



# CHIS 2009 Adult Questionnaire Version 2.10 (Spanish) September 21, 2012

Adult Respondents Age 18 and older

## *Collaborating Agencies:*

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

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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

**PROGRAMMING NOTE QA09\_A1:**  
**SET AADATE = CURRENT DATE (YYYYMMDD)**

**QA09\_A1** What is your date of birth?  
*¿Cuál es su fecha de nacimiento?*

**AA1MON**

MONTH \_\_\_\_ [RANGE: 1-12]

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

**AA1DAY**

DAY \_\_\_\_ [RANGE: 1-31]

**AA1YR**

YEAR \_\_\_\_ [RANGE: 1898-1989]

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

**PROGRAMMING NOTE QA09\_A2:**  
**IF QA09\_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA09\_A2;**  
**ELSE GO TO QA09\_A5**

**QA09\_A2** What month and year were you born?  
*¿En qué mes y año nació?*

**AA1AMON**

MONTH \_\_\_\_ [RANGE: 1-12]

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

**AA1AYR**

YEAR \_\_\_\_ [RANGE: 1898-1989]

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

**PROGRAMMING NOTE QA09\_A3:**

**IF QA09\_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA09\_A3;  
ELSE GO TO QA09\_A5**

**QA09\_A3** What is your age, please?  
*¿Cuál es su edad, por favor?*

**AA2**

\_\_\_\_\_ YEARS OF AGE [RANGE: 0-120]

[GO TO QA09\_A5]

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

**PROGRAMMING NOTE QA09\_A4:**

**IF QA09\_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA09\_A4;  
ELSE GO TO QA09\_A5**

**QA09\_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

**POST NOTE QA09\_A4: AAGE ENUM.AGE**

**CALCULATE VALUE OF AAGE BASED ON QA09\_A1, QA09\_A2, OR QA09\_A3 TO USE IN ALL AGE-RELATED QUESTIONS;  
IF QA09\_A1, QA09\_A2, OR QA09\_A3 = -7 OR -8 (REF/DK), THEN USE QA09\_A4;  
ELSE USE ENUM.AGE**

**QA09\_A5** Are you male or female?  
*¿Es usted del sexo femenino o masculino?*

**AA3**

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

**QA09\_A6** Are you Latino or Hispanic?  
*¿Es usted latino(a) o hispano(a)?*

**AA4**

YES .....	1	
NO .....	2	[GO TO PN QA09_A8]
REFUSED .....	-7	[GO TO PN QA09_A8]
DON'T KNOW .....	-8	[GO TO PN QA09_A8]

**QA09\_A7** 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.  
*¿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**

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

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

**PROGRAMMING NOTE QA09\_A8:**

**IF QA09\_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";**  
**IF QA09\_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "Me dijó que usted es latino(a) o hispano(a). Además,";**

**IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA09\_A8 CONTINUE WITH  
 PROGRAMMING NOTE QA09\_A9;**  
**ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

**QA09\_A8** {You said you are Latino or Hispanic} Also, please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?  
*{Me dijó que usted es latino(a) o hispano(a). Además, Por favor dígame cuál o cuáles de los siguientes usaría usted para describirse a sí mismo(a). ¿Se describiría como nativo(a) de Hawái o de otra isla del Pacífico, indígena americano, nativo de Alaska, asiático(a), negro(a), africano americano o blanco(a)?}*

**AA5A**

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

WHITE.....	1	[GO TO PN QA09_A16]
BLACK OR AFRICAN AMERICAN.....	2	[GO TO PN QA09_A16]
ASIAN .....	3	[GO TO PN QA09_A12]
AMERICAN INDIAN OR ALASKA NATIVE .....	4	[GO TO PN QA09_A9]
OTHER PACIFIC ISLANDER .....	5	[GO TO PN QA09_A13]
NATIVE HAWAIIAN .....	6	[GO TO PN QA09_A16]
OTHER (SPECIFY: _____) .....	91	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**PROGRAMMING NOTE QA09\_A9:**

**IF QA09\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA09\_A9;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_A12**

**QA09\_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, dígamelas todas.*

**AA5B**

[CODE ALL THAT APPLY]

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

**QA09\_A10** Are you an enrolled member in a federally or state recognized tribe?  
*¿Es usted miembro inscrito(a) en una tribu reconocida como federal o estatalmente?*

**AA5C**

YES .....	1	
NO .....	2	[GO TO PN QA09_A12]
REFUSED .....	-7	[GO TO PN QA09_A12]
DON'T KNOW .....	-8	[GO TO PN QA09_A12]

**QA09\_A11** Which tribe are you enrolled in?  
*¿En qué tribu está inscrito(a) usted?*

**AA5D****APACHE**

MESCALERO APACHE, NM .....	1
APACHE (NOT SPECIFIED).....	2
OTHER APACHE (SPECIFY: _____) .....	3

**BLACKFEET**

BLACKFOOT/BLACKFEET .....	4
---------------------------	---

**CHEROKEE**

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

**CHOCTAW**

CHOCTAW OKLAHOMA.....	8
CHOCTAW (NOT SPECIFIED) .....	9
OTHER CHOCTAW (SPECIFY: _____) ..	10

**NAVAJO**

NAVAJO (NOT SPECIFIED) .....	11
------------------------------	----

**POMO**

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

**PUEBLO**

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

**SIOUX**

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

**YAQUI**

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

**OTHER**

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

**PROGRAMMING NOTE QA09\_A12:**

**IF QA09\_A8 = 3 (ASIAN) CONTINUE WITH QA09\_A12;  
ELSE GO TO PROGRAMMING NOTE QA09\_A13**

**QA09\_A12** You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, and Vietnamese? If you are more than one, tell me all of them.

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

**AA5E****[CODE ALL THAT APPLY]**

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

**PROGRAMMING NOTE QA09\_A13:**

**IF QA09\_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA09\_A13;  
ELSE GO TO PROGRAMMING NOTE QA09\_A14**

**QA09\_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****[CODE ALL THAT APPLY]**

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

**PROGRAMMING NOTE QA09\_A14:**

IF QA09\_A6 = 1 (LATINO) AND [QA09\_A8 = 6 (NATIVE HAWAIIAN) OR QA09\_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA09\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA09\_A8 = 3 (ASIAN) OR QA09\_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA09\_A8 = 1 (WHITE) OR QA09\_A8 = 91 (OTHER)]  
 CONTINUE WITH QA09\_A14;  
 ELSE IF THERE WERE MULTIPLE RESPONSES TO QA09\_A8, QA09\_A12, OR QA09\_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA09\_A14;  
 ELSE SKIP TO QA09\_A16

**QA09\_A14** You said that you are: {INSERT MULTIPLE RESPONSES FROM QA09\_A7, QA09\_A8, QA09\_A12 AND QA09\_A13}.

*Usted me dijo que es: {INSERT MULTIPLE RESPONSES FROM QA09\_A7, QA09\_A8, QA09\_A12 AND QA09\_A13}.*

Do you identify with any one race in particular?

*¿Se identifica usted con alguna raza en particular?*

**AA5G**

YES .....	1	
NO .....	2	[GO TO QA09_A16]
REFUSED .....	-7	[GO TO QA09_A16]
DON'T KNOW .....	-8	[GO TO QA09_A16]

**PROGRAMMING NOTE FOR QA09\_A15:**

IF QA09\_A6 = 1 (YES, LATINO) AND QA09\_A7 ≠ -7 OR -8 DO NOT DISPLAY QA09\_A15 = 14 (LATINO);  
 IF QA09\_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA09\_A13 = 1 TO 4 OR 91 DO NOT DISPLAY  
 QA09\_A15 = 17 (OTHER PACIFIC ISLANDER);  
 IF QA09\_A8 = 3 AND QA09\_A12 = 1 TO 17 OR 91 DO NOT DISPLAY QA09\_A15 = 19 (ASIAN)

**QA09\_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/MEXICAN AMERICAN/CHICANO .....	1
SALVADORAN.....	4
GUATEMALAN .....	5
COSTA RICAN.....	6
HONDURAN .....	7
NICARAGUAN .....	8
PANAMANIAN .....	9
PUERTO RICAN.....	10
CUBAN.....	11
SPANISH-AMERICAN (FROM SPAIN) .....	12
LATINO, OTHER SPECIFY .....	13
LATINO .....	14
NATIVE HAWAIIAN .....	16
OTHER PACIFIC ISLANDER .....	17
AMERICAN INDIAN OR ALASKA NATIVE .....	18
ASIAN .....	19
BLACK OR AFRICAN AMERICAN.....	20
WHITE.....	21
RACE, OTHER SPECIFY .....	22

BANGLADESHI.....	30
BURMESE .....	31
CAMBODIAN .....	32
CHINESE .....	33
FILIPINO .....	34
HMONG .....	35
INDIAN (INDIA).....	36
INDONESIAN.....	37
JAPANESE .....	38
KOREAN .....	39
LAOTIAN.....	40
MALAYSIAN.....	41
PAKISTANI .....	42
SRI LANKAN.....	43
TAIWANESE .....	44
THAI .....	45
VIETNAMESE .....	46
ASIAN, OTHER SPECIFY .....	49
SAMOAN/AMERICAN SAMOAN.....	50
GUAMANIAN .....	51
TONGAN.....	52
FIJIAN .....	53
PACIFIC ISLANDER, OTHER SPECIFY.....	55
BOTH/ALL/MULTIRACIAL.....	90
NONE OF THESE.....	95
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_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**

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

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

## Section B –Health Conditions

**PROGRAMMING NOTE FOR QA09\_B1:**
**IF SRH SAMPLE = 1 OR -1 THEN CONTINUE WITH QA09\_B1;**
**ELSE GO TO QA09\_B2 AND DISPLAY “These next questions are about your health”;**
**ELSE GO TO QA09\_B2 AND DISPLAY “Estas preguntas que siguen son acerca de su salud”;**

**QA09\_B1** These next questions are about your health.

*Estas preguntas que siguen son acerca de su salud.*

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

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

**AB1**

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

**QA09\_B2** Has a doctor ever told you that you have asthma?

*¿Alguna vez le ha dicho un médico que tiene asma?*

**AB17**

YES .....	.1	[GO TO PN QA09_B18]
NO .....	.2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_B3** Do you still have asthma?

*¿Usted todavía tiene asma?*

**AB40**

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

**QA09\_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**

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

**PROGRAMMING NOTE QA09\_B5:**

**IF QA09\_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA) AND QA09\_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS), GO TO QA09\_B9;  
ELSE CONTINUE WITH QA09\_B5**

- QA09\_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 cuado ha tenido síntomas de asma como tos, resuello o silbido, dificultad para respirar, sintió el pecho oprimido, o tuvo flema? ¿Diría que...*

**AB19**

Not at all .....	.1
No tuvo síntomas .....	.1
Less than every month .....	.2
Los tuvo menos de una vez al mes .....	.2
Every month .....	.3
Todos los meses .....	.3
Every week, or .....	.4
Todas las semanas, o .....	.4
Every day? .....	.5
Todos los días? .....	.5
REFUSED .....	-7
DON'T KNOW .....	-8

- QA09\_B6** During the past 12 months, have you had to visit an emergency room because of your asthma?  
*Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias debido a su asma?*

**AH13A**

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

[GO TO QA09\_B8]  
[GO TO QA09\_B8]  
[GO TO QA09\_B8]

- QA09\_B7** Did you visit an emergency room for your asthma because you were unable to see your doctor?  
*¿Fue a una sala de emergencias debido a su asma porque no podía ver a su médico?*

**AB106**

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

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

**QA09\_B8** 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**

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

**QA09\_B9** Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?  
*¿Está tomando ahora 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 tienen que ser inhalados. Este medicamento es diferente a inhaladores que se usan para alivio rápido.*" ]

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

**PROGRAMMING NOTE QA09\_B10:**

**IF QA09\_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA09\_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO  
 PROGRAMMING NOTE QA09\_B14;  
 ELSE CONTINUE WITH QA09\_B10**

**QA09\_B10** During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...  
*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 all .....	1
Nunca.....	1
Less than every month.....	2
Menos una vez al mes .....	2
Every month .....	3
Todos los meses.....	3
Every week, or .....	4
Todas las semanas, o.....	4
Every day? .....	5
Todos los días?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_B11** During the past 12 months, have you had to visit an emergency room because of your asthma?  
*Durante los últimos 12 meses, ¿ha tenido usted que visitar una sala de emergencias debido a su asma?*

**AB67**

YES .....	.1	
NO .....	.2	[GO TO QA09_B13]
REFUSED .....	-7	[GO TO QA09_B13]
DON'T KNOW .....	-8	[GO TO QA09_B13]

**QA09\_B12** Did you visit an emergency room for your asthma because you were unable to see your doctor?  
*¿Fue a una sala de emergencias debido a su asma porque no podía ver a su médico?*

**AB107**

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

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

**QA09\_B13** 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**

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

**PROGRAMMING NOTE QA09\_B14:**  
**IF AAGE > 69 GO TO QA09\_B15;**  
**ELSE CONTINUE WITH QA09\_B14**

**QA09\_B14** 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	

**QA09\_B15** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

*¿Han trabajado con usted sus médicos u otros proveedores de cuidados de la salud en la preparación de un plan para que usted sepa cómo controlar su asma?*

**AB43**

YES .....	1	
NO .....	2	[GO TO QA09_B17]
REFUSED .....	-7	[GO TO QA09_B17]
DON'T KNOW .....	-8	[GO TO QA09_B17]

**QA09\_B16** Do you have a written or printed copy of this plan?

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

**AB98**

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

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

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

**QA09\_B17** How confident are you that you can control and manage your asthma? Would you say you are...

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

**AB108**

Very confident .....	1	
<i>Mucha confianza</i> .....	1	
Somewhat confident .....	2	
<i>Algo de confianza</i> .....	2	
Not too confident, or.....	3	
<i>No mucha confianza, o</i> .....	3	
Not at all confident? .....	4	
<i>Ninguna confianza?</i> .....	4	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**PROGRAMMING NOTE QA09\_B18:**

**IF QA09\_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";  
ELSE BEGIN DISPLAY WITH "Has"**

**QA09\_B18** {Other than during pregnancy,} 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**

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

[GO TO PN QA09\_B39]

**PROGRAMMING NOTE QA09\_B19:**

**IF QA09\_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";  
ELSE BEGIN DISPLAY WITH "Has"**

**QA09\_B19** {Other than during pregnancy} has a doctor ever told you that you have pre-diabetes or borderline diabetes?  
 {Además de durante el embarazo} ¿Le ha dicho alguna vez un médico que tiene pre-diabetes o diabetes marginal?

**AB99**

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

**PROGRAMMING NOTE QA09\_B20:**

**IF QA09\_B18 = 1 THEN CONINTUE WITH QA09\_B20;  
ELSE SKIP TO PROGRAMMING NOTE QA09\_B39**

**QA09\_B20** How old were you when a doctor first told you that you have diabetes?  
 ¿Qué edad tenía usted cuando un doctor le dijo por primera vez que usted tenía diabetes?

**AB23**

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

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

**QA09\_B21** 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 1 .....	.1
TYPE 2 .....	.2
ANOTHER TYPE .....	.3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_B22** Are you now taking insulin?  
*¿Está tomando insulina?*

**AB24**

YES .....	.1	
NO .....	.2	[GO TO QA09_B24]
REFUSED .....	-7	[GO TO QA09_B24]
DON'T KNOW .....	-8	[GO TO QA09_B24]

**QA09\_B23** Do you take insulin through a needle, pen, pump, or inhaler?  
*¿Toma usted insulina utilizando una aguja, una pluma, una bomba o un inhalador?*

**AB121**

NEEDLE .....	.1
PEN .....	.2
PUMP .....	.3
INHALER .....	.4
OTHER .....	.5
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_B24** Do you now take diabetic pills to lower your blood sugar?  
*¿Toma usted actualmente píldoras antidiabéticas para bajar el nivel de azúcar en la sangre?*

**AB25**

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

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

**QA09\_B25** Do you now take medicine to lower your cholesterol?  
*¿Toma usted ahora alguna medicina para bajar el colesterol?*

**AB122****[INTERVIEWER NOTE: CODE YES IF "STATIN" IS MENTIONED.]**

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

**QA09\_B26** Do you take an aspirin on a regular basis to reduce the risk of heart attack?  
*¿Toma usted una aspirina regularmente para reducir el riesgo de un ataque al corazón?*

**AB123**

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

**QA09\_B27** Do you take any other medications to reduce your heart attack risk, such as "ACE" Inhibitors?  
*¿Toma usted alguna otra medicación para reducir el riesgo de ataque al corazón, como inhibidores "ACE"?*

**AB124****[IF NEEDED, SAY: "Common ACE inhibitor medications are Prinivil, Lisinopril, and Enalapril."]****[IF NEEDED, SAY: "Las medicinas comunes inhibidoras ACE son Prinivil, Lisinopril y Enalapril."]**

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

**QA09\_B29** 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?  
*¿Cuántas veces por día, por semana o por mes se revisa usted, un miembro de su familia o un amigo su nivel de glucosa o azúcar en la sangre?*

**AB26****[FILL IN TIME FRAME ANSWERED]**       TIMES       PER DAY [HR: 0-24; SR: 0-10]       PER WEEK [HR: 0-70; SR: 0-34]       PER MONTH [HR: 0-300; SR: 0-149]       PER YEAR [HR: 0-3650; SR: 0-599]

REFUSED ....., -7

DON'T KNOW ....., -8

**QA09\_B30** About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?

*Más o menos, ¿cuántas veces en los últimos 12 meses le ha examinado un médico o un profesional de la salud para ver si tenía hemoglobina "A uno C"?*

**AB27**

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

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

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

**QA09\_B31** About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

*Aproximadamente, ¿cuántas veces en el último año ha examinado un médico sus pies para llagas o irritaciones?*

**AB28**

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

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

**QA09\_B32** 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 MONTH .....	1
WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...	2
WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...	3
2 OR MORE YEARS AGO.....	4
NEVER.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_B33** During the past 12 months, have you had to visit an emergency room because of your diabetes? *Durante los últimos 12 meses, ¿ha tenido que ir a una sala de emergencias debido a su diabetes?*

**AB109**

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

[GO TO QA09\_B35]  
[GO TO QA09\_B35]  
[GO TO QA09\_B35]

**QA09\_B34** Did you visit an emergency room for your diabetes because you were unable to see your doctor?  
*¿Fue a una sala de emergencias debido a su diabetes porque no podía ver a su médico?*

**AB110**

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

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

**QA09\_B35** During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

*Durante los últimos 12 meses, ¿fue admitido para pasar una noche o más en un hospital debido a su diabetes?*

**AB111**

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

**QA09\_B36** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

*¿Han trabajado con usted sus médicos u otros proveedores de atención médica en la preparación de un plan para que usted sepa cómo controlar su diabetes?*

**AB112**

YES .....	1
NO .....	2 [GO TO QA09_B38]
REFUSED .....	-7 [GO TO QA09_B38]
DON'T KNOW .....	-8 [GO TO QA09_B38]

**QA09\_B37** Do you have a written or printed copy of this plan?

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

**AB113**

[IF NEEDED, SAY: "This can be an electronic or hard copy."]  
[IF NEEDED, SAY: "Puede ser una copia electrónica o impresa."]

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

**QA09\_B38** How confident are you that you can control and manage your diabetes? Would you say you are...  
*¿Cuánta confianza tiene usted en que puede controlar y ocuparse de su diabetes? ¿Diría usted que tiene...*

**AB114**

Very confident .....	1
Mucha confianza.....	1
Somewhat confident .....	2
Algo de confianza .....	2
Not too confident, or.....	3
No mucha confianza, o .....	3
Not at all confident? .....	4
Ninguna confianza? .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B39:**

**IF QA09\_A5 = 2 (FEMALE) CONTINUE WITH QA09\_B39;**  
**ELSE GO TO QA09\_B41**

**QA09\_B39** Has a doctor ever told you that you had diabetes only during pregnancy?  
*¿Le ha dicho alguna vez un medico que usted tuvo diabetes solamente durante el embarazo?*

**AB81**

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

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

**[GO TO QA09\_B41]**

**QA09\_B40** After your pregnancy, did you have a fasting blood sugar test or an oral glucose tolerance test?  
*Después de su embarazo, ¿le hicieron un análisis de sangre en ayunas para detectar el azúcar en la sangre o una prueba oral de la tolerancia a la glucosa?*

**AB126**

**[IF NEEDED, SAY: "An oral glucose tolerance test is when you have your blood drawn before and after drinking a sweet liquid."]**  
**[IF NEEDED, SAY: "Una prueba oral de tolerancia a la glucosa consiste en que le saquen sangre antes y después de beber un líquido azucarado."]**

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

**QA09\_B41** Has a doctor ever told you that you have high blood pressure?  
*¿Le ha dicho alguna vez un médico que tiene la presión alta?*

**AB29**

YES .....	.1	
NO .....	.2	[GO TO QA09_B43]
HIGH NORMAL/BORDERLINE/		
PRE-HYPERTENSION .....	.3	[GO TO QA09_B43]
REFUSED .....	-7	[GO TO QA09_B43]
DON'T KNOW .....	-8	[GO TO QA09_B43]

**QA09\_B42** Are you now taking any medications to control your high blood pressure?.  
*¿Está usted actualmente tomando algún medicamento para controlar su presión alta?*

**AB30**

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

**QA09\_B43** Has a doctor ever told you that you have any kind of heart disease?  
*¿Le ha dicho un médico alguna vez que tiene algún tipo de enfermedad del corazón?*

**AB34**

YES .....	.1	
NO .....	.2	[GO TO QA09_B51]
REFUSED .....	-7	[GO TO QA09_B51]
DON'T KNOW .....	-8	[GO TO QA09_B51]

**QA09\_B44** 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 una insuficiencia cardíaca o una insuficiencia congestiva del corazón?*

**AB52**

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

**QA09\_B45** During the past 12 months, have you had to visit an emergency room because of your heart disease?  
*Durante los últimos 12 meses, ¿ha tenido que ir a una sala de emergencias debido a su enfermedad del corazón?*

**AB115**

YES .....	.1	
NO .....	.2	[GO TO QA09_B47]
REFUSED .....	-7	[GO TO QA09_B47]
DON'T KNOW .....	-8	[GO TO QA09_B47]

**QA09\_B46** Did you visit an emergency room for your heart disease because you were unable to see your doctor?  
*¿Fue a una sala de emergencias debido a su enfermedad del corazón porque no podía ver a su médico?*

**AB116**

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

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

**QA09\_B47** During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?  
*Durante los últimos 12 meses, ¿fue admitido para pasar una noche o más en el hospital debido a su enfermedad del corazón?*

**AB117**

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

**QA09\_B48** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?  
*¿Han trabajado con usted sus médicos u otros proveedores de cuidados de la salud en la preparación de un plan para que usted sepa cómo controlar su enfermedad del corazón?*

**AB118**

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

[GO TO QA09\_B50]  
[GO TO QA09\_B50]  
[GO TO QA09\_B50]

**QA09\_B49** Do you have a written or printed copy of this plan?  
*¿Tiene usted una copia escrita o impresa de este plan?*

**AB119**

[IF NEEDED, SAY: "This can be an electronic or hard copy."]  
[IF NEEDED, SAY: "Puede ser una copia electrónica o impresa."]

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

**QA09\_B50** How confident are you that you can control and manage your heart disease? Would you say you are...

*¿Cuánta confianza tiene usted en que puede controlar y ocuparse de su enfermedad del corazón? ¿Diría usted que tiene...*

**AB120**

Very confident .....	1
<i>Mucha confianza</i> .....	1
Somewhat confident .....	2
<i>Algo de confianza</i> .....	2
Not too confident, or.....	3
<i>No mucha confianza</i> .....	3
Not at all confident? .....	4
<i>Ninguna confianza?</i> .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_B51** During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

*Durante los últimos 12 meses, ¿se ha puesto la vacuna contra la gripe, ya sea en una inyección o en una vacuna nasal llamada Flumist?*

**AE30**

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

[IF NEEDED, SAY: "*Normalmente la vacuna contra la gripe se administra en el otoño y protege contra esta enfermedad durante la temporada de la gripe.*" ]

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

[GO TO QA09\_B54]  
[GO TO QA09\_B54]  
[GO TO QA09\_B54]

**QA09\_B52** Did you have the flu shot or the nasal flu vaccine?

*¿Le pusieron la vacuna en forma de inyección, o fue una vacuna nasal?*

**AB100**

FLU SHOT .....	1
NASAL/FLUMIST .....	2
BOTH .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B53:**

**IF QA09\_B52 = 1 DISPLAY "flu shot";**  
**ELSE IF QA09\_B52 = 2 DISPLAY "nasal flu vaccine";**  
**ELSE DISPLAY "vaccine"**

**QA09\_B53** At what kind of place did you get your last {flu shot/nasal flu vaccine/vaccine}?  
*¿Adónde fue para ponerse su última {vacuna contra la gripe /vacuna nasal contra la gripe/ vacuna}?*

**AB57**

A DOCTOR'S OFFICE, KAISER, OR HMO .....	1
A COMMUNITY HEALTH CENTER, HEALTH DEPT., HEALTH DEPT. CLINIC, OR OTHER TYPE OF CLINIC.....	2
A STORE (FOR EXAMPLE MARKET, DRUGSTORE, OR PHARMACY) .....	3
WORKPLACE .....	4
A SENIOR, RECREATION, OR COMMUNITY CENTER.....	5
A HOSPITAL OR EMERGENCY ROOM.....	6
PLACE OF WORSHIP .....	7
OTHER (SPECIFY: _____) .....	91
REFUSED .....	-7
DON'T KNOW/ NOT SURE .....	-8

**QA09\_B54** Now I'm going to ask about your family's history of cancer. By family we mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have cancer of any kind?

*Ahora le voy a hacer preguntas acerca del historial de cáncer en su familia. Con familia me refiero solamente a sus parientes consanguíneos. ¿Han tenido cualquier clase de cáncer su madre o su padre biológicos, sus hermanos por parte de padre y madre, o alguno de sus hijos o hijas biológicos?*

**AF4**

[IF NEEDED, SAY: "Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]

[IF NEEDED, SAY: "No incluya a parientes políticos como un padrastro o una hermanastra, ni a un miembro de la familia que fue adoptado."]

YES .....	1	
NO .....	2	[GO TO PN QA09_B62]
REFUSED .....	-7	[GO TO PN QA09_B62]
DON'T KNOW .....	-8	[GO TO PN QA09_B62]

**QA09\_B55** What kind of cancer or cancers were these?  
¿Qué tipo de cáncer o cánceres fueron?

**AF5**

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: ¿Algún otro?"]

BLADDER .....	.1
BLOOD.....	.2
BONE .....	.3
BRAIN .....	.4
BREAST.....	.5
CERVIX.....	.6
COLON .....	.7
ESOPHAGUS .....	.8
GALLBLADDER .....	.9
KIDNEY.....	10
LARYNX-WINDPIPE.....	11
LEUKEMIA .....	12
LIVER.....	13
LUNG .....	14
LYMPHOMA.....	15
MOUTH/TONGUE/LIP .....	16
OVARY.....	17
PANCREAS .....	18
PROSTATE.....	19
RECTUM.....	20
SKIN.....	21
SOFT TISSUE (MUSCLE OR FAT).....	24
STOMACH .....	25
TESTIS.....	26
THROAT-PHARYNX.....	27
THYROID .....	28
UTERUS .....	29
OTHER.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B56:**

**IF QA09\_B55 = 21 (SKIN CANCER) THEN CONTINUE WITH QA09\_B56;  
ELSE SKIP TO PROGRAMMING NOTE QA09\_B57**

**QA09\_B56** Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?  
*¿El cáncer de la piel que usted mencionó, no era un melanoma, era un melanoma, o era un tipo de cáncer desconocido?*

**AF5A**

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBEL: "¿Algún otro?"]

