleador/ sindicato actual o anterior, a través de una escuela, asociación profesional, grupo mercantil, u otra organización, o directamente del plan de salud?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_H31:

IF QA07_H31_1 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA07_H31_2 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA07_H31_3 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA07_H31_4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA07_H31_5 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA07_H31_6 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA07_H31_7 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA07_H31_8 = 1, SET ARIHS = 1;
IF QA07_H31_9 = 1, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA07_H31_91 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA07_H31_92 = 1 OR QA07_H31 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1;

PROGRAMMING NOTE QA07_H32:
IF QA07_H31 = 1 OR 2 CONTINUE WITH QA07_H32;
ELSE GO TO PROGRAMMING NOTE QA07_H34;

QA07_H32 Was this plan obtained in your own name or in the name of someone else?
¿Obtuvo este plan a su nombre o a nombre de otra persona?

AH59

[PROBE: “Even someone who does not live in this household?”]
[PROBE: “Incluso alguien que no viva en esta casa”]

- IN OWN NAME1 [GO TO QA07_H34]
- IN SOMEONE ELSE’S NAME2
- REFUSED-7 [GO TO QA07_H34]
- DON’T KNOW-8 [GO TO QA07_H34]

POST-NOTE QA07_H32:
IF QA07_H32 = 1, SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF QA07_H32 = [2, -7, -8], SET AREMPOTH = 1 AND SET AREMPOWN = 0 AND SET ARINSURE = 1;

PROGRAMMING NOTE QA07_H33:
IF QA07_A16 = 1 (R HAS SPOUSE) OR IF QA07_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 25,
CONTINUE WITH QA07_H33; AND
ELSE GO TO PROGRAMMING NOTE QA07_H34;
IF QA07_A16 = 1 AND R IS MALE, DISPLAY “wife’s”;
IF QA07_A16 = 1 AND R IS FEMALE, DISPLAY “husband’s”;
IF QA07_G13 = 1, DISPLAY “parent’s”; IF QA07_A16 = 1 AND QA07_G13 = 1, DISPLAY “or”;

QA07_H33 Is the plan in your (husband’s/wife’s) (or) (parent’s) name?
¿Está el plan a nombre de {su esposo/ esposa o sus padres}?

AH60

- IN HUSBAND’S/WIFE’S NAME1
- IN PARENT’S NAME2
- IN SOMEONE ELSE’S NAME3
- REFUSED-7
- DON’T KNOW-8

POST-NOTE QA07_H33:
IF QA07_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;
IF QA07_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

PROGRAMMING NOTE QA07_H34:
IF ARIHS ≠ 1 AND QA07_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA07_H34;
ELSE GO TO PROGRAMMING NOTE QA07_H35_INTRO;

QA07_H34 Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
¿Está cubierto(a) usted por el Servicio de Salud Indígena, el Programa de Salud Tribal o Clínica Indígena Urbana?

AI20

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

POST-NOTE QA07_H34:
IF QA07_H34 = 1, SET ARIHS PROGRAMMING NOTE QA07_H35_INTRO
IF QA07_A16 = 1 (MARRIED) AND QA07_G11 = 1 (LIVING WITH A PARTNER) CONTINUE WITH
QA07_H35_INTRO;
ELSE GO TO PROGRAMMING NOTE QA07_H55;

QA07_H35_INTRO

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

AI37intro

PROGRAMMING NOTE QA07_H35:
IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH AI37 WITHOUT DISPLAY;
ELSE IF ARMCARE = 1, CONTINUE WITH QA07_H35 AND DISPLAY “You said that you are covered by
Medicare.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H38;

QA07_H35 {You said that you are covered by Medicare.} Is {SPOUSE NAME} (also) covered by Medicare?
{Usted dijo que está cubierto(a) por Medicare.} ¿Está su {esposo(a)} cubierto(a) también por Medicare?

AI37

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

POST-NOTE QA07_H35:
IF QA07_H35 = 1, SET SPMPCARE = 1 AND SET SPINSURE = 1;
= 1;

PROGRAMMING NOTE QA07_H36:
IF QA07_H35 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA07_H36 WITHOUT DISPLAY;
ELSE IF QA07_H35 = 1 AND ARMHMO = 1, CONTINUE WITH QA07_H36 AND DISPLAY “You said that your Medicare coverage is provided through an HMO.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H37;

QA07_H36 You said that your Medicare coverage is provided through an HMO. Is your {husband’s/wife’s/spouse’s} Medicare also provided through an HMO?
Usted dijo que la cobertura de su Medicare se proporciona a través de una HMO. ¿También se proporciona el Medicare de su esposo(a) a través de una HMO?

AH61

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA07_H36:
IF QA07_H36 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H37:
IF SPHMO = 1, THEN SKIP TO QA07_H38;
ELSE IF QA07_H35 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA07_H37 WITHOUT DISPLAY;
ELSE IF QA07_H35 = 1 AND ARSUPP = 1, CONTINUE WITH QA07_H37 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN
IF QA07_A5 = 1 (MALE) DISPLAY “wife”; IF QA07_A5 = 2 (FEMALE) DISPLAY “husband”; ELSE DISPLAY “spouse”;
ELSE GO TO PROGRAMMING NOTE QA07_H38;

QA07_H37 {You said that you have a Medicare Supplement plan.} Does your {husband/wife/spouse} {also} have a Medicare supplemental policy?
{Usted dijo que tiene una póliza como suplemento de Medicare.} ¿Tiene su {esposo/a} seguro como suplemento de Medicare?

AI37A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA07_H37:
IF QA07_H37 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H38:
IF ARMCAL = 1 ,CONTINUE WITH QA07_H38;
IF ARMCARE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H39;

QA07_H38 You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?
Usted dijo que {también} tenía Medi-Cal. ¿Está {esposo(a)} cubierto(a) también por Medi-Cal?

AI38

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

POST-NOTE QA07_H38:
IF QA07_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H39:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA07_H39;
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H40;

QA07_H39 You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?
Usted dijo que {también} tiene “Healthy Families”. ¿Está {esposo(a)} cubierto(a) también por Healthy Families?

AI39

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

POST-NOTE QA07_H39:
IF QA07_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1;
PROGRAMMING NOTE QA07_H40:
IF AREMPOWN = 1, CONTINUE WITH QA07_H40;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H41;

QA07_H40 You said you have insurance from your current or former employer or union. Is {SPOUSE NAME} {also} covered by the insurance from your employer?
Usted dijo que {también} tiene seguro a través de su empleador o sindicato actual o antiguo ¿Está {esposo(a)} cubierto(a) también por el seguro que usted tiene a través de su empleador?

AI40

- YES1 **[GO TO QA07_H42]**
- NO2
- OTHER3
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_H40:
IF QA07_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H41:
IF QA07_G27 =1 OR 2 (SPOUSE EMPLOYED) OR QA07_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA07_H41;
IF AREMPSP = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN IF QA07_A5 = 1 (MALE), DISPLAY “wife”, “she”, and “her”; **IF QA07_A5 =2 (FEMALE), DISPLAY “husband”, “he”, and “his”;** **ELSE DISPLAY “spouse”, “he or she”, and “his or her”;**
ELSE GO TO PROGRAMMING NOTE QA07_H42;

QA07_H41 {You said you have insurance from your spouse’s employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} own employer?
 {Usted dijo que {también} tiene seguro a través del empleador o sindicato de su esposo(a)}
 ¿Tiene {él/ella} también seguro de salud a través de su propio empleador?

AI40A

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

POST-NOTE QA07_H41:
IF QA07_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA07_H42:
IF ARDIRECT = 1, CONTINUE WITH QA07_H42;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H43;

QA07_H42 You said you {also} have a plan you purchased directly from the insurer. Is {SPOUSE NAME} {also} covered by this plan?
 Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros.
 ¿Está {esposo(a)} cubierto(a) también por este plan?

AI41

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

POST-NOTE QA07_H42:
IF QA07_H42 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H43:
IF ARMILIT = 1, CONTINUE WITH QA07_H43;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY
“also”; ELSE, GO TO PROGRAMMING NOTE QA07_H44;

QA07_H43 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is {SPOUSE NAME} also covered by this plan?
Usted dijo que {también} tiene seguro de salud a través de CHAMPUS/CHAMPUS-VA, TRICARE, VA o algún otro tipo de seguro de salud para militares. ¿Está {esposo(a)} cubierto(a) también por este plan?

AI42

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA07_H43:
IF QA07_H43 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H44:
IF AROTHGOV = 1, CONTINUE WITH QA07_H44;
ELSE, GO TO PROGRAMMING NOTE QA07_H45;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1,
DISPLAY “also”;
ELSE GO TO QA07_H45;

QA07_H44 You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?
Usted dijo que {también} tiene seguro de salud a través de un plan de salud del gobierno como AIM o Mister MIP. ¿Está {esposo(a)} cubierto(a) también por este plan?

AI42A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA07_H44:
IF QA07_H44 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H45:
IF SPINSURE ≠ 1, DISPLAY “any.”;
ELSE DISPLAY “through any other source”;

QA07_H45 Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?
¿Tiene su {esposo(a)} algún seguro de salud?

AI46

YES1
 NO2 [GO TO QA07_H47]
 REFUSED -7 [GO TO QA07_H51]
 DON'T KNOW -8 [GO TO QA07_H51]

QA07_H46 What type of health insurance does {he/she} have?
 ¿Qué tipo de seguro de salud tiene {él/ella}?

AI47

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

[IF NEEDED, SAY: "Tal como de un empleador actual o anterior, o que ellos hubieran comprado directamente de un plan de salud."]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Obtuvo {él/ella} este plan a través de un empleador/ sindicato actual o antiguo, a través de una escuela, una asociación profesional, un grupo mercantil u otra organización, o directamente del plan de salud?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_H46:

IF QA07_H46_1 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF QA07_H46_2 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;
 IF QA07_H46_3 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;
 IF QA07_H46_4 = 1, SET SPMPCARE = 1 AND SET SPINSURE = 1;
 IF QA07_H46_5 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF QA07_H46_6 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1;
 IF QA07_H46_7 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;
 IF QA07_H46_8 = 1, SET SPIHS = 1;
 IF QA07_H46_9 = 1, SET SPKID = 1 AND SET SPINSURE = 1;
 IF QA07_H46_91 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF QA07_H46_92 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;
 IF QA07_H46_1 = [-7, -8], SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H47:
IF SPINSURE ≠ 1, CONTINUE WITH QA07_H47;
ELSE IF SPINSURE = 1 AND SPEMPOTH = 1, THEN SKIP TO QA07_H50;
ELSE GO TO PROGRAMMING NOTE QA07_H51;

QA07_H47 You said that {SPOUSE NAME} has no health insurance from any source. Is this correct?
Usted dijo que {esposo(a)} no tiene seguro de salud de ninguna fuente. ¿Correcto?

A148

- | | | |
|------------------|----|------------------|
| YES | 1 | [GO TO QA07_H51] |
| NO | 2 | |
| REFUSED | -7 | [GO TO QA07_H51] |
| DON'T KNOW | -8 | [GO TO QA07_H51] |

PROGRAMMING NOTE QA07_H48:
IF QA07_A5 = 1(MALE), DISPLAY "she";
IF QA07_A5 =2 (FEMALE), DISPLAY "he";

QA07_H48 What type of health insurance does {he/she} have?
 ¿Qué tipo de seguro de salud tiene {él/ella}?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Obtuvo {él/ella} este plan a través de un empleador/ sindicato actual o antiguo, a través de una escuela, una asociación profesional, un grupo mercantil u otra organización, o directamente del plan de salud?"]

- EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOC.,
TRADE GROUP OR OTHER ORGANIZATION.....2
- PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL.....5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR
SOME OTHER MILITARY HEALTH CARE.....7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN.....91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_H48:

IF QA07_H48_1 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA07_H48_2 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA07_H48_3 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA07_H48_4 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA07_H48_5 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA07_H48_6 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA07_H48_7 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA07_H48_8 = 1, SET SPIHS = 1;
IF QA07_H48_9 = 1, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA07_H48_91 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA07_H48_92 = 1, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA07_H48_1 = [-7, -8], SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H49:
IF QA07_H46 = 1 OR 2 OR QA07_H48 = 1 OR 2 THEN CONTINUE WITH QA07_H49;
ELSE SKIP TO QA07_H51;

QA07_H49 Was this plan obtained in your spouse's name or in the name of someone else?
¿Este plan se obtuvo a nombre de su esposo/a o a nombre de otra persona?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household"]
[IF NEEDED, SAY: "Incluso alguien que no viva en esta casa"]

IN SPOUSE'S NAME.....	1	[GO TO QA07_H51]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO QA07_H51]
DON'T KNOW	-8	[GO TO QA07_H51]

PROGRAMMING NOTE QA07_H49:
IF QA07_H49 = 1 (SPOUSE'S NAME), SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;

QA07_H50 Is the plan in your name, parent's name or someone else's name?
¿Está el plan a su nombre, a nombre de sus padres o a nombre de otra persona?

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 QA07_H50:
IF QA07_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;
IF QA07_H50 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

PROGRAMMING NOTE QA07_H51:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA07_H55;
ELSE IF QA07_G27 = 1 or 2 (SPOUSE EMPLOYED) OR QA07_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA07_H51;
ELSE GO TO QA07_H55;

QA07_H51 Does your spouse's employer offer health insurance to any of its employees?
El empleador de su esposo(a), ¿ofrece seguro de salud a alguno de sus empleados?

AI43

YES	1	
NO	2	[GO TO QA07_H55]
REFUSED	-7	[GO TO QA07_H55]
DON'T KNOW	-8	[GO TO QA07_H55]

QA07_H52 Is {she/he} eligible to be in this plan?
¿Es elegible { } para inscribirse en este plan?

AI44

- YES1
- NO2 [GO TO QA07_H54]
- REFUSED -7 [GO TO QA07_H55]
- DON'T KNOW -8 [GO TO QA07_H55]

QA07_H53 What is the ONE main reason why {she/he} isn't in this plan?
¿Cuál es la razón principal por la que {él/ella} no está inscrito en este plan?

AI45

- COVERED BY ANOTHER PLAN1 [GO TO QA07_H55]
- TOO EXPENSIVE2 [GO TO QA07_H55]
- DOESN'T LIKE PLAN OFFERED3 [GO TO QA07_H55]
- DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE4 [GO TO QA07_H55]
- OTHER (SPECIFY: _____)91 [GO TO QA07_H55]
- REFUSED -7 [GO TO QA07_H55]
- DON'T KNOW -8 [GO TO QA07_H55]

QA07_H54 What is the one main reason why {she/he} is not eligible for this plan?
¿Cuál es la razón principal por la que {él/ella} no es elegible para inscribirse en este plan?

AI45A

- HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED1
- CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN2
- DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR3
- OTHER (SPECIFY: _____)91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_H55:
IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA07_H57;
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA07_H55;
IF QA07_A16 = 1 (MARRIED), DISPLAY “Next, I have some questions about your own main health plan.”
IF ARMCAL = 1, DISPLAY “Medi-Cal”
ELSE GO TO PROGRAMMING NOTE QA07_H68;

QA07_H55 {Next, I have some questions about your own main health plan.}
 {Ahora tengo algunas preguntas acerca de su propio plan principal de salud.}

Is your {Medi-Cal} health plan an HMO?
 ¿Es su plan de salud {Medi-Cal} un HMO?

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: “HMO son las iniciales en inglés de Health Maintenance Organization (Organización de Mantenimiento de la Salud). Con un HMO usted tiene que ir a los doctores y los hospitales que pertenecen a la red. Si va fuera de la red, por lo general no cubrirán esos gastos a menos que haya sido una emergencia médica.”]

[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO”.]

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Su plan de salud principal.”]

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

PROGRAMMING NOTE QA07_H56:
IF (ARMCAL = 1 AND QA07_H55 = 1) OR (AROTHOV = 1 AND QA07_H29 = 1) THEN list HMO Medi-Cal by county;
ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA07_H55 = 1 THEN list HMO Healthy Families by county;
ELSE IF QA07_H55 = 1 AND (AREMPOW = 1 OR ARDIRECT = 1 OR AREMPOH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHOV = 1 AND QA07_H29 = 2)) THEN list HMO Commercial by county;
ELSE IF QA07_H55 = 2 AND (AREMPOW = 1 OR ARDIRECT = 1 OR AREMPOH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHOV = 1 AND QA07_H29 = 2)) THEN list Non-HMO by county;

QA07_H56 What is the name of your main health plan?
 ¿Cómo se llama su plan de salud principal {Medi-Cal}?