NON-MELANOMA .....	1
MELANOMA.....	2
UNKNOWN TYPE.....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B57:**

**IF QA09\_A5 = 2 (FEMALE) AND QA09\_B55 = 5 (BREAST CANCER), THEN CONTINUE WITH QA09\_B57;  
ELSE SKIP TO PROGRAMMING NOTE QA09\_B60**

**QA09\_B57** Was your mother ever diagnosed with breast cancer?  
*¿Le diagnosticaron a su madre alguna vez cáncer del seno?*

**AF6**

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

**QA09\_B58** Do you have any sisters who have ever been diagnosed with breast cancer?  
*¿Tiene usted alguna hermana, a la que le hayan diagnosticado alguna vez cáncer del seno?*

**AF7**

YES .....	1	
NO .....	2	[GO TO PN QA09_B60]
REFUSED .....	-7	[GO TO PN QA09_B60]
DON'T KNOW .....	-8	[GO TO PN QA09_B60]

**QA09\_B59** How many sisters have been diagnosed with breast cancer?  
*¿Cuántas de sus hermanas han recibido un diagnóstico de cáncer del seno?*

**AF8**

\_\_\_\_\_ NUMBER OF SISTERS WITH BREAST CANCER

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

**PROGRAMMING NOTE QA09\_B60:**

**IF QA09\_B55 = 7 (COLON CANCER) OR 20 (RECTAL CANCER), THEN CONTINUE WITH QA09\_B60;  
ELSE SKIP TO QA09\_B62**

**QA09\_B60** Who was diagnosed with colon or rectal cancer?  
*¿A quién le diagnosticaron cáncer de colon o del recto?*

**AB101**

[IF NEEDED, SAY: "Do NOT include STEP or HALF brothers and sisters."]

[IF NEEDED SAY: "No incluya a sus hermanastros/hermanastras."]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

MOTHER.....	1
FATHER.....	2
FULL BROTHER.....	3
FULL SISTER .....	4
BIOLOGICAL SON .....	5
BIOLOGICAL DAUGHTER .....	6
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B61:**

**IF QA09\_B60 = (3, 4, 5, OR 6) THEN CONTINUE WITH QA09\_B61;**

**IF QA09\_B60 = 3, THEN DISPLAY "brothers";**

**IF QA09\_B60 = 4, THEN DISPLAY "sisters";**

**IF QA09\_B60 = 5, THEN DISPLAY "sons";**

**IF QA09\_B60 = 6, THEN DISPLAY "daughters";**

**ELSE SKIP TO PROGRAMMING NOTE QA09\_B62**

**QA09\_B61** How many {brothers/sisters/sons/daughters} were diagnosed with colon or rectal cancer?  
*¿A cuántos {hermanos/ hermanas/hijos/hijas} les diagnosticaron cáncer de colon o del recto?*

**AB102**

\_\_\_\_\_ NUMBER OF FAMILY MEMBERS WITH COLON OR RECTAL CANCER

REFUSED .....

-7

DON'T KNOW .....

-8

**PROGRAMMING NOTE QA09\_B62:**

**IF AAGE < 40 OR [QA09\_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40  
OR AGE IS UNKNOWN GO TO PROGRAMMING NOTE QA09\_C1;  
ELSE CONTINUE WITH QA09\_B62**

**QA09\_B62** 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? *Una 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 se analicen. ¿Se ha hecho alguna vez una prueba de sangre en las heces o materia fecal?*

**AF22**

[IF NEEDED, SAY: "Do not include the test kits that can be purchased in a pharmacy without prescription."]

[IF NEEDED, SAY: "*No incluya las pruebas que se pueden comprar sin receta en una farmacia.*"]

[IF NEEDED, SAY: "Do not include tests done at the doctor's office."]

[IF NEEDED, SAY: "*No incluya pruebas hechas en la consulta del doctor.*"]

YES .....	1	
NO .....	2	[GO TO QA09_B65]
REFUSED .....	7	[GO TO QA09_B65]
DON'T KNOW .....	8	[GO TO QA09_B65]

**QA09\_B63** 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 LESS .....	1
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 AGO .....	4
REFUSED .....	7
DON'T KNOW .....	8

**QA09\_B64** 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 exam.....	1
Parte de un examen de rutina.....	1
Because of a problem, or.....	2
Debido a un problema.....	2
Some other reason? .....	3
Por otro motivo.....	3
REFUSED .....	7
DON'T KNOW .....	8

**QA09\_B65** 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.

*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.*

Have you ever had a colonoscopy?

*¿Se le ha hecho una colonoscopia alguna vez?*

**AB84**

YES .....	1	
NO .....	2	[GO TO QA09_B68]
REFUSED .....	7	[GO TO QA09_B68]
DON'T KNOW .....	8	[GO TO QA09_B68]

**QA09\_B66** 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 LESS .....	1
MORE THAN 1 UP TO 5 YEARS AGO .....	2
MORE THAN 5 UP TO 10 YEARS AGO .....	3
MORE THAN 10 YEARS AGO .....	4
REFUSED .....	7
DON'T KNOW .....	8

**QA09\_B67** 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 exam,.....	1
<i>Parte de un examen de rutina,.....</i>	1
Because of a problem, or.....	2
<i>Debido a un problema, o.....</i>	2
Some other reason? .....	3
<i>Por otro motivo?.....</i>	3
REFUSED .....	7
DON'T KNOW .....	8

**QA09\_B68** Have you ever had a sigmoidoscopy?

*¿Se le ha hecho una sigmoidoscopia alguna vez?*

**AB87**

YES .....	1	
NO .....	2	[GO TO QA09_B71]
REFUSED .....	7	[GO TO QA09_B71]
DON'T KNOW .....	8	[GO TO QA09_B71]

**QA09\_B69** 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 LESS .....	1
MORE THAN 1 UP TO 5 YEARS AGO .....	2
MORE THAN 5 UP TO 10 YEARS AGO .....	3
MORE THAN 10 YEARS AGO .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_B70** 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 exam,.....	1
<i>Parte de un examen de rutina,.....</i>	1
Because of a problem, or.....	2
<i>Debido a un problema, o.....</i>	2
Some other reason? .....	3
<i>Por otro motivo?.....</i>	3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_B71** 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 doctor que se hiciera una sigmoidoscopia, una colonoscopia, o una prueba de sangre fecal?*

**AB90**

YES .....	1
NO .....	2
DID NOT GO TO A DOCTOR IN	
PAST 5 YEARS.....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B72:**

**IF QA09\_B62 = 2 (NEVER HAD FOBT) AND QA09\_B65 = 2 (NEVER HAD COLONOSCOPY) AND QA09\_B68 = 2 (NEVER HAD SIGMOIDOSCOPY) CONTINUE WITH QA09\_B72 AND DISPLAY "never had";  
ELSE IF QA09\_B62 ≠ 1 (MOST RECENT FOBT OVER 1 YEAR AGO) AND QA09\_B66 ≠ 1, 2, OR 3 (MOST RECENT COLONOSCOPY OVER 10 YEARS AGO) AND QA09\_B69 ≠ 1 OR 2 (MOST RECENT SIGMOIDOSCOPY OVER 5 YEARS AGO) CONTINUE WITH QA09\_B72 AND DISPLAY "not had" AND "recently/ ";  
ELSE GO TO PROGRAMMING NOTE QA09\_B73**

**QA09\_B72** What is the ONE most important reason why you have {never had/not had} one of these exams {recently}?

*¿Cuál es la razón más importante por la que {nunca se ha hecho/no se ha hecho} alguna de estas pruebas {recientemente}?*

**AF20**

NO REASON/NEVER THOUGHT ABOUT IT .....	1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST ....	2
DOCTOR DIDN'T TELL ME I NEEDED IT .....	3
HAVEN'T HAD ANY PROBLEMS.....	4
PUT IT OFF/LAZINESS .....	5
TOO EXPENSIVE/NO INSURANCE/COST .....	6
TOO PAINFUL, UNPLEASANT, OR EMBARRASSING.....	7
HAD ANOTHER TYPE OF COLORECTAL EXAM...	8
DON'T HAVE A DOCTOR .....	9
OTHER.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B73:**

**IF FEMALE GO TO QA09\_C1;**

**IF MALE AND AAGE < 40 OR [IF QA09\_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR  
ENUM.AGE < 40 OR IF AGE IS UNKNOWN, GO TO QA09\_C1;  
ELSE CONTINUE WITH QA09\_B73**

**QA09\_B73** Have you ever heard of a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer.

*¿Ha escuchado alguna vez de la prueba PSA o "antígeno específico de la próstata" para detectar el cáncer de próstata? La prueba PSA es un análisis de sangre para detectar el cáncer de prostate.*

**AF30**

YES .....	1	
NO .....	2	[GO TO QA09_C1]
REFUSED .....	-7	[GO TO QA09_C1]
DON'T KNOW .....	-8	[GO TO QA09_C1]

**QA09\_B74** Have you ever had a PSA test?  
*¿Le han hecho a usted alguna vez una prueba de "PSA?"*

**AF31**

[IF NEEDED, SAY: "A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test."]  
 [IF NEEDED SAY: "Una prueba de PSA es un análisis de sangre para detectar el cáncer de próstata. También se llama prueba del antígeno específico de la próstata."]

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

**QA09\_B75** When did you have your most recent PSA test?  
*¿Cuándo fue la última vez que se hizo la prueba de PSA?*

**AF33**

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

**QA09\_B76** What was the main reason you had this PSA test? Was it...  
*¿Cuál fue el motivo principal por el que se hizo esta prueba de PSA? ¿Fue...*

**AF34**

Part of a routine physical exam,.....	1
Parte de un examen físico de rutina, .....	1
Because of a problem, or.....	2
Debido a algún problema, o.....	2
Some other reason? .....	3
Por alguna otra razón? .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_B77:**

**IF QA09\_B74 = 1 DISPLAY “before you had the PSA test” AND “it”;**  
**ELSE DISPLAY “Did” AND “the PSA test”**

**QA09\_B77** {Before you had the PSA test}, did a doctor ever talk with you about the advantages and disadvantages of having {it/the PSA test}?  
*{Antes de hacerse la prueba de PSA,} ¿Le habló alguna vez un médico de las ventajas y los inconvenientes de hacerse la prueba de PSA?*

**AB103**

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

**PROGRAMMING NOTE QA09\_B78:**

**IF QA09\_B74 = 1 DISPLAY “before you had the PSA test” AND “it”;**  
**ELSE DISPLAY “Did” AND “the PSA test”**

**QA09\_B78** {Before you had the PSA test} Did a doctor ever tell you that some doctors recommend having {it/the PSA test} and others do not?  
*{Antes de hacerse la prueba de PSA,} ¿Le dijo un médico alguna vez que algunos médicos recomiendan hacerse la prueba de PSA y otros no?*

**AB104**

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

**QA09\_B79** Did a doctor or other health professional ever recommend that you have a PSA test?  
*¿Le recomendó alguna vez un médico u otro profesional de la salud que se hiciera una prueba de PSA?*

**AB105**

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

## Section C – Health Behaviors

**QA09\_C1** The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

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

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

**AD37W**

YES .....	1	
NO .....	2	[GO TO QA09_C4]
UNABLE TO WALK .....	3	[GO TO QA09_C7]
REFUSED .....	-7	[GO TO QA09_C4]
DON'T KNOW .....	-8	[GO TO QA09_C4]

**QA05\_C2** In the past 7 days, how many times did you do that?

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

**AD38W**

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

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

<u>      </u> TIMES PER WEEK	[IF 0, GO TO QA09_C4]
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_C3:**

**IF QA09\_C2 = 1 DISPLAY "How long did that walk take?";**

**IF QA09\_C2 > 1 DISPLAY "On average, how long did those walks take"**

**QA09\_C3**

{How long did that walk take/On average, how long did those walks take?  
*{¿Cuánto tiempo le tomó caminar a esos lugares?/ En promedio, ¿cuánto tiempo se tardó en caminar?}*}

**AD39W**

[FOR RESPONSES OF MORE THAN 1 HOUR UP TO 3 HOURS, EITHER RECORD THE TOTAL MINUTES OR ROUND TO THE NEAREST HOUR.]

       MINUTES PER DAY

       HOURS PER DAY

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

**PROGRAMMING NOTE QA05\_C4:**

**IF QA09\_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY “Please do not include walking for transportation.”**

**QA05\_C4** Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}  
*A veces uno camina por placer, para relajarse, como ejercicio, o para pasear al perro. En los últimos 7 días, ¿caminó al menos durante 10 minutos por alguna de estas razones? {No incluya las veces que camina como medio de transporte.}*

**AD40W**

YES .....	1	
NO .....	2	[GO TO QA09_C7]
REFUSED .....	-7	[GO TO QA09_C7]
DON'T KNOW .....	-8	[GO TO QA09_C7]

**QA09\_C5** In the past 7 days, how many times did you do that?  
*En los últimos 7 días, ¿cuántas veces hizo eso?*

**AD41W**

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

\_\_\_\_\_ TIMES PER WEEK **[IF 0, GO TO QA09\_C7]**

REFUSED .....	-7	[GO TO QA09_C7]
DON'T KNOW .....	-8	[GO TO QA09_C7]

**PROGRAMMING NOTE QA09\_C6:**

**IF QA09\_C5 = 1 DISPLAY “How long did that walk take”;**

**IF QA09\_C5 = 1 DISPLAY “**

**IF QA09\_C5 > 1 DISPLAY On average, how long did those walks take”**

**IF QA09\_C5 > 1 DISPLAY “”**

**QA09\_C6** {How long did that walk take/On average, how long did those walks take}?  
*{¿Cuánto tiempo le tomó caminar a esos lugares?/ En promedio, ¿cuánto tiempo se tardó en caminar?}*

**AD42W**

\_\_\_\_\_ MINUTES PER DAY

\_\_\_\_\_ HOURS PER DAY

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

**QA09\_C7** The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking. First, think about activities that take moderate physical effort, such as bicycling, dancing, swimming, and gardening.

*Las preguntas siguientes son acerca de las actividades físicas o el ejercicio que usted quizás haga en su tiempo libre durante al menos 10 minutos, además de caminar. Piense primero en las actividades que exigen un esfuerzo físico moderado, como montar 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, other than walking?

*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: "*Las actividades físicas moderadas le hacen respirar un poco más fuerte de lo normal.*"]

[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, durante por lo menos 10 minutos seguidos.*"]

YES .....	1	
NO .....	2	[GO TO QA09_C10]
REFUSED .....	-7	[GO TO QA09_C10]
DON'T KNOW .....	-8	[GO TO QA09_C10]

**QA09\_C8** On how many days did you do this?  
*¿Cuántos días hizo usted esto?*

**AE27**

\_\_\_\_\_ DAYS PER WEEK [IF 0, GO TO QA09\_C10]

REFUSED .....	-7	[GO TO QA09_C10]
DON'T KNOW .....	-8	[GO TO QA09_C10]

**PROGRAMMING NOTE QA09\_C09:**

**IF QA09\_C8 = 1 DO NOT DISPLAY “usually” AND “that day”;**  
**IF QA09\_C8 > 1 DISPLAY “usually” and “one of those days”**

**QA09\_C9** 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.”]

\_\_\_\_\_ HOURS PER DAY

\_\_\_\_\_ MINUTES PER DAY [HR: 0-480, SR:0-120]

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

**QA09\_C10** Now think about vigorous activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking.  
*Piense ahora en las actividades vigorosas que usted hizo en su tiempo libre y que requieren mucho esfuerzo físico, como por ejemplo ejercicio aeróbico, correr, jugar fútbol, montar en bicicleta rápidamente o nadar rápidamente. No incluya caminar.*

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: “Las actividades vigorosas aumentan su respiración más de lo 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: “Piense solamente en las actividades vigorosas que hizo durante por lo menos 10 minutos seguidos.”]

YES .....	1	
NO .....	2	[GO TO QA09_C13]
REFUSED .....	7	[GO TO QA09_C13]
DON'T KNOW .....	8	[GO TO QA09_C13]

**QA09\_C11** On how many days did you do this?  
*¿Cuántos días hizo esto?*

**AE25**       DAYS PER WEEK [HR:1-7]

[IF 0, GO TO QA09\_C13]

REFUSED ..... -7  
DON'T KNOW ..... -8[GO TO QA09\_C13]  
[GO TO QA09\_C13]**PROGRAMMING NOTE QA09\_C12:**

**IF QA09\_C11 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”;**  
**IF QA09\_C11 > 1 DISPLAY “usually” and “one of those days”**

**QA09\_C12** How much time did you {usually} spend on {one of those days/that day} doing vigorous physical activities in your free time?  
*¿Cuánto tiempo pasó {generalmente uno de esos días/ese día} haciendo 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.”]

       HOURS PER DAY       MINUTES PER DAY [HR: 0-480; SR: 0-120]REFUSED ..... -7  
DON'T KNOW ..... -8

**QA09\_C13** Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. During the past month, how many times did you eat fruit? Do not count juices.  
*Ahora piense acerca de todos los alimentos que usted comió o bebió durante el mes pasado, es decir, los últimos 30 días, incluya comidas y bocados. Durante el último mes, ¿cuántas veces comió fruta? No incluya jugos.*

**AE2**

[IF NEEDED, SAY: “Your best guess is fine.”]  
[IF NEEDED, SAY: “Me puede decir 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 fue por día, semana o mes?”]

       TIMES

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

**QA09\_C14** During the past month, how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

*Durante el último mes, ¿cuántas veces comió alguna clase de papas fritas, incluyendo papas fritas con mucho aceite, papas salteadas o "hash browns"?*

**AE3**

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

[IF NEEDED, SAY: "*No incluya las papas fritas en bolsas.*"]

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

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

\_\_\_\_\_ TIMES

PER DAY ..... 1 [HR: 0-20; SR: 0-5]

PER WEEK ..... 2 [HR: 0-35; SR: 0-11]

PER MONTH..... 3 [HR: 0-90; SR: 0-30]

REFUSED ..... -7

DON'T KNOW ..... -8

**QA09\_C15** [During the past month] How many times did you eat any *other* vegetables like green salad, green beans, or potatoes? Do not include fried potatoes.

*[Durante el último mes] ¿Cuántas veces comió otros vegetales, como ensalada verde, ejotes/habichuelas verdes, o papas? No incluya las papas fritas.*

**AE7**

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

[IF STRONGLY NEEDED, SAY: "*Por ejemplo, tomates, zanahorias, cebolla, o brócoli.*"]

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

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "*El arroz no se considera un vegetal.*"]

\_\_\_\_\_ TIMES

PER DAY ..... 1 [HR: 0-10; SR: 0-4]

PER WEEK ..... 2 [HR: 0-25; SR: 0-11]

PER MONTH..... 3 [HR: 0-60; SR: 0-30]

REFUSED ..... -7

DON'T KNOW ..... -8

**QA09\_C16** [During the past month] How often did you drink regular soda or pop that contains sugar? Do not include diet soda.

[*Durante el mes pasado*] ¿Con cuánta frecuencia bebió sodas regulares que contienen azúcar? 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 latas o en botellas. Me puede dar un número aproximado.*"]

\_\_\_\_\_ TIMES

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

**QA09\_C17** [During the past month] How often did you drink sports or energy drinks such as Gatorade, Red Bull, and Vitamin water? Do not include diet or sugar-free kinds.

[*Durante el último mes*] ¿Con qué frecuencia tomó bebidas para el deporte o bebidas que dan energía como Gatorade, Red Bull, o agua con vitaminas? No incluya bebidas de dieta o tipos sin azúcar.]

**AC12**

\_\_\_\_\_ TIMES

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

**QA09\_C18** [During the past month] How often did you drink sweetened fruit drinks such as Kool-aid, cranberry drink, and lemonade? Include fruit drinks you made at home and added sugar to.

[*Durante el último mes*] ¿Con cuánta frecuencia tomó bebidas azucaradas con sabor a frutas como Kool-aid, bebidas de cranberry y limonada? Incluya bebidas de fruta hechas en casa a los que añadió azúcar.

**AC41**

[IF NEEDED, SAY: "Do not include 100% fruit juices and drinks with things like Splenda or Equal."]

[IF NEEDED, SAY: "*No incluya jugos 100% de frutas ni bebidas con endulzantes como Splenda o Equal.*"]

\_\_\_\_\_ TIMES

PER DAY .....	1
PER WEEK .....	2
PER MONTH.....	3
REFUSED .....	-7
DON'T KNOW .....	-8

- QA09\_C19** [During the past month,] how often did you drink coffee or tea with sugar or honey added? Do not include drinks with things like Splenda or Equal. Include pre-sweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino.  
*[Durante el último mes,] cuántas veces bebió usted café o té con azúcar o miel de abeja añadida? No incluya bebidas con productos como Splenda o Equal. Incluya bebidas de té y café pre-endulzadas como té Arizona y Frappuccino.*

**AC36**

---

 TIMES

PER DAY .....	1
PER WEEK .....	2
PER MONTH.....	3
REFUSED .....	-7
DON'T KNOW .....	-8

- QA09\_C20** [During the past month] How often did you eat cookies, cake, pie, or brownies? Do not include sugar-free kinds.  
*[Durante el último mes] ¿Con cuánta frecuencia ha comido galletas, pasteles, o brownies? No incluya los que no tienen azúcar.*

**AC13**

[IF NEEDED, SAY: "Include any sweet pastries. Do not include sugar-free kinds."]  
 [IF NEEDED, SAY: "Incluya cualquier postre dulce. No incluya aquellos sin azúcar."]

---

 TIMES

PER DAY .....	1
PER WEEK .....	2
PER MONTH.....	3
REFUSED .....	-7
DON'T KNOW .....	-8

- QA09\_C21** [During the past month] How often did you eat ice cream or other frozen desserts? Do not include sugar-free kinds.  
*[Durante el último mes] ¿Cuántas veces ha comido helado u otros postres congelados? No incluya aquellos sin azúcar.*

**AC14**

[IF NEEDED, SAY: "Do not include sugar-free kinds. Your best guess is fine."]  
 [IF NEEDED, SAY: "No incluya aquellos sin azúcar. Me puede decir un número aproximado."]  
 [IF STRONGLY NEEDED, SAY: "Include frozen yogurt and popsicles."]  
 [IF STRONGLY NEEDED, SAY: "Incluya yogur congelado y paletas heladas."]

---

 TIMES

PER DAY .....	1
PER WEEK .....	2
PER MONTH.....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_C22**

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? Incuye 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 de McDonald's, de KFC, Panda Express o de Taco Bell.*"]

\_\_\_\_\_ # OF TIMES IN PAST 7 DAYS

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

**QA09\_C23**

Next, I am going to ask you about your exposure to the sun.

*Ahora le voy a hacer preguntas acerca de su exposición al sol.*

During the past 12 months, how many times have you had a sunburn?

*Durante los últimos 12 meses, ¿cuántas veces tuvo quemaduras por el sol?*

**AF13**

[IF NEEDED, SAY: "By 'sunburn' we mean even a small part of your skin turning red or hurting for 12 hours or more."]

[IF NEEDED, SAY: "*Con quemaduras por el sol quiero decir incluso una pequeña parte de la piel que se pone roja o duele durante 12 horas o más.*"]

\_\_\_\_\_ NUMBER OF SUNBURNS

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

**QA09\_C24**

During the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do not include a spray-on tan.

*Durante los últimos 12 meses, ¿cuántas veces ha utilizado un dispositivo bronceador para el interior, como una lámpara solar, una cama solar o una cabina solar? No incluya un spray bronceador.*

**AC37**

\_\_\_\_\_ NUMBER OF TIMES

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

**QA09\_C25** Now, I am going to ask about various health behaviors.  
*Ahora, le voy a hacer preguntas acerca de varios comportamientos relacionados con la salud.*

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

**AE15**

YES .....	1	
NO .....	2	[GO TO QA09_C31]
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_C26** 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 DAY.....	1	[GO TO QA09_C27]
SOME DAYS.....	2	[GO TO PN QA09_C29]
NOT AT ALL.....	3	[GO TO QA09_C28]
REFUSED .....	-7	[GO TO QA09_C31]
DON'T KNOW .....	-8	[GO TO QA09_C31]

**QA09\_C27** On average, how many cigarettes do you now smoke a day?  
*En promedio, ¿cuántos cigarrillos al día fuma usted?*

**AD32**

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

_____ NUMBER OF CIGARETTES [HR: 0-120]	[GO TO PN QA09_C30]
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_C28** Thinking back over the years you have smoked regularly, about how many cigarettes did you usually smoke a day?  
*Recordando los años durante los que fumó regularmente, ¿aproximadamente cuántos cigarrillos fumaba normalmente en un día?*

**AC40**

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

[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED REGULARLY", CODE 0]

_____ NUMBER OF CIGARETTES	[GO TO PN QA09_C30]
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_C29:**

**IF QA09\_C26 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA09\_C29;  
ELSE CONTINUE WITH QA09\_C31**

**QA09\_C29** 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." AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

[IF NEEDED, SAY: "*En los días que usted fumó.*" AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES.]

\_\_\_\_\_ NUMBER OF CIGARETTES [HR: 0-120]

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA09\_C30:**

**IF QA09\_C26 = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS) DISPLAY "have you smoked";  
IF QA09\_C26 = 3 (DON'T SMOKE NOW) DISPLAY "did you smoke"**

**QA09\_C30** About how long {have you smoked/did you smoke} cigarettes regularly?  
*¿Durante cuánto tiempo {ha fumado/fumó} usted cigarrillos regularmente?*

**AC38**

[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED REGULARLY", CODE 0]

\_\_\_\_\_ NUMBER OF YEARS [HR > 0]

\_\_\_\_\_ NUMBER OF MONTHS [HR > 0]

REFUSED ..... -7

DON'T KNOW ..... -8

**QA09\_C31** Is smoking ever allowed inside your home?  
*¿Se permite fumar algunas veces en su casa?*

**AC17**

YES ..... 1

NO ..... 2

[GO TO QA09\_C33]

REFUSED ..... -7

[GO TO QA09\_C33]

DON'T KNOW ..... -8

[GO TO QA09\_C33]

**QA09\_C32** 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**

[IF RARELY OR LESS THAN 1 DAY PER WEEK, ENTER 0]

\_\_\_\_\_ DAYS PER WEEK [HR: 0-7]

REFUSED ..... -7

DON'T KNOW ..... -8

**QA09\_C33** Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?  
*En los últimos 12 meses, ¿tomó usted algún tipo de bebida alcohólica?*

**AC32**

[IF NEEDED, SAY: "Your best guess is fine."]  
 [IF NEEDED, SAY: "*Está bien si me das un número aproximado.*"]

YES .....	1	
NO .....	2	[GO TO QA09_D1]
REFUSED .....	-7	[GO TO QA09_D1]
DON'T KNOW .....	-8	[GO TO QA09_D1]

**PROGRAMMING NOTE QA09\_C34:**  
**IF QA09\_A5 = 1 (MALE) CONTINUE WITH QA09\_C34;**  
**ELSE SKIP TO QA09\_C35**

**QA09\_C34** 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 [HR: 0-365; SR: 0-99]		[GO TO QA09_D1]
REFUSED .....	-7	[GO TO QA09_D1]
DON'T KNOW .....	-8	[GO TO QA09_D1]

**QA09\_C35** 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 [HR: 0-365; SR: 0-99]		
REFUSED .....	-7	
DON'T KNOW .....	-8	

## Section D – General Health, Disability, and Sexual Health

**QA09\_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?*

**AE17**

[IF NEEDED, SAY: "About how tall are you?"]  
[IF NEEDED, SAY: "¿Más o menos cuánto mide?"]

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

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

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

**PROGRAMMING NOTE QA09\_D2:**

**IF QA09\_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY " When not pregnant, how";  
ELSE DISPLAY "How"**

**QA09\_D2** {When not pregnant,} How much do you weigh without shoes?  
*{Cuando no está embarazada,} ¿Cuánto pesa sin zapatos?*

**AE18**

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

\_\_\_\_\_ POUNDS [HR: 50-450]

\_\_\_\_\_ KILOGRAMS [HR: 20-220]

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

**PROGRAMMING NOTE QA09\_D3:**

**IF AAGE = 18, GO TO QA09\_D4**

**QA09\_D3** How much did you weigh at age 18?  
*¿Cuánto pesaba usted cuando tenía 18 años?*

**AE19**

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

\_\_\_\_\_ POUNDS [HR: 50-450]

\_\_\_\_\_ KILOGRAMS [HR: 20-220]

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

**QA09\_D4** Are you blind or deaf, or do you have a severe vision or hearing problem?  
*¿Es usted ciego/a, sordo/a, o tiene algún problema grave con la vista u oído?*

**AD50**

YES .....	1	
NO .....	2	[GO TO QA09_D6]
REFUSED .....	-7	[GO TO QA09_D6]
DON'T KNOW .....	-8	[GO TO QA09_D6]

**QA09\_D5** Are you legally blind?  
*¿Está usted legalmente ciego(a)?*

**AL8**

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

**QA09\_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	

**QA09\_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 condición 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**

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

**QA09\_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 condición física, mental o emocional."]

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

**QA09\_D9** Any difficulty going outside the home alone to shop or visit a doctor's office?  
*¿Tiene alguna dificultad para salir de su casa sólo/a 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 condición física, mental o emocional"]

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

**PROGRAMMING NOTE QA09\_D10:**  
**IF AAGE > 64 GO TO PN QA09\_D12**

**QA09\_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 condición física, mental o emocional."]

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

[GO TO PN QA09\_D12]    [GO TO PN QA09\_D12]    [GO TO PN QA09\_D12]

**QA09\_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 lo menos un año?*

**AL8A**

[IF NEEDED, SAY: "Current condition."]  
 [IF NEEDED, SAY: "Esta pregunta se refiere a una condición actual."]

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

**PROGRAMMING NOTE QA09\_D12:**  
**IF AAGE > 70 OR QA09\_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO  
 PROGRAMMING NOTE QA09\_E1;  
 ELSE CONTINUE WITH QA09\_D12**

**QA09\_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 PN QA09\_D14]

REFUSED ..... -7

[GO TO PN QA09\_D14]

DON'T KNOW ..... -8

**QA09\_D13** Can you give me your best guess?  
*¿Podría darme un número aproximado?*

**AD44**

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

       NUMBER OF PARTNERS

1 PARTNER ..... 1

2-3 PARTNERS ..... 2

4-5 PARTNERS ..... 3

6-10 PARTNERS ..... 4

MORE THAN 10 PARTNERS ..... 5

REFUSED ..... -7

DON'T KNOW ..... -8

**PROGRAMMING NOTE QA09\_D14:****IF QA09\_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA09\_D13=0, GO TO****PROGRAMMING NOTE QA09\_D15;****ELSE CONTINUE WITH QA09\_D14;****IF QA09\_D12 OR QA09\_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";****IF QA09\_D12 OR QA09\_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "¿Es esa persona de sexo masculino o femenino";****ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"****ELSE DISPLAY "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"**

**QA09\_D14** {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female)?  
 {*¿Es esa persona de sexo masculino o femenino? /En los últimos 12 meses, ¿las personas con quienes ha tenido relaciones sexuales han sido de sexo masculino, femenino, o de ambos sexos, masculino y femenino?*}

**AD45**

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

**QA09\_D15** Do you think of yourself as straight or heterosexual, as gay {lesbian} or homosexual, or bisexual?  
*¿Usted se considera heterosexual, gay u 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 u homosexuales 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 HETEROSEXUAL .....	1
GAY, LESBIAN, OR HOMOSEXUAL .....	2
BISEXUAL.....	3
NOT SEXUAL/CELIBATE/NONE .....	4
OTHER (SPECIFY: _____) .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_D16:**

**IF [QA09\_A5 = 1 (MALE) AND QA09\_D14 = 1 (MALE)] OR [QA09\_A5 = 2 (FEMALE) AND QA09\_D14 = 2 (FEMALE)] OR [QA09\_D14 = 3, -7, OR -8] OR [IF QA09\_D15 ≠ 1] CONTINUE WITH QA09\_D16;  
ELSE CONTINUE WITH QA09\_E1**

**QA09\_D16** Are you legally registered as a domestic partner or legally married in California with someone of the same sex?

*¿Está usted registrado/registrada legalmente como pareja doméstica o legalmente casado/casada en California con una persona de su mismo sexo?*

**AD59**

**[INTERVIEWER NOTE: ONLY INCLUDE SAME SEX MARRAIGES PERFORMED IN CALIFORNIA.]**

**[IF NEEDED, SAY: "Which one of these applies to you?"]**

**[IF NEEDED, SAY: "¿Cuál de estas se aplica a usted?"]**

YES (DOMESTIC PARTNER) .....	.4
YES (MARRIED IN CALIFORNIA).....	.5
NO .....	.6
REFUSED .....	-7
DON'T KNOW .....	-8

## Section E – Women’s Health

**PROGRAMMING NOTE SECTION E:**  
**IF QA09\_A5 = 1 (MALE), GO TO NEXT SECTION;**  
**ELSE CONTINUE QA09\_E1**

**QA09\_E1** These next questions are about women's health.  
*Las siguientes preguntas son 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**

**[IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]**

\_\_\_\_\_ AGE [HR: 6-27]

NEVER STARTED MENSTRUAL CYCLE .....	96	<b>[GO TO PN QA09_E9]</b>
REFUSED .....	-7	
DON'T KNOW .....	-8	

**PROGRAMMING NOTE QA09\_E2:**  
**IF QA09\_E1 = -8 (DON'T KNOW), CONTINUE WITH QA09\_E2;**  
**ELSE GO TO QA09\_E3**

**QA09\_E2** Were you younger than 12, about 12 to 13, or older than 13?  
*¿Tenía usted menos de 12 años, entre 12 y 13 años o más de 13?*

**AE70**

YOUNGER THAN 12 .....	1	
ABOUT 12 TO 13.....	.2	
OLDER THAN 13.....	.3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**PROGRAMMING NOTE QA09\_E3:**  
**IF AGE > 45 GO TO PROGRAMMING NOTE FOR QA09\_E4**

**QA09\_E3** To your knowledge, are you now pregnant?  
*Que usted sepa, ¿está embarazada ahora?*

**AD13**

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

**PROGRAMMING NOTE QA09\_E4:**

**IF AGE > 39 AND QA09\_E3 ≠ 1 (NOT PREGNANT) CONTINUE WITH QA09\_E4;  
ELSE SKIP TO QA09\_E6**

**QA09\_E4** Do you still have periods or menstrual cycles?  
*¿Tiene usted todavía la regla o ciclos menstruales?*

**AE89**

YES .....	1	[GO TO QA09_E6]
NO .....	2	
NO, HAD HYSTERECTOMY .....	3	
NO, HAD BOTH OVARIES REMOVED .....	4	
REFUSED .....	-7	[GO TO QA09_E6]
DON'T KNOW .....	-8	[GO TO QA09_E6]

**QA09\_E5** When did you have your last period or menstrual cycle?  
*¿Cuándo tuvo usted su última regla o ciclo menstrual? Fue hace...*

**AE90**

1 year ago or less, .....	1
<i>Un año o menos</i> .....	1
More than 1 year ago to 2 years ago, or .....	2
<i>Más de 1 año pero menos de 2, o</i> .....	2
More than 2 years? .....	3
<i>Más de 2 años?</i> .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_E6** Have you ever given birth?  
*¿Alguna vez ha dado a luz?*

**AD2**

[INTERVIEWER NOTE: CODE STILLBIRTHS AS YES]

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

[GO TO PN QA09\_E9]  
[GO TO PN QA09\_E9]  
[GO TO PN QA09\_E9]

**QA09\_E7** How old were you when your first child was born?  
*¿Qué edad tenía usted cuando tuvo su {primer} hijo?*

**AD3**

\_\_\_\_\_ YEARS OLD [GO TO PN QA09\_E9]

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

[GO TO PN QA09\_E9]

**QA09\_E8** In what year was your first child born?  
*¿En qué año nació su primer hijo?*

**AE55**       YEAR

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

**PROGRAMMING NOTE QA09\_E9:**

**IF AAGE < 30 OR QA09\_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA09\_E24;  
 ELSE CONTINUE WITH QA09\_E9 (INCLUDE WOMEN WITH AGE UNKNOWN)**

**QA09\_E9** In the past 12 months, has a doctor examined your breasts for lumps?  
*En los últimos 12 meses, ¿le ha examinado los senos un médico para ver si tiene bolitas o bultos?*

**AF37**

[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]  
 [IF NEEDED, SAY: "*En este examen un médico le toca los senos para ver si hay bolitas o bultos, quistes o algún crecimiento anormal.*"]

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

**QA09\_E10** 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.*"]

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

[READ DEFINITION, IF STILL NO, GO TO PN QA09\_E22]

REFUSED .....	-7	[GO TO PN QA09_E24]
DON'T KNOW .....	-8	[GO TO PN QA09_E24]

**QA09\_E11** 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 [HR: 0-99]

NONE .....	0	[GO TO QA09_E22]
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_E12** How long ago did you have your most recent mammogram?  
*¿Hace cuánto tiempo se hizo la última mamografía?*

**AD17**

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

[GO TO PN QA09\_E24]  
[GO TO PN QA09\_E24]

**QA09\_E13** Was your most recent mammogram recommended by a doctor?  
*Su mamografía más reciente ¿fue recomendada por un médico?*

**AE50**

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

**PROGRAMMING NOTE QA09\_E14:**

**IF QA09\_E12 = 3, 4, OR 5, THEN SKIP TO QA09\_E15;**  
**ELSE CONTINUE WITH QA09\_E14**

**QA09\_E14** Tell me the main reason you had a mammogram. Was it...  
*Me puede decir el motivo principal por el que se hizo la mamografía. ¿Fue...*

**AD18**

[IF NEEDED, SAY: "The main reason is the most important reason."]  
[IF NEEDED, SAY: "El motivo principal es la razón más importante."]

Part of a routine exam,.....	1
Parte de un examen de rutina.....	1
Because of a specific breast problem,.....	2
Debido a un problema específico del seno.....	2
A follow-up to a previously identified breast problem, or .....	3
Como seguimiento a un problema del seno que se había encontrado antes, o .....	3
Due to family history? .....	4
Fue debido a la historia médica de su familia.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_E15** Have you ever had a mammogram where the results were not normal?  
*¿Ha tenido usted alguna vez una mamografía en la que los resultados no fueron normales?*

**AD19**

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

[GO TO PN QA09\_E22]  
[GO TO PN QA09\_E22]  
[GO TO PN QA09\_E22]

**QA09\_E16** Have you ever had an operation to remove a lump from your breast?  
*¿Ha tenido usted alguna vez una operación para eliminar un bulto o nódulo de un seno?*

**AD20**

YES .....	1	
NO .....	2	[GO TO QA09_E20]
REFUSED .....	-7	[GO TO QA09_E20]
DON'T KNOW .....	-8	[GO TO QA09_E20]

**QA09\_E17** Did the lump turn out to be cancer?  
*¿Resultó que el nódulo fue canceroso?*

**AD21**

YES .....	1	[GO TO QA09_E19]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_E18** How many operations have you had to remove a lump that wasn't cancer?  
*¿Cuántas operaciones le han hecho para sacarle un bulto que no era cáncer?*

**AD22**

NUMBER OF OPERATIONS		[GO TO QA09_E20]
REFUSED .....	-7	[GO TO QA09_E20]
DON'T KNOW .....	-8	[GO TO QA09_E20]

**QA09\_E19** Tell me how you first found out about your breast cancer. Was it by...  
*Dígame cómo se enteró usted por primera vez que tenía cáncer del seno. ¿Lo encontró*

**AB60**

Finding it yourself by accident,.....	1	
<i>Usted misma por accidente, .....</i>	1	
Finding it yourself during a self breast examination,.	2	
<i>Usted misma durante un autoexamen del seno, .....</i>	2	
Your husband or partner finding it, .....	3	
<i>Su marido o compañero,.....</i>	3	
Your doctor finding it during a routine breast exam,.	4	
<i>Su médico lo halló durante un examen del seno de rutina, .....</i>	4	
Finding it by a mammogram, or .....	5	
<i>Lo hallaron al hacerse una mamografía, o .....</i>	5	
Some other way?		
<i>Lo supo de otra manera</i>		
(IF OTHER, SPECIFY: _____) .....	6	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_E20** Did you have any other tests and/or surgery when your mammogram was not normal?  
*¿Tuvo usted algunas otras pruebas o cirugía cuando la mamografía no fue normal?*

**AD23**

YES .....	1	
NO .....	2	[GO TO QA09_E22]
REFUSED .....	-7	[GO TO QA09_E22]
DON'T KNOW .....	-8	[GO TO QA09_E22]

**QA09\_E21** What additional tests and/or surgery did you have?  
*¿Qué pruebas adicionales o cirugía tuvo usted?*

**AD24**

[INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NEEDED, SAY: "Any others?"]  
 [INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NEEDED, SAY: "¿Algún otro?"]

NO TESTS/NO SURGERY .....	1
MASTECTOMY (SURGERY TO REMOVE BREAST).....	2
LUMPECTOMY (SURGERY TO REMOVE LUMP)..	3
NEEDLE BIOPSY .....	4
ULTRASOUND TEST .....	5
ANOTHER MAMMOGRAM .....	6
CLINICAL BREAST EXAM .....	7
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_E22:**

**IF QA09\_E10 = 2 OR QA09\_E11 = 0 OR QA09\_E12 > 2 YEARS CONTINUE WITH QA09\_E22;  
 ELSE GO TO PROGRAMMING NOTE QA09\_E23**

**QA09\_E22** 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**

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

**PROGRAMMING NOTE QA09\_E23:**

**IF QA09\_E22 = 1 (YES, DOCTOR RECOMMENDED A MAMMOGRAM) AND (QA09\_E10 = 2 OR QA09\_E11 = 0 OR QA09\_E12 > 2 years), CONTINUE WITH QA09\_E23;**  
**IF QA09\_E12 = 3, 4, 5, OR -8 (MOST RECENT MAMMOGRAM > 2 YEARS OR DK), DISPLAY "NOT had a mammogram in the past 2 years";**  
**IF QA09\_E10 = 2 (NEVER HAD MAMMOGRAM), DISPLAY "NEVER had a mammogram";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_E24**

**QA09\_E23** What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram in the past 2 years}?  
*¿Cuál es la razón por la que {NUNCA/NO} le han hecho a usted una mamografía?*

**AD25**

NO REASON/NEVER THOUGHT ABOUT IT .....	1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST ....	2
DOCTOR DIDN'T TELL ME I NEEDED IT .....	3
HAVEN'T HAD ANY PROBLEMS.....	4
PUT IT OFF/LAZINESS .....	5
TOO EXPENSIVE/NO INSURANCE/COST .....	6
TOO PAINFUL, UNPLEASANT, EMBARRASSING.	7
TOO YOUNG .....	8
DON'T HAVE A DOCTOR .....	9
OTHER.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_E24:**

**IF AGE > 39 AND QA09\_E3 ≠ 1 (NOT PREGNANT) THEN CONTINUE WITH QA09\_E24;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_E28**

**QA09\_E24** Have you ever taken hormone replacement therapy or HRT for menopausal symptoms?  
*¿Ha recibido alguna vez terapia para reemplazar las hormonas, o HRT, para los síntomas de la menopausia?*

**AF47**

YES .....	1	[GO TO PN QA09_E28]
NO .....	2	[GO TO PN QA09_E28]
REFUSED .....	-7	[GO TO PN QA09_E28]
DON'T KNOW .....	-8	[GO TO PN QA09_E28]

**QA09\_E25** Are you currently taking hormone replacement therapy?  
*¿Está usted ahora usando terapia para remplazar las hormonas?*

**AD28**

**[IF NEEDED, SAY: "This is a pill, patch or treatment that gives women more of the female hormone, estrogen."]**  
**[IF NEEDED, SAY: "Puede ser una pastilla, un parche o un tratamiento que proporciona a las mujeres más hormona femenina llamada estrógeno."]**

YES .....	1	[GO TO QA09_E27]
NO .....	2	[GO TO QA09_E27]
REFUSED .....	-7	[GO TO QA09_E27]
DON'T KNOW .....	-8	[GO TO QA09_E27]

**QA09\_E26** About how long ago did you stop using Hormone Replacement Therapy – was it...  
*¿Hace {más o menos} cuánto tiempo dejó de usar terapia para reemplazar las hormonas? ¿Fue hace...*

**AF48**

2 years ago or less,.....	1
2 años o menos.....	1
More than 2 years up to 5 years ago, o .....	2
Más de 2 años pero menos de 5 años .....	2
More than 5 years ago? .....	3
Más de cinco años .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_E27** 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 períodos de tiempo. En total, ¿cuánto tiempo ha estado siguiendo la Terapia de Reemplazo Hormonal?*

**AE84**

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

**PROGRAMMING NOTE QA09\_E28:**

**IF AGE > 44 CONTINUE WITH QA09\_E28;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_E30**

**QA09\_E28 INTRO**

Are you taking any of the following medications?  
*¿Está usted tomando alguna de estas medicinas?*

**QA09\_E28** Tamoxifen or Nolvadex?  
*¿Tamoxifen o Nolvadex?*

**AE51**

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

**QA09\_E29** Raloxifene or Evista?  
*¿Raloxifene o Evista?*

**AE52**

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

**PROGRAMMING NOTE QA09\_E30:****IF AGE < 55 CONTINUE WITH QA09\_E30;****IF AGE < 45 DISPLAY "Are you taking any of the following medications?";****IF AGE < 45 DISPLAY "¿Está usted tomando alguna de las medicinas siguientes?";****ELSE GO TO QA09\_F1**

**QA09\_E30** Are you taking any of the following medications: Birth control pills, the patch, or birth control shots?  
¿Está usted tomando alguna de las medicinas siguientes: La píldora, el parche o las inyecciones para controlar la natalidad?

**AE53**

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

## Section F – Mental Health

**QA09\_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 todo el tiempo, la mayor parte del tiempo, parte del tiempo, una pequeña parte del tiempo o nunca?*

**AJ29**

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

**QA09\_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, ¿mas 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

**QA09\_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

**QA09\_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

**QA09\_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

**QA09\_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

**QA09\_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**

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

**PROGRAMMING NOTE QA09\_F8:**

**IF QA09\_F7 = 1 THEN CONTINUE WITH QA09\_F8;**  
**ELSE SKIP TO PROGRAMMING NOTE QA09\_F14**

**QA09\_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**

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

**QA09\_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**

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

**QA09\_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, 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

**QA09\_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

**QA09\_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

**QA09\_F13** How often did you feel worthless?  
*¿Con qué frecuencia sintió que usted 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

Add reverse coding of K6 calculation as temporary variable here:

**PROGRAMMING NOTE QA09\_F14:**

IF (QA09\_F1 + QA09\_F2 + QA09\_F3 + QA09\_F4 + QA09\_F5 + QA09\_F6 > 5) OR

(QA09\_F8 + QA09\_F9 + QA09\_F10 + QA09\_F11 + QA09\_F12 + QA09\_F13 > 5) OR

(IF QA09\_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 4) OR

(IF QA09\_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 4) THEN CONTINUE WITH QA09\_F14;

IF QA09\_F7 = 1 THEN DISPLAY "again, please";

ELSE SKIP TO QA09\_F19

**QA09\_F14 intro** Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

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

**PROGRAMMING NOTE QA09\_F14:**

IF AGE > 70 GO TO QA09\_F15;

ELSE CONTINUE WITH QA09\_F14

**QA09\_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

**QA09\_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

**QA09\_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

**QA09\_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

**QA09\_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 porque 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

- QA09\_F19** Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?  
*¿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?*
- |             |                         |    |
|-------------|-------------------------|----|
| <b>AF81</b> | YES .....               | 1  |
|             | NO .....                | 2  |
|             | REFUSED .....           | -7 |
|             | DON'T KNOW .....        | -8 |
|             | <b>[GO TO QA09_F21]</b> |    |
|             | <b>[GO TO QA09_F21]</b> |    |
|             | <b>[GO TO QA09_F21]</b> |    |
- QA09\_F20** Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?  
*¿Cubre su seguro tratamiento de problemas de salud mental, tal como visitas al psicólogo o al psiquiatra?*
- |            |                            |    |
|------------|----------------------------|----|
| <b>AJ1</b> | YES .....                  | 1  |
|            | NO .....                   | 2  |
|            | DON'T HAVE INSURANCE ..... | 3  |
|            | REFUSED .....              | -7 |
|            | DON'T KNOW .....           | -8 |
- QA09\_F21** In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?  
*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?*
- |             |                  |    |
|-------------|------------------|----|
| <b>AF74</b> | YES .....        | 1  |
|             | NO .....         | 2  |
|             | REFUSED .....    | -7 |
|             | DON'T KNOW ..... | -8 |
- QA09\_F22** In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?  
*En los últimos 12 meses, ¿ha visto a cualquier otro profesional, tal como un consejero, un psiquiatra, o un trabajador social para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?*
- |             |                  |    |
|-------------|------------------|----|
| <b>AF75</b> | YES .....        | 1  |
|             | NO .....         | 2  |
|             | REFUSED .....    | -7 |
|             | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QA09\_F23:**

**IF QA09\_F21 = 1 OR QA09\_F22 = 1 THEN CONTINUE WITH QA09\_F23;**  
**ELSE SKIP TO QA09\_F28**

**QA09\_F23** 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 PROBLEM .....	2
BOTH MENTAL & ALCOHOL-DRUG .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_F24:**

**IF QA09\_F23 = 1, DISPLAY: "mental or emotional health";**  
**IF QA09\_F23 = 2, DISPLAY: "use of alcohol or drugs";**  
**IF QA09\_F23 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";**  
**ELSE SKIP TO QA09\_F25**

**QA09\_F24** In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}?  
*En los últimos 12 meses, ¿cuántas veces fue a ver a un profesional debido a problemas con su {salud mental o emocional debido a su consumo de alcohol o drogas/problemas con su salud mental o emocional y su consumo de alcohol o drogas}? No cuente las veces que tuvo que pasar la noche en el hospital*

**AF77**

\_\_\_\_\_ NUMBER OF VISITS

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

**QA09\_F25** 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**

YES .....	1	[GO TO QA09_F28]
NO .....	2	
REFUSED .....	-7	[GO TO QA09_F28]
DON'T KNOW .....	-8	[GO TO QA09_F28]

**QA09\_F26** Did you complete the recommended full course of treatment?  
*¿Terminó usted el completo tratamiento recomendado?*

**AF79**

YES .....	1	[GO TO QA09_F28]
NO .....	2	
REFUSED .....	-7	[GO TO QA09_F28]
DON'T KNOW .....	-8	[GO TO QA09_F28]

**QA09\_F27** What is the MAIN REASON you are no longer receiving treatment?  
*¿Cuál fue el MOTIVO PRINCIPAL por el que ya no está recibiendo tratamiento?*

**AF80**

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

**QA09\_F28** During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

**AJ5**

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

**PROGRAMING NOTE QA09\_F29:**

**IF QA09\_F19 = 1 AND (QA09\_F21 ≠ 1 AND QA09\_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)**

**CONTINUE WITH QA09\_F29;**

**ELSE SKIP TO QA09\_G1**

**QA09\_F29** Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.

*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" por cada una de estas razones que explica por qué no vio usted a un profesional.*

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

**AF82**

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

**QA09\_F30** 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**

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

**QA09\_F31** 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**

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

**QA09\_F32** You had a hard time getting an appointment.  
*Le fue muy difícil conseguir una cita.*

**AF85**

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

## Section G – Demographic Information, Part II

**QA09\_G1** Now a few more questions about you.  
*Ahora tengo algunas preguntas sobre usted.*

**AH33**

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

**[SELECT FROM MOST LIKELY COUNTRIES]**

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

**PROGRAMMING NOTE QA09\_G2:****IF QA09\_G1 ≠ 1 (NOT BORN IN US) GO TO QA09\_G4;****ELSE IF QA09\_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA09\_G2****QA09\_G2** In what country was your mother born?*¿En qué país nació su madre?***AH34****[SELECT FROM MOST LIKELY COUNTRIES]****[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

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

**QA09\_G3** In what country was your father born?  
¿En qué país nació su padre?

**AH35**

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

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

**QA09\_G4** What languages do you speak at home?  
*¿Qué idioma habla usted en su hogar?*

**AH36**

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

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

**PROGRAMMING NOTE QA09\_G5 AND QA09\_G6:****IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA09\_G5;****IF INTERVIEW CONDUCTED IN ENGLISH AND QA09\_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09\_G5 AND DISPLAY: "Since you speak a language other than English at home, we are interested in the languages you use in other situations.";****IF INTERVIEW CONDUCTED IN ENGLISH AND QA09\_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09\_G5 AND DISPLAY: "Ya que en casa usted habla un idioma que no es inglés, nos interesa saber qué idiomas usa en otras situaciones.";****ELSE IF QA09\_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA09\_G8**

**QA09\_G5** {Since you speak a language other than English at home, we are interested in the languages you use in other situations.} What language do you speak with your friends?  
 {*Ya que en casa usted habla un idioma que no es inglés, nos interesa saber qué idiomas usa en otras situaciones.*} ¿Qué idioma habla usted con sus amigos?

**AG20**

ONLY ENGLISH.....	1
BOTH ENGLISH AND OTHER LANGUAGE(S) .....	2
ONLY OTHER LANGUAGE(S).....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_G6** 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 ENGLISH.....	1
BOTH ENGLISH AND OTHER LANGUAGE(S) .....	2
ONLY OTHER LANGUAGE(S).....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_G7:**

**IF INTERVIEW CONDUCTED IN ENGLISH AND QA09\_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09\_G7 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

**IF INTERVIEW CONDUCTED IN ENGLISH AND QA09\_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09\_G7 AND DISPLAY:** "Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés" AND DROP

**RESPONSE CATEGORY "Not at all?";**

**RESPONSE CATEGORY "No muy bien?"**

**ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA09\_G7.**

**ELSE GO TO PROGRAMMING NOTE QA09\_G8**

**QA09\_G7**

{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 otro idioma que inglés, nos interesa saber su opinión sobre qué tan bien habla el inglés.} ¿Diría usted que habla inglés...*

**AH37**

Very well,.....	1
<i>Muy bien</i> .....	1
Well, .....	2
<i>Bien</i> , .....	2
Not well, or .....	3
<i>No bien, o</i> .....	3
Not at all? .....	4
<i>No muy bien?</i> .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_G8:**

**IF QA09\_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PN QA09\_G11;**

**ELSE CONTINUE WITH QA09\_G8**

**QA09\_G8**

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**

YES .....	1	[GO TO QA09_G10]
NO .....	2	
APPLICATION PENDING .....	3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_G9** 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.*"]

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

**QA09\_G10** About how many years have you lived in the United States?  
*Aproximadamente, ¿cuántos años ha vivido usted en Estados Unidos?*

**AH41**

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

\_\_\_\_\_ NUMBER OF YEARS

\_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN U.S.)