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “¿Tiene usted una tarjeta de seguro u otro documento donde aparezca el nombre del plan?”]

Aetna Us Healthcare	1
Aids Healthcare Foundation, LA	2
Alameda Alliance For Health	3
Altamed Health Services	4
Blue Cross/Californiacare	5
Blue Shield/Careamerica	6
California Medicare	7
CalKids.....	8
Caloptima	9
Care 1st Health Plan/UHP	10
Caremore Insurance Services, Inc.	11
Center For Elders Independence.....	12
Central Coast Alliance/Santa Cruz-Monterey	13
Chinese Community Health Plan.....	14
Chinese Community Health Plan Senior	15
Cigna Healthcare Of California	16
Citizens Choice Health plan.....	17
Community Health Group (San Diego Co)	18
Community Health Plan of LA.....	19
Contra Costa Health Plan	20
Golden Medicare.....	21
Health Advantage	22
Health Net/Foundation	23
Inland Empire Health Plan	24
Inter Valley Health Plan	25
Kaiser Foundation Health Plan	26
Kern Health Systems	27
LA Care Health Plan	28
Molina Healthcare of California.....	29
On Lok Senior Health Services.....	30
One Health Plan Of California	31
Pacificare/FHP	32
San Francisco Health Dept. /Family Mosaic Project.....	33
San Francisco Health Plan	34

San Joaquin Health Plan35
 San Mateo Health Commission36
 Santa Barbara Health Plan37
 Santa Clara Family Health Plan.....38
 Scan Health Plan39
 Secure Horizons40
 Senior Advantage41
 Senior Secure42
 Seniority Plus43
 Service to Seniors.....44
 Sharp Health Plan.....45
 Solano/Napa County Network46
 Sutter Senior Care47
 Universal Care/Healthmax.....48
 Valley Health Plan, Santa Clara49
 Ventura County Health Care Plan50
 Western Health Advantage.....51
 Western Health Advantage Care+52
 65 Plus53
 Medi-CAL54
 OTHER91
 OTHER (Specify: _____)92
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA07_H57:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA07_A16 = 1 (R IS MARRIED), DISPLAY “Next I have some questions about your own main health plan”;

QA07_H57 {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?
 {Ahora tengo algunas preguntas acerca de su propio plan de salud.} ¿Cubre su seguro medicinas recetadas? Es decir, ¿paga el plan parte de los costos?

A125

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA07_H58:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH QA07_H58, ELSE GO TO QA07_H61;

QA07_H58 Does your health plan have a deductible that is more than \$1,000?
¿Tiene su plan de salud un deducible de más de \$1,000?

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: “Un deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por sus cuidados médicos.”]

- YES1
- NO.....2 [GO TO QA07_H61]
- YES, ONLY WHEN GO OUT OF NETWORK3
- REFUSED -7 [GO TO QA07_H61]
- DON'T KNOW -8 [GO TO QA07_H61]

QA07_H59 Does your health plan have a deductible for all covered persons that is more than \$2,000?
¿Tiene su plan de salud un deducible de más de \$2,000 para todas las personas cubiertas?

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: “Un deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por sus cuidados médicos.”]

- YES1
- NO.....2 [GO TO QA07_H61]
- YES, ONLY WHEN GO OUT OF NETWORK3
- REFUSED -7 [GO TO QA07_H61]
- DON'T KNOW -8 [GO TO QA07_H61]

PROGRAMMING NOTE QA07_H60;
IF QA07_H58 = (1 or 3) OR QA07_H59 = (1 or 3), CONTINUE WITH QA07_H60;
ELSE SKIP TO QA07_H61;

QA07_H60 Do you have a special account or fund you can use to pay for medical expenses?
¿Tiene alguna cuenta o algún fondo especial que pueda utilizar para pagar gastos médicos?

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: “Esas cuentas también se conocen por nombres como Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) y otras cuentas parecidas. Esas cuentas pueden tener otros nombres como Personal care accounts, Personal medical funds, o Choice funds, y son diferentes de las cuentas Flexible Spending Accounts proporcionadas por el empleador.”]

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

QA07_H61 Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?
Pensando en su seguro de salud actual, ¿tuvo usted este mismo seguro todos los 12 meses en los últimos 12 meses?

AI31

- YES1 **[GO TO QA07_H78]**
- NO2
- REFUSED -7 **[GO TO QA07_H64]**
- DON'T KNOW -8

QA07_H62 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
Durante los últimos 12 meses, cuando no tenía la cobertura del seguro de salud que tiene ahora, ¿tenía usted otro seguro de salud?

AI32

- YES1 **[GO TO QA07_H65]**
- NO2 **[GO TO QA07_H64]**
- REFUSED -7 **[GO TO QA07_H64]**
- DON'T KNOW -8 **[GO TO QA07_H64]**

QA07_H63 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
¿Fue su otro seguro de salud Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador, o algún otro plan?

AI33

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

- MEDI-CAL.....1
- HEALTHY FAMILIES2
- THROUGH CURRENT OR FORMER
EMPLOYER/UNION3
- HEALTHY KIDS4
- OTHER HEALTH PLAN.....91
- REFUSED -7
- DON'T KNOW -8

QA07_H64 During the past 12 months, was there any time when you had no health insurance at all?
Durante los últimos 12 meses, ¿hubo un momento en el que usted no tuvo ningún seguro de salud?

AI34

- YES1
- NO2 **[GO TO QA07_H78]**
- REFUSED -7 **[GO TO QA07_H78]**
- DON'T KNOW -8 **[GO TO QA07_H78]**

QA07_H65 For how many months of the past 12 months did you have no health insurance at all?
¿Por cuántos meses durante los últimos 12 meses no tuvo usted ningún seguro de salud?

AI35

- _____ NUMBER OF MONTHS **[HR: 0-11]** **[IF 0 GO TO QA07_H78]**
- REFUSED -7 **[GO TO QA07_H78]**
- DON'T KNOW -8 **[GO TO QA07_H78]**

QA07_H66 What is the ONE MAIN reason why you did not have any health insurance during those months?
¿Cuál es la razón principal por la que usted no tuvo ningún seguro de salud durante esos meses?

A136

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB2
- NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED.....5
- DON'T BELIEVE IN INSURANCE6
- SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN7
- CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
- OTHER (SPECIFY).....91
- REFUSED -7
- DON'T KNOW -8

QA07_H67 During the time that you were uninsured, did you try to find health insurance on your own?
Mientras estuvo sin seguro, ¿trató de buscar algún seguro médico por su cuenta?

AH74

- YES1 **[GO TO QA07_H74]**
- NO.....2 **[GO TO QA07_H74]**
- DON'T KNOW -7 **[GO TO QA07_H74]**
- REFUSED -8 **[GO TO QA07_H74]**

QA07_H68 What is the ONE MAIN reason why you do not have any health insurance?
¿Cuál es la razón principal por la que usted no tiene un seguro de salud?

A124

[INTERVIEWER NOTE: IF R SAYS NO NEED, PROBE WHY]

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB2
- NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED.....5
- DON'T BELIEVE IN INSURANCE6
- SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN7
- CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
- OTHER (SPECIFY).....91
- REFUSED -7
- DON'T KNOW -8

QA07_H69 During the time that you have been uninsured, have you tried to find health insurance on your own?
Durante el tiempo que ha estado sin seguro, ¿ha tratado de buscar algún seguro médico por su cuenta?

AH75

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

QA07_H70 Were you covered by health insurance at any time during the past 12 months?
¿Estuvo cubierto(a) por un seguro de salud en algún momento durante los últimos 12 meses?

AI27

- YES1 **[GO TO QA07_H72]**
- NO2
- REFUSED -7
- DON'T KNOW -8

QA07_H71 How long has it been since you last had health insurance?
¿Cuánto tiempo hace desde la última vez que tuvo seguro de salud?

AI28

- MORE THAN 12 MONTHS AGO, BUT NOT
- MORE THAN 3 YEARS AGO1 **[GO TO QA07_H74]**
- MORE THAN 3 YEARS AGO2 **[GO TO QA07_H74]**
- NEVER HAD HEALTH INSURANCE3 **[GO TO QA07_H74]**
- REFUSED -7 **[GO TO QA07_H74]**
- DON'T KNOW -8 **[GO TO QA07_H74]**

QA07_H72 For how many months out of the last 12 months did you have health insurance?
¿Por cuántos meses de los últimos 12 meses tuvo usted seguro de salud?

AI29

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 0]

- _____ MONTHS
- REFUSED -7
- DON'T KNOW -8

QA07_H73 During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
Durante esos meses cuando usted tuvo seguro de salud, ¿era su seguro Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador o algún otro plan?

AI30

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

- MEDI-CAL.....1
- HEALTHY FAMILIES2
- THROUGH CURRENT OR FORMER
EMPLOYER OR UNION.....3
- HEALTHY KIDS.....4
- OTHER HEALTH PLAN.....91
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE FOR QA07_H74;
IF QA07_H64 > 0 (HAD NO INSURANCE FOR AT LEAST ! MONTH OUT OF PAST 12 MONTHS), CONTINUE WITH QA07_H74;
ELSE SKIP TO PROGRAMMING NOTE FOR QA07_H78;

QA07_H74 During the past 12 months, were you a patient in a hospital overnight or longer?
Durante los últimos 12 meses, ¿estuvo su esposo/a como paciente en un hospital durante una noche o más tiempo?

AH14

- YES.....1
- NO.....2 [GO TO QA07_H76]
- REFUSED.....-7 [GO TO QA07_H76]
- DON'T KNOW-8 [GO TO QA07_H76]

QA07_H75 Was any of that hospital care paid for by Medi-Cal?
¿Pagó Medi-Cal alguna parte del cuidado en ese hospital?

AH76

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

PROGRAMMING NOTE FOR QA07_H76;
IF QA07_H64 = 1 (UNINSURED AT ANY TIME IN PAST 12 MONTHS) AND QA07_A5 = 2 (FEMALE) AND
[QA07_E3 = 1 (PREGNANT) OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN)] FOR ANY CHILD IN
ROSTER UNDER 1 YEAR OLD CONTINUE WITH QA07_H76;
ELSE SKIP TO PROGRAMMING NOTE FOR QA07_H78;

QA07_H76 During the last 12 months, did you get prenatal care that you didn't have to pay for?
Durante los últimos 12 meses, ¿recibió algún cuidado prenatal por el que no tuvo que pagar?

AH77

YES	1	
NO	2	[GO TO QA07_H78]
REFUSED	-7	[GO TO QA07_H78]
DON'T KNOW	-8	[GO TO QA07_H78]

QA07_H77 Was it paid for by Medi-Cal?
¿Lo pagó Medi-Cal?

AH78

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

PROGRAMMING NOTE QA07_H78:
IF AREMPOW = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 (CURRENTLY HAVE
EMPLOYER-BASED COVERAGE) OR ARDIRECT = 1 (PRIVATE INSURANCE), CONTINUE WITH QA07_H78;
ELSE IF ARMCAL = 1 (CURRENTLY HAVE MEDI-CAL) OR ARINSURE ≠ 1 (CURRENTLY UNINSURED),
SKIP TO QA07_80;
ELSE IF ARINSURE = 1 SKIP TO QA07_H88 (DENTAL HEALTH);

QA07_H78 The following questions are about your current health plan.
Las preguntas siguientes se refieren a su plan de salud actual.

While you've had your current health plan, have you reached the limit of what your insurance company would pay for?
Mientras usted ha tenido su plan de salud actual, ¿ha llegado al límite de lo que pagaría su compañía de seguros?

AH79

[IF NEEDED, SAY: "EVER for your current health plan"]
[IF NEEDED, SAY: "En algún momento para el plan de salud actual de él o ella"]

YES	1	
NO	2	[GO TO QA07_H80]
REFUSED	-7	[GO TO QA07_H80]
DON'T KNOW	-8	[GO TO QA07_H80]

QA07_H79 Did this happen in the past 12 months?
¿Sucedió esto durante los últimos 12 meses?

AH80

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

QA07_H80 During the past 12 months, were you unable to pay or had problems paying for medical bills, either for yourself or any family member in your household?
Durante los últimos 12 meses, ¿no pudo pagar, o le fue muy difícil pagar, las facturas médicas, ya sean de usted o de algún miembro de su familia en su hogar?

AH81

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

QA07_H81 Are you currently paying off any medical bills?
¿Está usted pagando ahora alguna factura médica?

AH82

[IF NEEDED, SAY: "This could include medical bills you are paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers."]
[IF NEEDED, SAY: "Esto puede incluir facturas médicas que esté pagando con su tarjeta de crédito, usando un préstamo personal o mediante acuerdos para pagar facturas de hospitales y otros proveedores."]

- YES1
- NO2 **[GO TO QA07_H83]**
- DON'T KNOW -7 **[GO TO QA07_H83]**
- REFUSED -8 **[GO TO QA07_H83]**

QA07_H82 What is the total amount of medical bills that you are paying off over time?
¿Cuál es la cantidad total de facturas médicas que está pagando desde hace tiempo?

AH83

[IF NECESSARY, SAY: "The bills can be from earlier years as well as this year."]
[IF NECESSARY, SAY: "Las facturas pueden ser de años anteriores o de este año."]

- LESS THAN \$2,0001
- \$2,000 TO LESS THAN \$4,0002
- \$4,000 TO LESS THAN \$8,0003
- \$8,000 OR MORE4
- NONE5
- DON'T KNOW -7
- REFUSED -8

**PROGRAMMING NOTE QA07_H83;
 IF QA07_H80=1 (UNABLE TO PAY MEDICAL BILLS) OR QA07_H81=1 (CURRENTLY PAYING OFF MEDICAL BILLS), CONTINUE WITH QA07_H83;
 ELSE SKIP TO QA07_H88;**

QA07_H83 Were you or your family member uninsured at the time care was provided?
Cuando les proporcionaron los cuidados, ¿estaba usted o su familiar sin seguro?

AH84

- YES 1
- NO 2
- MORE THAN ONE PERSON WITH MEDICAL BILL
 PROBLEMS AND ONE PERSON UNINSURED
 AND THE OTHER INSURED 3
- DON'T KNOW -7
- REFUSED -8

QA07_H84 Because of these medical bills, were you unable to pay for basic necessities like food, heat or rent?
¿Tuvo que dejar de pagar necesidades básicas, como comida, calefacción o renta, debido a estas facturas médicas?

AH85

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

QA07_H85 Because of these medical bills, did you take on credit card debt?
¿Tiene deudas en su tarjeta de crédito debido a estas facturas médicas?

AH86

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

QA07_H86 Did you take out a loan or use up your savings?
¿Pidió un préstamo, o gastó todos sus ahorros?

AH87

**[IF NEEDED, SAY: "Because of these medical bills."
 [IF NEEDED, SAY: "Debido a estas facturas médicas."]**

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

QA07_H87 Did you declare bankruptcy?
¿Se declaró en bancarrota?

AH88

[IF NEEDED, SAY: "Because of these medical bills."]
[IF NEEDED, SAY: "Debido a estas facturas médicas."]

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

PROGRAMMING NOTE QA07_H88;
IF ARMCAL = 1 AND QA07_H61 = 1, SKIP TO QA07_I1;
ELSE CONTINUE WITH QA07_H88;

QA07_H88 For how many months of the past 12 months did you have any kind of dental insurance that pays for some or all of your routine dental care?
Durante los últimos 12 meses, ¿por cuántos meses tuvo alguna clase de seguro dental que pagara todo o una parte de su cuidado dental de rutina?

AH92

_____ Number of months

- REFUSED -7
- DON'T KNOW -8

Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA07_I1:
IF NO SELECTED CHILD, GO TO QA07_I30 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO QA07_I2 ELSE CONTINUE WITH QA07_I1;

QA07_I1 These next questions are about health insurance (CHILD) may have.
Las preguntas que siguen son acerca del seguro de salud que {CHILD} pueda tener.

Does (CHILD) have the same insurance as you?
¿Tiene {CHILD} el mismo seguro de salud que tiene usted?

CF10A	YES.....1	[GO TO QA07_I24]
	NO.....2	
	REFUSED.....-7	
	DON'T KNOW.....-8	

POST-NOTE QA07_I1:
IF QA07_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AROther = 1, SET CHOTHER = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARIHS = 1, SET CHIHS = 1;

PROGRAMMING NOTE QA07_I2:
IF SPINSURE ≠ 1, CONTINUE WITH QA07_I2; ELSE GO TO QA07_I3;

QA07_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE/PARTNER NAME}?
 ¿Tiene {CHILD} el mismo seguro que tiene {su esposo(a)/su compañero/ SPOUSE/PARTNER NAME}?

MA1

YES1 [GO TO QA07_I16]
 NO.....2
 REFUSED.....-7
 DON'T KNOW-8

POST-NOTE QA07_I2:
IF QA07_I2 = 1 AND SPMPCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPIHS = 1, SET CHIHS = 1;

QA07_I3 Is {he/she} currently covered by Medi-CAL?
 ¿Esta {él/ella} cubierto(a) actualmente por Medi-CAL?

CF1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."
 [IF NEEDED, SAY: "*Medi-Cal es un plan para ciertos niños de bajos ingresos y sus familias, mujeres embarazadas, y personas ancianas o incapacitadas.*"]

YES1 [GO TO QA07_I7]
 NO.....2
 REFUSED.....-7
 DON'T KNOW-8

POST-NOTE QA07_I3: IF QA07_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;

QA07_I4 Is (CHILD) covered by the Healthy Families Program?
 ¿Esta {CHILD} cubierto por el Programa de Familias Saludables, o "Healthy Families"?

CF2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."
 [IF NEEDED, SAY: "El programa de Familias Saludables es un programa estatal que paga el seguro de salud para los niños hasta los 19 años de edad."]

- YES1 [GO TO QA07_I7]
- NO2
- REFUSED -7 [GO TO QA07_I7]
- DON'T KNOW -8 [GO TO QA07_I7]

POST-NOTE QA07_I4: IF QA07_I5 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;

QA07_I5 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?
 ¿Cuál es la razón principal por la que {CHILD} no está inscrito(a) en el Programa de Familias Saludables, o "Healthy Families"?

CF2A

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- OTHER NOT ELIGIBLE5
- DON'T BELIEVE IN HEALTH INSURANCE6
- DON'T NEED IT BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DIDN'T KNOW IT EXISTED9
- DON'T LIKE/WANT WELFARE10
- OTHER91
- REFUSED -7
- DON'T KNOW -8

QA07_I6 Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
 ¿Está cubierto(a) {CHILD} por un plan de seguro de salud o HMO a través de su propio empleo o del empleo de alguna otra persona o sindicato?

CF3

- YES1 [GO TO QA07_I9]
- NO2
- REFUSED -7
- DON'T KNOW -8

**POST-NOTE QA07_I6:
 IF QA07_I6 = 1, SET CHEMP = 1 AND CHINSURE = 1**

QA07_I7 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?
¿Está {CHILD} cubierto(a) por un plan de seguro de salud que usted compró directamente de una compañía de seguro o una HMO? No incluya un plan que pague sólo por ciertas enfermedades tales como cáncer o derrame cerebral, o que solamente dé "dinero extra en efectivo" si usted está hospitalizado(a)?

CF4

YES1
 NO2 [GO TO QA07_I12]
 REFUSED -7 [GO TO QA07_I12]
 DON'T KNOW -8 [GO TO QA07_I12]

POST-NOTE QA07_I7
IF QA07_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1;

QA07_I8 Do you pay any or all of the premium or cost for (CHILD's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga usted una parte o toda la prima o el costo del plan de salud de {CHILD}? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

A154

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica, mientras alguien diferente paga la cobertura principal de su atención médica."]
[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "Un deducible es la cantidad que usted paga por la atención médica antes de que su plan de salud comience a pagar."]
[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "Prima es el cargo mensual por el costo de su plan de seguro de salud."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA07_I9 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD's) health plan?
¿Hay alguien más, tal como un empleador, un sindicato o una organización profesional que pague toda o una parte de la prima o del costo del plan de salud de {CHILD}?

A150

YES1
 NO2 [GO TO QA07_I12]
 REFUSED -7 [GO TO QA07_I12]
 DON'T KNOW -8 [GO TO QA07_I12]

QA07_I10 Who else pays all or some portion of the cost for (CHILD's) health plan?
 ¿Quién más paga por todo o por una parte del costo del plan de salud de (CHILD)?

AI51

- CURRENT EMPLOYER1
- FORMER EMPLOYER2
- UNION3
- SPOUSE'S CURRENT EMPLOYER4
- SPOUSE'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE7
- HEALTHY FAMILIES8
- HEALTHY KIDS9
- OTHER91
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_I10:
 IF QA07_I10 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
 IF QA07_I10 = 8, SET CHHFAM = 1;
 IF QA07_I10 = 7, SET CHMCAL = 1;
 IF QA07_I10 = 9, SET CHHKID = 1;

PROGRAMMING NOTE QA07_I11
 IF CHINSURE = 1, GO TO QA07_I16;
 ELSE CONTINUE WITH QA07_I12;

QA07_I11 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
 ¿Está {él/ella} cubierto(a) por CHAMPUS/ CHAMP-VA, TRICARE, VA o algún otro plan de servicios de salud militar?

CF6

- YES1 **[GO TO QA07_I16]**
- NO2
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_I11:
 IF QA07_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1;

PROGRAMMING NOTE QA07_I12A:
IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA07_I13A AND DISPLAY "HEALTHY KIDS";
IF COUNTY= SAN FRANCISCO DISPLAY "HEALTHY KIDS & YOUNG ADULTS";
IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY "HEALTHY KIDS, HEALTHY FUTURES";

QA07_I12A Is {he/she/he or she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} program?
 ¿Está {CHILD NAME/AGE/SEX} cubierto por el programa Healthy Kids?

A170

[IF NEEDED, SAY: "{Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county."]
[IF NEEDED, SAY: "{Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} es un programa para niños de su condado."]

- YES.....1 **[GO TO QA07_I16]**
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

POST-NOTE QA07_I12:
IF QA07_I13A = 1, SET CHHKID = 1 AND CHINSURE = 1;

QA07_I13 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
 ¿Está {él/ella} cubierto(a) por algún otro plan de salud del gobierno, tal como AIM, "Mister MIP," u otro programa?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program."]
[IF NEEDED, SAY: "AIM significa Acceso para Infantes y Madres, "MR MIP" o MRMIP significa Programa de Seguro de Riesgo Médico Principal."]

- AIM.....1 **[GO TO QA07_I16]**
- "MISTER MIP"/MRMIP2 **[GO TO QA07_I16]**
- NO OTHER PLAN.....3
- SOMETHING ELSE (SPECIFY): _____.....91 **[GO TO QA07_I16]**
- REFUSED.....-7
- DON'T KNOW.....-8

POST-NOTE QA07_I13:
IF QA07_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1;

QA07_I14 Does {he/she} have any health insurance coverage through a plan that I missed?
 ¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

CF8

- YES1
- NO2 [GO TO QA07_I16]
- REFUSED -7 [GO TO QA07_I16]
- DON'T KNOW -8 [GO TO QA07_I16]

QA07_I15 What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?
 ¿Qué tipo de seguro de salud tiene {él/ella}? ¿Es de Medi-Cal, Healthy Families, de un empleador o sindicato, o de alguna otra fuente?

CF9

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL.....5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE.....7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN.....91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_I15:
 IF QA07_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1;
 IF QA07_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1;
 IF QA07_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1;
 IF QA07_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1;
 IF QA07_I15 = 5, SET CHMCAL = 1 AND CHINSURE = 1;
 IF QA07_I15 = 6, SET CHHFAM = 1 AND CHINSURE = 1;
 IF QA07_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1;
 IF QA07_I15 = 8, SET CHIHS = 1;
 IF QA07_I15 = 9, SET CHHKID = 1 AND CHINSURE = 1;
 IF QA07_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1;
 IF QA07_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1;
 IF QA07_I15 = -7 OR -8, SET CHINSURE = 1;

PROGRAMMING NOTE QA07_I16:
IF QA07_I1 = 1 AND ARMCARE = 1, THEN QA07_I16 = QA07_H7 AND QA07_I17 = QA07_H8 AND SKIP TO QA07_I18;
ELSE IF QA07_I1 = 1, THEN QA07_I16 = QA07_H55 AND QA07I17 = QA07_H56 AND GO TO QA07_I18;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA07_I16;
ELSE GO TO QA07_I19;

QA07_I16 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
¿Es el plan de salud principal de {CHILD} un HMO?

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: "HMO son las iniciales de Health Maintenance Organization (Organización de Mantenimiento de la Salud). Con un HMO, {él/ella} tiene que ir a los doctores y los hospitales que pertenecen a la red. Si va fuera de la red, por lo general no se cubrirán esos gastos a menos que haya sido una emergencia médica."]

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

PROGRAMMING NOTE QA07_I17:
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA07_I17
IF CHMCARE = 1 AND QA07_I16 = 1 THEN list HMO MediCare by county
ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA07_I13 = 1) AND QA07_I16 = 1 THEN list HMO MEDI-CAL by county;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA07_I16 = 1 THEN list HMO Healthy Families by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA07_I13 = 2) OR CHOTHER = 1) AND QA07_I16 = 1 THEN list HMO Commercial by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1) AND QA07_I16 = 2 THEN list Non-HMO by county;

QA07_I17 What is the name of (CHILD)'s main health plan?
¿Cómo se llama el plan de salud principal {Medi-Cal} de (CHILD)?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "¿Tiene (CHILD) una tarjeta del seguro u otro documento con el nombre del plan?"]

- Aetna Us Healthcare1
- Aids Healthcare Foundation, LA2
- Alameda Alliance For Health3
- Altamed Health Services4
- Blue Cross/Californiacare5
- Blue Shield/Careamerica6
- California Medicare7
- CalKids.....8
- Caloptima.....9
- Care 1st Health Plan/UHP10

Caremore Insurance Services, Inc.11
 Center For Elders Independence.....12
 Central Coast Alliance/Santa Cruz-Monterey13
 Chinese Community Health Plan.....14
 Chinese Community Health Plan Senior15
 Cigna Healthcare Of California16
 Citizens Choice Healthplan.....17
 Community Health Group (San Diego Co)18
 Community Health Plan of LA.....19
 Contra Costa Health Plan20
 Golden Medicare.....21
 Health Advantage22
 Health Net/Foundation23
 Inland Empire Health Plan24
 Inter Valley Health Plan25
 Kaiser Foundation Health Plan26
 Kern Health Systems27
 LA Care Health Plan28
 Molina Healthcare of California.....29
 On Lok Senior Health Services.....30
 One Health Plan Of California31
 Pacificare/FHP32
 San Francisco Health Dept./Family Mosaic
 Project.....33
 San Francisco Health Plan34
 San Joaquin Health Plan35
 San Mateo Health Commission36
 Santa Barbara Health Plan37
 Santa Clara Family Health Plan.....38
 Scan Health Plan39
 Secure Horizons40
 Senior Advantage41
 Senior Secure42
 Seniority Plus43
 Service to Seniors.....44
 Sharp Health Plan.....45
 Solano/Napa County Network46
 Sutter Senior Care47
 Universal Care/Healthmax.....48
 Valley Health Plan, Santa Clara49
 Ventura County Health Care Plan50
 Western Health Advantage.....51
 Western Health Advantage Care+52
 65 Plus53
 Medi-CAL54
 OTHER91
 OTHER (SPECIFY: _____)92
 REFUSED-7
 DON'T KNOW-8

QA07_I18 Is (CHILD) covered for prescription drugs?
¿Tiene (CHILD) cobertura para medicinas recetadas?

CF14

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

PROGRAMMING NOTE QA07_I19:
IF CHINSURE = 1, GO TO QA07_I24;
ELSE CONTINUE WITH QA07_I19;

QA07_I19 What is the one main reason (CHILD) does not have any health insurance?
¿Cuál es la razón principal por la que (CHILD) no tiene ningún tipo de seguro de salud?

CF18

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
- NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED.....5
- DON'T BELIEVE IN INSURANCE6
- SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
- CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE.....8
- OTHER (SPECIFY: _____)91
- REFUSED-7
- DON'T KNOW-8

QA07_I20 Was (CHILD) covered by health insurance at any time during the past 12 months?
¿Estuvo (CHILD) cubierto(a) por un seguro de salud en algún momento durante los últimos 12 meses?

CF20

- YES1 **[GO TO QA07_I22]**
- NO2
- REFUSED-7
- DON'T KNOW-8

QA07_I21 How long has it been since (CHILD) last had health insurance?
¿Cuánto tiempo hace desde la última vez que (CHILD) tuvo seguro de salud?

CF21

- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO1 [GO TO QA07_I30]
- MORE THAN 3 YEARS AGO2 [GO TO QA07_I30]
- NEVER HAD HEALTH INSURANCE COVERAGE ..3 [GO TO QA07_I30]
- REFUSED -7 [GO TO QA07_I30]
- DON'T KNOW/NOT SURE -8 [GO TO QA07_I30]

QA07_I22 For how many of the last 12 months did {he/she} have health insurance?
¿Por cuántos meses de los últimos 12 meses, tuvo {él/ella} seguro de salud?

CF22

[INTERVIEWER NOTE: IF < 1 MONTH, ENTER "1".]

- _____ MONTHS
- REFUSED -7
- DON'T KNOW -8

QA07_I23 During those months when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
Durante esos meses cuando (CHILD) tuvo seguro de salud, ¿era su seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

CF23

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

- MEDI-CAL1 [GO TO QA07_I30]
- HEALTHY FAMILIES2 [GO TO QA07_I30]
- THROUGH CURRENT OR FORMER EMPLOYER UNION3 [GO TO QA07_I30]
- HEALTHY KIDS4 [GO TO QA07_I30]
- OTHER HEALTH PLAN91 [GO TO QA07_I30]
- REFUSED -7 [GO TO QA07_I30]
- DON'T KNOW -8 [GO TO QA07_I30]

QA07_I24 Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?
Pensando en el seguro de salud actual de {él/ella}, ¿tuvo {CHILD} el mismo seguro por todos los últimos 12 meses?

CF24

- YES1 [GO TO QA07_I30]
- NO2
- REFUSED -7
- DON'T KNOW -8

QA07_I25 When {he/she} wasn't covered by {his/her/his or her} current health insurance, did {he/she} have any other health insurance?
¿Cuándo {él/ella} no tuvo cobertura por su seguro de salud actual, tuvo {él/ ella} algún otro seguro de salud?

CF25

- YES1
- NO2 **[GO TO QA07_I27]**
- REFUSED -7 **[GO TO QA07_I27]**
- DON'T KNOW -8 **[GO TO QA07_I27]**

QA07_I26 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
¿Era ese seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

CF26

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

- MEDI-CAL1
- HEALTHY FAMILIES2
- HEALTHY KIDS3
- THROUGH CURRENT OR FORMER EMPLOYER/UNION4
- OTHER HEALTH PLAN91
- REFUSED -7
- DON'T KNOW -8

QA07_I27 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?
¿Durante los últimos 12 meses, hubo algún tiempo cuando {él/ella} no tuvo ningún tipo de seguro de salud?

CF27

- YES1
- NO2 **[GO TO QA07_I30]**
- REFUSED -7 **[GO TO QA07_I30]**
- DON'T KNOW -8 **[GO TO QA07_I30]**

QA07_I28 For how many of the past 12 months did {he/she/he or she} have no health insurance?
¿Por cuantos meses de los últimos 12 meses, {él/ella} no tuvo seguro de salud?

CF28

[INTERVIEWER NOTE: IF < 1 MONTH, ENTER "1".]

- _____ MONTHS
- REFUSED -7
- DON'T KNOW -8

QA07_I29

What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

¿Cuál es la razón principal por la que (CHILD) no tuvo ningún tipo de seguro de salud durante el tiempo que {él/ella} no tuvo cobertura?

CF29

[INTERVIEWER NOTE: IF R SAYS, "No need," PROBE WHY]
[INTERVIEWER NOTE: IF R SAYS, "No necesita," PROBE WHY]

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB2
- NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED.....5
- DON'T BELIEVE IN INSURANCE6
- SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN7
- CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
- OTHER (SPECIFY).....91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_I30:
IF NO TEEN SELECTED, GO TO QA07_I66;
IF ARINSURE = 1, CONTINUE WITH QA07_I30;
IF ARINSURE = 0, GO TO QA07_I31;
ELSE CONTINUE WITH QA07_I30;

QA07_I30 These next questions are about health insurance (TEEN) may have.
Las siguientes preguntas son acerca del seguro de salud que {TEEN} puede tener.