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

**PROGRAMMING NOTE QA09\_G11:**

**IF QA09\_A16 = 1 (MARRIED) CONTINUE WITH QA09\_G11;**

**IF QA09\_A16 = 2 (LIVING WITH PARTNER), GO TO QA09\_G12;**

**ELSE GO TO PROGRAMMING NOTE QA09\_G13**

**QA09\_G11** Is your spouse also living in your household?  
*¿También está su esposo(a) viviendo en su hogar?*

**AH44**

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

**QA09\_G12** May I have your {spouse/partner}'s first name and age?  
*¿Podría darme el primer nombre y la edad de su {esposo(a)/pareja}?*

**SC11A****[ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]**

SPOUSE/PARTNER NAME \_\_\_\_\_

SPOUSE/PARTNER AGE \_\_\_\_\_

SPOUSE/PARTNER SEX \_\_\_\_\_

**PROGRAMMING NOTE QA09\_G13:**

IF AAGE < 30 OR QA09\_A4 = 1 (AGE 18-29) AND QA09\_A16 = 1 (MARRIED) AND QA09\_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA09\_G13;  
 IF AAGE < 30 OR QA09\_A4 = 1 (AGE 18-29) AND QA09\_A16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09\_G13;  
 IF AAGE < 30 OR QA09\_A4 = 1 (AGE 18-29) AND QA09\_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09\_G13;  
 ELSE GO TO QA09\_G14

**QA09\_G13** Are you now living with either of your parents?  
*¿Está usted viviendo ahora con su padre o con su madre?*

**AH43A**

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

**PROGRAMMING NOTE QA09\_G14:**

IF COMPLETED CHILD 1<sup>ST</sup> INTERVIEW, SKIP TO QA09\_G20;  
 ELSE CONTINUE WITH QA09\_G14

**QA09\_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, que vive en este hogar?*

**SC12**

YES .....	1	
NO .....	2	[GO TO QA09_G22]
REFUSED .....	-7	[GO TO QA09_G22]
DON'T KNOW .....	-8	[GO TO QA09_G22]

**QA09\_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?"]

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

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

**QA09\_G16** Is (CHILD) ...  
*¿Tiene (CHILD)...*

**SC15A**

- |                            |    |                 |
|----------------------------|----|-----------------|
| 0 To 11 years old or ..... | 1  | [CODE AS CHILD] |
| 0 a 11 años de edad .....  | 1  |                 |
| 12 To 17 years old? .....  | 2  | [CODE AS TEEN]  |
| 12 a 17 años de edad ..... | 2  |                 |
| REFUSED .....              | -7 | [CODE AS TEEN]  |
| DON'T KNOW .....           | -8 | [CODE AS TEEN]  |

**QA09\_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?  
*¿Hemos omitido algunos niños menores de 18 años que normalmente viven aquí pero que están fuera del hogar temporalmente?*

**SC13**

- |  |   |                       |
|--|---|-----------------------|
| NO ONE MISSED -- ROSTER IS CORRECT ..... | 1 |                       |
| RETURN TO ROSTER .....                   | 2 | [GO BACK TO QA09_G15] |

**PROGRAMMING NOTE QA09\_G18:**  
**IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA09\_G18 ABOUT EACH PERSON UNDER 18**

**QA09\_G18** Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?  
*¿Es usted uno de los padres o guardián legales de {NOMBRE/EDAD/SEXO}?*

**SC14A**

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

**PROGRAMMING NOTE QA09\_G19:**

**IF ANY PEOPLE IN HH UNDER AGE 18 AND [QA09\_G11 = 1 OR QA09\_A16 =2], ASK QA09\_G19 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;  
ELSE SKIP TO QA09\_G20**

**QA09\_G19** Is (NAME/AGE/SEX) the parent or legal guardian of (NAME/AGE/SEX)?  
*¿Es {NAME/AGE/SEX} uno de los padres o guardianes legales de (NAME/AGE/SEX)?*

**SC14B**

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

**PROGRAMMING NOTE QA09\_G20:**

**IF QA09\_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA09\_G15 ARE AGE 13 OR LESS, CONTINUE WITH QA09\_G20;  
ELSE GO TO QA09\_G22;**  
**IF ANY CHILD IN ROSTER QA09\_G15 < 14 AND ≥ 14 DISPLAY “niño/a menor de 14 años”;  
IF QA09\_A16 = 1 (MARRIED) AND QA09\_G11 =1 (SPOUSE LIVING IN HH), DISPLAY “usted o su esposo/a”;  
IF QA09\_A16 = 2 (LIVING WITH PARTNER), DISPLAY “usted o su compañero /a”;  
ELSE DISPLAY “usted”**

**QA09\_G20** In the past month, did you use any paid childcare {for any children under age 14} 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 {para niño/a menor de 14 años} mientras {usted o su esposo(a)/compañero(a)/ usted} 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 QA09_G22]
REFUSED .....	-7	[GO TO QA09_G22]
DON'T KNOW .....	-8	[GO TO QA09_G22]

**QA09\_G21** 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 paid in a typical week last month. (You or any other adult in your household)"]

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

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

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

NO PAYMENT IN LAST MONTH OR WEEK .....3

REFUSED ..... -7

DON'T KNOW ..... -8

**QA09\_G22** 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 crédito?*

**AH47**

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

**QA09\_G23** Did you ever serve on active duty in the Armed Forces of the United States?  
*¿Ha estado usted alguna vez en el servicio militar activo en las Fuerzas Armadas de los Estados Unidos?*

**AG22**

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

[GO TO QA09\_G26]  
[GO TO QA09\_G26]  
[GO TO QA09\_G26]

**QA09\_G24** When did you serve?  
*¿Cuándo estuvo en las Fuerzas Armadas?*

**AG23**

FROM \_\_\_\_\_ TO \_\_\_\_\_

OR

**[CHECK ALL THAT APPLY]**

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

**QA09\_G25** Altogether, how long did you serve?  
*En total, ¿cuánto tiempo estuvo en las Fuerzas Armadas?*

**AG25**

\_\_\_\_\_ YEARS

\_\_\_\_\_ MONTHS

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

**QA09\_G26** 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
<i>Trabajó en un empleo o negocio, .....</i>	1
With a job or business but not at work,.....	2
<i>Con empleo o negocio pero no trabajó,.....</i>	2
Looking for work, or .....	3
<i>Buscó trabajo, o .....</i>	3
Not working at a job or business?.....	4
<i>No trabajó en un empleo o negocio?.....</i>	4
REFUSED .....	-7
DON'T KNOW .....	-8

**[GO TO QA09\_G30]****[GO TO QA09\_G30]****[GO TO QA09\_G30]**

**QA09\_G27** 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
DISABLED .....	6
UNABLE TO WORK TEMPORARILY.....	7
ON LAYOFF OR STRIKE .....	8
ON FAMILY OR MATERNITY LEAVE .....	9
OFF SEASON .....	10
SICK.....	11
OTHER.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

[GO TO PN QA09\_G29]  
 [GO TO PN QA09\_G29]

**QA09\_G28** Do you usually work?  
 ¿Trabaja usted generalmente?

**AG10**

[IF NEEDED, SAY: "Have you worked for pay in the past 12 months?"]  
 [IF NEEDED, SAY: "¿Ha trabajado por paga en los últimos 12 meses?"]

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

**PROGRAMMING NOTE QA09\_G29:**

IF AAGE = -7 OR -8 OR AAGE < 65 AND QA09\_G28 = 2 (NO) CONTINUE WITH QA09\_G29;  
 IF AAGE = -7 OR -8 OR AAGE < 65 AND QA09\_G27 = 5 (RETIRED) OR 6 (DISABLED) CONTINUE WITH  
 QA09\_G29;  
 ELSE GO TO PROGRAMMING NOTE QA09\_G30

**QA09\_G29** Are you receiving Social Security Disability Insurance or SSDI?  
 ¿Recibe usted Ingreso de Seguro Social por Incapacidad (o SSDI)?

**AL22**

YES .....	1	[GO TO PN QA09_G31]
NO .....	2	[GO TO PN QA09_G31]
REFUSED .....	-7	[GO TO PN QA09_G31]
DON'T KNOW .....	-8	[GO TO PN QA09_G31]

**PROGRAMMING NOTE QA09\_G30:**

**IF QA09\_G26 = 1, 2, -7, OR -8 OR QA09\_G28 = 1, CONTINUE WITH QA09\_G30;  
ELSE GO TO PROGRAMMING NOTE QA09\_G31**

**QA09\_G30** In 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
GOVERNMENT .....	2
SELF-EMPLOYED .....	3
FAMILY BUSINESS OR FARM .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_G31:**

**IF QA09\_A16 = 1 (MARRIED), CONTINUE WITH QA09\_G31;  
ELSE GO TO QA09\_H1**

**QA09\_G31** Which of the following was your spouse doing last week?  
*¿Cual de los siguientes hizo la semana pasada su esposo(a)?*

**AG8**

Working at a job or business,.....	1	[GO TO QA09_G33]
<i>Trabajó en un empleo o negocio, .....</i>	1	
With a job or business but not at work,.....	2	[GO TO QA09_G33]
<i>Con empleo o negocio pero no trabajó,.....</i>	2	
Looking for work, or .....	3	
<i>Buscó trabajo, o .....</i>	3	
Not working at a job/business? .....	4	
<i>No trabajó en un empleo o negocio? .....</i>	4	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_G32** Does your spouse usually work?  
*¿Trabaja su esposo(a) generalmente?*

**AG11**

YES .....	1	
NO .....	2	[GO TO QA09_H1]
LOOKING FOR WORK.....	3	[GO TO QA09_H1]
REFUSED .....	-7	[GO TO QA09_H1]
DON'T KNOW .....	-8	[GO TO QA09_H1]

**QA09\_G33** In 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, 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
GOVERNMENT .....	2
SELF-EMPLOYED .....	3
FAMILY BUSINESS OR FARM .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

## Section H – Health Insurance

**QA09\_H1**

The next topics are about health insurance and health care.

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

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

**AH1**

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

YES .....	1	
NO .....	2	[GO TO QA09_H3]
DOCTOR/MY DOCTOR .....	3	
KAISER .....	4	
MORE THAN ONE PLACE .....	5	
REFUSED .....	-7	[GO TO QA09_H3]
DON'T KNOW .....	-8	[GO TO QA09_H3]

**PROGRAMMING NOTE QA09\_H2:**

IF QA09\_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF QA09\_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF QA09\_H1 = 4 (KAISER) CIRCLE "1" FOR QA09\_H2 AND GO TO QA09\_H3

**QA09\_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 HMO .....	1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC .....	2
EMERGENCY ROOM.....	3
SOME OTHER PLACE (SPECIFY: _____) ...	91
NO ONE PLACE .....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_H3:**

**IF QA09\_B6 = 1 OR QA09\_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA09\_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA09\_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA09\_H4;  
ELSE CONTINUE WITH QA09\_H3**

**QA09\_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 emergencias para su propia salud?*

**AH12**

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

**QA09\_H4** MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities.

*MediCARE es un programa de seguro de salud para personas de 65 años o más o para personas con ciertas incapacidades.*

At this time, are you covered by MediCARE?

*En este momento, ¿está usted cubierto(a) por Medicare?*

**AI1**

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

YES .....	1	<b>[GO TO QA09_H7]</b>
NO .....	2	
REFUSED .....	-7	<b>[GO TO QA09_H14]</b>
DON'T KNOW .....	-8	<b>[GO TO QA09_H14]</b>

**POST-NOTE QA09\_H4:**

**IF QA09\_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA09\_H5:**

**IF [AAGE > 64 OR QA09\_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA09\_H4= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA09\_H5;  
ELSE GO TO PROGRAMMING NOTE QA09\_H7**

**QA09\_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 aún cuando usted me dijo anteriormente que tiene 65 años o es mayor?*

**AI2**

CORRECT, NOT COVERED BY MEDICARE .....	1	<b>[GO TO PN QA09_H14]</b>
NOT CORRECT, R IS COVERED BY MEDICARE ..	2	<b>[GO TO PN QA09_H7]</b>
AGE IS INCORRECT .....	93	
REFUSED .....	-7	<b>[GO TO PN QA09_H14]</b>
DON'T KNOW .....	-8	<b>[GO TO PN QA09_H14]</b>

**POST-NOTE QA09\_H5:****IF QA09\_H5 =2, SET ARMCARE = 1 AND SET ARINSURE = 1**

**QA09\_H6** What is your age, please?  
*¿Cuál es su edad, por favor?*

**AI3**

\_\_\_\_ YEARS OF AGE [HR: 18-105]

**[GO TO PN QA09\_H14]**

REFUSED ..... -7 **[GO TO PN QA09\_H14]**  
 DON'T KNOW ..... -8 **[GO TO PN QA09\_H14]**

**POST NOTE QA09\_H6: AIDATE****SET AIDATE = CURRENT DATE (YYYYMMDD);****SET AAGE = QA09\_H6;****IF AAGE < 18, CODE AS IA AND TERMINATE****PROGRAMMING NOTE QA09\_H7:****IF ARMCARE = 1, CONTINUE WITH QA09\_H7;  
 ELSE GO TO PROGRAMMING NOTE QA09\_H14**

**QA09\_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, tiene que recibir normalmente atención médica de la HMO o no se cubrirán los gastos, a menos que hubiera una emergencia médica."]

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

YES .....	.1	
NO .....	.2	<b>[GO TO QA09_H9]</b>
REFUSED .....	-7	<b>[GO TO QA09_H9]</b>
DON'T KNOW .....	-8	<b>[GO TO QA09_H9]</b>

**POST-NOTE QA09\_H7:****IF QA09\_H7 = 1, SET ARMHMO = 1**

**QA09\_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 QA09\_H8:  
ALL ANSWERS GO TO PROGRAMMING NOTE QA09\_H10**

**QA09\_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 son elegibles para Medicare, también tienen un seguro que a veces se llama Medigap o póliza suplementaria de Medicare. ¿Tiene usted también este tipo de seguro?*

**A14**

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

[GO TO QA09\_H14]

[GO TO QA09\_H14]

[GO TO QA09\_H14]

**POST-NOTE FOR QA09\_H9:****IF QA09\_H9 = 1, SET ARSUPP = 1****PROGRAMMING NOTE QA09\_H10:**

**IF QA09\_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA09\_H10 AND DISPLAY "MediCARE HMO";  
IF QA09\_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA09\_H10 AND DISPLAY "Plan Suplemental  
MediCARE";  
ELSE GO TO PROGRAMMING NOTE QA09\_H14**

**QA09\_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 {MediCARE HMO/ Plan Suplemental 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.*"]

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

- QA09\_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 cada vez que va al médico o usa el sistema de atención médica, mientras que un plan de salud 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 de su plan de seguro de salud.*"]

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

- QA09\_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 PN QA09_H14]
REFUSED .....	-7	[GO TO PN QA09_H14]
DON'T KNOW .....	-8	[GO TO PN QA09_H14]

**QA09\_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?*"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "*¿Algún más?*"]

CURRENT EMPLOYER .....	1
FORMER EMPLOYER .....	2
UNION.....	3
SPOUSE'S CURRENT EMPLOYER .....	4
SPOUSE'S FORMER EMPLOYER .....	5
PROFESSIONAL/FRATERNAL ORGANIZATION ...	6
MEDICAID/MEDI-CAL ASSISTANCE .....	7
HEALTHY FAMILIES .....	8
OTHER.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE FOR QA09\_H13:**

IF QA09\_H13 = 7, SET ARMCAL = 1;

IF QA09\_H13 = 8, SET ARHFAM = 1

**PROGRAMMING NOTE QA09\_H14:**

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

ELSE DISPLAY "Are you"

**QA09\_H14** {Is it correct that you are/Are you} covered by Medi-CAL?  
*{¿Es cierto que/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.*"]

YES .....	1	[GO TO QA09_H16]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE FOR QA09\_H14:**

IF QA09\_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF ARMCAL = 1 AND QA09\_H14 = 2, SET ARMCAL = 0

**PROGRAMMING NOTE QA09\_H15:**

**IF AAGE > 18 OR [QA09\_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO PN QA09\_H16;**  
**ELSE IF [AAGE = 18 OR QA09\_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA09\_H15 AND DISPLAY "Is it correct, then, that you are";**  
**ELSE IF [AAGE = 18 OR QA09\_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA09\_H15 AND DISPLAY: "Are you"**

**QA09\_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.*"]

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

**POST-NOTE FOR QA09\_H15:**

**IF QA09\_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;**  
**IF ARHFAM = 1 AND QA09\_H15 = 2, SET ARHFAM = 0**

**PROGRAMMING NOTE QA09\_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"**

**QA09\_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/ plan Medicare HMO que me mencionó,} ¿Está usted cubierto(a) por un plan de seguro de salud o HMO a través de {un empleador/su propio 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?"]

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

**POST-NOTE FOR QA09\_H16:**

**IF QA09\_H16 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA09\_H17:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER),  
CONTINUE WITH QA09\_H17;  
ELSE GO TO QA09\_H18**

**QA09\_H17** 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?*

**AI11**

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

[IF NEEDED, SAY: "*No incluya un plan que pague sólo por ciertas enfermedades tales como cáncer o derrame cerebral o que solamente dé "dinero extra" si usted está hospitalizado.*"]

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

**POST-NOTE FOR QA09\_H17:**

**IF QA09\_H17 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE FOR QA09\_H18:**

**IF QA09\_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09\_H17 = 1 (PURCHASED OWN COVERAGE),  
CONTINUE WITH QA09\_H18;  
ELSE GO TO PROGRAMMING NOTE QA09\_H23**

**QA09\_H18** Was this plan obtained in your own name or in the name of someone else?

*¿Se obtuvo este plan a nombre suyo o a nombre de otra persona?*

**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 NAME .....	1	[GO TO PN QA09_H20]
IN SOMEONE ELSE'S NAME .....	2	
REFUSED .....	-7	[GO TO PN QA09_H20]
DON'T KNOW .....	-8	[GO TO PN QA09_H20]

**POST-NOTE FOR QA09\_H18:**

**IF QA09\_H16 = 1 AND QA09\_H18 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;  
IF QA09\_H16 = 1 AND QA09\_H18 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;  
IF QA09\_H17 = 1 AND QA09\_H18 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;  
IF QA09\_H17 = 1 AND QA09\_H18 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1**

**PROGRAMMING NOTE QA09\_H19:**

IF QA09\_A16 = 1 (R HAS SPOUSE) OR IF QA09\_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 25,  
CONTINUE WITH QA09\_H19;  
ELSE GO TO PROGRAMMING NOTE QA09\_H20;  
IF QA09\_A16 = 1 AND R IS MALE, DISPLAY "esposa";  
IF QA09\_A16 = 1 AND R IS FEMALE, DISPLAY "esposo";  
IF QA09\_G13 = 1 OR AAGE < 25, DISPLAY "padres";  
IF QA09\_A16 = 1 AND QA09\_G13 = 1, DISPLAY "o"

**QA09\_H19** Is the plan in your {husband's/wife's} {or} {parent's} name?  
*¿Está el plan a nombre de su {esposo/esposa} {o} {padres}?*

**AI9A**

IN HUSBAND'S/WIFE NAME .....	1
IN PARENT'S NAME .....	2
IN SOMEONE ELSE'S NAME .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE FOR QA09\_H19:**

IF QA09\_H16 = 1 AND QA09\_H19 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;  
 IF QA09\_H16 = 1 AND QA09\_H19 = 2 SET AREMPAR =1 AND AREMPOTH = 0;  
 IF QA09\_H17 = 1 AND QA09\_H19 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;  
 IF QA09\_H17 = 1 AND QA09\_H19 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

**PROGRAMMING NOTE QA09\_H20:**

IF QA09\_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09\_H17 = 1 (PURCHASED OWN COVERAGE),  
CONTINUE WITH QA09\_H20;  
ELSE GO TO PROGRAMMING NOTE QA09\_H23

**QA09\_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 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 cada vez que va al médico o usa el sistema de atención médica, mientras que un plan de salud 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 de su plan de seguro de salud."]

YES .....

1

NO .....

2

REFUSED .....

-7

DON'T KNOW .....

-8

[GO TO PN QA09\_H22]

**QA09\_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**

YES .....	1	
NO .....	2	[GO TO PN QA09_H23]
REFUSED .....	-7	[GO TO PN QA09_H23]
DON'T KNOW .....	-8	[GO TO PN QA09_H23]

**PROGRAMMING NOTE QA09\_H22:**

**IF QA09\_H20 = 2 THEN DISPLAY** “Quién más paga todo o una parte el costo de este plan de salud”; **ELSE DISPLAY** “Quién paga por cualquier parte del costo de ese plan”

**QA09\_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 más paga todo o una parte del costo de este plan de salud/Quién paga por cualquier parte del costo de ese plan}?*

**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?"]

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “¿Algún otro?”]

CURRENT EMPLOYER .....	1
FORMER EMPLOYER .....	2
UNION.....	3
SPOUSE'S CURRENT EMPLOYER .....	4
SPOUSE'S FORMER EMPLOYER .....	5
PROFESSIONAL/FRATERNAL ORGANIZATION ...	6
MEDICAID/MEDI-CAL ASSISTANCE .....	7
HEALTHY FAMILIES .....	8
MEDICARE .....	9
HEALTHY KIDS .....	10
OTHER.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_H22:**

IF QA09\_H22 = 1, 2, OR 3, THEN SET AREMPOWN = 1;  
 IF QA09\_H22 = 4 OR 5, THEN SET AREMPSP = 1;  
 IF QA09\_H22 = 6, THEN SET AROTHER = 1;  
 IF QA09\_H22 = 10, THEN SET ARHKID = 1;  
 IF QA09\_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;  
 IF QA09\_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;  
 IF QA09\_H22 = 8, SET ARHFAM = 1 AND SET ARDIRECT = 0;  
 IF QA09\_H22 = 91, THEN SET AROTHER = 1

**PROGRAMMING NOTE QA09\_H23:**

IF [QA09\_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA09\_G28 = 1 (R USUALLY WORKS)] AND  
 QA09\_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE),  
 CONTINUE WITH QA09\_H23;  
 ELSE GO TO PROGRAMMING NOTE QA09\_H27

**QA09\_H23** Does your employer offer health insurance to any of its employees?  
*¿Ofrece su empleador seguro de salud a alguno de sus empleados?*

**AI13**

YES .....	1	
NO .....	2	[GO TO PN QA09_H27]
REFUSED .....	-7	[GO TO PN QA09_H27]
DON'T KNOW .....	-8	[GO TO PN QA09_H27]

**QA09\_H24** Are you eligible to be in this plan?  
*¿Califica usted para este plan?*

**AI14**

YES .....	1	
NO .....	2	[GO TO QA09_H26]
REFUSED .....	-7	[GO TO PN QA09_H27]
DON'T KNOW .....	-8	

**QA09\_H25** What is the one main reason why you aren't in this plan?  
*¿Cuál es la razón principal por la cual usted no puede estar inscrito en este plan?*

**AI15**

COVERED BY ANOTHER PLAN .....	1	[GO TO PN QA09_H27]
TOO EXPENSIVE .....	2	[GO TO PN QA09_H27]
DIDN'T LIKE PLAN OFFERED .....	3	[GO TO PN QA09_H27]
DON'T NEED OR BELIEVE IN HEALTH INSURANCE.....	4	[GO TO PN QA09_H27]
OTHER (SPECIFY: _____) .....	91	[GO TO PN QA09_H27]
REFUSED .....	-7	[GO TO PN QA09_H27]
DON'T KNOW .....	-8	[GO TO PN QA09_H27]

**QA09\_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 puede estar inscrito en este plan?*

**AI15A**

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

**PROGRAMMING NOTE QA09\_H27:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA09\_H27;  
ELSE GO TO PN QA09\_H28**

**QA09\_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**

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

**POST-NOTE QA09\_H27:  
IF QA09\_H27=1, SET ARMLIT = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA09\_H28:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND R\_AGE = 18, CONTINUE WITH QA09\_H28 AND DISPLAY "Healthy Kids";**

**IF COUNTY= SAN FRANCISCO AND AGE < 25, DISPLAY "Healthy Kids y Young Adults";**

**IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO AND AGE = 18, DISPLAY "Healthy Kids, Healthy Futures";**

**ELSE GO TO PNPROGRAMMING NOTE QA09\_H29**

**QA09\_H28** 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 y 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 y Young Adults/Healthy Kids, Healthy Futures} es un programa para niños de su condado.]

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

**POST-NOTE QA09\_H28:**

**IF QA09\_H28 = 1, SET ARHKID = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA09\_H29:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA09\_H29;**

**ELSE GO TO PROGRAMMING NOTE QA09\_H31**

**QA09\_H29** 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?*

**AI17**

[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 para asuntos relacionados con la reproducción y los anticonceptivos dirigidos a para mujeres y a hombres de bajos ingresos que no tienen seguro"]

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

[GO TO PN QA09_H31]
[GO TO PN QA09_H31]
[GO TO PN QA09_H31]

**POST-NOTE QA09\_H29:****IF QA09\_H29 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1**

**QA09\_H30** ASK IF NECESSARY: "What is the name of this program?"  
 ASK IF NECESSARY: "*¿Cuál es el nombre de este plan?*"

**AI17A**

AIM.....	1
MRMIP ("Mister Mip").....	2
FAMILY PACT.....	3
OTHER (SPECIFY: _____).....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_H31:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEATHLY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA09\_H31;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H35**

**QA09\_H31** 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	[GO TO PN QA09_H35]
NO .....	2	[GO TO PN QA09_H35]
REFUSED .....	-7	[GO TO PN QA09_H35]
DON'T KNOW .....	-8	[GO TO PN QA09_H35]

**QA09\_H32** What type of health insurance do you have?  
*¿Qué tipo de seguro médico tiene?*

**AI19**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]  
 [IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Consiguió usted este plan a través de un empleador/ sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial, un otra organización, o directamente del plan de salud?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .....	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION.....	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) .....	3
MEDICARE .....	4
MEDI-CAL .....	5
HEALTHY FAMILIES .....	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE .....	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC .....	8
HEALTHY KIDS .....	9
OTHER GOVERNMENT HEALTH PLAN .....	91
OTHER NON-GOVERNMENT HEALTH PLAN....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_H32:**