Does (TEEN) have the same insurance as {YOU/ADULT RESPONDENT NAME}?
¿Tiene {TEEN} el mismo seguro que tiene {usted/ ADULT RESPONDENT}?

IA10A

YES1 **[GO TO QA07_I54]**
 NO.....2
 REFUSED-7
 DON'T KNOW-8

POST-NOTE QA07_I30:
IF QA07_I30 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1
IF QA07_I30 = 1 AND ARIHS = 1, SET TEIHS = 1

PROGRAMMING NOTE QA07_I31:
IF QA07_A16 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA07_I31, ELSE GO TO QA07_I32;

QA07_I31 Does (TEEN) have the same insurance as your spouse?
¿Tiene (TEEN) el mismo seguro que tiene {su esposo(a)}?

MA5

YES.....1 [GO TO QA07_I46]
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

POST-NOTE QA07_I31:
IF QA07_I31 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1
IF QA07_I31 = 1 AND SPIHS = 1, SET TEIHS = 1

PROGRAMMING NOTE QA07_I32:
IF CHINSURE = 1, CONTINUE WITH QA07_I32;
ELSE GO TO QA07_I33;

QA07_I32 Does (TEEN) have the same insurance as (CHILD)?
¿Tiene {TEEN} el mismo seguro que tiene {CHILD}?

MA6

YES.....1 [GO TO QA07_I54]
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

POST-NOTE QA07_I32:
IF QA07_I32 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHIHS = 1, SET TEIHS = 1

QA07_I33 Is {he/she} currently covered by Medi-CAL?
 ¿Esta {él/ella} cubierto por Medi-CAL?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."
 [IF NEEDED, SAY: "*Medi-Cal es un plan para ciertos niños de bajos ingresos y sus familias, mujeres embarazadas, y personas ancianas o incapacitadas.*"]

- YES1 [GO TO QA07_I37]
- NO2
- REFUSED -7 [GO TO QA07_I35]
- DON'T KNOW -8 [GO TO QA07_I35]

POST-NOTE QA07_I33:
IF QA07_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA07_I35 Is (TEEN) covered by the Healthy Families Program?
 ¿Esta {TEEN} cubierto por el Programa de Familias Saludables, o "Healthy Families"?

IA2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."
 [IF NEEDED, SAY: "*El Programa de Familias Saludables es un programa estatal que paga el seguro de salud para los niños hasta los 19 años de edad.*"]

- YES1 [GO TO QA07_I37]
- NO2
- REFUSED -7 [GO TO QA07_I37]
- DON'T KNOW -8 [GO TO QA07_I37]

POST-NOTE QA07_I35:
IF QA07_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA07_I36 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
 ¿Cuál es el motivo principal por el cual (TEEN) no está inscrito(a) en el programa Healthy Families?

IA2A

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
- OTHER NOT ELIGIBLE5
- DON'T BELIEVE IN HEALTH INSURANCE6
- DON'T NEED IT BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DIDN'T KNOW IT EXISTED9
- DON'T LIKE / WANT WELFARE10
- OTHER91
- REFUSED -7
- DON'T KNOW -8

QA07_I37 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿Está (TEEN) cubierto(a) por un plan de seguro de salud o HMO a través de su propio empleo o del empleo de alguna otra persona o sindicato?

IA3

YES1 **[GO TO QA07_I39]**
 NO2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QA07_I37:
IF QA07_I35 = 1, SET TTEMP = 1 AND SET TEINSURE = 1

QA07_I38 Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital.
¿Está {TEEN} cubierto(a) por un plan de seguro de salud que usted compró directamente de una compañía de seguro o de una HMO? No incluya un plan que pague sólo por ciertas enfermedades tales como cáncer o derrame cerebral o que solamente dé "dinero extra en efectivo" si usted está hospitalizado.

IA4

YES1
 NO2 **[GO TO QA07_I42]**
 REFUSED -7 **[GO TO QA07_I42]**
 DON'T KNOW -8 **[GO TO QA07_I42]**

POST-NOTE QA07_I38:
IF QA07_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA07_I39 Do you pay any or all of the premium or cost for (TEEN's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga usted una parte o toda la prima o el costo del plan de salud de (TEEN)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al médico o usa el sistema de atención médica, mientras alguien diferente paga la cobertura principal de su atención médica."]
[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "Un deducible es la cantidad que usted paga por la atención médica antes de que su plan de salud comience a pagar."]
[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "Prima es el cargo mensual por el costo del su plan de seguro de salud."]

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA07_I40 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN's) health plan?
¿Hay alguien más, tal como un empleador, un sindicato o una organización profesional que pague toda o parte de la prima o del costo del plan de salud de (TEEN)?

AI52

- YES1
- NO2 [GO TO QA07_I42]
- REFUSED -7 [GO TO QA07_I42]
- DON'T KNOW -8 [GO TO QA07_I42]

QA07_I41 Who else pays all or some portion of the cost for (TEEN's) health plan?
¿Quién más paga por todo o por una parte del costo del plan de salud de (TEEN)?

AI53

- CURRENT EMPLOYER1
- FORMER EMPLOYER2
- UNION3
- SPOUSE'S CURRENT EMPLOYER4
- SPOUSE'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE7
- HEALTHY FAMILIES8
- HEALTHY KIDS9
- OTHER91
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_I41:
IF QA07_I41 = 1-6, SET TEEMP = 1; IF QA07_I41 = 7, SET TEMCAL = 1;
IF QA07_I41 = 8, SET TEHFAM = 1; IF QA07_I41 = 8, SET TEHKID = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA07_I42:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA07_I46; ELSE CONTINUE WITH QA07_I42

QA07_I42 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Está {él/ella} cubierto(a) por CHAMPUS/ CHAMP-VA, TRICARE, VA o algún otro plan de servicios de salud militar?

IA6

- YES1 [GO TO QA07_I46]
- NO2
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QA07_I42:
IF QA07_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE FOR QA07_I43A:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA07_I43A AND DISPLAY “HEALTHY KIDS”;
IF COUNTY=SAN FRANCISCO DISPLAY “HEALTHY KIDS & YOUNG ADULTS”;
IF COUNTY=EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY “HEALTHY KIDS, HEALTHY FUTURES”;

QA07_I43A Is {he/she/he or she} covered by the {Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} program?
¿Está {CHILD NAME/AGE/SEX} cubierto por el programa {Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids, Healthy Futures}?

AI71

[IF NEEDED, SAY: “{Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy Futures} is a program for children in your county.”]
[IF NEEDED, SAY: “{Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy Futures} es un programa para niños de su condado.”]

- YES.....1 **[GO TO QA07_I46]**
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

POST-NOTE QA07_I43A:
IF QA07_I43A = 1, SET TEHKID = 1 AND SET TEINSURE = 1

QA07_I43 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
¿Está {él/ella} cubierto(a) por algún otro plan de salud del gobierno, tal como AIM, "Mister MIP," u algún otro?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program."]
[IF NEEDED, SAY: " AIM significa Acceso para Bebés y Madres, "MR MIP" o MRMIP significa Programa de Seguro de Riesgo Crítico."]

- AIM.....1 **[GO TO QA07_I46]**
- "MISTER MIP"/MRMIP2 **[GO TO QA07_I46]**
- NO OTHER PLAN.....3
- SOMETHING ELSE (SPECIFY: _____).....91 **[GO TO QA07_I46]**
- REFUSED.....-7
- DON'T KNOW.....-8

POST-NOTE QA07_I143:
IF QA07_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

QA07_I44 Does {he/she} have any health insurance coverage through a plan that I missed?
¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

IA8

- YES1
- NO2 **[GO TO QA07_I46]**
- REFUSED-7 **[GO TO QA07_I46]**
- DON'T KNOW-8 **[GO TO QA07_I46]**

QA07_I45 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?
¿Qué tipo de seguro de salud tiene {él/ella}? ¿Lo recibe a través de Medi-Cal, Healthy Families, un empleador o sindicato, o de otra fuente?

IA9

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE).....3
- MEDICARE (VERIFY)4
- MEDI-CAL.....5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN.....91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED-7
- DON'T KNOW-8

POST-NOTE QA07_I45:
IF QA07_I45_1 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA07_I45_2 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA07_I45_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA07_I45_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1
IF QA07_I45_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1
IF QA07_I45_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1
IF QA07_I45_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1
IF QA07_I45_8 = 1, SET TEIHS = 1
IF QA07_I45_9 = 1, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA07_I45_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA07_I45_92 = 1, SET TEINSURE = 1 AND TEOTHER = 1
IF QA07_I45=-7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA07_I46:

**IF QA07_I30 = 1 AND ARMCARE = 1, THEN QA07_I46 = QA07_H7 AND QA07_I47 = QA07_H8 AND SKIP TO QA07_I48;
 ELSE IF QA07_I30 = 1, THEN QA07_I46 = QA07_H55 AND QA07_I47 = QA07_H56 AND GO TO QA07_I48;
 ELSE IF QA07_I32 = 1, THEN QA07_I46 = QA07_I16 AND QA07_I47 = QA07_I17 AND GO TO QA07_I48;
 ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA07_I46
 ELSE GO TO QA07_I49;**

QA07_I46 Is (TEEN)'s {Medi-Cal} health plan an HMO?
 ¿Es el plan de salud {Medi-Cal} de (TEEN) un HMO?

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: "HMO son las iniciales de Health Maintenance Organization (Organización de Mantenimiento de la Salud). Con un HMO, {él/ella} tiene que consultar con doctores e ir a hospitales que pertenece a la red. Si va fuera de la red, por lo general no se cubrirán esos gastos a menos que haya sido una emergencia médica."]**

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "Su plan de salud principal."]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

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

PROGRAMMING NOTE QA07_I47:

**IF QA07_I46 = 1 (KAISER), CODE QA07_I47 = 1 (YES) AND GO TO QA07_I48;
 IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA07_I47;
 IF TEMCARE = 1 AND QA07_I47 = 1 THEN LIST HMO MEDICARE BY COUNTY
 ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA07_I13 = 1) AND QA07_I46 = 1 THEN LIST HMO MEDICAL BY COUNTY;
 ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA07_I46 = 1 THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
 ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA07_I43 = 2) OR TEOTHER = 1) AND QA07_I46 = 1 THEN LIST HMO COMMERCIAL BY COUNTY;
 ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA07_I46 = 2 THEN LIST NON-HMO BY COUNTY;**

QA07_I47 What is the name of (TEEN)'s main health plan?
¿Cómo se llama el plan de salud {Medi-Cal} de (TEEN)?

MA7

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE, "Does (TEEN) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE, "¿Tiene (TEEN) una tarjeta del seguro u otro documento con el nombre del plan?"]

- Aetna Us Healthcare 1
- Aids Healthcare Foundation, LA 2
- Alameda Alliance For Health 3
- Altamed Health Services 4
- Blue Cross/Californiacare 5
- Blue Shield/Careamerica 6
- California Medicare 7
- CalKids 8
- Caloptima 9
- Care 1st Health Plan/UHP 10
- Caremore Insurance Services, Inc 11
- Center For Elders Independence 12
- Central Coast Alliance/Santa Cruz-Monterey 13
- Chinese Community Health Plan 14
- Chinese Community Health Plan Senior 15
- Cigna Healthcare Of California 16
- Citizens Choice Healthplan 17
- Community Health Group (San Diego Co) 18
- Community Health Plan of LA 19
- Contra Costa Health Plan 20
- Golden Medicare 21
- Health Advantage 22
- Health Net/Foundation 23
- Inland Empire Health Plan 24
- Inter Valley Health Plan 25
- Kaiser Foundation Health Plan 26
- Kern Health Systems 27
- LA Care Health Plan 28
- Molina Healthcare of California 29
- On Lok Senior Health Services 30
- One Health Plan Of California 31
- Pacificare/FHP 32
- San Francisco Health Dept./Family Mosaic Project 33
- San Francisco Health Plan 34
- San Joaquin Health Plan 35
- San Mateo Health Commission 36
- Santa Barbara Health Plan 37
- Santa Clara Family Health Plan 38
- Scan Health Plan 39
- Secure Horizons 40
- Senior Advantage 41
- Senior Secure 42
- Seniority Plus 43
- Service to Seniors 44
- Sharp Health Plan 45
- Solano/Napa County Network 46
- Sutter Senior Care 47
- Universal Care/Healthmax 48
- Valley Health Plan, Santa Clara 49
- Ventura County Health Care Plan 50
- Western Health Advantage 51
- Western Health Advantage Care+ 52
- 65 Plus 53
- Medi-CAL 54

OTHER91
 OTHER (SPECIFY: _____)92
 REFUSED -7
 DON'T KNOW -8

QA07_I48 Is (TEEN) covered for prescription drugs?
¿Tiene {TEEN} cobertura para medicinas recetadas?

IA14

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_I49:
IF TEINSURE = 1, GO TO QA07_I54;
ELSE CONTINUE WITH QA07_I49;

QA07_I49 What is the one main reason (TEEN) does not have any health insurance?
¿Cuál es la razón principal por la que {TEEN} no tiene seguro de salud?

IA18

CAN'T AFFORD/TOO EXPENSIVE1
 NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
 NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 FAMILY SITUATION CHANGED.....5
 DON'T BELIEVE IN INSURANCE6
 SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
 CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE.....8
 OTHER (SPECIFY: _____)91
 REFUSED -7
 DON'T KNOW -8

QA07_I50 Was (TEEN) covered by health insurance at any time during the past 12 months?
¿Estuvo (TEEN) cubierto(a) por un seguro de salud en algún momento durante los últimos 12 meses?

IA20

YES1 **[GO TO QA07_I52]**
 NO2
 REFUSED -7
 DON'T KNOW -8

QA07_I51 How long has it been since (TEEN) last had health insurance?
¿Cuánto tiempo hace desde la última vez que (TEEN) tuvo seguro de salud?

IA21

- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO1 [GO TO QA07_I60]
- MORE THAN 3 YEARS AGO2 [GO TO QA07_I60]
- NEVER HAD HEALTH INSURANCE COVERAGE ..3 [GO TO QA07_I60]
- REFUSED -7 [GO TO QA07_I60]
- DON'T KNOW/NOT SURE -8 [GO TO QA07_I60]

QA07_I52 For how many of the last 12 months did {he/she} have health insurance?
¿Durante cuántos meses tuvo seguro de salud {él/ella} en los últimos 12 meses?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

- _____ MONTHS
- REFUSED -7
- DON'T KNOW -8

QA07_I53 During those months when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
Durante esos meses cuando (TEEN) tuvo seguro de salud, ¿era su seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

IA23

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

- MEDI-CAL1 [GO TO QA07_I60]
- HEALTHY FAMILIES2 [GO TO QA07_I60]
- THROUGH CURRENT OR FORMER EMPLOYER/UNION3 [GO TO QA07_I60]
- HEALTHY KIDS4 [GO TO QA07_I60]
- OTHER HEALTH PLAN.....9 [GO TO QA07_I60]
- REFUSED -7 [GO TO QA07_I60]
- DON'T KNOW -8

QA07_I54 Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?
Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (TEEN) este mismo seguro de salud durante todo el tiempo en los últimos 12 meses?

IA24

- YES1 [GO TO QA07_I60]
- NO2
- REFUSED -7
- DON'T KNOW -8

QA07_I55 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
¿Cuándo {él/ella} no tuvo cobertura por su seguro de salud actual, tuvo {él/ella} algún otro seguro de salud?

IA25

- YES 1
- NO 2
- REFUSED -7 **[GO TO QA07_I57]**
- DON'T KNOW -8

QA07_I56 Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?
¿Era ese seguro Medi-Cal, Familias Saludables, un plan que usted obtuvo a través de un empleador o algún otro plan?

IA26

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

- MEDI-CAL 1
- HEALTHY FAMILIES 2
- THROUGH CURRENT OR FORMER EMPLOYER/UNION 3
- HEALTHY KIDS 4
- OTHER HEALTH PLAN 91
- REFUSED -7
- DON'T KNOW -8

QA07_I57 During the past 12 months, was there any time when {he/she} had no health insurance at all?
¿Durante los últimos 12 meses, hubo algún tiempo cuando {él/ella} no tuvo ningún tipo de seguro de salud?