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IF QA09_H32 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 8, SET ARIHS = 1;
IF QA09_H32 = 9, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1
  
```

**PROGRAMMING NOTE QA09\_H33:**

**IF QA09\_H32 = 1, 2, OR 3 CONTINUE WITH QA09\_H33;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H35**

**QA09\_H33** 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 NAME .....	1	[GO TO PN QA09_H35]
IN SOMEONE ELSE'S NAME .....	2	
REFUSED .....	-7	[GO TO PN QA09_H35]
DON'T KNOW .....	-8	[GO TO PN QA09_H35]

**POST-NOTE QA09\_H33:**

**IF [QA09\_H32 = 1 OR 2] AND QA09\_H33 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;**  
**IF QA09\_H32 = 3 AND QA09\_H33 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;**  
**IF [QA09\_H32 = 1 OR 2] AND QA09\_H33 = 2, -7, OR -8 SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;**  
**IF QA09\_H32 = 3 AND QA09\_H33 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA09\_H34:**

**IF QA09\_A16 = 1 (R HAS SPOUSE) OR IF QA09\_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 25, CONTINUE WITH QA09\_H34;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H34 AND;**  
**IF QA09\_A16 = 1 AND R IS MALE, DISPLAY "wife's";**  
**IF QA09\_A16 = 1 AND R IS FEMALE, DISPLAY "husband's";**  
**IF QA09\_G13 = 1, DISPLAY "parent's";**  
**IF QA09\_A16 = 1 AND QA09\_G13 = 1, DISPLAY "or";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H35**

**QA09\_H34** Is the plan in your {husband's/wife's} {or} {parent's} name?

*¿Está el plan a nombre de su {esposo/esposa} {o} {padres}?*

**AH60**

IN HUSBAND'S/WIFE'S NAME .....	1
IN PARENT'S NAME .....	2
IN SOMEONE ELSE'S NAME .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_H34:**

**IF QA09\_H34 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;**  
**IF QA09\_H34 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0**

**PROGRAMMING NOTE QA09\_H35:**

**IF ARIHS ≠ 1 AND QA09\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA09\_H35;  
ELSE GO TO PROGRAMMING NOTE QA09\_H36\_INTRO**

**QA09\_H35** 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**

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

**POST-NOTE QA09\_H35:**

**IF QA09\_H35 = 1, SET ARIHS = 1**

**PROGRAMMING NOTE QA09\_H36\_INTRO:**

**IF QA09\_A16 = 1 (MARRIED) AND QA09\_G11 = 1 (LIVING WITH A PARTNER) CONTINUE WITH  
QA09\_H36\_INTRO;  
ELSE GO TO PROGRAMMING NOTE QA09\_H56**

**QA09\_H36\_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 QA09\_H36:**

**IF SPOUSE 65 OR OLDER THEN**

**IF ARMCARE ≠ 1, CONTINUE WITH QA09\_H36 WITHOUT DISPLAY**

**ELSE IF ARMCARE = 1, CONTINUE WITH QA09\_H36 AND DISPLAY "You said that you are  
covered by Medicare." AND "also";**

**ELSE GO TO PROGRAMMING NOTE QA09\_H39**

**QA09\_H36** {You said that you are covered by Medicare.} Is (SPOUSE) {also} covered by Medicare?  
*{Usted dijo que está cubierto(a) por Medicare.} ¿Está su {esposo/a} cubierto(a) también por Medicare?*

**AI37**

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

**POST-NOTE QA09\_H36:**

**IF QA09\_H36 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA09\_H37:**

IF QA09\_H36 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA09\_H37 WITHOUT DISPLAY;  
 ELSE IF QA09\_H36 = 1 AND ARMHMO = 1, CONTINUE WITH QA09\_H37 AND DISPLAY "You said that your Medicare coverage is provided through an HMO." AND "also";  
 IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN  
 CONTINUE WITH QA09\_H37 AND IF QA09\_A5 = 1 (MALE) DISPLAY "wife"; IF QA09\_A5 = 2 (FEMALE)  
 DISPLAY "husband"; ELSE DISPLAY "spouse";  
 ELSE GO TO PROGRAMMING NOTE QA09\_H38

**QA09\_H37** {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/esposa} a través de una HMO?*

**AH61**

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

**POST-NOTE QA09\_H37:**

IF QA09\_H37 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA09\_H38:**

IF SPHMO = 1, THEN SKIP TO PN QA09\_H39;  
 ELSE IF QA09\_H36 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA09\_H38 WITHOUT DISPLAY;  
 ELSE IF QA09\_H36 = 1 AND ARSUPP = 1, CONTINUE WITH QA09\_H38 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  
 CONTINUE WITH QA09\_H38 AND IF QA09\_A5 = 1 (MALE) DISPLAY "wife"; IF QA09\_A5 = 2 (FEMALE)  
 DISPLAY "husband"; ELSE DISPLAY "spouse";  
 ELSE GO TO PROGRAMMING NOTE QA09\_H39

**QA09\_H38** {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.} ¿{Tambien} tiene su {esposo/esposa} seguro como suplemento de Medicare?*

**AI37A**

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

**POST-NOTE QA09\_H38:**

IF QA09\_H38 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA09\_H39:**

**IF ARMCAL = 1, CONTINUE WITH QA09\_H39;**  
**IF ARMCARE = 1, THEN DISPLAY "also";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H40**

**QA09\_H39** You said you {also} have Medi-Cal. Is (SPOUSE) also covered by Medi-Cal?  
*Usted dijo que {también} tenía Medi-Cal. ¿Está {esposo/a} cubierto(a) también por Medi-Cal?*

**AI38**

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

**POST-NOTE QA09\_H39:**

**IF QA09\_H39 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA09\_H40:**

**IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA09\_H40;**  
**IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H41**

**QA09\_H40** You said you {also} have Healthy Families. Is (SPOUSE) also covered by Healthy Families?  
*Usted dijo que {también} tiene "Healthy Families." ¿Está {esposo/a} cubierto(a) también por Healthy Families?*

**AI39**

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

**POST-NOTE QA09\_H40:**

**IF QA09\_H40 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA09\_H41:**

**IF AREMPOWN = 1, CONTINUE WITH QA09\_H41;**  
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H42**

**QA09\_H41** You said you have insurance from your current or former employer or union. Is (SPOUSE) {also} covered by the insurance from your employer?

*Usted dijo que tiene seguro a través de su empleador o sindicato actual o antiguo. ¿Está su {esposo/a} cubierto/a {también} por el seguro que usted tiene a través de su empleador?*

**AI40**

YES .....	1	[GO TO PN QA09_H43]
NO .....	2	
OTHER .....	3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_H41:**

**IF QA09\_H41 = 1, SET SPEMPPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

**PROGRAMMING NOTE QA09\_H42:**

**IF QA09\_G31 = 1 OR 2 (SPOUSE EMPLOYED) OR QA09\_G32 = 1 (USUALLY WORKS), CONTINUE WITH QA09\_H42;**  
**IF AREMPSP = 1, DISPLAY "You said you have insurance from your spouse's employer or union.;"**  
**IF SPINSURE = 1, THEN DISPLAY "also";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H43**

**QA09\_H42** {You said you have insurance from your spouse's employer or union.} Does (SPOUSE) {also} have coverage through {his/her} own employer?  
*{Usted dijo que tiene seguro a través del empleador o sindicato de su {esposo/esposa}.} ¿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 QA09\_H42:**

**IF QA09\_H42 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA09\_H43:**

**IF ARDIRECT = 1, CONTINUE WITH QA09\_H43;**  
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H44**

**QA09\_H43** You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE) {also} covered by this plan?  
*Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros.*  
*¿Está su {esposo/a} cubierto(a) {también} por este plan?*

**AI41**

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

**POST-NOTE QA09\_H43:**

**IF QA09\_H43 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

**PROGRAMMING NOTE QA09\_H44:**

**IF ARMILIT = 1, CONTINUE WITH QA09\_H44;**  
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "también";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H45**

**QA09\_H44** You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE) 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 su {esposo/a}*  
*cubierto(a) también por este plan?*

**AI42**

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

**POST-NOTE QA09\_H44:**

**IF QA09\_H44 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

**PROGRAMMING NOTE QA09\_H45:**

**IF AROTHGOV = 1, CONTINUE WITH QA09\_H45;**  
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "también";**  
**ELSE GO TO PROGRAMMING NOTE QA09\_H46**

**QA09\_H45** You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is (SPOUSE) 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 su {esposo/a} cubierto(a) también por este plan?*

**AI42A**

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

**POST-NOTE QA09\_H45:****IF QA09\_H45 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1****PROGRAMMING NOTE QA09\_H46:****IF SPINSURE ≠ 1, DISPLAY “algún”;  
ELSE DISPLAY “a través de alguna otra fuente”**

**QA09\_H46** Does (SPOUSE) have {any} health insurance coverage {through any other source}?  
*¿Tiene su {esposo/a} {algún} seguro de salud {a través de alguna otra fuente}?*

**AI46**

YES .....	1	
NO .....	2	[GO TO QA09_H48]
REFUSED .....	-7	[GO TO QA09_H52]
DON'T KNOW .....	-8	[GO TO QA09_H52]

**QA09\_H47** What type of health insurance does {he/she} have?  
*¿Qué tipo de seguro médico 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 comprado directamente de un plan de salud.*"]

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

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

THROUGH CURRENT OR FORMER EMPLOYER/UNION .....	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION .....	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) .....	3
MEDICARE .....	4
MEDI-CAL .....	5
HEALTHY FAMILIES .....	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE .....	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC .....	8
HEALTHY KIDS .....	9
OTHER GOVERNMENT HEALTH PLAN .....	91
OTHER NON-GOVERNMENT HEALTH PLAN....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_H47:**

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IF QA09_H47 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 8, SET SPIHS = 1;
IF QA09_H47 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1

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**PROGRAMMING NOTE QA09\_H48:****IF SPINSURE ≠ 1, CONTINUE WITH QA09\_H48;****ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA09\_H50;****ELSE GO TO PROGRAMMING NOTE QA09\_H52**

**QA09\_H48** You said that (SPOUSE) has no health insurance from any source. Is this correct?  
*Usted dijo que su {esposo/a} no tiene seguro de salud de ninguna fuente. ¿Correcto?*

**AI48**

YES .....	1	[GO TO PN QA09_H52]
NO .....	2	
REFUSED .....	-7	[GO TO PN QA09_H52]
DON'T KNOW .....	-8	[GO TO PN QA09_H52]

**QA09\_H49** What type of health insurance does {he/she} have?  
*¿Qué tipo de seguro médico 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 anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?"]

EMPLOYER/UNION .....	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION .....	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) .....	3
MEDICARE .....	4
MEDI-CAL .....	5
HEALTHY FAMILIES .....	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE .....	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC .....	8
HEALTHY KIDS .....	9
OTHER GOVERNMENT HEALTH PLAN .....	91
OTHER NON-GOVERNMENT HEALTH PLAN .....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_H49:**

IF QA09\_H49 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 8, SET SPIHS = 1;  
 IF QA09\_H49 = 9, SET SPKID = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;  
 IF QA09\_H49 = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA09\_H50:**

IF QA09\_H47 = 1, 2, OR 3 OR QA09\_H49 = 1, 2, OR 3 THEN CONTINUE WITH QA09\_H50;  
 ELSE SKIP TO QA09\_H52

**QA09\_H50** 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 PN QA09_H52]
IN SOMEONE ELSE'S NAME .....	2	
REFUSED .....	-7	[GO TO PN QA09_H52]
DON'T KNOW .....	-8	[GO TO PN QA09_H52]

**POST-NOTE QA09\_H50:**

IF QA09\_H50 = 1 (SPOUSE'S NAME), SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;

**QA09\_H51** 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 QA09\_H51:**

IF QA09\_H51 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;  
 IF QA09\_H51 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

**PROGRAMMING NOTE QA09\_H52:**

**IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA09\_H56;  
ELSE IF [QA09\_G31 = 1 OR 2 (SPOUSE EMPLOYED) OR QA09\_G32 = 1 (USUALLY WORKS)] AND  
QA09\_G33 ≠ 3 (SPOUSE NOT SELF EMPLOYED), CONTINUE WITH QA09\_H52;  
ELSE GO TO QA09\_H56**

**QA09\_H52** 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	[GO TO PN QA09_H56]
NO .....	2	[GO TO PN QA09_H56]
REFUSED .....	-7	[GO TO PN QA09_H56]
DON'T KNOW .....	-8	[GO TO PN QA09_H56]

**QA09\_H53** Is {he/she} eligible to be in this plan?  
*¿Califica {él/ella} para inscribirse en este plan?*

**AI44**

YES .....	1	[GO TO QA09_H55]
NO .....	2	[GO TO PN QA09_H56]
REFUSED .....	-7	[GO TO PN QA09_H56]
DON'T KNOW .....	-8	[GO TO PN QA09_H56]

**QA09\_H54** What is the ONE main reason why {he/she} isn't in this plan?  
*¿Cuál es la razón principal por la que {él/ella} no está inscrito(a) en este plan?*

**AI45**

COVERED BY ANOTHER PLAN .....	1	[GO TO PN QA09_H56]
TOO EXPENSIVE .....	2	[GO TO PN QA09_H56]
DOESN'T LIKE PLAN OFFERED .....	3	[GO TO PN QA09_H56]
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE .....	4	[GO TO PN QA09_H56]
OTHER (SPECIFY: _____) .....	91	[GO TO PN QA09_H56]
REFUSED .....	-7	[GO TO PN QA09_H56]
DON'T KNOW .....	-8	[GO TO PN QA09_H56]

**QA09\_H55** What is the one main reason why {he/she} is not eligible for this plan?  
*¿Cuál es la razón principal por la que {él/ella} no califica para inscribirse en este plan?*

**AI45A**

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

**PROGRAMMING NOTE QA09\_H56:**

**IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA09\_H58;**  
**IF ARHFAM = 1 OR ARHKID = 1; GO TO QA09\_H57;**  
**IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA09\_H56;**  
**IF QA09\_A16 = 1 (MARRIED) DISPLAY "Next, I have some questions about your own main health plan."**  
**IF ARMCAL = 1 DISPLAY "Medi-Cal"**  
**ELSE GO TO QA09\_H69**

**QA09\_H56** {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.*" ]

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

**PROGRAMMING NOTE QA09\_H57:**

**IF (ARMCAL = 1 AND QA09\_H55 = 1) OR (AROTHGOV = 1 AND QA09\_H30 = 1) THEN list HMO Medi-Cal by county;**  
**ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA09\_H56 = 1 THEN list HMO Healthy Families by county;**  
**ELSE IF QA09\_H56 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09\_H30 = 2)] THEN list HMO Commercial by county;**  
**ELSE IF QA09\_H56 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09\_H30 = 2)] THEN list Non-HMO by county**

**QA09\_H57** What is the name of your main health plan?  
*¿Cuál es el nombre de su plan de salud principal?*

**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 o algo más que tenga 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
Other .....	91
Other (SPECIFY: _____) .....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_H58:**

**IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA09\_A16 = 1 (R IS MARRIED), DISPLAY "Next I have some questions about your own main health plan."**

- QA09\_H58** {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.} ¿Está usted cubierto para las medicinas con receta? Es decir, ¿tiene algún plan que pague por alguna parte del costo de esas medicinas?*

**AI25**

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

**PROGRAMMING NOTE QA09\_H59:**

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN  
 CONTINUE WITH QA09\_H59;  
 ELSE GO TO QA09\_H62**

- QA09\_H59** 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.*"]

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

**QA09\_H60** 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.*"]

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

**PROGRAMMING NOTE QA09\_H61:**

**IF QA09\_H59 = 1 OR 3 OR QA09\_H60 = 1 OR 3, CONTINUE WITH QA09\_H61;**  
**ELSE SKIP TO QA09\_H62**

**QA09\_H61** 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.*"]

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

**QA09\_H62** 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**

YES .....	1	[GO TO PN QA09_H79]
NO .....	2	
REFUSED .....	-7	[GO TO QA09_H65]
DON'T KNOW .....	-8	

**QA09\_H63** 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**

YES .....	1	
NO .....	2	[GO TO QA09_H66]
REFUSED .....	-7	[GO TO QA09_H65]
DON'T KNOW .....	-8	[GO TO QA09_H65]

**QA09\_H64** Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

*Su otro seguro de salud, ¿era Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, o era otro plan?*

**AI33**

**[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	

**QA09\_H65** 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**

YES .....	1	
NO .....	2	[GO TO PN QA09_H79]
REFUSED .....	-7	[GO TO PN QA09_H79]
DON'T KNOW .....	-8	[GO TO PN QA09_H79]

**QA09\_H66** 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 PN QA09\_H79]

REFUSED .....	-7	[GO TO PN QA09_H79]
DON'T KNOW .....	-8	[GO TO PN QA09_H79]

**QA09\_H67** 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?*

**AI36**

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

**QA09\_H68** 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**

YES .....	1	[GO TO PN QA09_H75]
NO .....	2	[GO TO PN QA09_H75]
DON'T KNOW .....	-7	[GO TO PN QA09_H75]
DON'T KNOW .....	-8	[GO TO PN QA09_H75]

**QA09\_H69** 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?*

**AI24****[IF R SAYS NO NEED, PROBE WHY]**

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

**QA09\_H70** 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**

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

**QA09\_H71** 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**

YES .....	.1	[GO TO QA09_H73]
NO .....	.2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_H72** 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 AGO .....	.1
MORE THAN 3 YEARS AGO .....	.2
NEVER HAD HEALTH INSURANCE .....	.3
REFUSED .....	-7
DON'T KNOW .....	-8

[GO TO PN QA09\_H75]  
[GO TO PN QA09\_H75]  
[GO TO PN QA09\_H75]  
[GO TO PN QA09\_H75]  
[GO TO PN QA09\_H75]

**QA09\_H73** For how many months out of the last 12 months did you have health insurance?  
*¿Por cuántos meses tuvo usted seguro de salud en los últimos 12 meses?*

**AI29****[IF LESS THAN ONE MONTH, ENTER 0]**

\_\_\_\_\_ MONTHS [HR: 0-12]

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

**QA09\_H74** 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, Familias Saludables, 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 FAMILIES .....	.2
THROUGH CURRENT OR FORMER EMPLOYER OR UNION .....	.3
HEALTHY KIDS .....	.4
OTHER HEALTH PLAN.....	.91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE FOR QA09\_H75:**

**IF ARINSURE ≠ 1 OR QA09\_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), CONTINUE WITH QA09\_H75;  
 ELSE SKIP TO PROGRAMMING NOTE FOR QA09\_H79**

**QA09\_H75** During the past 12 months, were you a patient in a hospital overnight or longer?  
*Durante los últimos 12 meses, ¿fue usted paciente en un hospital durante la noche o por más largo tiempo?*

**AH14**

YES .....	.1	
NO .....	.2	<b>[GO TO QA09_H77]</b>
REFUSED .....	-7	<b>[GO TO QA09_H77]</b>
DON'T KNOW .....	-8	<b>[GO TO QA09_H77]</b>

**QA09\_H76** 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
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE FOR QA09\_H77:**

**IF [ARINSURE ≠ 1 OR QA09\_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA09\_A5 = 2 (FEMALE) AND [QA09\_E3 = 1 (PREGNANT) OR QA09\_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA09\_H77;  
ELSE SKIP TO PROGRAMMING NOTE FOR QA09\_H79**

**QA09\_H77** 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 QA09_H79]
REFUSED .....	-7	[GO TO QA09_H79]
DON'T KNOW .....	-8	[GO TO QA09_H79]

**QA09\_H78** Was it paid for by Medi-Cal?  
*¿Lo pagó Medi-Cal?*

**AH78**

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

**PROGRAMMING NOTE QA09\_H79:**

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 (CURRENTLY HAVE EMPLOYER-BASED COVERAGE) OR ARMCARE = 1 (CURRENTLY HAVE MEDICARE), CONTINUE WITH QA09\_H79;  
AND IF QA09\_H62 DO NOT DISPLAY “The following questions are about your current health plan.”  
ELSE IF ARMCAL = 1 (CURRENTLY HAVE MEDI-CAL) OR ARINSURE ≠ 1 (CURRENTLY UNINSURED),  
SKIP TO QA09\_H81;  
ELSE IF ARINSURE = 1 SKIP TO PROGRAMMING NOTE QA09\_I1**

**QA09\_H79** {The following questions are about your current health plan.}  
*{Las siguientes preguntas 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.”]

YES .....	1	
NO .....	2	[GO TO QA09_H81]
REFUSED .....	-7	[GO TO QA09_H81]
DON'T KNOW .....	-8	[GO TO QA09_H81]

**QA09\_H80** Did this happen in the past 12 months?  
*¿Sucedió esto durante los últimos 12 meses?*

**AH80**

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

**QA09\_H81** During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?  
*Durante los últimos 12 meses, ¿tuvo usted facturas médicas que no haya podido pagar, o haya tenido problemas para pagar, ya sean facturas suyas o de cualquier miembro de su familia?*

**AH81**

[IF NEEDED, SAY: "Dental bills should be included."]  
[IF NEEDED, SAY: "*Debe incluir también las facturas del dentista.*"]

YES .....	1	
NO .....	2	[GO TO PN QA09_I1]
REFUSED .....	-7	[GO TO PN QA09_I1]
DON'T KNOW .....	-8	[GO TO PN QA09_I1]

**QA09\_H82** What is the total amount of medical bills?  
*¿Cuál ha sido el total de facturas médicas?*

**AH83**

[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]  
[IF NEEDED, SAY: "*Las facturas pueden ser de años anteriores así como de este año.*"]

LESS THAN \$1,000 .....	1
\$1,000 TO LESS THAN \$2,000 .....	2
\$2,000 TO LESS THAN \$4,000 .....	3
\$4,000 TO LESS THAN \$8,000 .....	4
\$8,000 OR MORE .....	5
NONE .....	6
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_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
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_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
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_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
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_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
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_H87** Did you have to declare bankruptcy?

*¿Se declaró en bancarrota?*

**AH88**

[IF NEEDED, SAY: "Because of these medical bills."]

[IF NEEDED, SAY: "Debido a estas facturas médicas."]

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

## Section I – Child and Adolescent Health Insurance

**PROGRAMMING NOTE QA09\_I1:**

**IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA09\_I35 TO ASK ABOUT SELECTED ADOLESCENT;**  
**IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA09\_I2;**  
**ELSE CONTINUE WITH QA09\_I1**

**QA09\_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 QA09_I29]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I1:**

**IF QA09\_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA09\_I1 = 1 AND ARIHS = 1, SET CHIHS = 1**

**PROGRAMMING NOTE QA09\_I2:**

**IF SPINSURE ≠ 1, THEN SKIP TO QA09\_I3;**  
**ELSE IF QA09\_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA09\_I3;**  
**ELSE CONTINUE WITH QA09\_I2**

**QA09\_I2**

Does (CHILD) have the same insurance as {your spouse/your partner}?

*¿Tiene {CHILD} el mismo seguro que tiene {su esposo(a)/su compañero}?*

**MA1**

YES .....	1	[GO TO QA09_I18]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I2:**

IF QA09\_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPEMPAWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;  
 IF QA09\_I2 = 1 AND SPIHS = 1, SET CHIHS = 1

**QA09\_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.*"]

YES .....	1	[GO TO QA09_I5]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I3:**

IF QA09\_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

**QA09\_I4** Is (CHILD) covered by the Healthy Families Program?

*¿Esta {CHILD} cubierto(a) por el Programa de Familias Saludables?*

**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 ninos hasta los 19 anos de edad.*"]

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

**POST-NOTE QA09\_I4:**

IF QA09\_I4 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1

**QA09\_I5** Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?  
*¿Está cubierto(a) {CHILD} por un plan de seguro de salud o HMO a través del empleo o sindicato suyo o de alguna otra persona?*

**CF3**

YES .....	1	[GO TO QA09_I7]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I5:**  
**IF QA09\_I5 = 1, SET CHEMP = 1 AND CHINSURE = 1**

**QA09\_I6** 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 seguros o HMO? No incluya un plan que pague solamente por ciertas enfermedades como cáncer o derrame cerebral, o que sólo le da "dinero extra en efectivo" si usted está hospitalizado(a).*

**CF4**

YES .....	1	[GO TO PN QA09_I10]
NO .....	2	
REFUSED .....	-7	[GO TO PN QA09_I10]
DON'T KNOW .....	-8	[GO TO PN QA09_I10]

**POST-NOTE QA09\_I6:**  
**IF QA09\_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1**

**QA09\_I7** 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.*

**AI54**

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

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

**QA09\_I8** 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}?*

**AI50**

YES .....	.1	
NO .....	.2	[GO TO PN QA09_I10]
REFUSED .....	-7	[GO TO PN QA09_I10]
DON'T KNOW .....	-8	[GO TO PN QA09_I10]

**QA09\_I9** Who else pays all or some portion of the cost for (CHILD)'s health plan?  
*¿Quién más paga por todo o una parte del costo para el plan de salud de {CHILD}?*

**AI51**

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

**POST-NOTE QA09\_I9:**

IF QA09\_I9 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF QA09\_I9 = 8, SET CHHFAM = 1;

IF QA09\_I9 = 7, SET CHMCAL = 1

IF QA09\_I9 = 9, SET CHHKID = 1

**PROGRAMMING NOTE QA09\_I10:**

IF CHINSURE = 1, GO TO PN QA09\_I18;

ELSE CONTINUE WITH QA09\_I10

**QA09\_I10** 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**

YES .....	1	[GO TO PN QA09_I18]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I10:**

IF QA09\_I10 = 1, SET CHMILIT = 1 AND CHINSURE = 1

**PROGRAMMING NOTE QA09\_I11:**

**IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA09\_I13 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"**

**QA09\_I11** Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} program?  
*¿Está {él/ella} cubierto por el programa {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures}?*

**AI70**

[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 PN QA09_I18]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I11:**

**IF QA09\_I11 = 1, SET CHHKID = 1 AND SET CHINSURE = 1**

**QA09\_I12** Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else?  
*¿Está cubierto(a) {él/ella} por algún otro plan del gobierno, tal como AIM, "Mister MIP," o algún otro?*

**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, "Mister MIP" o MRMIP significa Programa de Seguro de Riesgo Médico Principal.**"]

AIM .....	1	[GO TO PN QA09_I18]
"MISTER MIP"/MRMIP .....	2	[GO TO PN QA09_I18]
NO OTHER PLAN .....	3	
SOMETHING ELSE (SPECIFY: _____) .....	91	[GO TO PN QA09_I18]
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I12:**

**IF QA09\_I12 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1**

**QA09\_I13** 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**

YES .....	1	
NO .....	2	[GO TO PN QA09_I18]
REFUSED .....	-7	[GO TO PN QA09_I18]
DON'T KNOW .....	-8	[GO TO PN QA09_I18]

**QA09\_I14** 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}? ¿Es éste a través de Medi-Cal, Familias Saludables, un empleador o sindicato, o de alguna otra fuente?*

**CF9****[CIRCLE ALL THAT APPLY.]**

[PROBE: "Any others?"]  
[PROBE: "¿Algún otro?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .....	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....	2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) .....	3
MEDICARE .....	4
MEDI-CAL .....	5
HEALTHY FAMILIES .....	6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE .....	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....	8
HEALTHY KIDS .....	9
OTHER GOVERNMENT HEALTH PLAN .....	91
OTHER NON-GOVERNMENT HEALTH PLAN....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_I14:**

IF QA09\_I14 = 1, SET CHEMP = 1 AND CHINSURE = 1  
IF QA09\_I14 = 2, SET CHEMP = 1 AND CHINSURE = 1  
IF QA09\_I14 = 3, SET CHDIRECT = 1 AND CHINSURE = 1  
IF QA09\_I14 = 4, SET CHMCARE = 1 AND CHINSURE = 1  
IF QA09\_I14 = 5, SET CHMCAL = 1 AND CHINSURE = 1  
IF QA09\_I14 = 6, SET CHHFAM = 1 AND CHINSURE = 1  
IF QA09\_I14 = 7, SET CHMILIT = 1 AND CHINSURE = 1  
IF QA09\_I14 = 8, SET CHIHS = 1  
IF QA09\_I14 = 9, SET CHHKID = 1 AND CHINSURE = 1  
IF QA09\_I14 = 91, SET COTHGOV = 1 AND CHINSURE = 1  
IF QA09\_I14 = 92, SET COTHHER = 1 AND CHINSURE = 1  
IF QA09\_I14 = -7 OR -8, SET CHINSURE = 1

**PROGRAMMING NOTE QA09\_I15:**

**IF QA09\_I14 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA09\_I15;  
ELSE SKIP TO PROGRAMMING NOTE QA09\_I16**

**QA09\_I15** Just to verify, you said that (CHILD) gets health insurance through Medicare?  
*Sólo para verificar, ¿usted dijo que {CHILD} tiene seguro de salud a través de Medicare?*

**CF9VER**

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

**PROGRAMMING NOTE QA09\_I16:**

**IF CHINSURE ≠ 1 CONTINUE WITH QA09\_I16;  
ELSE GO TO QA09\_I18;**

**QA09\_I16** What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?  
*¿Cuál es la razón principal por la cual {CHILD} no está inscrito(a) en el programa Medi-Cal?*

**CF1A**

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

**QA09\_I17** What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?  
*¿Cuál es el motivo principal por el cual {CHILD} no está inscrito(a) en el Healthy Families?*

**CF2A**

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

**PROGRAMMING NOTE QA09\_I18:**

**IF QA09\_I1 = 1 AND ARMCARE = 1, THEN QA09\_I18 = QA09\_H7 AND QA09\_I19 = QA09\_H8 AND SKIP TO QA09\_I20;**  
**ELSE IF QA09\_I1 = 1, THEN QA09\_I18 = QA09\_H56 AND QA09\_I19 = QA09\_H57 AND GO TO QA09\_I20;**  
**ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA09\_I18;**  
**ELSE GO TO PN QA09\_I21**

**QA09\_I18** Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?  
*¿Es el plan de salud principal de {CHILD} un HMO, que significa "Health Maintenance Organization?"*

**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 is an emergency."]  
[IF NEEDED, SAY: "HMO quiere decir Organización para el Mantenimiento de la Salud. Con un HMO, {él/ella} tiene que ir a los doctores y los hospitales que pertenecen a la red del HMO. Si {él/ella} va fuera de la red, generalmente no está cubierto por el plan a menos que se trate de una emergencia."]

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

**PROGRAMMING NOTE QA09\_I19:**

**IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA09\_I19;**  
**IF CHMCARE = 1 AND QA09\_I18 = 1 THEN list HMO MediCare by county;**  
**ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA09\_I12 = 1) AND QA09\_I18 = 1 THEN list HMO MEDI-CAL by county;**  
**ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA09\_I18 = 1 THEN list HMO Healthy Families by county;**  
**ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA09\_I12 = 2) OR CHOTHER = 1) AND QA09\_I18 = 1 THEN list HMO Commercial by county;**  
**ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1) AND QA09\_I18 = 2 THEN list Non-HMO by county**

**QA09\_I19** 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 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

**QA09\_I20** Is (CHILD) covered for prescription drugs?  
*¿Tiene {CHILD} cobertura para medicinas recetadas?*

**CF14**

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

**PROGRAMMING NOTE FOR QA09\_I21:**

**IF (ARINSURE ≠ 1 OR QA09\_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN  
CONTINUE WITH QA09\_I21;  
ELSE SKIP TO PN QA09\_I24**

**QA09\_I21** Does (CHILD)'s health plan have a deductible that is more than \$1,000?  
*El plan de salud de {CHILD}, ¿tiene una cantidad deducible de más de \$1,000?*

**AI79**

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]  
[IF NEEDED, SAY "*Una cantidad deducible es la cantidad que usted tiene que pagar antes de que su plan comience a pagar por su cuidado médico.*"]

YES .....	1
NO .....	2
YES, ONLY WHEN GO OUT OF NETWORK .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_I22** Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?  
*¿Tiene el plan de salud de {CHILD} un deducible de más de \$2,000 dólares para todas las personas cubiertas?*

**AI80**

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]  
[IF NEEDED, SAY: "*Una cantidad deducible es la cantidad que usted tiene que pagar antes de que su plan comience a pagar por su cuidado médico.*"]

YES .....	1
NO .....	2
YES, ONLY WHEN GO OUT OF NETWORK .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_I23:**

**IF QA09\_I21 = 1 OR 3 OR QA09\_I22 = 1 OR 3, CONTINUE WITH QA09\_I23;**  
**ELSE SKIP TO PROGRAMMING NOTE QA09\_I24**

**QA09\_I23** Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?  
*¿Tiene usted una cuenta o un fondo especial que pueda utilizar para pagar los gastos médicos de {CHILD}?*

**AI81**

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

[IF NEEDED, SAY: "*Estas cuentas se conocen a veces como Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) u otras cuentas similares. Estas cuentas pueden tener otros nombres como, Personal care accounts, Personal medical funds, o Choice funds, y son diferentes de las cuentas llamadas Flexible Spending Accounts proporcionadas por un empleador.*"]

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

**PROGRAMMING NOTE QA09\_I24:**

**IF CHINSURE = 1, GO TO QA09\_I29;**  
**ELSE CONTINUE WITH QA09\_I24**

**QA09\_I24** What is the one main reason (CHILD) does not have any health insurance?  
*¿Cuál es la razón principal por la cual {CHILD} no tiene ningún seguro de salud?*

**CF18**

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

**QA09\_I25** Was (CHILD) covered by health insurance at any time during the past 12 months?  
*¿Estuvo cubierto(a) {CHILD} por un seguro de salud en algún momento durante los últimos 12 meses?*

**CF20**

YES .....	1	[GO TO QA09_I27]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_I26** 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 AGO .....	1	[GO TO PN QA09_I35]
MORE THAN 3 YEARS AGO .....	2	[GO TO PN QA09_I35]
NEVER HAD HEALTH INSURANCE COVERAGE ..	3	[GO TO PN QA09_I35]
REFUSED .....	-7	[GO TO PN QA09_I35]
DON'T KNOW .....	-8	[GO TO PN QA09_I35]

**QA09\_I27** For how many of the last 12 months did {he/she} have health insurance?  
*¿Por cuántos meses tuvo {él/ella} seguro de salud en los últimos 12 meses?*

**CF22**

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

\_\_\_\_\_ MONTHS [HR: 0-12]

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

**QA09\_I28** 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 en que {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**

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]  
[PROBE: "¿Algún otro?"]

MEDI-CAL .....	1	[GO TO PN QA09_I35]
HEALTHY FAMILIES .....	2	[GO TO PN QA09_I35]
THROUGH CURRENT OR FORMER EMPLOYER UNION.....	3	[GO TO PN QA09_I35]
HEALTHY KIDS .....	4	[GO TO PN QA09_I35]
OTHER HEALTH PLAN.....	91	[GO TO PN QA09_I35]
REFUSED .....	-7	[GO TO PN QA09_I35]
DON'T KNOW .....	-8	[GO TO PN QA09_I35]

**QA09\_I29** 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} este mismo seguro todos de los 12 meses en los últimos 12 meses?*

**CF24**

YES .....	1	[GO TO PN QA09_I35]
NO .....	2	
HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD) ...	3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_I30** When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

*¿Cuando {él/ella} no estuvo cubierto(a) por su seguro de salud actual, tuvo {él/ella} algún otro seguro de salud?*

**CF25**

YES .....	1	
NO .....	2	[GO TO QA09_I32]
REFUSED .....	-7	[GO TO QA09_I32]
DON'T KNOW .....	-8	[GO TO QA09_I32]

**QA09\_I31** Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

*Este otro seguro de salud, ¿era 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-CAL .....	1
HEALTHY FAMILIES .....	2
HEALTHY KIDS .....	3
THROUGH CURRENT OR FORMER EMPLOYER/UNION .....	4
OTHER HEALTH PLAN.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_I32** During the past 12 months, was there any time when {he/she} had no health insurance at all?

*¿Durante los últimos 12 meses, hubo un momento en el que {él/ella} no tuvo ningún seguro de salud?*

**CF27**

YES .....	1	
NO .....	2	[GO TO PN QA09_I35]
REFUSED .....	-7	[GO TO PN QA09_I35]
DON'T KNOW .....	-8	[GO TO PN QA09_I35]

**QA09\_I33** For how many of the past 12 months did {he/she} have no health insurance?  
*¿Durante cuántos de los últimos 12 meses no tuvo {él/ella} seguro médico?*

**CF28**

[IF &lt; 1 MONTH, ENTER "1"]

\_\_\_\_\_ MONTHS [RANGE: 1-12]

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

**QA09\_I34** What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?  
*¿Cuál fue la razón principal por la cual {CHILD} no tuvo ningún seguro de salud durante el tiempo que no tenía cobertura?*

**CF29**

[IF R SAYS, "No need," PROBE WHY]  
 [IF R SAYS, "No necesita," 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

**PROGRAMMING NOTE QA09\_I35:**

IF NO TEEN SELECTED, GO TO PN QA09\_J1;  
 IF ARINSURE = 1, CONTINUE WITH QA09\_I35;  
 IF ARINSURE = 0, GO TO PN QA09\_I36;  
 ELSE CONTINUE WITH QA09\_I35

**QA09\_I35** These next questions are about health insurance (TEEN) may have.  
*Las siguientes preguntas son acerca del seguro de salud que {TEEN} pueda tener.*  
 Does (TEEN) have the same insurance as {you/ADULT RESPONDENT}?  
*¿Tiene {TEEN} el mismo seguro que tiene {usted/ADULT RESPONDENT}?*

**IA10A**

YES .....	1	[GO TO QA09_I63]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I35:**

IF QA09\_I35 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;  
 IF QA09\_I35 = 1 AND ARIHS = 1, SET TEIHS = 1

**PROGRAMMING NOTE QA09\_I36:**

IF SPINSURE ≠ 1 THEN SKIP TO QA09\_I37;  
 ELSE IF QA09\_I35 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA09\_I37;  
 ELSE CONTINUE WITH QA09\_I36

**QA09\_I36**      Does (TEEN) have the same insurance as your spouse?  
*¿Tiene {TEEN} el mismo seguro que tiene {su esposo(a)}?*

**MA5**

YES .....	1	[GO TO QA09_I52]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I36:**

IF QA09\_I36 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPOOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;  
 IF QA09\_I36 = 1 AND SPIHS = 1, SET TEIHS = 1

**PROGRAMMING NOTE QA09\_I37:**

**IF CHINSURE ≠ 1, THEN SKIP TO QA09\_I38;**  
**ELSE IF (QA09\_I35=2 AND ARSAMECH =1) OR (QA09\_I36 = 2 AND SPSAMECH = 1), THEN SKIP TO QA09\_I38;**  
**ELSE CONTINUE WITH QA09\_I37;**

**QA09\_I37** Does (TEEN) have the same insurance as (CHILD)?  
*¿Tiene {TEEN} el mismo seguro que tiene {CHILD}?*

**MA6**

YES .....	1	[GO TO PN QA09_I63]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I37:**

**IF QA09\_I37 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;**  
**IF QA09\_I37 = 1 AND CHIHS = 1, SET TEIHS = 1**

**QA09\_I38** Is {he/she} currently covered by Medi-CAL?  
*¿Está {él/ella} cubierto(a) 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 incapacitada."]

YES .....	1	[GO TO QA09_I40]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I38:**

**IF QA09\_I38 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1**

**QA09\_I39** Is (TEEN) covered by the Healthy Families Program?  
*¿Está cubierto(a) {TEEN} por el Programa de Familias Saludables?*

**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.*"]

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

**POST-NOTE QA09\_I39:**

**IF QA09\_I39 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1**

**QA09\_I40** Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?  
*¿Está cubierto(a) {TEEN} por un plan de seguro de salud o HMO a través del empleador o sindicato suyo o de otra persona?*

**IA3**

YES .....	1	<b>[GO TO QA09_I42]</b>
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I40:**

**IF QA09\_I40 = 1, SET TEEMP = 1 AND SET TEINSURE = 1**

**QA09\_I41** 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 seguros o HMO? No incluya un plan que pague solamente por ciertas enfermedades como cáncer o derrame cerebral o que sólo le da "dinero extra en efectivo" si usted está hospitalizado(a).*

**IA4**

YES .....	1	
NO .....	2	<b>[GO TO PN QA09_I45]</b>
REFUSED .....	-7	<b>[GO TO PN QA09_I45]</b>
DON'T KNOW .....	-8	<b>[GO TO PN QA09_I45]</b>

**POST-NOTE QA09\_I41:**

**IF QA09\_I41 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**

**QA09\_I42** 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.*"]

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

**QA09\_I43** 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**

YES .....	1	
NO .....	2	[GO TO PN QA09_I45]
REFUSED .....	-7	[GO TO PN QA09_I45]
DON'T KNOW .....	-8	[GO TO PN QA09_I45]

**QA09\_I44** 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 EMPLOYER .....	1
FORMER EMPLOYER .....	2
UNION.....	3
SPOUSE'S CURRENT EMPLOYER .....	4
SPOUSE'S FORMER EMPLOYER .....	5
PROFESSIONAL/FRATERNAL ORGANIZATION ..	6
MEDICAID/MEDI-CAL ASSISTANCE .....	7
HEALTHY FAMILIES .....	8
HEALTHY KIDS .....	9
OTHER.....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_I44:**

**IF QA09\_I44 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;**  
**IF QA09\_I44 = 7, SET TEMCAL = 1;**  
**IF QA09\_I44 = 8, SET TEHFAM = 1;**  
**IF QA09\_I44 = 9, SET TEHKID = 1 AND SET TEINSURE = 1**

**PROGRAMMING NOTE QA09\_I45:**

**IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA09\_I52;**  
**ELSE CONTINUE WITH QA09\_I45**

**QA09\_I45** Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?  
*¿Está {él/ella} cubierto(a) por CHAMPUS/ CHAMP-VA, TRICARE, VA o algún otro plan de salud para militares?*

**IA6**

YES .....	1	[GO TO PN QA09_I52]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I45:**

**IF QA09\_I45 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1**

**PROGRAMMING NOTE FOR QA09\_I46:**

**IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA09\_I48 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"**

**QA09\_I46** Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} program?  
*¿Está {él/ella} cubierto(a) por el programa {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health 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, Health Futures} es un programa para niños de su condado."]

YES .....	1	[GO TO PN QA09_I52]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I46:**

**IF QA09\_I46 = 1, SET TEHKID = 1 AND SET TEINSURE = 1**

**QA09\_I47** 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 otra cosa?*

**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 Bebes y Madres, "MR MIP" o MRMIP significa Programa de Seguro Médico de Riesgos Mayores."]

AIM.....	.1	[GO TO PN QA09_I52]
"MISTER MIP"/MRMIP.....	.2	[GO TO PN QA09_I52]
NO OTHER PLAN.....	.3	
SOMETHING ELSE (SPECIFY: _____) .....	.91	[GO TO PN QA09_I52]
REFUSED .....	-7	
DON'T KNOW .....	-8	

**POST-NOTE QA09\_I47:**

**IF QA09\_I47 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1**

**QA09\_I48** Does {he/she} have any health insurance coverage through a plan that I missed?

*¿Tiene {él/ella} alguna cobertura de seguro medico a través de un plan que yo no haya mencionado?*

**IA8**

YES .....	.1	[GO TO PN QA09_I52]
NO .....	.2	[GO TO PN QA09_I52]
REFUSED .....	-7	[GO TO PN QA09_I52]
DON'T KNOW .....	-8	[GO TO PN QA09_I52]

- QA09\_I49** 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**

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]  
 [IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Consiguió usted este plan a través de un empleador/ sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial, un otra organización, o directamente del plan de salud?"]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .....	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....	2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) .....	3
MEDICARE .....	4 (VERIFY)
MEDI-CAL .....	5
HEALTHY FAMILIES .....	6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE .....	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....	8
HEALTHY KIDS .....	9
OTHER GOVERNMENT HEALTH PLAN .....	91
OTHER NON-GOVERNMENT HEALTH PLAN....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**POST-NOTE QA09\_I49:**

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IF QA09_I49_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA09_I49_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA09_I49_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA09_I49_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1;
IF QA09_I49_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA09_I49_8 = 1, SET TEIHS = 1;
IF QA09_I49_9 = 1, SET TEHKID = 1 AND TEINSURE = 1;
IF QA09_I49_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA09_I49_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA09_I49 = -7 OR -8, SET TEINSURE = 1
  
```

**PROGRAMMING NOTE QA09\_I50:**  
**IF TEINSURE ≠ 1 CONTINUE WITH QA09\_I50;**  
**ELSE GO TO QA09\_I52;**

**QA09\_I50** What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?  
*¿Cuál es la razon principal por la cual {TEEN} no esta inscrito(a) en el Programa Medi-Cal?*

**IA1A**

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

**QA09\_I51** 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 DIFFICULT .....	1
DIDN'T KNOW IF ELIGIBLE .....	2
INCOME TOO HIGH, NOT ELIGIBLE .....	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS .....	4
OTHER NOT ELIGIBLE .....	5
DON'T BELIEVE IN HEALTH INSURANCE .....	6
DON'T NEED IT BECAUSE HEALTHY .....	7
ALREADY HAVE INSURANCE .....	8
DIDN'T KNOW IT EXISTED.....	9
DON'T LIKE / WANT WELFARE .....	10
OTHER (SPECIFY: _____) .....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_I52:**

**IF QA09\_I35 = 1 AND ARMCARE = 1, THEN QA09\_I52 = QA09\_H7 AND QA09\_I53 = QA09\_H8 AND SKIP TO QA09\_I54;**  
**ELSE IF QA09\_I35 = 1, THEN QA09\_I52 = QA09\_H56 AND QA09\_I53 = QA09\_H57 AND GO TO QA09\_I54;**  
**ELSE IF QA09\_I37 = 1, THEN QA09\_I52 = QA09\_I18 AND QA09\_I53 = QA09\_I19 AND GO TO QA09\_I54;**  
**ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA09\_I52;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_I55**

**QA09\_I52** Is (TEEN)'s {Medi-Cal} health plan an HMO?

*¿Es el plan de salud principal de {TEEN} una 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 en español quiere decir Organización para el Mantenimiento de la Salud. Con un HMO, {él/ella} tiene que ir a los doctores y los hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente no está cubierto por el plan a menos que se trate de una urgencia.*" ]

[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 principal de salud.*" ]

[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 QA09\_I53:**

**IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA09\_I53;**  
**IF TEMCARE = 1 AND QA09\_I52 = 1 THEN list HMO MediCare by county;**  
**ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA09\_I12 = 1) AND QA09\_I52 = 1 THEN list HMO MEDI-CAL by county;**  
**ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA09\_I52 = 1 THEN list HMO Healthy Families by county;**  
**ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA09\_I47 = 2) OR TEOTHER = 1) AND QA09\_I52 = 1 THEN list HMO Commercial by county;**  
**ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA09\_I52 = 2 THEN list Non-HMO by county**

**QA09\_I53** 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
OTHER.....	91
OTHER (SPECIFY: _____) .....	92
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_I54**

Is (TEEN) covered for prescription drugs?

*¿Tiene {TEEN} cobertura para medicinas recetadas?***IA14**

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

**PROGRAMMING NOTE FOR QA09\_I55:**

**IF [(ARINSURE ≠ 1 OR QA09\_I35 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN  
CONTINUE WITH QA09\_I55;  
ELSE SKIP TO PN QA09\_I58**

**QA09\_I55** Does (TEEN)'s health plan have a deductible that is more than \$1,000?  
*El plan de salud de {TEEN}, ¿tiene una cantidad deducible de más de \$1,000?*

**AI82**

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

[IF NEEDED, SAY: "*El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.*"]

YES .....	1
NO .....	2
YES, ONLY WHEN GO OUT OF NETWORK .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_I56** Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?  
*¿Tiene el plan de salud de {TEEN} un deducible de más de \$2,000 dólares por todas las personas cubiertas?*

**AI83**

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

[IF NEEDED, SAY: "*El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.*"]

YES .....	1
NO .....	2
YES, ONLY WHEN GO OUT OF NETWORK .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_I57:**

**IF QA09\_I55 = 1 OR 3 OR QA09\_I56 = 1 OR 3, CONTINUE WITH QA09\_I57;**  
**ELSE SKIP TO QA09\_I58**

**QA09\_I57** Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?  
*¿Tiene usted una cuenta o un fondo especial que pueda utilizar para pagar los gastos médicos de {TEEN}?*

**AI84**

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

[IF NEEDED, SAY: "Estas cuentas a veces se conocen como Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) u otras cuentas similares. Estas cuentas pueden tener otros nombres como - Personal care accounts, Personal medical funds, o Choice funds, y son diferentes de las cuentas llamadas Flexible Spending Accounts proporcionadas por un empleador."]

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

**PROGRAMMING NOTE QA09\_I58:**

**IF TEINSURE = 1, GO TO QA09\_I63;**  
**ELSE CONTINUE WITH QA09\_I58**

**QA09\_I58** What is the one main reason (TEEN) does not have any health insurance?  
*¿Cuál es la razón principal por el que {TEEN} no tiene seguro de salud?*

**IA18**

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

**QA09\_I59** Was (TEEN) covered by health insurance at any time during the past 12 months?  
*¿Estuvo cubierto(a) {TEEN} por un seguro de salud en algún momento durante los últimos 12 meses?*

**IA20**

YES .....	.1	[GO TO QA09_I61]
NO .....	.2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_I60** 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 AGO .....	.1	[GO TO QA09_I69]
MORE THAN 3 YEARS AGO .....	.2	[GO TO QA09_I69]
NEVER HAD HEALTH INSURANCE COVERAGE ..	.3	[GO TO QA09_I69]
REFUSED .....	-7	[GO TO QA09_I69]
DON'T KNOW/NOT SURE .....	-8	[GO TO QA09_I69]

**QA09\_I61** For how many of the last 12 months did {he/she} have health insurance?  
*En los últimos 12 meses ¿durante cuántos meses tuvo seguro de salud {él/ella}?*

**IA22**

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

\_\_\_\_\_ MONTHS [HR: 0-12]

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

**QA09\_I62** 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-CAL .....	.1	[GO TO QA09_I69]
HEALTHY FAMILIES .....	.2	[GO TO QA09_I69]
THROUGH CURRENT OR FORMER		
EMPLOYER/UNION .....	.3	[GO TO QA09_I69]
HEALTHY KIDS .....	.4	[GO TO QA09_I69]
OTHER HEALTH PLAN.....	.91	[GO TO QA09_I69]
REFUSED .....	-7	[GO TO QA09_I69]
DON'T KNOW .....	-8	[GO TO QA09_I69]

**QA09\_I63** 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**

YES .....	.1	[GO TO QA09_I69]
NO .....	.2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_I64** When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?  
*¿Cuando {él/ ella} no estuvo cubierto(a) por su seguro de salud actual, tuvo {él/ ella} algún otro seguro de salud?*

**IA25**

YES .....	.1	
NO .....	.2	[GO TO QA09_I66]
REFUSED .....	-7	[GO TO QA09_I66]
DON'T KNOW .....	-8	[GO TO QA09_I66]

**QA09\_I65** Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?  
*¿Fue este otro seguro de salud de {él/ella} 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

**QA09\_I66** During the past 12 months, was there any time when {he/she} had no health insurance at all?  
*¿Durante los últimos 12 meses, hubo algún momento en el que {él/ella} no tuvo ningún seguro de salud?*

**IA27**

YES .....	.1	
NO .....	.2	[GO TO QA09_I69]
REFUSED .....	-7	[GO TO QA09_I69]
DON'T KNOW .....	-8	[GO TO QA09_I69]

**QA09\_I67** For how many of the past 12 months did {he/she} have no health insurance?  
*¿Durante cuántos de los últimos 12 meses no tuvo {él/ella} seguro médico?*

**IA28**

[IF &lt; 1 MONTH, ENTER "1"]

\_\_\_\_\_ MONTHS [RANGE: 1-12]

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

**QA09\_I68** What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?  
*¿Cuál es la razón principal por la que {TEEN} no tuvo ningún seguro de salud durante el tiempo en que {él/ella} no tuvo cobertura?*

**IA29**

[IF R SAYS, "No need," PROBE WHY]

[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

**PROGRAMMING NOTE QA09\_I69:**

**IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE) THEN SKIP TO QA09\_I73;  
ELSE CONTINUE WITH QA09\_I69**

**QA09\_I69** In what country was (TEEN) born?  
*¿En qué país nació {TEEN}?*

**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 QA09\_I70:**

**IF QA09\_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA09\_I73;  
ELSE CONTINUE WITH QA09\_I70**

**QA09\_I70** Is (TEEN) a citizen of the United States?  
*¿Es {TEEN} ciudadano(a) de Estados Unidos?*

**AI58T**

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

[GO TO PN QA09\_I72]

**QA09\_I71** Is (TEEN) a permanent resident with a green card?  
¿Es {TEEN} 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 usualmente la llama la "tarjeta verde" o "Green Card" pero también puede ser de color rosa, azul o blanca."]

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

**QA09\_I72** About how many years has (TEEN) lived in the United States?  
Mas o menos, ¿cuántos años ha vivido {TEEN} en los Estados Unidos?

**AI60T**

[IF < 1 YEAR, ENTER "1 YEAR"]

\_\_\_\_\_ NUMBER OF YEARS

\_\_\_\_\_ YEAR FIRST COME AND LIVE IN U.S.

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

**PROGRAMMING NOTE QA09\_I73:**

**IF QA09\_A5 = 1 (R IS MALE), DISPLAY "mother";  
IF QA09\_A5 = 2 (R IS FEMALE), DISPLAY "father";**

**QA09\_I73** In what country was (TEEN)'s {mother/father} born?  
*¿En qué país nació {la madre/el padre} de {TEEN}?*

**AI56****[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

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

**PROGRAMMING NOTE QA09\_I74:**

**IF QA09\_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA09\_I78;**  
**ELSE CONTINUE WITH QA09\_I74;**  
**IF QA09\_A5 = 1 (R IS MALE), DISPLAY "mother";**  
**IF QA09\_A5 = 2 (R IS FEMALE), DISPLAY "father"**

**QA09\_I74** Does (TEEN)'s {mother/father} now live in the U.S.?  
*¿Vive ahora {la madre/el padre} de {TEEN} en los EE.UU.?*

**AI57**

YES .....	1
NO .....	2
MOTHER/FATHER DECEASED .....	3
MOTHER/FATHER NEVER LIVED IN US .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_I75:**

**IF QA09\_A5 = 1 (R IS MALE), DISPLAY "mother";**  
**IF QA09\_A5 = 2 (R IS FEMALE), DISPLAY "father";**  
**IF QA09\_I74 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";**  
**ELSE DISPLAY "Is"**

**QA09\_I75** {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?  
*¿{Es/Era} {la madre/el padre} de {TEEN} ciudadano(a) de los Estados Unidos?*

**AI58**

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

YES .....	1	[GO TO PN QA09_I77]
NO .....	2	
APPLICATION PENDING .....	3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**PROGRAMMING NOTE QA09\_I76:**

**IF QA09\_A5 = 1 (R IS MALE), DISPLAY "mother";**  
**IF QA09\_A5 = 2 (R IS FEMALE), DISPLAY "father";**  
**IF QA09\_I74 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";**  
**ELSE DISPLAY "Is"**

**QA09\_I76** {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?  
*{Es/Era} {la madre/el padre} de {TEEN} residente permanente con tarjeta verde?*

**AI59**

[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

**PROGRAMMING NOTE QA09\_I77:**

**IF QA09\_A5 = 1 (R IS MALE), DISPLAY "mother";**  
**IF QA09\_A5 = 2 (R IS FEMALE), DISPLAY "father"**

**QA09\_I77** About how many years has (TEEN)'s {mother/father} lived in the United States?  
*¿Cuántos años aproximadamente ha vivido {la madre/el padre} de {TEEN} en los Estados Unidos?*

**AI60**

[IF < 1 YEAR, ENTER "1"]

\_\_\_\_\_ NUMBER OF YEARS

\_\_\_\_\_ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED .....	3
MOTHER/FATHER NEVER LIVED IN US .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_I78:****IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE) THEN SKIP TO PN QA09\_J1;  
ELSE CONTINUE WITH QA09\_I78**

**QA09\_I78** In what country was (CHILD) born?  
*¿En qué país nació {CHILD NAME/AGE/SEX}?*

**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 QA09\_I79:**

**IF QA09\_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO PN QA09\_J1;  
ELSE CONTINUE WITH QA09\_I79**

**QA09\_I79** Is (CHILD) a citizen of the United States?  
*¿Es {CHILD} ciudadano(a) de Estados Unidos?*

**AI58C**

YES .....	.1	[GO TO PN QA09_I81]
NO .....	.2	
APPLICATION PENDING .....	.3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_I80** Is (CHILD) a permanent resident with a green card?  
*¿Es {CHILD} 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 usualmente la llama la "tarjeta verde" o "Green Card" pero también puede ser de color rosa, azul o blanca.*"]

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

**QA09\_I81** About how many years has (CHILD) lived in the United States?  
*Más o menos, ¿cuántos años ha vivido {CHILD} en Estados Unidos?*

**AI60C**

[IF < 1 YEAR, ENTER "1 YEAR"]

\_\_\_\_\_ NUMBER OF YEARS

\_\_\_\_\_ YEAR FIRST COME AND LIVE IN U.S.

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

## Section J – Health Care Utilization and Access, Violence

**PROGRAMMING NOTE QA09\_J1:**

**IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care YOU receive”;**

**ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”**

- QA09\_J1** {Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?  
 {Ahora, voy a preguntar acerca de la atención médica que usted recibe.} {Durante los últimos 12 meses, ¿cuántas veces ha visto a un médico?}

**AH5**

\_\_\_\_\_ TIMES [HR: 0-365]

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

**PROGRAMMING NOTE QA09\_J2:**

**IF QA09\_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA09\_J2;**

**ELSE GO TO PROGRAMMING NOTE QA09\_J3**

- QA09\_J2** About how long has it been since you last saw a doctor about your own health?  
*¿Más o menos, hace cuándo tiempo fue la última vez que vio a un médico para su propia salud?*

**AH6**

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

**PROGRAMMING NOTE QA09\_J3:**

**IF QA09\_H1 = 1, 3, 4, OR 5 (HAVE A PLACE USUALLY GO WHEN SICK OR NEED ADVICE ABOUT HEALTH) AND [(QA09\_B3 = 1 OR QA09\_B4 = 1 (HAS ASTHMA)) OR QA09\_B18 = 1 (HAS DIABETES) OR QA09\_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA09\_J3;  
ELSE GO TO PROGRAMMING NOTE QA09\_J4**

**QA09\_J3** Do you have a personal doctor or medical provider who is your main provider?  
*¿Tiene usted un médico de cabecera o un proveedor de la salud como proveedor principal?*

**AJ77**

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

[IF NEEDED, SAY: "Puede ser un médico general, un médico especialista, un asistente médico, una enfermera u otro proveedor de salud."]