IA27

- YES 1
- NO 2 **[GO TO QA07_I60]**
- REFUSED -7 **[GO TO QA07_I60]**
- DON'T KNOW -8 **[GO TO QA07_I60]**

QA07_I58 For how many of the past 12 months did {he/she} have no health insurance?
¿Durante cuántos meses de los últimos 12 meses no tuvo {él/ella} ningún seguro de salud?

IA28

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

_____ MONTHS

- REFUSED -7
- DON'T KNOW -8

QA07_I59 What is the one main reason why (TEEN) did not have any health insurance during the time {he/she/he or she} wasn't covered?
¿Cuál es la razón principal por la que (TEEN) no tuvo ningún tipo de seguro de salud durante el tiempo que {él/ella} no tuvo cobertura?

IA29

[INTERVIEWER NOTE: IF R SAYS, "No need," PROBE WHY]
[INTERVIEWER NOTE: IF R SAYS, "No hubo necesidad," PROBE WHY]

- 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

QA07_I60 Do you now have any type of insurance that pays for part or all of (TEEN) dental care?
¿Tiene actualmente usted algún tipo de seguro que pague por parte o toda la atención dental que recibe {TEEN}?

MA10

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

PROGRAMMING NOTE QA07_I61T:
IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE) THEN SKIP TO QA07_I61;
ELSE CONTINUE WITH QA07_I61T;

QA07_I61T In what country was {ADOLESCENT/AGE/SEX} born?
 ¿En qué país nació {ADOLESCENT/AGE/SEX}?

AI56T

- 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 QA07_I63T:
IF QA07_I61T = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07_I61;
ELSE CONTINUE WITH QA07_I63T;

QA07_I63T Is {ADOLESCENT/AGE/SEX} a citizen of the United States?
 ¿Es {ADOLESCENT/AGE/SEX} ciudadano(a) de los Estados Unidos?

AI58T

- YES.....1 **[GO TO QA07_I65T]**
- NO.....2
- APPLICATION PENDING.....3
- REFUSED.....-7
- DON'T KNOW.....-8

QA07_I64T Is {ADOLESCENT/AGE/SEX} a permanent resident with a green card?
¿Es {ADOLESCENT/AGE/SEX} residente permanente con tarjeta verde?

AI59T

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

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

QA07_I65T About how many years has {ADOLESCENT/AGE/SEX} lived in the United States?
Más o menos, ¿cuántos años ha vivido {ADOLESCENT/AGE/SEX} en los Estados Unidos?

AI60T

[INTERVIEWER NOTE: IF < 1 YEAR, ENTER "1 YEAR"]

_____ NUMBER OF YEARS

AI60TYR

_____ YEAR FIRST COME AND LIVE IN U.S.

AI60TFMT

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_I61:
IF QA07_I61 = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07_I61C;
ELSE CONTINUE WITH QA07_I62
IF QA07_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA07_I61 In what country was {ADOLESCENT/AGE/SEX}'s {mother/father} born?
 ¿En qué país nació {la madre/ el padre} de {ADOLESCENT/AGE/SEX}?

A156

[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

NOTE: Items A156-A160 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

PROGRAMMING NOTE QA07_I62:
IF QA07_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA07_I62 Does (TEEN'S) {mother/father} now live in the U.S.?
¿Vive ahora {la madre/el padre} de (TEEN) en los EE.UU.?

A157

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

NOTE: Items A156-A160 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

PROGRAMMING NOTE QA07_I63:
IF QA07_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA07_I63 Is {ADOLESCENT/AGE/SEX}'s {mother/father} a citizen of the United States?
¿Es {la madre/el padre} de {ADOLESCENT /AGE/SEX} ciudadano(a) de los Estados Unidos?

A158

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

- YES1 **[GO TO QA07_I65]**
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

NOTE: Items A156-A160 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

PROGRAMMING NOTE QA07_I64:
IF QA07_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA07_I64 Is {ADOLESCENT/AGE/SEX}'s {mother/father} a permanent resident with a green card?
¿Es {la madre/el padre} de {ADOLESCENT /AGE/SEX} residente permanente con tarjeta verde?

A159

[IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY: “La gente la llama normalmente tarjeta verde o "Green Card", pero puede ser también de color rosa, azul o blanco.”]

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

NOTE: Items A156-A160 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

PROGRAMMING NOTE QA07_I65:
IF QA07_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA07_I65 About how many years has {ADOLESCENT/AGE/SEX}'s {mother/father} lived in the United States?
 ¿Cuántos años aproximadamente ha vivido {la madre/el padre} de {ADOLESCENT /AGE/SEX} en los Estados Unidos?

A160

[IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

A160YR

_____ YEAR FIRST COME LIVE IN U.S

A160FMT

MOTHER/FATHER DECEASED3
 MOTHER/FATHER NEVER LIVED IN U.S4
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_I61C:
IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE) THEN SKIP TO QA07_I66;
ELSE CONTINUE WITH QA07_I61;

QA07_I61C In what country was (CHILD) born?
¿En qué país nació (CHILD)?

AI56C

- 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 QA07_I63C:
IF QA07_I61T = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07_I61;
ELSE CONTINUE WITH QA07_I62T;

QA07_I63C Is {CHILD/AGE/SEX} a citizen of the United States?
¿Es {CHILD /AGE/SEX} ciudadano(a) de los Estados Unidos?

AI58C

- YES.....1 **[GO TO QA07_I66]**
- NO.....2
- APPLICATION PENDING.....3
- REFUSED.....-7
- DON'T KNOW.....-8

QA07_I64C Is {CHILD/AGE/SEX} a permanent resident with a green card?
¿Es {CHILD/AGE/SEX} residente permanente con tarjeta verde?

AI59C

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

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

QA07_I65C About how many years has {CHILD/AGE/SEX} lived in the United States?
Más o menos, ¿cuántos años ha vivido {CHILD/AGE/SEX} en los Estados Unidos?

AI60C

[IF < 1 YEAR, ENTER "1 YEAR"]

_____ NUMBER OF YEARS

AI60CYR

_____ YEAR FIRST CAME AND LIVE IN U.S.

AI60CFMT

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

PROGRAMMING NOTE QA07_I66;
IF RESPONDENT IS PARENT OF ANY FEMALE CHILDREN IN HOUSEHOLD AGE ≥ 8, THEN:
IF ONLY ONE SUCH CHILD, SELECT THAT ONE,
ELSE IF MORE THAN ONE, RANDOMLY SELECT ONE USING RANNUM1 AND IF QA07_E16 (HEARD OF HPV SHOT) = 1, 2, -7, OR -8, SKIP TO QA07_I67; ELSE CONTINUE WITH QA07_I66;
ELSE SKIP TO NEXT SECTION, QA07_J1;

QA07_I66 Have you ever heard of a vaccine or shot to prevent cervical cancer?
¿Ha oído hablar alguna vez de una vacuna o una inyección para prevenir el cáncer cervical?

AI72

[IF R MENTIONS "GARDASIL", CODE YES]

- YES.....1
- NO.....2 **[GO TO QA07_I68]**
- REFUSED.....-7 **[GO TO QA07_I68]**
- DON'T KNOW.....-8 **[GO TO QA07_I68]**

QA07_I67 Did {DAUGHTER NAME/AGE} ever receive the HPV vaccine or HPV shots?
¿Le pusieron a {DAUGHTER NAME/AGE} alguna vez la vacuna contra el HPV o inyecciones para el HPV?

A173

- YES1
- NO2 [GO TO QA07_I68]
- REFUSED -7 [GO TO QA07_I68]
- DON'T KNOW -8 [GO TO QA07_I68]

QA07_I67A Did {DAUGHTER NAME/AGE} receive all three doses of the HPV vaccine?
¿Recibió {DAUGHTER NAME/AGE} las tres dosis de la vacuna contra el HPV?

A178

- YES1
- NO2 [GO TO QA07_J1]
- REFUSED -7 [GO TO QA07_J1]
- DON'T KNOW -8 [GO TO QA07_J1]

PROGRAMMING NOTE QA07_I68;
IF QA07_I66 = 2, -7, OR -8 OR QA07_I67 = 2, -7, OR -8 THEN DISPLAY: “{HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.”

QA07_I68 {HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.} If {DAUGHTER NAME/AGE}'s doctor recommended the HPV vaccine, would you have her get it?
El HPV es un virus que puede causar cáncer cervical. Se ha aprobado una vacuna que protege a las mujeres entre los 9 y 26 años contra el HPV. Si el médico de {DAUGHTER NAME/ AGE} recomendase la vacuna contra el HPV, ¿se la pondrían?

A174

- YES1 [GO TO QA07_I70]
- NO2
- REFUSED -7
- DON'T KNOW -8

QA07_I69 What is the MAIN reason you would NOT want {DAUGHTER NAME/AGE} to get the vaccine?
¿Cuál es el razón PRINCIPAL por el que NO querrían que {DAUGHTER NAME/ AGE} se pusiera la vacuna?

A175

- DOES NOT NEED VACCINE1 [GO TO QA07_J1]
- NOT SEXUALLY ACTIVE2 [GO TO QA07_J1]
- TOO EXPENSIVE3 [GO TO QA07_I71]
- TOO YOUNG4 [GO TO QA07_J1]
- DOCTOR DIDN'T RECOMMEND IT5 [GO TO QA07_J1]
- WORRIED ABOUT SAFETY OF VACCINE6 [GO TO QA07_J1]
- DON'T KNOW WHERE TO GET VACCINE7 [GO TO QA07_J1]
- MY SPOUSE/FAMILY MEMBER IS AGAINST IT8 [GO TO QA07_J1]
- DON'T KNOW ENOUGH ABOUT VACCINE9 [GO TO QA07_J1]
- OTHER10 [GO TO QA07_J1]
- REFUSED -7 [GO TO QA07_J1]
- DON'T KNOW -8 [GO TO QA07_J1]

QA07_I70

The cost of the vaccine may be about \$360. Would you have {DAUGHTER NAME/AGE} get the vaccine if you had to pay this amount?

La vacuna puede costar aproximadamente \$360. ¿Le pondrían la vacuna a {DAUGHTER NAME/AGE} si tuvieran que pagar esa cantidad?

A176

- YES1 **[GO TO QA07_J1]**
- NO2
- REFUSED -7 **[GO TO QA07_J1]**
- DON'T KNOW -8

QA07_I71

If {DAUGHTER NAME/AGE} could get the vaccine free or at a much lower cost, would you have her get it?

Si pudieran ponerle a {DAUGHTER NAME/AGE} la vacuna gratis, o a un costo mucho menor, ¿se la pondrían?

A177

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

Section J – Health Care Utilization and Access, Violence

PROGRAMMING NOTE QA07_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...”;

QA07_J1 Now, I’d like to ask about the health care you receive.
Ahora, voy a hacerle preguntas acerca de la atención médica que usted recibe.

During the past 12 months, how many times have you seen a medical doctor?
Durante los últimos 12 meses, ¿cuántas veces ha visto a un médico?

AH5

_____ TIMES

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_J2:
IF QA07_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA07_J2; ELSE GO TO PROGRAMMING NOTE QA07_J3;

QA07_J2 About how long has it been since you last saw a doctor about your own health?
¿Más o menos, hace cuánto tiempo fue la última vez que vio a un médico para de su propia salud?

AH6

ONE YEAR AGO OR LESS0
 MORE THAN 1 UP TO 2 YEARS AGO1
 MORE THAN 2 UP TO 5 YEARS AGO2 **[GO TO QA07_J16]**
 MORE THAN 5 YEARS AGO3 **[GO TO QA07_J16]**
 NEVER4 **[GO TO QA07_J16]**
 REFUSED -7 **[GO TO QA07_J16]**
 DON'T KNOW -8 **[GO TO QA07_J16]**

PROGRAMMING NOTE QA07_J3:
IF QA07_J1 > 0 OR QA07_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA07_J3; ELSE GO TO QA07_J16;

QA07_J3 The last time you saw a doctor, did you have a hard time understanding the doctor?
La última vez que vio a un médico, ¿tuvo dificultad para entender lo que el médico decía?

AJ8

YES1 **[GO TO QA07_J5]**
 NO2
 REFUSED -7 **[GO TO QA07_J8]**
 DON'T KNOW -8 **[GO TO QA07_J8]**

PROGRAMMING NOTE QA07_J4:
IF QA07_J3 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA07_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA07_J4;
ELSE SKIP TO QA07_J8;

QA07_J4 In what language does your doctor speak to you?
¿En qué idioma habla con usted su médico?

AJ50

- ENGLISH1 [GO TO QA07_J6]
- SPANISH2 [GO TO QA07_J8]
- CANTONESE.....3 [GO TO QA07_J8]
- VIETNAMESE.....4 [GO TO QA07_J8]
- TAGALOG.....5 [GO TO QA07_J8]
- MANDARIN.....6 [GO TO QA07_J8]
- KOREAN.....7 [GO TO QA07_J8]
- ASIAN INDIAN LANGUAGES8 [GO TO QA07_J8]
- RUSSIAN9 [GO TO QA07_J8]
- OTHER (SPECIFY: _____)91 [GO TO QA07_J8]
- REFUSED.....-7 [GO TO QA07_J8]
- DON'T KNOW.....-8 [GO TO QA07_J8]

PROGRAMMING NOTE QA07_J5:
IF QA07_J3 = 1 CONTINUE WITH QA07_J5; ELSE SKIP TO QA07_J8;

QA07_J5 Was this because you and the doctor spoke different languages?
¿Se debió esto a que usted y el médico hablaban diferentes idiomas?

AJ9

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

QA07_J6 Did you need someone to help you understand the doctor?
¿Necesitó ayuda de otra persona para comprender al doctor?

AJ10

- YES1
- NO.....2 [GO TO QA07_J8]
- REFUSED.....-7 [GO TO QA07_J8]
- DON'T KNOW.....-8 [GO TO QA07_J8]

QA07_J7 Who was this person who helped you understand the doctor?
¿Quién fue esta persona que le ayudó a entender al médico?

AJ11

[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.]

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER OR FRIEND OF MINE.....2
- NON-MEDICAL OFFICE STAFF3
- MEDICAL STAFF INCLUDING NURSES/DOCTORS4
- PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)5
- OTHER (PATIENTS, SOMEONE ELSE).....6
- DID NOT HAVE SOMEONE TO HELP7
- REFUSED -7
- DON'T KNOW -8

QA07_J8 When you had your last routine exam, did you and your doctor talk about your emotions or moods?
Cuando fue a su último examen de rutina, ¿habló usted con su doctor de sus emociones o estados de ánimo?

AJ53

**[IF NEEDED, SAY: “By doctor, I also mean nurses or other health providers.”]
 [IF NEEDED, SAY: “Al decir doctor, también quiero decir enfermeras y otros proveedores de salud.”]**

- YES1
- NO2 **[GO TO QA07_J12]**
- REFUSED -7 **[GO TO QA07_J12]**
- DON'T KNOW -8 **[GO TO QA07_J12]**

QA07_J9 Did your doctor talk about your emotions or moods in a way that you could understand?
¿Le habló su médico sobre sus emociones o estados de ánimo de manera que usted pudo entenderle?

AJ54

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

PROGRAMMING NOTE QA07_J10:
IF QA07_F19 =1 (FELT NEED TO SEE PROFESSIONAL IN PAST 12 MONTHS) OR
[T3 = 0 AND T1 > 5 (NONE MISSING IN AJ29-AJ34 AND SUM OF AJ29-AJ34 > 5)] OR
[T3 = 1 AND T1 > 4 (ONLY ONE MISSING IN AJ29-AJ34 AND SUM OF AJ29-AJ34 > 4)] OR
[T4 = 0 AND T2 > 5 (NONE MISSING IN AF63-AF68 AND SUM OF AF63-AF68 > 5)] OR
[T4 =1 AND T2 > 4 (ONLY ONE MISSING IN AF63-AF68 AND SUM OF AF63-AF68 > 4)],
THEN CONTINUE WITH QA07_J10 (AJ55); ELSE SKIP TO QA07_J12 (AJ51);

QA07_J10 Did your doctor provide or arrange treatment for your emotions or moods, such as medications, counseling, or other treatment?
¿Le proporcionó su médico tratamiento, o hizo arreglos para que recibiera tratamiento para sus emociones o estados de ánimo, tal como medicamentos, hablar con un consejero, u otro tratamiento?