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

**PROGRAMMING NOTE QA09\_J4:**

**IF [(QA09\_B3 = 1 OR QA09\_B4 = 1 (HAS ASTHMA)) OR QA09\_B18 = 1 (HAS DIABETES) OR QA09\_B37 = 1 (HAS HEART DISEASE)] AND [QA09\_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA09\_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)] CONTINUE WITH QA09\_J4;  
ELSE GO TO PROGRAMMING NOTE FOR QA09\_J6**

**QA09\_J4** During the past 12 months, did you phone or e-mail the doctor's office with a medical question?  
*Durante los últimos 12 meses, ¿llamó por teléfono o envió un e-mail a la oficina del médico con una pregunta médica?*

**AJ78**

YES .....	1	
NO .....	2	[GO TO QA09_J6]
REFUSED .....	-7	[GO TO QA09_J6]
DON'T KNOW .....	-8	[GO TO QA09_J6]

**QA09\_J5** How often did you get an answer as soon as you needed it? Would you say...  
*¿Con que frecuencia recibió una respuesta cuando la necesitaba? ¿Diría usted que fue...*

**AJ79**

Never,.....	1
Nunca,.....	1
Sometimes,.....	2
Algunas veces,.....	2
Usually, or .....	3
Normalmente, o.....	3
Always?.....	4
Siempre?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE FOR QA09\_J6:**

**IF QA09\_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA09\_J3 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA09\_B3 = 1 OR QA09\_B4 = 1 (HAS ASTHMA)) OR QA09\_B18 = 1 (HAS DIABETES) OR QA09\_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA09\_J6;  
ELSE GO TO PROGRAMMING NOTE FOR QA09\_J7**

**QA09\_J6** Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

*¿Hay alguien en la oficina de su médico o en una clínica que le ayude a coordinar el cuidado de su salud con otros médicos o servicios, como pruebas o tratamientos?*

**AJ80**

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

**PROGRAMMING NOTE QA09\_J7:**

**IF QA09\_J1 > 0 OR QA09\_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),  
CONTINUE WITH QA09\_J7;  
ELSE GO TO QA09\_J12**

**QA09\_J7** The last time you saw a doctor, did you have a hard time understanding the doctor?  
*La última vez que vio a un doctor, ¿tuvo dificultad para entender lo que el médico decía?*

**AJ8**

YES .....	1	[GO TO PN QA09_J9]
NO .....	2	
REFUSED .....	-7	[GO TO QA09_J12]
DON'T KNOW .....	-8	[GO TO QA09_J12]

**PROGRAMMING NOTE QA09\_J8:**

**IF QA09\_J7 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA09\_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],  
CONTINUE WITH QA09\_J8;  
ELSE SKIP TO QA09\_J12**

**QA09\_J8** In what language does your doctor speak to you?  
*¿En qué idioma habla con usted su doctor?*

**AJ50**

ENGLISH .....	1	[GO TO QA09_J10]
SPANISH .....	2	[GO TO QA09_J12]
CANTONESE.....	3	[GO TO QA09_J12]
VIETNAMESE.....	4	[GO TO QA09_J12]
TAGALOG .....	5	[GO TO QA09_J12]
MANDARIN .....	6	[GO TO QA09_J12]
KOREAN .....	7	[GO TO QA09_J12]
ASIAN INDIAN LANGUAGES.....	8	[GO TO QA09_J12]
RUSSIAN .....	9	[GO TO QA09_J12]
OTHER (SPECIFY: _____).....	91	[GO TO QA09_J12]
REFUSED .....	-7	[GO TO QA09_J12]
DON'T KNOW .....	-8	[GO TO QA09_J12]

**QA09\_J9** Was this because you and the doctor spoke different languages?  
*¿Se debió esto a que usted y su médico hablan diferentes idiomas?*

**AJ9**

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

**QA09\_J10** Did you need someone to help you understand the doctor?  
*¿Necesitó ayuda de otra persona para comprender al doctor?*

**AJ10**

YES .....	1		
NO .....	2	[GO TO QA09_J12]	
REFUSED .....	-7	[GO TO QA09_J12]	
DON'T KNOW .....	-8	[GO TO QA09_J12]	

**QA09\_J11** 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 STAFF .....	3
MEDICAL STAFF INCLUDING	
NURSES/DOCTORS .....	4
PROFESSIONAL INTERPRETER (BOTH IN	
PERSON AND ON THE TELEPHONE) .....	5
OTHER (PATIENTS, SOMEONE ELSE).....	6
DID NOT HAVE SOMEONE TO HELP.....	7
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_J12** During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?  
*Durante los últimos 12 meses, ¿se demoró usted en obtener o no obtuvo alguna medicina que un doctor le recetó?*

**AH16**

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

[GO TO PN QA09\_J17]  
[GO TO PN QA09\_J17]  
[GO TO PN QA09\_J17]

**QA09\_J13** 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

**PROGRAMMING NOTE FOR QA09\_J14:**

**IF [QA09\_B3 = 1 OR QA09\_B4 = 1 (HAS ASTHMA)] AND QA09\_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY)] CONTINUE WITH QA09\_J14;  
ELSE GO TO PROGRAMMING NOTE FOR QA09\_J15**

**QA09\_J14** Was this prescription for your asthma?  
*Esta receta, ¿era para su asma?*

**AJ81**

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

**PROGRAMMING NOTE FOR QA09\_J15:**

**IF QA09\_B18 = 1 (HAS DIABETES) AND QA09\_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09\_J15;  
ELSE GO TO PROGRAMMING NOTE FOR QA09\_J16**

**QA09\_J15** Was this prescription for your diabetes?

*Esta receta, ¿era para su diabetes?*

**AJ82**

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

**PROGRAMMING NOTE FOR QA09\_J16:**

**IF QA09\_B37 = 1 (HAS HEART DISEASE) AND QA09\_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09\_J16;  
ELSE GO TO QA09\_J17**

**QA09\_J16** Was this prescription for your heart disease?

*Esta receta, ¿era para su enfermedad del corazón?*

**AJ83**

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

**QA09\_J17** During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

*Durante los últimos 12 meses, ¿tardó en recibir, o no recibió ninguna otra atención médica que usted consideraba necesaria, como ver a un doctor, un especialista u otro profesional de la salud?*

**AH22**

YES .....	.1	[GO TO PN QA09_J22]
NO .....	.2	[GO TO PN QA09_J22]
REFUSED .....	-7	[GO TO PN QA09_J22]
DON'T KNOW .....	-8	[GO TO PN QA09_J22]

**QA09\_J18** 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 QA09\_J19:**

**IF [QA09\_B3 = 1 OR QA09\_B4 = 1 (HAS ASTHMA)] AND QA09\_J18 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09\_J19;  
ELSE GO TO PROGRAMMING NOTE FOR QA09\_J20**

**QA09\_19** Was this medical care for your asthma?  
*Esta atención medica, ¿era para su asma?*

**AJ84**

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

**PROGRAMMING NOTE QA09\_J20:**

**IF QA09\_B18 = 1 (HAS DIABETES) AND QA09\_J18 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09\_J20;  
ELSE GO TO PROGRAMMING NOTE FOR QA09\_J21**

**QA09\_J20** Was this medical care for your diabetes?  
*Esta atención medica, ¿era para su diabetes?*

**AJ85**

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

**PROGRAMMING NOTE QA09\_J21:**

**IF QA09\_B37 = 1 (HAS HEART DISEASE) AND QA09\_J18 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09\_J21;  
ELSE GO TO PROGRAMMING NOTE FOR QA09\_J22**

**QA09\_J21** Was this medical care for your heart disease?  
*Esta atención medica, ¿era para su enfermedad del corazón?*

**AJ86**

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

**PROGRAMMING NOTE QA09\_J22:**  
**IF AGE > 65 GO TO QA09\_J34;**  
**ELSE CONTINUE WITH QA09\_J22**

The next questions are about relationships with intimate partners and safety. An intimate partner is any husband, wife, boyfriend, girlfriend, or someone you lived with or dated. I'll ask about being slapped, hit, and about unwanted sex. Your answers will be kept private. If any question upsets you, you don't have to answer it.

*Las preguntas siguientes se tratan de sus compañeros íntimos y de su seguridad personal. Compañero/a íntimo/a significa cualquier esposo, esposa, novio, novia o persona con quien haya vivido o salido. Le haré preguntas que se refieren a ser abofeteado, golpeado, y a experiencias sexuales no deseadas. Sus respuestas serán estrictamente confidenciales. Si cualquier pregunta le molesta, usted puede negarse a responder.*

**QA09\_J22**

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

**QA09\_J23** 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, al sexo oral o anal no deseados, o al {tener} sexo con un objeto, {mediante/por} 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."]

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

**PROGRAMMING NOTE QA09\_J24;****IF QA09\_J22 = 1 (YES TO PHYSICAL VIOLENCE), CONTINUE WITH QA09\_J24;****IF QA09\_J22 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND IF QA09\_J23 = 1 (YES) [IE. NO PHYSICAL VIOLENCE, YES TO SEXUAL VIOLENCE], GO TO PN QA09\_J28;****IF QA09\_J22 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND IF QA09\_J23 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) [IE. NO PHYSICAL AND NOSEXUAL VIOLENCE], SKIP TO QA09\_J34;**

**IF 18 YEARS OLD, DISPLAY "Since you turned 18";  
ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months"**

**QA09\_J24** {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**

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

**QA09\_J25** Push, grab, or slap you?  
¿Empujarle, agarrarle o abofetearle?

**AJ60**

[IF NEEDED, SAY: {In the past 12 months/ Since you turned 18}, did any intimate partner push, grab or slap you?]

[IF NEEDED, SAY: {Durante los últimos 12 meses/ Desde que usted cumplió los 18 años}, ¿algún/alguna compañero(a) íntimo(a) le empujó, agarró o abofeteó?/"Desde que usted cumplió los 18 años, ¿le empujó, agarró o abofeteó cualquier compañero(a) íntimo(a)?"]

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

**QA09\_J26** Kick, bite, hit, choke, or beat you up?  
¿Darle patadas, morderle, ahogarle o golpearle?

**AJ61**

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

**QA09\_J27** Threaten you with or use a gun, knife, or other weapon on you?  
*¿Amenazarle con una pistola, un cuchillo u otra arma, o usar alguna de estas cosas contra usted?*

**AJ64**

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

**PROGRAMMING NOTE QA09\_J28:**

IF QA09\_J23= 2, -7, OR -8 (NO SEXUAL VIOLENCE), SKIP TO QA09\_J29;  
ELSE IF QA09\_J22= 2, -7, OR -8 (NO PHYSICAL VIOLENCE) AND QA09\_J23 = 1 (YES TO SEXUAL VIOLENCE), CONTINUE WITH QA09\_J28;  
ELSE IF QA09\_J22 = 1 (YES, PHYSICAL VIOLENCE) AND QA09\_J23 = 1 (YES, SEXUAL VIOLENCE), CONTINUE WITH QA09\_J28;  
IF 18 YEARS OLD, DISPLAY "Since you turned 18, did any intimate partner";  
ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months, did any intimate partner"

**QA09\_J28** {In the past 12 months, did any intimate partner/Since you turned 18, did any intimate partner}  
Physically force you to have unwanted sex?  
*{Durante los últimos 12 meses/ Desde que usted cumplió los 18 años}, algún/alguna compañero(a) íntimo(a) le forzó físicamente {a tener sexo no deseado/ a tener relaciones sexuales indeseadas}?*

**AJ66**

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

**PROGRAMMING NOTE QA09\_J29:**

IF QA09\_J22 TO QA09\_J28 = 1 (YES TO ANY 12 MONTH PHYSICAL OR SEXUAL VIOLENCE), CONTINUE WITH QA09\_J29;  
ELSE SKIP TO QA09\_J34;  
IF QA09\_J22 - QA09\_J28 = MORE THAN ONE YES RESPONSE, DISPLAY, "any of these things";  
ELSE IF QA09\_J22 - QA09\_J28 = ONE YES RESPONSE, DISPLAY "this";  
IF 18 YEARS OLD, DISPLAY "Since you turned 18";  
ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months" AND "IN PAST 12 MONTHS"

**QA09\_J29** 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 {IN PAST 12 MONTHS}

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

**QA09\_J30** 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 SPOUSE .....	1
FORMER OR EX-SPOUSE .....	2
CURRENT PARTNER .....	3
FORMER PARTNER .....	4
CURRENT BOYFRIEND .....	5
FORMER BOYFRIEND .....	6
CURRENT GIRLFRIEND.....	7
FORMER GIRLFRIEND.....	8
A DATE .....	9
OTHER (SPECIFY: _____) .....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAM NOTE QA09\_J31:**

IF QA09\_J30 = 5, 6, 7, 8, -7, OR -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), SKIP TO QA09\_J32;  
ELSE IF QA09\_J30 = 1, 2, 3, 4, 9, OR 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN  
IF QA09\_D15 = 1 (HETEROSEXUAL), SKIP TO QA09\_J32;  
ELSE IF QA09\_D15 > 1 (NOT HETEROSEXUAL), CONTINUE WITH QA09\_J31  
AND IF QA09\_J30 HAS ONLY ONE RESPONSE DISPLAY "Era" AND "persona" IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY "BOTH";  
IF QA09\_J30 HAS MORE THAN ONE RESPONSE OR -7 OR -8 (REF/DK), DISPLAY "Eran" AND "personas"

**QA09\_J31** {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
BOTH.....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAM NOTE QA09\_J32:**

**IF RESPONDENT INDICATES MORE THAN 1 PERSON IN QA09\_J31 DISPLAY “people”;  
ELSE DISPLAY “person”**

**QA09\_J32** 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.”]

**[INTERVIEWER NOTE: IF MORE THAN ONE PERSON WAS INVOLVED, AND R SAYS ONLY  
ONE PERSON APPEARED TO BE DRINKING OR USING DRUGS, CODE “YES”.]**

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

**QA09\_J33****AJ76b****PROGRAMMING NOTE QA09\_J33:**

**A.) IF QA09\_J24 THROUGH QA09\_J28 = 1 (YES TO ADULT EXPERIENCING PAST 12 MONTH PHYSICAL OR SEXUAL VIOLENCE) OR IF 18 YEARS AND IF QA09\_J22 THROUGH QA09\_J28 = 1 (18 YRS AND YES TO ANY DOMESTIC VIOLENCE EVER), SAY:**

“We have a toll free number if you’d like to talk about these issues. Would you like the toll-free number?” [IF R SAYS “YES”, SAY: Someone is available 24 hours a day to provide information. **GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.**]

*“Tenemos un número de teléfono gratis si desea hablar de estos temas. ¿Desea que le dé ese número gratis?”*

[IF R SAYS “YES”, SAY: Hay alguien disponible 24 horas al día para dar información. **GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.**]

**B.) ELSE IF QA09\_J24 THROUGH QA09\_J28 = -7 (DON’T KNOW) OR -8 (REFUSED) SAY:**

“Someone is available 24 hours a day to listen and provide information.” **GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.**]

*“Hay alguien disponible 24 horas al día para dar información.” GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]*

**QA09\_J34** Now I'd like to ask about care giving.

*Ahora me gustaría hacerle preguntas acerca del cuidado de otras personas.*

Some people provide help to a family member or friend who has a long-term illness or disability. This may include help with things they can no longer do for themselves.

*Algunas personas ayudan a un pariente o un amigo que tiene una enfermedad o una incapacidad a largo plazo. Esto podría incluir ayudarles a hacer cosas que ya no pueden hacer por si mismos.*

**AJ87**

During the past 12 months, did you provide any such help to a family member or friend?

*Durante los últimos 12 meses, ¿proporcionó usted esta clase de ayuda a un pariente o a un amigo?*

[IF NEEDED, SAY: "This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, or just checking in to see how they are doing."]

[IF NEEDED, SAY: "*Esto podría incluir ayuda para bañarse, tomar medicinas, hacer tareas domésticas, pagar facturas, manejar a las visitas al médico o ir a comprar comida, o simplemente visitarles para saber cómo están.*" ]

YES .....	1	
NO .....	2	[GO TO PN QA09_K1]
REFUSED .....	-7	[GO TO PN QA09_K1]
DON'T KNOW .....	-8	[GO TO PN QA09_K1]

**QA09\_J35** How many people have you provided care for in the past 12 months?

*¿A cuántas personas les ha proporcionado cuidados durante los últimos 12 meses?*

**AJ88**

ONE .....	1	
TWO.....	2	
THREE OR MORE.....	3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**PROGRAMMING NOTE QA09\_J36:**

**IF QA09\_J35 = 1 (PROVIDE CARE FOR 1 PERSON) DISPLAY "Has this person";**

**ELSE IF QA09\_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE) DISPLAY "Have any of these people"**

**QA09\_J36** {Has this person/Have any of these people} needed help for more than three months?

*Esta persona/Alguna de estas personas}, ¿ha necesitado ayuda durante más de tres meses?*

**AJ89**

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

**PROGRAMMING NOTE QA09\_J37;**

**IF QA09\_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE), DISPLAY “Think about the person you give the most care to.”**

**QA09\_J37** {Think about the person you give the most care to.}  
*{Piense en la persona a la que cuida más.}*

What is this person's relationship to you?  
*¿Qué relación tiene esta persona con usted?*

**AJ90**

HUSBAND/WIFE/SPOUSE/PARTNER .....	1
FATHER/FATHER-IN-LAW .....	2
MOTHER/MOTHER-IN-LAW .....	3
BROTHER/BROTHER-IN-LAW .....	4
SISTER/SISTER-IN-LAW .....	5
GRANDPARENT.....	6
SON/DAUGHTER .....	7
SON-IN-LAW/DAUGHTER-IN-LAW .....	8
GRANDCHILD .....	9
UNCLE/AUNT .....	10
NEPHEW/NIECE .....	11
OTHER RELATIVE .....	12
FRIEND/NEIGHBOR .....	13
OTHER NON-RELATIVE.....	14
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_J38** Do you currently provide care for {INSERT RELATIONSHIP FROM QA09\_J37}?  
*¿Proporciona usted actualmente cuidados para {su {INSERT RELATIONSHIP FROM AJ90}/esta persona}?*

**AJ101**

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

**PROGRAMMING NOTE QA09\_J39;**

**IF QA09\_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “Does”, ELSE DISPLAY “Did” and “when you were taking care of (him/her)”;**

**QA09\_J39** {Does/Did} your {INSERT RELATIONSHIP FROM QA09\_J37} live with you {when you were taking care of (him/her)}?  
*¿{Vive/ Vivía} su {INSERT RELATIONSHIP FROM QA09\_J37} con usted {cuando usted estaba cuidándolo/a}?*

**AJ91**

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

**[GO TO QA09\_J41]**

**PROGRAMMING NOTE QA09\_J40;**

**IF QA09\_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “Does”, ELSE DISPLAY “Did” and “when you were taking care of (him/her)”;**

**QA09\_J40** {Does/Did} your {INSERT RELATIONSHIP FROM QA09\_J37} live in a skilled nursing home or assisted living residence {when you were taking care of (him/her)}?  
*{Vive/ Vivía} su {INSERT RELATIONSHIP FROM QA09\_J37} en una residencia de ancianos con personal médico o en una residencia con ayuda para los residentes {cuando usted estaba cuidándolo/a}?*

**AJ92** [IF NEEDED, SAY: “Is it a nursing home or assisted living residence?”]  
[IF NEEDED, SAY: “*¿Es un hogar para ancianos o una residencia con ayuda para los residentes?*”]

NURSING HOME.....	1
ASSISTED LIVING .....	2
NEITHER .....	3
REFUSED .....	-7
DON’T KNOW .....	-8

**PROGRAMMING NOTE QA09\_J41;**

**IF QA09\_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “do”, ELSE DISPLAY “did”;**

**QA09\_J41** In a typical week, about how many hours {do/did} you spend, on average, helping your {INSERT RELATIONSHIP FROM QA09\_J37}?  
*En una semana típica, ¿cuántas horas {pasa/pasaba} usted, como promedio, ayudando a {INSERT RELATIONSHIP FROM QA09\_J37}?*

**AJ93** \_\_\_\_\_ HOURS OR  
\_\_\_\_\_  
\_\_\_\_\_ DAYS

REFUSED .....	-7
DON’T KNOW .....	-8

**PROGRAMMING NOTE QA09\_J42;**

**IF QA09\_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “Do” AND “spend”, ELSE DISPLAY “Did” AND “spent”;**

**QA09\_J42** {Do/Did} you get paid for any of the time you {spend/spent} helping your {INSERT RELATIONSHIP FROM QA09\_J37}?  
*{Recibe/ Recibió} usted algún pago por cualquier parte del tiempo que {pasa/pasó} ayudando a su {INSERT RELATIONSHIP FROM QA09\_J37}?*

**AJ94** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON’T KNOW ..... -8

**PROGRAMMING NOTE QA09\_J43;**

**IF QA09\_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “have you been taking”, ELSE DISPLAY “did you take”;**

**QA09\_J43** How long {have you been taking/did you take} care of your {INSERT RELATIONSHIP FROM QA09\_J37} because of {his/her} disability or illness?  
*¿Cuánto tiempo {lleva cuidando/cuidó} usted a su {INSERT RELATIONSHIP FROM AJ90} debido a su incapacidad o enfermedad?*

**AJ95**

\_\_\_\_ MONTHS

\_\_\_\_ YEARS

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

**QA09\_J44** Have you ever used a service for respite care to temporarily take care of your {INSERT RELATIONSHIP FROM QA09\_J37} so you could get some time away?

*¿Ha utilizado alguna vez un servicio de alivio que cuide temporalmente a {su {INSERT RELATIONSHIP FROM AJ90}/esta persona} para que usted pueda tener algún tiempo libre?*

[IF NEEDED, SAY: “Respite care is short term care that helps a family take a break from the daily routine and stress of helping with the care of another. It can be given in the person’s home or in a choice of out of home settings. It can range from a couple hours per week to a few weeks.”]

[IF NEEDED, SAY: “Cuidado de alivio es cuidado por un corto plazo que ayuda a una familia a tomarse un descanso de la rutina diaria y del estrés de ayudar a cuidar a otra persona. Puede hacerse en la casa de la persona o en varios lugares fuera de la casa. Puede variar desde un par de horas por semana hasta unas cuantas semanas.”]

**AJ96**

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

**PROGRAMMING NOTE QA09\_J45;**

**IF QA09\_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “hay” AND “hace”, ELSE DISPLAY “había” AND “hacía”;**

**QA09\_J45** If you were unable to help your {INSERT RELATIONSHIP FROM QA09\_J37}, {is/was} there someone else who would do the things you {do/did}?  
 *Cuando usted no {puede/podía} ayudar a su {INSERT RELATIONSHIP AJ90}, ¿{hay/había} alguien más que {hace/hacía} las mismas cosas que usted?*

**AJ97**

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

**PROGRAMMING NOTE QA09\_J46;**

**IF QA09\_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "last month", ELSE DISPLAY "when you were providing care";**

**QA09\_J46** Was your {INSERT RELATIONSHIP FROM QA09\_J37} receiving Medi-Cal {the last month/when you were providing care}?

*¿Estaba recibiendo Medi-Cal su {INSERT RELATIONSHIP FROM AJ90} {el último mes/cuando usted le estaba ayudando}?*

**AJ98**

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

**QA09\_J47** Have you attended any Medi-Cal trainings for long-term caregivers?

*¿Ha asistido a alguno de los programas de capacitación de Medi-Cal para personas que proporcionan cuidados a largo plazo?*

**AJ99**

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

**QA09\_J48** In the past month, how much of your own money have you spent taking care of {INSERT RELATIONSHIP FROM QA09\_J37}? Would you say...

*Durante el último mes, ¿cuánto de su propio dinero ha gastado cuidando a {su {INSERT RELATIONSHIP FROM AJ90}/esta persona}? Diría usted que fue...*

**AJ100**

None,.....	.1
Ningún dinero,.....	.1
\$1-\$250,.....	.2
\$251-\$500,.....	.3
\$501-\$1000,.....	.4
\$1001-\$3000, o.....	.5
\$1001-\$3000, o.....	.5
Más de \$3000? .....	.6
Más de \$3000? .....	.6
REFUSED .....	-7
DON'T KNOW .....	-8

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

**PROGRAMMING NOTE QA09\_K1:**

**IF QA09\_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA09\_G28 = 1 (R USUALLY WORKS) CONTINUE WITH QA09\_K1;  
ELSE GO TO PROGRAMMING NOTE QA09\_K5**

**QA09\_K1** The next questions are about your employment.  
*Las preguntas siguientes se refieren a su empleo.*

How many hours per week do you usually work at all jobs or businesses?  
*¿Cuántas horas a la semana trabaja usted normalmente en todos sus empleos o negocios?*

**AK3**

**[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]**

\_\_\_\_\_ HOURS [HR: 0-95]

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

**QA09\_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."]**

\_\_\_\_\_ MONTHS [HR: 0-12]

\_\_\_\_\_ YEARS [HR: 0-50]

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

**PROGRAMMING NOTE QA09\_K3:**

**IF QA09\_G30 = 2 (GOVERNMENT EMPLOYEE), CODE QA09\_K3 = 5 AND GO TO QA09\_K4;**  
**IF QA09\_G30 = 3 (SELF-EMPLOYED), CONTINUE WITH QA09\_K3 AND DISPLAY "Including yourself, about" and "you";**  
**ELSE CONTINUE WITH QA09\_K3 AND DISPLAY "About" and "your employer";**

**QA09\_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 10 .....	1
10-50 .....	2
51-99 .....	3
100-999 .....	4
1,000 OR MORE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_K4:**

**IF QA09\_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA09\_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA09\_K4;**  
**ELSE SKIP TO PROGRAMMING NOTE QA09\_K5**

**QA09\_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 suyas el mes pasado antes de impuestos y de otras deducciones de todos los trabajos y negocios, incluyendo sueldos por hora, salarios, propinas y comisiones?*

**AK10**

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

\$ \_\_\_\_\_ AMOUNT [HR: 0-999995]

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

**PROGRAMMING NOTE QA09\_K5;**

IF QA09\_G31 = [1 (SPOUSE WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA09\_G32 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA09\_K5 AND:  
 IF QA09\_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND  
 DOES NOT HAVE A JOB) AND QA09\_G28 ≠ 1 (R DOES NOT USUALLY WORK), DISPLAY "The  
 next question is about your spouse's employment."

IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN IF  
 QA09\_A5 = 1 (MALE) DISPLAY "wife"; IF QA09\_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY  
 "spouse";  
 ELSE SKIP TO QA09\_K7

**QA09\_K5** {The next question is about your spouse's employment.}

{Las siguientes preguntas se refieren al empleo de su {esposo/esposa}.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or  
 businesses?

*¿Cuántas horas trabaja normalmente a la semana su {esposo/esposa} en todos los empleos o  
 negocios que tiene?*

**AK20**

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

\_\_\_\_\_ HOURS [HR: 0-95]

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

**PROGRAMMING NOTE QA09\_K6:**

IF QA09\_K5 > 0 CONTINUE WITH QA09\_K6;  
 ELSE GO TO QA09\_K7

**QA09\_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 [HR: 0-999995]

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

**QA09\_K7** What is your best estimate of your household's total annual income from all sources before taxes in 2008?

*¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de los impuestos en el año 2008?*

**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 [HR: 0-999995]

REFUSED .....	-7	[GO TO PN QA09_K9]
DON'T KNOW .....	-8	[GO TO PN QA09_K9]

**QA09\_K8** PLEASE VERIFY AMOUNT ENTERED:

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 PN QA09_K15]
NO .....	2	[GO BACK TO QA09_K7]

**PROGRAMMING NOTE QA09\_K9:**

**IF QA09\_K7 = -7 OR -8 CONTINUE WITH QA09\_K9;  
ELSE GO TO PROGRAMMING NOTE QA09\_K15**

**QA09\_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 QA09_K11]
EQUAL TO \$20K OR LESS.....	2	
REFUSED .....	-7	[GO TO PN QA09_K15]
DON'T KNOW .....	-8	[GO TO PN QA09_K15]

**QA09\_K10** Is it ...  
*¿Es ...*

**AK12**

\$5,000 or less,.....	1	[GO TO PN QA09_K15]
\$5,000 o menos, o .....	1	[GO TO PN QA09_K15]
\$5,001 to \$10,000, .....	2	[GO TO PN QA09_K15]
\$5,001 a \$10,000, o .....	2	[GO TO PN QA09_K15]
\$10,001 to \$15,000, or.....	3	[GO TO PN QA09_K15]
\$10,001 a \$15,000, o .....	3	[GO TO PN QA09_K15]
\$15,001 to 20,000? .....	4	[GO TO PN QA09_K15]
\$15,001 a 20,000? .....	4	[GO TO PN QA09_K15]
REFUSED .....	-7	[GO TO PN QA09_K15]
DON'T KNOW .....	-8	[GO TO PN QA09_K15]

**QA09\_K11** Is it more or less than \$70,000 per year?  
*¿Es más o menos de \$7,000 al año?*

**AK13**

MORE .....	1	[GO TO QA09_K13]
EQUAL TO \$70K OR LESS.....	2	[GO TO PN QA09_K15]
REFUSED .....	-7	[GO TO PN QA09_K15]
DON'T KNOW .....	-8	[GO TO PN QA09_K15]

**QA09\_K12** Is it ...  
*¿Es ...*

**AK14**

\$20,001 to \$30,000, .....	1	[GO TO PN QA09_K15]
\$20,001 a \$30,000, o .....	1	[GO TO PN QA09_K15]
\$30,001 to \$40,000, .....	2	[GO TO PN QA09_K15]
\$30,001 a \$40,000, o .....	2	[GO TO PN QA09_K15]
\$40,001 to \$50,000, .....	3	[GO TO PN QA09_K15]
\$40,001 a \$50,000, o .....	3	[GO TO PN QA09_K15]
\$50,001 to \$60,000, or.....	4	[GO TO PN QA09_K15]
\$50,001 a \$60,000, o .....	4	[GO TO PN QA09_K15]
\$60,001 to \$70,000? .....	5	[GO TO PN QA09_K15]
\$60,001 a \$70,000? .....	5	[GO TO PN QA09_K15]
REFUSED .....	-7	[GO TO PN QA09_K15]
DON'T KNOW .....	-8	[GO TO PN QA09_K15]

**QA09\_K13** Is it more or less than \$135,000 per year?  
*¿Es más o menos de \$135,000 al año?*

**AK15**

MORE .....	1	[GO TO PN QA09_K15]
EQUAL TO \$135K OR LESS.....	2	[GO TO PN QA09_K15]
REFUSED .....	-7	[GO TO PN QA09_K15]
DON'T KNOW .....	-8	[GO TO PN QA09_K15]

**QA09\_K14** Is it ...  
*¿Es....*

**AK16**

\$70,001 to \$80,000, .....	1
\$70,001 a \$80,000, o .....	1
\$80,001 to \$90,000, .....	2
\$80,001 a \$90,000, o .....	2
\$90,001 to \$100,000, .....	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 QA09\_K15:**  
**IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA09\_K17;**  
**ELSE CONTINUE WITH QA09\_K15**

**QA09\_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 [HR: 1-20]

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

**PROGRAMMING NOTE QA09\_K16:**  
**QA09\_K16 MUST BE LESS THAN QA09\_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) =**  
**QA09\_K15 GO TO PROGRAMMING NOTE QA09\_K17;**  
**ELSE CONTINUE WITH QA09\_K16**

**QA09\_K16** How many of these {INSERT NUMBER FROM QA09\_K15} people are children under the age of 18?  
*¿Cuántas de estas {INSERT NUMBER FROM QA09\_K15} personas son niños menores de 18 años de edad?*

**AK18**

\_\_\_\_\_ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

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

**PROGRAMMING NOTE QA09\_K17:**

OBTAINTHE FEDERAL POVERTY 100%, 130%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2008 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA09\_K15 AND QA09\_K16 RESPECTIVELY.