AJ55

- YES1
- NO2 [GO TO QA07_J12]
- REFUSED -7 [GO TO QA07_J12]
- DON'T KNOW -8 [GO TO QA07_J12]

QA07_J11 Has the treatment made your emotions or moods better, worse, or about the same?
¿Qué efecto ha tenido el tratamiento en sus emociones o estados de ánimo –han mejorado, empeorado, o siguen más o menos igual?

AJ56

- BETTER1
- WORSE2
- SAME3
- REFUSED -7
- DON'T KNOW -8

QA07_J12 When you read the instructions on a prescription bottle, would you say it is very easy, somewhat easy, somewhat difficult, or very difficult to understand?
Cuando usted lee las instrucciones en un frasco de medicamentos, ¿diría que son muy fáciles, algo fáciles, algo difíciles, o muy difíciles de entender?

AJ51

- VERY EASY1
- SOMEWHAT EASY2
- SOMEWHAT DIFFICULT3
- VERY DIFFICULT4
- DON'T GET PRESCRIPTIONS5
- REFUSED -7
- DON'T KNOW -8

QA07_J13 When you get written information at a doctor’s office, would you say it is very easy, somewhat easy, somewhat difficult, or very difficult to understand?
Cuando a usted le dan información escrita en la consulta de un doctor, ¿diría que es muy fácil, algo fácil, algo difícil, o muy difícil de entender?

AJ52

- VERY EASY.....1
- SOMEWHAT EASY2
- SOMEWHAT DIFFICULT3
- VERY DIFFICULT.....4
- DON'T GET WRITTEN INFORMATION.....5
- REFUSED.....-7
- DON'T KNOW.....-8

QA07_J14 During the past 12 months did you either delay or not get a medicine that a doctor prescribed for you?
Durante los últimos 12 meses, ¿tuvo usted que postergar la compra o no comprar algún medicamento que un doctor le recetó?

AH16

- YES.....1
- NO.....2 [GO TO QA07_J16]
- REFUSED.....-7 [GO TO QA07_J20]
- DON'T KNOW.....-8 [GO TO QA07_J20]

QA07_J15 Was cost or lack of insurance a reason why you delayed or did not get the prescription?
¿Fueron los costos o el hecho de no tener seguro de salud una razón por la que se demoró en comprar o no compró la medicina que le habían recetado?

AJ19

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

QA07_J16 During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist or other health professional?
Durante los últimos 12 meses, ¿postergó usted, o no recibió ninguna otra atención médica que usted consideraba necesaria, como ver a un médico, un especialista u otro profesional de la salud?

AH22

- YES.....1
- NO.....2 [GO TO QA07_J20]
- REFUSED.....-7 [GO TO QA07_J20]
- DON'T KNOW.....-8 [GO TO QA07_J20]

QA07_J17 Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
¿Fueron los costos o el hecho de no tener seguro de salud una razón por la que se demoró en obtener o no obtuvo la atención que usted pensó que necesitaba?

AJ20

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

PROGRAMMING NOTE QA07_J20;
IF AGE > 65 GO TO QA07_K1; ELSE CONTINUE WITH QA07_J20;

The next questions are about relationships with intimate partners and your personal safety. By intimate partner, I mean any husband, wife, boyfriend, girlfriend, or someone you lived with or dated. Some questions ask about threats or about being slapped or hit; others ask about unwanted sexual experiences. If any question upsets you, you don't have to answer it and your answers will be kept private.
Las preguntas siguientes se tratan de relaciones con compañeros íntimos y de su seguridad personal. Compañero íntimo significa cualquier esposo(a), novio, novia o persona con quien haya vivido o salido. Algunas preguntas se refieren a amenazas o a ser golpeado o abofeteado; otras se refieren a experiencias sexuales no deseadas. Si alguna pregunta le ofende, no tiene que responderla. Además todas sus respuestas serán consideradas confidenciales.

QA07_J20 Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you in any way?
Desde que usted tenía 18 años, un compañero(a) íntimo(a) que tenga ahora o que tuvo antes ¿le ha golpeado, abofeteado, empujado, dado patadas o herido físicamente de cualquier manera?

AJ57

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

QA07_J21

Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you? Desde que usted tenía 18 años, un compañero(a) íntimo(a) que tenga ahora o que tuvo antes ¿le ha forzado a una relación sexual no deseada, al sexo oral o anal, o al sexo con un objeto, mediante la fuerza o amenazándole con causarle daño?

AJ58

[IF NEEDED, SAY: "Unwanted" means you did not consent or agree.] [IF NEEDED, SAY: "No deseada" significa que usted no consentía o no estaba de acuerdo.] [ONLY IF RESPONDENT ASKS WHAT "unwanted sex" stands for, SAY: "Unwanted sexual intercourse."]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your vagina, rectum or buttocks with their mouth or tongue, or a male put his penis in your mouth."]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "Sexo oral quiere decir que alguien le tocó la vagina, el recto o las nalgas con la boca o la lengua, o que un hombre le puso el pene en la boca."]

[ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your rectum or buttocks with their mouth or tongue or a male put his penis in your mouth."]

[ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "Sexo oral quiere decir que alguien le tocó el recto o las nalgas con la boca o la lengua, o que un hombre le puso el pene en la boca."]

[ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: "By anal sex, we mean that a male put his penis in your rectum or buttocks."]

[ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: "Sexo anal significa que un hombre le puso el pene en el recto o en las nalgas."]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your vagina, rectum or buttocks or touched your breast."]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "Sexo con un objeto significa que alguien le puso los dedos u otros objetos en la vagina, el recto o las nalgas."]

[ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your rectum or buttocks or touched your penis."]

[ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "Sexo con un objeto significa que alguien le puso los dedos u otros objetos en el recto o en las nalgas."]

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

PROGRAMMING NOTE QA07_J22;
IF QA07_J20 = 1 (YES TO PHYSICAL VIOLENCE), CONTINUE WITH QA07_J22;
IF QA07_J20 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF QA07_J21 = 1 (YES) [I.E. NO PHYSICAL VIOLENCE, YES TO SEXUAL VIOLENCE], GO TO QA07_J29;
IF QA07_J20 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF QA07_J21 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) [I.E. NO PHYSICAL AND NOSEXUAL VIOLENCE], SKIP TO QA07_J39;
IF 18 YEARS OLD, DISPLAY "SINCE YOU TURNED 18"
ELSE IF > 18 YEARS OLD, DISPLAY "Durante los últimos 12 meses"

QA07_J22 {In the past 12 months/ Since you turned 18}, did any intimate partner do any of the following:
 {Durante los últimos 12 meses/ Desde que usted cumplió los 18 años}, ¿hizo algún/alguna compañero(a) íntimo(a) cualquiera de las cosas siguientes?:

Throw something at you that could hurt you?
 ¿Arrojarle algo que podría hacerle daño?

AJ59

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

QA07_J23 Push, grab, or slap you?
 ¿Empujarle, agarrarle o abofetearle?

AJ60

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

QA07_J24 Kick, bite you, or hit you with a fist?
 ¿Darle patadas, morderle o golpearle con el puño?

AJ61

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

QA07_J25 Beat you up, choke you, or try to drown you?
 ¿Pegarle, asfixiarle o tratar de ahogarle?

AJ62

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

QA07_J26 Hit you with an object?
¿Golpearle con un objeto?

AJ63

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

QA07_J27 Threaten you with a gun, knife or other weapon?
¿Amenazarle con una pistola, un cuchillo u otra arma?

AJ64

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

QA07_J28 Use a gun, knife or other weapon on you?
¿Utilizar una pistola, un cuchillo u otra arma contra usted?

AJ65

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

PROGRAMMING NOTE QA07_J29;
IF QA07_J21 = 2, -7, -8 (NO SEXUAL VIOLENCE), SKIP TO QA07_J30;
ELSE IF QA07_J20 = 2, -7, -8 (NO PHYSICAL VIOLENCE) AND QA07_J21 = 1 (YES TO SEXUAL VIOLENCE),
CONTINUE WITH QA07_J29 AND DISPLAY "IN THE PAST 12 MONTHS, DID ANY INTIMATE PARTNER,";
ELSE IF QA07_J20 = 1 (YES, PHYSICAL VIOLENCE) AND QA07_J21 = 1 (YES, SEXUAL VIOLENCE),
CONTINUE WITH QA07_J29;
ELSE IF 18 YEARS OLD, CONTINUE WITH QA07_J29 WITHOUT DISPLAY;

QA07_J29 In the past 12 months, did any intimate partner force you to have unwanted sex, oral, or anal sex, or sex with an object by using force or threatening to hurt you?
¿Durante los últimos 12 meses, algún/alguna compañero(a) íntimo(a) le forzó a tener sexo no deseado, oral o anal, o a tener sexo con un objeto por la fuerza o amenazándole con hacerle daño?

AJ66

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

PROGRAMMING NOTE QA07_J30:
IF QA07_J22 TO QA07_J29 = 1 (YES TO ANY 12 MONTH PHYSICAL OR SEXUAL VIOLENCE), CONTINUE WITH QA07_J30; ELSE SKIP TO QA07_J39;
IF QA07_J22 - QA07_J29 = MORE THAN ONE YES RESPONSE, DISPLAY, "ANY OF THESE THINGS"; ELSE IF QA07_J22 - QA_07_29 = ONE YES RESPONSE, DISPLAY, "this";
IF 18 YEARS OLD, DISPLAY: "DESDE QUE USTED CUMPLIÓ LOS 18 AÑOS";
ELSE IF > 18 YEARS OLD, DISPLAY, "DURANTE LOS ÚLTIMOS 12 MESES" AND "NUMBER OF TIMES IN PAST 12 MONTHS"

QA07_J30 How many times has any intimate partner done {this/any of these things} to you {since you turned 18/in the past 12 months}?
¿Cuántas veces le ha hecho {cualquiera de estas cosas/esto} algún/alguna compañero(a) íntimo(a) {desde que usted cumplió los 18 años/durante los últimos 12 meses}?

AJ67

_____ Number of times past 12 months

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_J31;
IF QA07_J30 = 1, SKIP TO QA07_J32;
ELSE CONTINUE WITH QA07_J31 AND IF QA07_J22 - QA07_J29 = MORE THAN ONE YES RESPONSE, DISPLAY, "ANY OF THESE THINGS"; ELSE IF QA07_J22 - QA_07_29 = ONE YES RESPONSE, DISPLAY, "THIS";
IF 18 YEARS OLD, DISPLAY: "DESDE QUE USTED CUMPLIÓ LOS 18 AÑOS"; ELSE IF > 18 YEARS OLD, DISPLAY, "DURANTE LOS 12 MESES PASADOS" AND "NUMBER OF TIMES IN PAST 12 MONTHS"

QA07_J31 How many different partners have done {this/any of these things} to you {since you turned 18/in the past 12 months}?
¿Cuántos compañeros diferentes le han hecho {esto/cualquiera de estas cosas} {desde que usted cumplió los 18 años/durante los últimos 12 meses}?

AJ68

_____ Number of partners past 12 months

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_J32:
IF QA07_J31 > 1 SAY: "IF MORE THAN ONE PERSON WAS INVOLVED, PLEASE TELL ME ALL OF THEM";

QA07_J32 Thinking about the most recent incident, what was this person's relationship to you? {If more than one person was involved, please tell me all of them.}
Pensando en el incidente más reciente, ¿cuál era la relación de esa persona con usted? {Si participó más de una persona, dígame la relación de todas ellas con usted.}

AJ69

[IF R ASKS WHAT AN INCIDENT IS, SAY: "An incident is an event or something that happened."]
[IF R ASKS WHAT AN INCIDENT IS, SAY: "Un incidente es un evento o algo que sucedió."]
[CODE ALL THAT APPLY]

- CURRENT SPOUSE1
- FORMER OR EX-SPOUSE2
- CURRENT PARTNER3
- FORMER PARTNER4
- CURRENT BOYFRIEND5
- FORMER BOYFRIEND6
- CURRENT GIRLFRIEND7
- FORMER GIRLFRIEND8
- A DATE9
- OTHER (SPECIFY: _____)91
- REFUSED -7
- DON'T KNOW -8

PROGRAM NOTE QA07_J33:
IF QA07_J32 = 5, 6, 7, 8, -7, -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), SKIP TO QA07_J34;
ELSE IF QA07_J32 = 1, 2, 3, 4, 9, 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN IF QA07_D15 = 1 (HETEROSEXUAL, SKIP TO QA07_J34
ELSE IF QA07_D15 > 1 (NOT HETEROSEXUAL, CONTINUE WITH QA07_J33, AND IF QA07_J31 = 1 (ONE PARTNER), DISPLAY "WAS"/"PERSON" IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY 3 (BOTH);
IF QA07_J31 > 1 (MORE THAN ONE PARTNER) OR -7 OR -8 (REF/DK), DISPLAY "WERE"/"PEOPLE"

QA07_J33 {Were/Was} the {people/person} male{s} or female{s}?
¿{Era/Eran} esa persona{s} hombre{s} o mujer{es}?

AJ70

- MALE(S)1
- FEMALE(S)2
- BOTH3
- DON'T KNOW -7
- REFUSED -8

QA07_J34 Was the most recent incident only physical, or was it also sexual?
¿Fue el incidente más reciente solamente físico o fue también sexual?

AJ71

- PHYSICAL ONLY 1
- BOTH PHYSICAL AND SEXUAL 2
- DON'T KNOW -7
- REFUSED -8

**[PROGRAM NOTE QA07_J35:
 IF QA07_J31 > 1, DISPLAY "PEOPLE"; ELSE IF QA07_J31 = 1, DISPLAY "PERSON";**

QA07_J35 When this happened, did the {person/people} who did this to you appear to have been drinking or using drugs?
Cuando sucedió esto, ¿parecía que la{s} persona{s} que le {hizo/hicieron} eso a usted había{n} estado tomando o usando drogas?

AJ72

**[IF NEEDED, SAY: "By drinking, I mean drinking alcohol."
 [IF NEEDED, SAY: "Al decir tomando, quiero decir bebiendo alcohol."]**

[IF MORE THAN ONE PERSON, AND R SAYS ONLY ONE PERSON APPEARED TO BE DRINKING, CODE "YES"]

- YES 1
- NO 2
- MAYBE 3
- DON'T KNOW -7
- REFUSED -8

**[PROGRAM NOTE QA07_J36;
 IF QA07_J31 > 1, DISPLAY "PEOPLE"; ELSE IF QA07_J31 = 1, DISPLAY "PERSON"]**

QA07_J36 When this happened, did the {person} {people} who did this to you appear to have been using drugs, such as cocaine, methamphetamines or other drugs?
Cuando sucedió esto, ¿parecía que la{s} persona{s} que lo {hizo/hicieron} había{n} estado usando drogas, como por ejemplo cocaína, metanfetaminas u otras drogas?

AJ73

[IF MORE THAN ONE PERSON WAS INVOLVED, AND RESPONDENT SAYS ONLY ONE PERSON APPEARED TO BE USING DRUGS, CODE "YES".]

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

QA07_J37 Did you ever talk to anyone about what happened?
¿Habló alguna vez con otra persona acerca de lo que sucedió?

AJ74

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

QA07_J38 Did you seek medical care for any injuries from this incident?
¿Buscó atención médica para cualquier lesión sufrida en este incidente?

AJ75

- YES1
- NO2
- NO, DIDN'T NEED MEDICAL CARE.....3
- DON'T KNOW-7
- REFUSED-8

PROGRAMMING NOTE QA07_J39;
IF 18 YRS OLD, DISPLAY, "Since you turned 18"; ELSE IF > 18 YRS OLD, DISPLAY "In the past 12 months."

QA07_J39 Now think about acquaintances. {Since you turned 18/In the past 12 months}, has an acquaintance forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?
Ahora piense en sus conocidos. {Desde que cumplió 18 años/Durante los últimos 12 meses}, ¿le ha forzado algún conocido a tener relaciones sexuales no deseadas, sexo oral o anal, o sexo con un objeto mediante la fuerza o amenazando con causarle algún daño?

AJ76

[IF NEEDED, SAY: "An acquaintance is someone you know or someone you barely know who isn't an intimate partner or stranger."]
[IF NEEDED, SAY: "Un conocido es alguien a quien conoce, mucho o poco y que no es ni un compañero(a) íntimo(a) ni un extraño(a)."]

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

QA07_J39b

AJ76b

PROGRAMMING NOTE QA07_J39b:

A.) IF QA07_J20 OR QA07_J21 = 1 (YES TO PHYSICAL OR SEXUAL VIOLENCE) OR IF 18 YEARS AND IF QA07_J22 THROUGH QA0_J29 = 1 (18 YRS AND YES TO ANY DOMESTIC VIOLENCE), INTERVIEWER SAYS:

"We have a toll-free number you can call if you'd like to talk to someone about what happened to you or your personal safety. Someone is available 24 hours a day to provide information to help you. Would you like the toll-free number?"

"Tenemos un número al que puede llamar gratis si desea hablar con alguien sobre lo que le sucedió o sobre su seguridad personal. Hay alguien disponible 24 horas al día, para ayudar dándole información, y cuentan con asistencia en inglés y español. ¿Quiere que le de este número gratuito?"

[IF R SAY "YES", GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

B.) ELSE IF QA07_J20 OR QA07_J21 OR QA07_J39 = -7 (DON'T KNOW) OR -8 (REFUSED), OR IF 18 YEARS OLD AND IF -7 (DON'T KNOW) OR -8 (REFUSED) TO J22 THROUGH J29, INTERVIEWER SAYS:

We have a toll free number you can call if you'd like to talk to someone about these issues. Someone is available 24 hours a day to provide local information that might be a help to you. Would you like the toll-free number?

Tenemos un número al que puede llamar gratis si desea hablar con alguien sobre lo que le sucedió o sobre su seguridad personal. Hay alguien disponible 24 horas al día, para ayudar dándole información, y cuentan con asistencia en inglés y español. ¿Quiere que le de este número gratuito?

[IF R SAYS "YES", GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

C.) ELSE IF QA07_J39 = 1 (YES), -7 (DON'T KNOW) OR -8 (REFUSED), AND J20 THROUGH J29 = 2 (NO) (YES TO ONLY ACQUAINTANCE SEXUAL VIOLENCE), INTERVIEWER SAYS:

We have a toll-free number you can call if you'd like to talk to someone about what happened to you. Someone is available 24 hours a day to provide information to help you. Would you like the toll-free number?

Tenemos un número al que puede llamar gratis si desea hablar con alguien sobre lo que le sucedió o sobre su seguridad personal. Hay alguien disponible 24 horas al día, para ayudar dándole información, y cuentan con asistencia en inglés y español. ¿Quiere que le de este número gratuito?

[IF R SAYS "YES", GIVE OUT 1-800-656-4673 TOLL-FREE NUMBER. THIS IS THE NATIONAL SEXUAL ASSAULT HOTLINE.]

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

PROGRAMMING NOTE QA07_K1:
IF QA07_G22 = 1 (WORKING AT JOB OR BUSINESS) OR QA07_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA07_K1;
ELSE GO TO PROGRAMMING NOTE QA07_K5;

QA07_K1 This is about the work you do.
Las preguntas siguientes se refieren a su empleo.

How many hours per week do you usually work at all jobs or businesses?
¿Cuántas horas a la semana trabaja usted normalmente en todos sus empleos o negocios?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO)]

_____ HOURS

REFUSED -7
 DON'T KNOW -8

QA07_K2 How long have you worked at your main job?
¿Cuánto tiempo ha trabajado usted en su trabajo principal?

AK7

[IF NEEDED, SAY: “That is, for your current employer.”]
[IF NEEDED, SAY: “Es decir en su empleo actual.”]

_____ AMOUNT OF TIME

AK7UNT

MONTHS 1
 YEARS 2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_K3:
IF QA05_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K3 = 5 AND GO TO QA05_K4;
IF QA05_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K3 AND DISPLAY "INCLUDING YOURSELF, ABOUT"; ELSE CONTINUE WITH QA05_K3 AND DISPLAY "ABOUT";

QA07_K3 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?
Contando todos los lugares en donde funciona {esta empresa/su negocio e incluyéndose usted}, ¿más o menos cuántos empleados trabajan para esta {empresa/usted}?

AK8

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

- FEWER THAN 101
- 10-502
- 51-993
- 100-9994
- 1,000 OR MORE5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_K4:
QA07_G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)]
OR QA07_G24 = 1 (USUALLY WORKS), CONTINUE WITH QA05_K3
ELSE SKIP TO QA07_K5

QA07_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?
¿Cuál es su mejor cálculo de todas las ganancias tuyas el mes pasado antes de impuestos y de otras deducciones de todos los trabajos y negocios, incluyendo sueldos por hora, salarios, propinas y comisiones?

AK10

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

- \$_____ AMOUNT
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_K5;
IF QA07_G27 = 1 (SPOUSE WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE WITH JOB OR BUSINESS BUT NOT AT WORK), CONTINUE WITH QA07_K5 AND:
IF QA07_G22 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB)] AND QA07_G24 ≠ 1 (R DOES NOT USUALLY WORK), DISPLAY "THE NEXT QUESTION IS ABOUT YOUR SPOUSE'S EMPLOYMENT"
ELSE SKIP TO QA07_K7;

QA07_K5 How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
 ¿Cuántas horas a la semana trabaja normalmente su esposo(a) en todos los empleos o negocios que tiene?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO)]

_____ HOURS

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA07_K6;
IF QA07_K5 > 0 CONTINUE WITH QA07_K6;
ELSE GO TO QA07_K7;

QA07_K6 What is your best estimate of all your spouse's earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?
 ¿Cuánto calcula que ganó su esposo(a) el mes pasado, antes de los impuestos y otras deducciones, en todos los empleos y negocios que tiene, incluyendo sueldo por hora, salarios, propinas y comisiones?

AK10A

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

\$_____ AMOUNT

REFUSED -7

DON'T KNOW -8

QA07_K7 What is your best estimate of your household's total annual income from all sources before taxes in 2006?
¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de los impuestos en el año 2006?

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]
[IF NEEDED, SAY: "Incluya dinero de trabajos, seguro social, jubilación, pagos por desempleo, asistencia pública y fuentes similares. También incluya ingresos por intereses, dividendos, ingreso neto de negocios, finca o rancho o alquiler, y cualquier otro ingreso de dinero."]
[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT

REFUSED -7 **[GO TO QA07_K9]**
 DON'T KNOW -8 **[GO TO QA07_K9]**

QA07_K8 I have entered that your annual household income is (AMOUNT). Is that correct?
He anotado los ingresos de su hogar como (AMOUNT). ¿Es correcto?

AK22A

YES 1 **[GO TO QA07_K15]**
 NO 2 **[GO BACK TO QA07_K7]**
 REFUSED -7 **[GO TO QA07_K15]**
 DON'T KNOW -8 **[GO TO QA07_K15]**

PROGRAMMING NOTE QA07_K15:
IF QA07_K7 = -7 or -8 CONTINUE WITH QA07_K9;
ELSE GO TO PROGRAMMING NOTE QA07_K15;

QA07_K9 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?
No necesitamos saber exactamente, pero ¿podría decirme si el ingreso anual de su hogar de todas las fuentes antes de impuestos es más de \$20,000 al año o menos?

AK11

MORE 1 **[GO TO QA07_K11]**
 EQUAL TO \$20K OR LESS 2
 REFUSED -7 **[GO TO QA07_K15]**
 DON'T KNOW -8 **[GO TO QA07_K15]**

QA07_K10 Is it ...
¿Es...

AK12

- \$5,000 or less, or1
- \$5,000 o menos, o1 [GO TO QA07_K15]
- \$5,001 to \$10,000 or.....2
- \$5,001 a \$10,000, o2 [GO TO QA07_K15]
- \$10,001 to \$15,000 or.....3
- \$10,001 a \$15,000, o3 [GO TO QA07_K15]
- \$15,001 to 20,000?4
- \$15,001 a 20,000?4 [GO TO QA07_K15]
- REFUSED -7 [GO TO QA07_K15]
- DON'T KNOW -8 [GO TO QA07_K15]

QA07_K11 Is it more or less than \$70,000 per year?
¿Es más o menos de \$70,000 al año?

AK13

- MORE1 [GO TO QA07_K13]
- EQUAL TO \$70K OR LESS.....2
- REFUSED -7 [GO TO QA07_K15]
- DON'T KNOW -8 [GO TO QA07_K15]

QA07_K12 Is it ...
¿Es ...

AK14

- \$20,001 to \$30,0001
- \$20,001 a \$30,000,1 [GO TO QA07_K15]
- \$30,001 to \$40,0002
- \$30,001 a \$40,000,2 [GO TO QA07_K15]
- \$40,001 to \$50,0003
- \$40,001 a \$50,000,3 [GO TO QA07_K15]
- \$50,001 to \$60,000 or.....4
- \$50,001 a \$60,000, o4 [GO TO QA07_K15]
- \$60,001 to \$70,000?5
- \$60,001 a \$70,000?5 [GO TO QA07_K15]
- REFUSED -7 [GO TO QA07_K15]
- DON'T KNOW -8 [GO TO QA07_K15]

QA07_K13 Is it more or less than \$135,000 per year?
¿Es más o menos de \$135,000 al año?

AK15

- MORE1 [GO TO QA07_K15]
- EQUAL TO \$135K OR LESS.....2
- REFUSED -7 [GO TO QA07_K15]
- DON'T KNOW -8 [GO TO QA07_K15]

QA07_K14 Is it...
¿Es...

AK16

- \$70,001 to \$80,0001
- \$70,001 a \$80,000,1
- \$80,001 to \$90,0002
- \$80,001 a \$90,000,2
- \$90,001 to \$100,000 or.....3
- \$90,001 a \$100,000, o.....3
- \$100,001 to \$135,000?4
- \$100,001 a \$135,000?4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA07_K17;
ELSE CONTINUE WITH QA07_K15;

QA07_K15 Including yourself, how many people living in your household are supported by your total household income?
Incluyéndose usted mismo(a), ¿cuántas de las personas que viven en su hogar son mantenidas por el ingreso total de su hogar?

AK17

- _____ NUMBER OF PEOPLE
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_K16:
QA07_K16 MUST BE LESS THAN QA07_K15
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) = QA07_K16;GO TO PROGRAMMING NOTE QA07_K17;
ELSE CONTINUE WITH QA07_K16;

QA07_K16 How many of these {INSERT NUMBER FROM QA07_K15} people are children under the age of 18?
¿Cuántas de estas {INSERTAR EL NÚMERO DE AK17} personas son niños menores de 18 años de edad?

AK18

- _____ NUMBER OF CHILDREN (UNDER AGE 18)
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA07_K17:

OBTAIN THE FEDERAL POVERTY 100%, 130% 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2006 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA07_K15 AND QA07_K16 RESPECTIVELY.

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2006 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2006" DOCUMENT FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA07_K15 OR QA07_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 AT QA07_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS...

- 1) AT OR BELOW 100% FPL
- 2) ABOVE 100% FPL BUT AT OR BELOW 200% FPL
- 3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL
- 4) ABOVE 300% FPL
- 5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA07_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07_K10, QA07_K12, OR QA07_K14 OR QA07_K9 = -7 OR QA07_K11 = -7 OR QA07_K13 = -7, ASK QA07_K17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA07_K20

QA07_K17 I need to ask just one or two more questions about income. Was your total annual household income before taxes less than or more than \${POVRT100}?
Necesito hacerle una o dos preguntas más acerca de su ingreso. El ingreso anual total en su hogar antes de impuestos, ¿fue menos, o más de \${POVRT100}?

AK18A

EQUAL TO OR LESS	1	[GO TO QA07_K21]
MORE	2	
REFUSED	-7	[GO TO QA07_K21]
DON'T KNOW	-8	[GO TO QA07_K21]

PROGRAMMING NOTE QA07_K18:
IF QA07_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07_K10, QA07_K12, OR QA07_K14 OR IF QA07_K9 = -7 OR QA07_K11 = -7 OR QA07_K13 = -7, CONTINUE WITH QA07_K18 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA07_K21;

QA07_K18 {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than \${POVRT200}?
 {Necesito hacerle una o dos preguntas más acerca de su ingreso.} El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de o más de \${POVRT200}?

AK18B

EQUAL TO OR LESS	1	
MORE	2	[GO TO QA07_K20]
REFUSED	-7	[GO TO QA07_K21]
DON'T KNOW	-8	[GO TO QA07_K21]

PROGRAMMING NOTE QA07_K19:
IF QA07_K18 = 1 (YES), CONTINUE WITH QA07_K19 USING POVRT130 (130% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE SKIP TO QA07_K20

QA07_K19 {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than \${POVRT130}?
 {Necesito hacerle una o dos preguntas más acerca de su ingreso.} El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de o más de \${POVRT130}?

AK18D

EQUAL TO OR LESS	1	
MORE	2	[GO TO QA07_K21]
REFUSED	-7	[GO TO QA07_K21]
DON'T KNOW	-8	[GO TO QA07_K21]

PROGRAMMING NOTE QA07_K20:
IF QA07_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07_K10, QA07_K12, OR QA07_K14 OR IF QA07_K9 = -7 OR QA07_K11 = -7 OR QA07_K13 = -7, CONTINUE WITH QA07_K20 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT) AND IF NEITHER QA07_K17 OR QA07_K18 WAS ASKED, DISPLAY "I need to ask just one or two more questions about income. Was your total annual household income before taxes"; ELSE DISPLAY "Was it"; ELSE GO TO QA07_K21;

QA07_K20 {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than \${POVRT300}?
 {Necesito hacerle una o dos preguntas más acerca de su ingreso.} El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de o más de \${POVRT300}?

AK18C

EQUAL TO OR LESS	1	
MORE	2	[GO TO QA07_K21]
REFUSED	-7	[GO TO QA07_K21]
DON'T KNOW	-8	[GO TO QA07_K21]

**PROGRAMMING NOTE QA07_K21;
 IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA07_K21;
 ELSE GO TO QA07_L1;**

QA07_K21 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
Las siguientes preguntas son acerca de los alimentos que se han consumido en su hogar en los últimos 12 meses, y si a ustedes les alcanzó el dinero para comprar comida.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:
Voy a leer dos declaraciones que la gente ha dado sobre su situación en cuanto a la comida. Para cada una, por favor dígame si lo que yo digo es algo que fue cierto frecuentemente, fue cierto algunas veces, o nunca fue cierto en su hogar en los últimos 12 meses. La primera afirmación es:

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
"Los alimentos que {yo/nosotros} {compré/ compramos} no duraron, y {yo/nosotros} no {tenía/ teníamos} dinero para comprar más."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
¿Fue esto cierto frecuentemente, fue cierto algunas veces, o nunca fue cierto en su hogar en los últimos 12 meses?

AM1

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

QA07_K22 The second statement is:
La segunda declaración es:

"(I/We) couldn't afford to eat balanced meals."
"{Yo/Nosotros} no {pude/pudimos} costear comidas balanceadas."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
¿Fue eso frecuentemente cierto, algunas veces cierto, o nunca fue cierto para usted y para su hogar en los últimos 12 meses?

AM2

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

QA07_K23 Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
Por favor dígame sí o no, en los últimos 12 meses, desde {FECHA HACE 12 MESES}, ¿usted u otros adultos de su hogar alguna vez {redujo/redujeron} el tamaño de sus comidas o {dejó/dejaron} de comer porque no había suficiente dinero para alimentos?

AM3

- YES1
- NO2 [GO TO QA07_K25]
- REFUSED -7 [GO TO QA07_K25]
- DON'T KNOW -8 [GO TO QA07_K25]

QA07_K24 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?
¿Con qué frecuencia pasó esto -- casi todos los meses, algunos meses pero no todos los meses, o sólo 1 o 2 meses?

AM3A

- ALMOST EVERY MONTH1
- SOME MONTHS BUT NOT EVERY MONTH2
- ONLY IN 1 OR 2 MONTHS3
- REFUSED -7
- DON'T KNOW -8

QA07_K25 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
En los últimos 12 meses, ¿comió alguna vez menos de lo que sentía que debía comer porque no había suficiente dinero para comprar alimentos?

AM4

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

QA07_K26 In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?
En los últimos 12 meses, desde {FECHA HACE 12 MESES}, ¿tuvo hambre alguna vez pero no comió porque no podía costear suficientes alimentos?

AM5

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

Section L - Public Program Participation

PROGRAMMING NOTE QA07_L1:
IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L; ELSE GO TO PROGRAMMING NOTE QA07_M1;

QA07_L1 Are you now receiving TANF or CalWORKS?
¿Recibe usted ahora TANF o CalWORKS?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "TANF quiere decir Asistencia Temporal a Familias Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron AFDC, el antiguo programa de bienestar social en California."]

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

PROGRAMMING NOTE QA07_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA07_L2; ELSE GO TO QA07_L3;

QA07_L2 Is {TEEN} now receiving TANF, or CalWORKS?
¿Está {TEEN} recibiendo actualmente TANF o CalWORKS?

IAP1

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[IF NEEDED, SAY: "AFDC es Ayuda a Familias con Niños Dependientes; TANF quiere decir Asistencia Temporal a Familias Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron AFDC, el antiguo programa de bienestar social en California."]

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

QA07_L3 Are you receiving Food Stamp benefits?
¿Recibe usted estampillas para comida (Food Stamps)?

AL5

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "*Puede recibir beneficios como estampillas o como una tarjeta EBT.*" EBT son las iniciales en inglés de Electronic Benefits Transfer (Transferencia Electrónica de Beneficios) y también se conoce como la tarjeta Golden State Advantage."]

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

PROGRAMMING NOTE QA07_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA07_L4;
ELSE GO TO PROGRAMMING NOTE QA07_L5;

QA07_L4 Is {TEEN} receiving Food Stamp benefits?
¿Recibe {TEEN} estampillas para comida?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "*Puede recibir beneficios como estampillas o como una tarjeta EBT.*" EBT son las iniciales en inglés de Electronic Benefits Transfer (Transferencia Electrónica de Beneficios) y también se conoce como la tarjeta Golden State Advantage."]

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

QA07_L5 Are you receiving SSI?
¿Recibe usted SSI?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security."]
[IF NEEDED, SAY: "*SSI significa ingreso suplementario de seguridad. Es distinto al Seguro Social.*"]

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

PROGRAMMING NOTE QA07_L6:
IF QA07_A5 = 2 (FEMALE) AND [QA07_E12 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA07_L6;
ELSE GO TO QA07_L7;

QA07_L6 Are you on WIC?
¿Usted está inscrita en el WIC?

AL7

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

[IF NEEDED, SAY: "WIC es el programa de alimentos suplementarios para mujeres, embarazadas o lactantes y niños."]

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

PROGRAMMING NOTE QA07_L7:
IF AH43 = 1 (MARRIED), DISPLAY "YOUR FAMILY'S";
ELSE DISPLAY "YOUR";

QA07_L7 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all your cash, savings, investments, and furniture together are worth more than \$5,000?
Sin contar el valor de alguna casa o automóvil que es posible que usted posea, ¿diría usted que {sus bienes/ los bienes de su familia}, es decir, todo su dinero en efectivo, ahorros, inversiones, y muebles juntos valen más de \$ 5,000?

AL9

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

PROGRAMMING NOTE QA07_L8:
IF QA07_G10 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "YOU OR YOUR SPOUSE";
IF QA07_A16 = 2 (LIVING WITH PARTNER), DISPLAY "YOU OR YOUR PARTNER";
ELSE DISPLAY "YOU";

QA07_L8 Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child support, or money from a government or veteran program?
¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado por pensión alimenticia, manutención al niño, o dinero de un programa de gobierno o de veteranos?

AL15

- YES1
- NO2 **[GO TO QA07_L10]**
- REFUSED -7 **[GO TO QA07_L10]**
- DON'T KNOW -8 **[GO TO QA07_L10]**

PROGRAMMING NOTE QA07_L9:

IF QA07_L8 = 1 (YES), CONTINUE WITH QA07_L9

IF QA07_A16 = 1 (MARRIED) AND QA07_G10 = 2 (SPOUSE NOT MEMBER OF HH), ASK QUESTION WITHOUT DISPLAYS; ELSE IF QA07_A16 = 1 (MARRIED) AND QA07_G10 = 1 (SPOUSE IN HH), DISPLAY, "COMBINED" AND "AND YOUR SPOUSE"; ELSE SKIP TO PROGRAMMING NOTE QA07_L10;

QA07_L9 What was the {combined} total amount that you {and your spouse} received from all these sources last month?
¿Cuál fue la cantidad total {combinada} que usted {y su esposo(a)} {recibió/ recibieron} el mes pasado de todas estas fuentes?

AL16

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

\$ _____ AMOUNT [000001-999995]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_L10:

IF QA07_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";

IF QA07_G10 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";

ELSE DISPLAY "you.";

QA07_L10 Did {you or your partner/both} pay any alimony or child support last month?
¿Pagó {usted o su esposo(a)/o ustedes dos} alguna pensión alimenticia o manutención de niños el mes pasado?

AL17

YES, RESPONDENT PAID 1
 YES, SPOUSE/PARTNER PAID 2
 YES, BOTH PAID 3
 NO 4 [GO TO QA07_L12]
 REFUSED -7 [GO TO QA07_L12]
 DON'T KNOW -8 [GO TO QA07_L12]

QA07_L11 What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?
¿Cuál fue la cantidad total que {usted/su esposo(a)/su pareja/ustedes dos} pagaron en pensión alimenticia o manutención al niño el mes pasado?

AL18

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

\$ _____ AMOUNT

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_L12:
IF AGE IS 65 OR OLDER AND QA07_A16 ≠ 1 (NOT MARRIED) CONTINUE WITH QA07_L12 AND DISPLAY "YOU";
IF AGE ≥ 65 AND QA07_A16 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA07_L12 AND DISPLAY "YOU OR YOUR PARTNER";
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA07_14 = 1 (MARRIED) AND QA07_G10 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA07_L12 AND DISPLAY "YOU OR YOUR SPOUSE";
ELSE GO TO PROGRAMMING NOTE QA07_L14;

QA07_L12 Did {you/your spouse/your partner} receive any Social Security or Pension payments last month?
 ¿Recibió {usted/su cónyuge/su pareja} pagos de Seguro Social o de (Pensión/Jubilación) el mes pasado?

AL18A

- YES1
- NO2 [GO TO QA07_L14]
- REFUSED-7 [GO TO QA07_L14]
- DON'T KNOW-8 [GO TO QA07_L14]

QA07_L13 What was the total amount received last month from Social Security and Pensions?
 ¿Cuál fue la cantidad total de dinero que recibió del Seguro Social y Pensiones el mes pasado?

AL18B

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

- \$ _____ AMOUNT
- REFUSED-7
 - DON'T KNOW-8

**PROGRAMMING NOTE QA07_L14:
 IF ARMCAL = 1 R ENROLLED IN MEDI-CAL), GO TO QA07_M1
 ELSE CONTINUE WITH QA07_ L14;**

QA07_L14 What is the one main reason why you are not enrolled in the Medi-Cal program?
 ¿Cuál es la razón principal por la que usted no está inscrito(a) en el programa Medi-Cal?

AL19

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/
 CHANGED EMPLOYER/LOST JOB2
- NOT ELIGIBLE DUE TO HEALTH OR
 OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED.....5
- DON'T BELIEVE IN INSURANCE6
- SWITCHED INSURANCE COMPANIES,
 DELAY BETWEEN7
- CAN GET HEALTH CARE FOR FREE/PAY
 FOR OWN CARE.....8
- OTHER (SPECIFY: _____)91
- REFUSED-7
- DON'T KNOW-8

Section M – Housing, Parks, Transportation

QA07_M1

These next questions are about your housing and neighborhood.
Las preguntas siguientes son acerca de su hogar y su vecindario.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
¿Vive usted en una casa, un dúplex, un edificio con 3 o más unidades, o en una casa móvil?

AK23

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]
[IF NEEDED, SAY: “Un dúplex es un edificio con 2 unidades.”]

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

QA07_M2

Do you own or rent your home?
¿Es usted propietario de su casa, o la alquila?

AK25

- OWN 1
- RENT2
- OTHER ARRANGEMENT3
- REFUSED -7
- DON'T KNOW -8

QA07_M3

About how long have you lived at your current address?
¿Más o menos cuánto tiempo ha vivido usted en la dirección donde vive ahora?

AM14

_____ LENGTH OF TIME

AM14UNT

- MONTHS 1
- YEARS2
- REFUSED -7
- DON'T KNOW -8

QA07_M4

Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?
¿Se siente seguro en su vecindario siempre, la mayor parte del tiempo, algunas veces, o nunca?

AK28

- ALL OF THE TIME 1
- MOST OF THE TIME2
- SOME OF THE TIME3
- NONE OF THE TIME4
- REFUSED -7
- DON'T KNOW -8

QA07_M5 Is there a park, playground, or open space within walking distance of your home?
¿Hay algún parque, patio de recreo, o espacio abierto adonde usted pueda llegar caminando desde su casa?

AM18

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

QA07_M6 In the past 30 days, have you been to a park, playground, or public open space?
En los últimos 30 días, ¿ha ido a un parque, área de recreo, o espacio público abierto?

AM27

[INTERVIEWER NOTE: An open space refers to a beach, sports field, hiking trail or other recreation area. Include public places for hiking, biking, golf, basketball, baseball, tennis, soccer, football, skateboarding, etc.]
[INTERVIEWER NOTE: Un espacio abierto quiere decir una playa, campo deportivo, sendero para hacer caminatas, u otra área de recreación. Incluya lugares públicos para hacer caminata, andar en bicicleta, jugar golf, básquetbol, béisbol, tenis, fútbol, hacer skateboarding, etc.]

- YES1
- NO2 [GO TO QA07_M8]
- REFUSED -7 [GO TO QA07_M8]
- DON'T KNOW -8 [GO TO QA07_M8]

QA07_M7 The last time you went to a park, playground or open space, were you physically active while you were there?
La última vez que fue a un parque, área de recreo o espacio abierto, ¿hizo alguna actividad física mientras estaba allí?

AM28

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

QA07_M8 Do you or members of your household have a car for regular use?
¿Tiene usted u otras personas en su hogar un automóvil (carro/coche) para usar regularmente?

AM29

- YES1 [GO TO QA07_N1]
- NO2
- REFUSED -7
- DON'T KNOW -8

QA07_M9 How do you usually get to the doctor’s office or to other medical visits?
Normalmente, ¿cómo va al consultorio de un doctor o a otras visitas médicas?

AM30

- PERSONAL VEHICLE AS DRIVER1
- PERSONAL VEHICLE AS PASSENGER2
- PUBLIC TRANSPORTATION.....3
- PARATRANISIT/TRANS PROVIDED BY HHS4
- TAXICAB.....5
- WALK OR RIDE BIKE6
- OTHER (Specify: _____)91
- REFUSED -7
- DON'T KNOW -8

QA07_M10 How do you usually get to the grocery store?
Normalmente, ¿cómo va a la tienda de comestibles (bodega/supermercado)?

AM31

- PERSONAL VEHICLE AS DRIVER1
- PERSONAL VEHICLE AS PASSENGER2
- PUBLIC TRANSPORTATION.....3
- FOOD DELIVERED BY PUBLIC PROGRAM4
- TAXICAB.....5
- WALK OR RIDE BIKE6
- OTHER (Specify: _____)91
- REFUSED -7
- DON'T KNOW -8

Section N –Demographic Information Part III and Closing

QA07 _N1 Just a few final questions and then we are done.
Faltan solamente unas pocas preguntas y acabamos.

To be sure we are covering the entire state, what county do you live in?
Para asegurarnos de cubrir todo el estado, ¿en qué condado vive usted?

AH42

ALAMEDA.....	1
ALPINE.....	2
AMADOR.....	3
BUTTE.....	4
CALAVERAS.....	5
COLUSA.....	6
CONTRA COSTA.....	7
DEL NORTE.....	8
EL DORADO.....	9
FRESNO.....	10
GLENN.....	11
HUMBOLDT.....	12
IMPERIAL.....	13
INYO.....	14
KERN.....	15
KINGS.....	16
LAKE.....	17
LASSEN.....	18
LOS ANGELES.....	19
MADERA.....	20
MARIN.....	21
MARIPOSA.....	22
MENDOCINO.....	23
MERCED.....	24
MODOC.....	25
MONO.....	26
MONTEREY.....	27
NAPA.....	28
NEVADA.....	29
ORANGE.....	30
PLACER.....	31
PLUMAS.....	32
RIVERSIDE.....	33
SACRAMENTO.....	34
SAN BENITO.....	35
SAN BERNARDINO.....	36
SAN DIEGO.....	37
SAN FRANCISCO.....	38
SAN JOAQUIN.....	39
SAN LUIS OBISPO.....	40
SAN MATEO.....	41
SANTA BARBARA.....	42
SANTA CLARA.....	43

SANTA CRUZ44
 SHASTA.....45
 SIERRA.....46
 SISKIYOU47
 SOLANO48
 SONOMA49
 STANISLAUS.....50
 SUTTER.....51
 TEHAMA52
 TRINITY53
 TULARE54
 TUOLUMNE55
 VENTURA56
 YOLO57
 YUBA58
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA07_N2:
IF ADVANCE LETTER SENT, ASK QA07_N2;
IF R'S ADDRESS IS A P.O. BOX, GO TO QA07_N3
ELSE GO TO QA07_N3;

QA07_N2 Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.
Su número de teléfono ha sido seleccionado al azar por una computadora para este estudio. Hemos podido encontrar la dirección que corresponde a su número para enviarle una carta explicando el propósito de este estudio. Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, nos gustaría confirmar su dirección. Esta información será mantenida confidencial y será destruida una vez que termine la encuesta completa.

Do you now live at {R's address and street}?
 ¿Vive usted ahora en {R's address and street}?

AO1

YES1 **[GO TO QA07_N6]**
 NO2
 REFUSED -7
 DON'T KNOW -8

QA07_N3 What is your zip code?
 ¿Cuál es su código postal?

AM7

_____ (ZIP CODE)
 REFUSED -7
 DON'T KNOW -8

QA07_N4

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

Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, ¿podría decirme su dirección? Esta información será mantenida confidencial y será destruida una vez que termine la encuesta completa.

AO2

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET **[GO TO QA07_N6]**

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

QA07_N5

Can you tell me just the name of the street you live on?
¿Podría darme solamente el nombre de la calle en donde usted vive?

AM8

_____ NAME OF STREET

REFUSED.....-7 **[GO TO CLOSE1]**
 DON'T KNOW.....-8 **[GO TO CLOSE1]**

QA07_N6

And what is the name of the street down the corner from you that crosses your street?
¿Y cuál es el nombre de la calle que cruza con su calle?

AM9

_____ NAME OF CROSS STREET

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

QA07_N6A

Do you have a working cell phone?
¿Tiene usted un teléfono celular que funcione?

AM33

YES.....1
 NO.....2
 SHARES CELL PHONE.....3
 REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMING NOTE QA07_N6B:
IF QA07_N6B = 1 (YES) OR 3 (SHARES CELL PHONE, CONTINUE WITH QA07_N6B;
ELSE SKIP TO AM10;

QA07_N6B Of all the telephone calls that you receive, are...
Las llamadas telefónicas que recibe usted, son...

AM34

- All or almost all calls received on a cell phone 1
Todas o casi todas recibidas en el teléfono celular..1
- Some on cell phones & some on regular
 phones, or 2
*Algunas recibidas en el teléfono celular y otras en
 el teléfono normal, o 2*
- Very few or none on cell phones 3
Muy pocas o ningunas en el teléfono celular 3
- REFUSED -7
- DON'T KNOW -8

QA07_N7 Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?
Finalmente, ¿cree usted que estaría dispuesto(a) a participar en una posible continuación de esta encuesta en el futuro?

AM10

- YES 1
- MAYBE/PROBABLY YES 2
- DEFINITELY NOT 3
- REFUSED -7
- DON'T KNOW -8

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.
Permítame verificar para ver si hay alguna otra persona con quien necesitamos hablar.

[INTERVIEWER NOTE: GO TO HHSELECT]

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. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.
Gracias. Aprecio mucho el tiempo y la cooperación que me ha brindado. Nos ha ayudado en un estudio sobre salud muy importante. Si tiene alguna pregunta acerca del estudio, puede llamar al Investigador Principal, Dr. E. Richard Brown. El número de teléfono gratis del Dr. Brown es 1-866-275-2447. Gracias y adiós.