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2008 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 2008" 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 QA09\_K15 OR QA09\_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCTN) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA09\_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, OR
- 5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA09\_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09\_K10, QA09\_K12, OR QA09\_K14 OR QA09\_K9 = -7 OR QA09\_K11 = -7 OR QA09\_K13 = -7, ASK QA09\_K17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA09\_K18

**QA09\_K17** I need to ask just one or two more questions about income.  
*Necesito hacerle una o dos preguntas más acerca de su ingreso.*

Was your total annual household income before taxes less than or more than \${POVRT100}?  
*El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de \${POVRT100}, o más?*

**AK18A**

EQUAL TO OR LESS .....	1	[GO TO PN QA09_K21]
MORE .....	2	
REFUSED .....	-7	[GO TO PN QA09_K21]
DON'T KNOW .....	-8	[GO TO PN QA09_K21]

**PROGRAMMING NOTE QA09\_K18:**

**IF QA09\_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09\_K10, QA09\_K12, OR QA09\_K14 OR IF QA09\_K9 = -7 OR QA09\_K11 = -7 OR QA09\_K13= -7, CONTINUE WITH QA09\_K18 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);  
ELSE GO TO PROGRAMMING NOTE QA09\_K20**

- QA09\_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 PN QA09_K20]
REFUSED .....	-7	[GO TO PN QA09_K21]
DON'T KNOW .....	-8	[GO TO PN QA09_K21]

**PROGRAMMING NOTE QA09\_K19:**

**IF QA09\_K18 = 1 ( $\leq$  200% FPL), CONTINUE WITH QA09\_K19 USING POVRT130 (130% POVERTY CUTOFF DISPLAY AMOUNT);  
ELSE SKIP TO QA09\_K20**

- QA09\_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	[GO TO PN QA09_K21]
MORE .....	2	[GO TO PN QA09_K21]
REFUSED .....	-7	[GO TO PN QA09_K21]
DON'T KNOW .....	-8	[GO TO PN QA09_K21]

**PROGRAMMING NOTE QA09\_K20:**

**IF QA09\_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09\_K10, QA09\_K12, OR QA09\_K14 OR IF QA09\_K9 = -7 OR QA09\_K11= -7 OR QA09\_K13 = -7, CONTINUE WITH QA09\_K20 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT) AND:**

**IF NEITHER QA09\_K17 OR QA09\_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 QA09\_K21**

- QA09\_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
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_K21:**

**IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA09\_K21;  
ELSE GO TO QA09\_L1**

- QA09\_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 comentarios que la gente ha hecho sobre su situación en cuanto a la comida. Para cada una, por favor dígame si lo que yo digo es algo que fue cierto frecuentemente, fue cierto algunas veces, o no, nunca fue cierto en su hogar en los últimos 12 meses:*

"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

- QA09\_K22** The second statement is: "{I/We} couldn't afford to eat balanced meals."  
*La segunda declaración es: "{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 esto cierto frecuentemente, fue cierto algunas veces, o nunca fue cierto en su hogar en los últimos 12 meses?*

**AM2**

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

**QA09\_K23** Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?  
*Por favor dígame sí o no. En los últimos 12 meses, ¿usted y otros adultos de su hogar alguna vez reducieron el tamaño de sus comidas o dejaron de comer porque no había suficiente dinero para alimentos?*

**AM3**

YES .....	.1	
NO .....	.2	[GO TO QA09_K25]
REFUSED .....	-7	[GO TO QA09_K25]
DON'T KNOW .....	-8	[GO TO QA09_K25]

**QA09\_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 MONTH.....	.1	
SOME MONTHS BUT NOT EVERY MONTH .....	.2	
ONLY IN 1 OR 2 MONTHS.....	.3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_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**

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

**QA09\_K26** In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?  
*En los últimos 12 meses, ¿tuvo hambre alguna vez pero no comió porque no tenía dinero para comprar suficientes alimentos?*

**AM5**

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

## Section L - Public Program Participation

**PROGRAMMING NOTE FOR BEGINNING OF SECTION L:**  
**IF HOUSEHOLD INCOME IS  $\leq$  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 QA09\_DMAINTR1**

**QA09\_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 Temporaria 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 QA09\_L2:**  
**IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA09\_L2;  
 ELSE GO TO QA09\_L3;**

**QA09\_L2** Is (TEEN) now receiving TANF or CalWORKS?  
*¿Está {TEEN} recibiendo actualmente AFDC, 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: "*TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California.*"]

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

**QA09\_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 QA09\_L4:**  
**IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA09\_L4;**  
**ELSE GO TO PROGRAMMING NOTE QA09\_L5**

**QA09\_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

**QA09\_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 QA09\_L6:**

**IF QA09\_A5 = 2 (FEMALE) AND [QA09\_E3 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]  
CONTINUE WITH QA09\_L6;  
ELSE GO TO QA09\_L7**

**QA09\_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, lactantes y niños.*"]

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

**PROGRAMMING NOTE QA09\_L7:**

OBTAINTHE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA09\_K15.

IF QA09\_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA09\_K15 = 1 DISPLAY \$3000;  
 IF QA09\_K15 = 2 DISPLAY \$3000;  
 IF QA09\_K15 = 3 DISPLAY \$3150;  
 IF QA09\_K15 = 4 DISPLAY \$3300;  
 IF QA09\_K15 = 5 DISPLAY \$3450;  
 IF QA09\_K15 = 6 DISPLAY \$3600;  
 IF QA09\_K15 = 7 DISPLAY \$3750;  
 IF QA09\_K15 = 8 DISPLAY \$3900;

IF QA09\_K15 = 9 DISPLAY \$4050;  
 IF QA09\_K15 ≥ 10 DISPLAY \$4200;

IF QA09\_A16 = 1 (MARRIED) DISPLAY "your family's";  
 ELSE DISPLAY "your"

**QA09\_L7** Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

*Sin contar el valor de alguna casa o automóvil que es posible que usted posea, ¿diría usted que {sus bienes/ los bienes de su familia}, es decir, todo su dinero en efectivo, ahorros, inversiones, y muebles juntos valen más de {PROPERTY LIMIT}?*

**AL9**

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

**PROGRAMMING NOTE QA09\_L8:****IF QA09\_G11 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";****IF QA09\_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";****ELSE DISPLAY "you"**

**QA09\_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 esposa/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**

YES .....	.1	
NO .....	.2	[GO TO PN QA09_L10]
REFUSED .....	-7	[GO TO PN QA09_L10]
DON'T KNOW .....	-8	[GO TO PN QA09_L10]

**PROGRAMMING NOTE QA09\_L9:****IF QA09\_L8 = 1 (YES), CONTINUE WITH QA09\_L9;****IF QA09\_A16 = 1 (MARRIED) AND QA09\_G11 = 2 (SPOUSE NOT MEMBER OF HH), ASK QUESTION WITHOUT DISPLAYS;****ELSE IF QA09\_A16 = 1 (MARRIED) AND QA09\_G11 = 1 (SPOUSE IN HH), DISPLAY "combined" AND "and your spouse";****ELSE SKIP TO PROGRAMMING NOTE QA09\_L10**

**QA09\_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 QA09\_L10:****IF QA09\_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";****IF QA09\_G11 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";****ELSE DISPLAY "you"**

**QA09\_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 QA09_L12]
REFUSED .....	-7	[GO TO QA09_L12]
DON'T KNOW .....	-8	[GO TO QA09_L12]

**PROGRAMMING NOTE QA09\_L11:**

**IF QA09\_A16 = 2 (LIVING WITH PARTNER) DISPLAY "you or your partner or both of you";  
 IF QA09\_G11 = 1 (SPOUSE LIVES IN HH) DISPLAY "you or your spouse or both of you";  
 ELSE DISPLAY "you"**

**QA09\_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 [000001-999995]

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

**PROGRAMMING NOTE QA09\_L12:**

**IF AGE  $\geq$  65 AND QA09\_A16  $\neq$  1 (NOT MARRIED) CONTINUE WITH QA09\_L12 AND DISPLAY "you";  
 IF AGE  $\geq$  65 AND QA09\_A16 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA09\_L12 AND DISPLAY "you or your partner";  
 IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA09\_A16 = 1 (MARRIED) AND QA09\_G11 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA09\_L12 AND DISPLAY "you or your spouse";  
 ELSE GO TO PROGRAMMING NOTE QA09\_L14**

**QA09\_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**

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

[GO TO PN QA09\_L14]

**QA09\_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 [000001-999995]

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

**PROGRAMMING NOTE QA09\_L14:**  
**IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA09\_L14;**  
**ELSE GO TO PN QA09\_L15**

**QA09\_L14** What is the one main reason why you are not enrolled in the Medi-Cal program?  
*¿Cuál es la razón principal por la cual no está inscrito en el programa Medi-Cal?*

**AL19**

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

**PROGRAMMING NOTE QA09\_L15:**

**IF QA09\_L1 = 1 (HAS TANF) OR QA09\_L5 =1 (HAS SSI) OR QA09\_G8 = 2 (IS NON-CITIZEN) OR  
 [ARINSURE = 1 (INSURED) AND ARMCAL ≠ 1 (DOES NOT HAVE MEDI-CAL) AND QA09\_H62 = 1 (SAME  
 INSURANCE FOR PAST 12 MONTHS) AND QA09\_I1 = 1 OR -1 (CHILD HAS SAME INSURANCE AS R) OR  
 QA09\_I35 = 1 OR -1 (TEEN HAS SAME INSURANCE AS R)] OR [18<AGE<64 AND NO ELIGIBLE CHILD  
 OR TEEN IN HH], THEN SKIP TO PROGRAMMING NOTE QA09\_DMAINTR1 (NEXT SECTION);  
 ELSE IF ARMCAL = 1 AND QA09\_H62 = 1 (HAD MEDI-CAL FOR PAST 12 MONTHS), THEN SKIP TO  
 QA09\_L19;  
 ELSE CONTINUE WITH QA09\_L15 AND IF KIDCNT > 0 DISPLAY “or your child”**

**QA09\_L15** In the past 12 months, did you apply for Medi-Cal for yourself {or your child}?  
*Durante los 12 meses pasados, ¿ha solicitado los servicios de Medi-Cal para usted {o para su hijo(a)}?*

**AL23**

YES .....	1	
NO .....	2	[GO TO QA09_L17]
REFUSED .....	-7	[GO TO QA09_L17]
DON'T KNOW .....	-8	[GO TO QA09_L17]

**QA09\_L16** Was your application for Medi-Cal approved with full benefits, approved with reduced benefits, denied, or are you still waiting for approval?  
*Su solicitud de Medi-Cal, ¿fue aprobada con beneficios completos, aprobada con beneficios reducidos, negada, o está usted esperando todavía la aprobación?*

**AL24**

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

[IF NEEDED, SAY: "What is your current status?"]  
[IF NEEDED, SAY: "¿Cuál es su situación presente?"]

APPROVED WITH FULL BENEFITS .....	1	[GO TO PN QA09_L19]
APPROVED WITH REDUCED BENEFITS .....	2	[GO TO PN QA09_L19]
WAITING FOR APPROVAL.....	3	[GO TO PN QA09_L19]
DENIED BENFITS .....	4	[GO TO PN QA09_L19]
REFUSED .....	-7	[GO TO PN QA09_L19]
DON'T KNOW .....	-8	[GO TO PN QA09_L19]

**PROGRAMMING NOTE QA09\_L17:**

**IF KIDCNT > 0, DISPLAY "or your child"**

**QA09\_L17** Was not having proof of citizenship, such as a birth certificate, a reason why you did not apply for Medi-Cal for yourself {or your child}?  
*¿Fue no tener prueba de su ciudadanía, como un certificado de nacimiento, una razón por la que no solicitó Medi-Cal para usted {o su hijo/hija}?*

**AL25**

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

**PROGRAMMING NOTE QA09\_L18:**

**IF KIDCNT > 0, DISPLAY "or your child"**

**QA09\_L18** Was not having proof of identity, such as a picture ID, a reason why you did not apply for Medi-Cal for yourself {or your child}?  
*¿Fue no tener prueba de su ciudadanía, como una identificación con su fotografía, una razón por la que no solicitó Medi-Cal para usted {o su hijo/hija}?*

**AL26**

YES .....	1	[GO TO QA09_DMAINTR1]
NO .....	2	[GO TO QA09_DMAINTR1]
REFUSED .....	-7	[GO TO QA09_DMAINTR1]
DON'T KNOW .....	-8	[GO TO QA09_DMAINTR1]

**QA09\_L19** Did the Medi-Cal program ask you for proof of identity and/or citizenship?  
*¿Le pidió el programa Medi-Cal una prueba de su identidad y/o de su ciudadanía?*

**AL27**

[IF NEEDED, SAY: "Proof of identity could be an original driver's license, passport, school ID card, school records or affidavit. Proof of citizenship could be an original birth certificate, passport, certificate of naturalization, or affidavit."]

[IF NEEDED, SAY: "*Una prueba de identidad podría ser una licencia de manejar original, un pasaporte, una tarjeta de identificación de la escuela, sus informes escolares o un affidavit. Una prueba de ciudadanía podría ser un certificado original de nacimiento, un pasaporte, un certificado de naturalización o un affidavit.*" ]

YES .....	1	
NO .....	2	[GO TO QA09_DMAINTR1]
REFUSED .....	-7	[GO TO QA09_DMAINTR1]
DON'T KNOW .....	-8	[GO TO QA09_DMAINTR1]

**PROGRAMMING NOTE QA09\_L20:**

IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)],  
 THEN IF KIDCNT > 1, DISPLAY "yourself or your children";  
 IF KIDCNT = 1, DISPLAY "yourself or your child";  
 ELSE IF (ARMCAL ≠ 1 OR QA09\_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)], THEN IF KIDCNT > 1, DISPLAY "your children";  
 IF KIDCNT = 1, DISPLAY "your child";  
 ELSE IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09\_I62 ≠ 1)], THEN DISPLAY "yourself"

**QA09\_L20** Did you have a problem giving proof of identity for {yourself/your child/your children/yourself or your child/yourself or your children}?  
*¿Tuvo usted algún problema para presentar pruebas de su propia identidad, o la identidad de {su hijo(a)/sus hijos/usted o su hijo(a)/usted o sus hijos}?*

**AL28**

[IF NEEDED, SAY: "Proof of identity could be an original driver's license, passport, school ID card, school records or affidavit."]

[IF NEEDED, SAY: "*Una prueba de identidad podría ser una licencia de manejar original, un pasaporte, una tarjeta de identificación de la escuela, los informes escolares o un affidavit.*" ]

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

**PROGRAMMING NOTE QA09\_L21:**

IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR IQA09\_I62 = 1)],  
 THEN IF KIDCNT > 1, DISPLAY "yourself or your children";  
 IF KIDCNT = 1, DISPLAY "yourself or your child";  
 ELSE IF (ARMCAL ≠ 1 OR QA09\_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)], THEN IF KIDCNT > 1, DISPLAY "your children";  
 IF KIDCNT = 1, DISPLAY "your child";  
 ELSE IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09\_I62 ≠ 1)], THEN DISPLAY "yourself"

**QA09\_L21** Did you have a problem giving proof of citizenship for {yourself/your child/your children/yourself or your child/yourself or your children}?

*¿Tuvo usted algún problema para presentar prueba de su ciudadanía, o la ciudadanía de {su hijo(a)/sus hijos/usted o su hijo(a)/usted o sus hijos}?*

**AL29**

[IF NEEDED, SAY: "Proof of citizenship could be an original birth certificate, passport, certificate of naturalization, or affidavit."]

[IF NEEDED, SAY: "*Una prueba de ciudadanía podría ser un certificado de nacimiento, un pasaporte, un certificado de naturalización o un afidávit.*" ]

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

**PROGRAMMING NOTE QA09\_L22:**

IF QA09\_L20 = 1 OR QA09\_L21 = 1, CONTINUE WITH QA09\_L22 AND DISPLAY:

"you or your children's" IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT > 1;

"you or your child's" IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT = 1;

"your children's" IF (ARMCAL ≠ 1 OR QA09\_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT > 1;

"your child's" IF (ARMCAL ≠ 1 OR QA09\_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT = 1;

"your", IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09\_I62 ≠ 1)];

ELSE GO TO QA09\_DMAINTR1

**QA09\_L22** Were {your/your child's/your children's/you or your child's/you or your children's} Medi-Cal benefits delayed as a result of problems getting documents?

*¿Han retrasado los beneficios de Medi-Cal para {usted/sus hijo(a)/sus hijos/usted o su hijo(a)/usted o sus hijos} debido a problemas para obtener documentos?*

**AL30**

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

**PROGRAMMING NOTE QA09\_L23:****DISPLAY:**

"you or your children's" IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT > 1;  
 "you or your child's" IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT = 1;  
 "your children's" IF (ARMCAL ≠ 1 OR QA09\_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT > 1;  
 "your child's" IF (ARMCAL ≠ 1 OR QA09\_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09\_I62 = 1)] AND KIDCNT = 1;  
 "your" IF (ARMCAL = 1 OR QA09\_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09\_I62 ≠ 1)]

**QA09\_L23** Were {your/your child's/your children's/you or your child's/you or your children's} Medi-Cal benefits reduced as a result of problems getting documents?  
*¿Han reducido los beneficios de Medi-Cal para {usted/sus hijo(a)/sus hijos/usted o su hijo(a)/usted o sus hijos} debido a problemas para obtener documentos?*

**AL31**

[IF NEEDED, SAY: "Reducir sus beneficios significa que Medi-Cal solamente pagará por el cuidado de su salud si se trata de una emergencia o si usted está embarazada."]  
 [IF NEEDED, SAY: "Reducir sus beneficios significa que Medi-Cal solamente pagará por el cuidado de su salud si se trata de una emergencia o si usted está embarazada."]

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

## Section DM – Discrimination Module

*NOTE: The CHIS 2009 discrimination module is being sponsored by the National Cancer Institute and the Office of Behavior and Social Sciences Research at the National Institutes of Health for developmental purposes.*

**PROGRAMMING NOTE QA09\_DMAINTR1:**

**IF DMSAMP = 0, SKIP TO NEXT SECTION;**  
**ELSE IF DMSAMP = 1 AND RANNU2 < 5000 (VERSION A), SKIP TO DMINTRO;**  
**ELSE IF DMSAMP = 1, CONTINUE WITH DMAINTR1 AND IF DMRECORD = 1, RESUME RECORDING (BEGIN SEGMENT 2)**

**QA09\_DMAINTR1**

For this next section of the survey, I will need to refer to your background—that is, your race or ethnicity—so need to find out how you think of yourself.

*Para esta sección del estudio, necesitaré consultar su historial - es decir, su raza o grupo étnico por eso tengo que saber qué piensa usted de sí mismo(a).*

**DMAINTR1****PROGRAMMING NOTE QA09\_DMA1:**

**IF QA09\_A6 = 1 (LATINO/HISPANIC) AND [QA09\_A8 = 1 (WHITE), 91 (OTHER) -7/-8 (REF/DK)]**  
**IF QA09\_A5 = 1 OR -7 (MALE OR REFUSED), DISPLAY "Latino, as Hispanic";**  
**IF QA09\_A5 = 2 (FEMALE), DISPLAY "Latina, as Hispanic";**

**IF QA09\_A6 = 1 (LATINO/HISPANIC) AND [QA09\_A8 = 2 (BLACK/AFRICAN AMERICAN), 3 (ASIAN), 4 (OTHER PACIFIC ISLANDER), OR 6 (NATIVE HAWAIIAN)], DISPLAY "Non-AI/AN Multiracial"**

**ELSE IF QA09\_A6 = 1 (LATINO/HISPANIC) AND QA09\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), DISPLAY "Native American";**

**IF QA09\_A6 = 2 (NOT LATINO/HISPANIC),**  
**AND IF QA09\_A8 = 1 (WHITE), DISPLAY "White";**  
**AND IF QA09\_A8 = 2 (BLACK/AFRICAN AMERICAN, DISPLAY "Black, as African American";**  
**AND IF QA09\_A8 = 3 (ASIAN), DISPLAY "Asian";**  
**AND IF QA09\_A8 = 4 (AMERICAN INDIAN/ALASKA NATIVE), DISPLAY "American Indian, as Native American";**  
**AND IF QA09\_A8 = 5 (OTHER PACIFIC ISLANDER), DISPLAY "Pacific Islander";**  
**AND IF QA09\_A8 = 6 (NATIVE HAWAIIAN), DISPLAY "Native Hawaiian";**  
**AND IF QA09\_A8 IS MORE THAN ONE RACE (EXCLUDING NATIVE HAWAIIAN), DISPLAY "Non-AI/AN Multiracial ";**

**QA09\_DMA1** Do you think of yourself as {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, or is there some other term that you think better describes you?  
*¿Se considera {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, o hay otro término que le describe mejor?*

**DMA1**

LATINO/LATINA.....	1
HISPANIC .....	2
CHINESE .....	3
CHINESE-AMERICAN.....	4
KOREAN .....	5
KOREAN-AMERICAN.....	6
VIETNAMESE .....	7
VIETNAMESE-AMERICAN.....	8
ASIAN .....	9
ASIAN-AMERICAN .....	10
OTHER (SPECIFY: _____) .....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_DMINTRO**

These next questions are about things that may happen to you in your day-to-day life. The questions ask about times and places where you were treated unfairly. Again, you don't have to answer any of these that you don't want to. All of the information you tell us will be kept private, and your answers will be used only for this survey.

*Las preguntas siguientes se tratan de cosas que pueden sucederle a usted en su vida cotidiana. Las preguntas son sobre momentos y lugares donde le trajeron injustamente. Recuerde que no tiene que responder a ninguna pregunta si no lo desea. Toda la información que nos dé se mantendrá confidencial y utilizaremos sus respuestas solamente para este estudio.*

**DMINTRO****QA09\_DMBINTRO**

First, think about your experiences in the past 12 months. How often have any of the following things happened to you?

*Primero, piense en sus experiencias en los 12 últimos meses, ¿con qué frecuencia le ha pasado alguna de estas cosas?*

**DMBINTRO**

**PROGRAMMING NOTE QA09\_DMB1:**

**FOR BOTH VERSIONS OF DISCRIMINATION MODULE ASK ITEMS DMB1 TO DMB8 IN RANDOM ORDER;  
IF RANNUML ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM  
QA09\_DMA1)”**

**QA09\_DMB1** In the past 12 months, how often have you been treated with less respect than other people {because you are (FILL RACE/ETHNICITY FROM DMA1\_1)}? Would you say...

*En los últimos 12 meses, ¿con qué frecuencia le han tratado a usted con menos respeto que otras personas {porque usted es (FILL RACE/ETHNICITY FROM DMA1\_1)}? ¿Diría usted...*

**DMB1**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB2:**

**IF RANNUML ≥ 5000 (VERSION B), DISPLAY, “or been discriminated against” and “because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMB2** In the past 12 months, how often have you been treated unfairly {or been discriminated against} at restaurants or stores {because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...

*En los últimos 12 meses, ¿con qué frecuencia le han tratado injustamente {o ha sido discriminado(a)} en restaurantes o tiendas {porque usted es (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted...*

**DMB2**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB3:**

**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)”**

- QA09\_DMB3** In the past 12 months, how often have people criticized your accent or the way you speak {because you are (RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...  
*En los últimos 12 meses, ¿con qué frecuencia ha criticado la gente su acento o su modo de hablar {porque usted es (RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted...*

**DMB3**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB4:**

**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)”**

- QA09\_DMB4** In the past 12 months, how often have people acted as if they think you are not smart {because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...  
*En los últimos 12 meses, ¿con qué frecuencia ha actuado la gente como si creyeran que usted no es listo(a) {porque usted es (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted...*

**DMB4**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB5:**

**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMB5** In the past 12 months, how often have people acted as if they are afraid of you {because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...

*En los últimos 12 meses, ¿con qué frecuencia ha actuado la gente como si le tuvieran miedo {porque usted es (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted...*

**DMB5**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB6:**

**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMB6** In the past 12 months, how often have people acted as if they think you are dishonest {because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...

*En los últimos 12 meses, ¿con qué frecuencia ha actuado la gente como si creyeran que usted es deshonesto(a) {porque usted es (FILL RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted ...*

**DMB6**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB7:**

**IF RANNUML ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)”**

- QA09\_DMB7** In the past 12 months, how often have people acted as if they're better than you are {because you are (RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...  
*En los últimos 12 meses, ¿con qué frecuencia ha actuado la gente como si fueran mejores que usted {porque usted es (RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted...*

**DMB7**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB8:**

**IF RANNUML ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09\_DMA1)”**

- QA09\_DMB8** In the past 12 months, how often have you been threatened or harassed {because you are (RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...  
*En los últimos 12 meses, ¿con qué frecuencia le han amenazado u hostigado {porque usted es (RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted ...*

**DMB8**

Never,	1
Nunca,	1
Rarely,	2
Casi nunca,	2
Sometimes, or	3
Algunas veces, o.	3
Often?	4
Con frecuencia?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QA09\_DMB9A:****IF QA09\_DMB1 THROUGH QA09\_DMB8 = 1 (NEVER), THEN SKIP TO QA09\_DMC1;****ELSE IF VERSION B, THEN SKIP TO QA09\_DMB10;****ELSE CONTINUE WITH QA09\_DMB9A**

**QA09\_DMB9A** Now, I'm going to ask you why you may have been treated unfairly. Please answer the following questions with a yes or no.

*Ahora, le voy a preguntar acerca de por qué le podrían haber tratado injustamente. Favor de contestar las siguientes preguntas con "sí" o "no".*

**DMB9A****[CODE ALL THAT APPLY]**

	YES	NO	REF	DK
1. In the past 12 months, have you been treated unfairly because of your ancestry or national origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Durante los últimos 12 meses, ¿le han tratado injustamente debido a su ascendencia u origen nacional?</i>				
2. In the past 12 months, have you been treated unfairly because of your gender or sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Durante los últimos 12 meses, ¿le han tratado injustamente debido a su género o sexo?</i>				
3. [In the past 12 months, have you been treated unfairly] ...because of your race or skin color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Durante los últimos 12 meses, ¿le han tratado injustamente]...debido a su raza o color de la piel?</i>				
4. [In the past 12 months, have you been treated unfairly] ...because of your age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Durante los últimos 12 meses, ¿le han tratado injustamente]...debido a su edad?</i>				
5.[In the past 12 months, have you been treated unfairly] ...because of the way you speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Durante los últimos 12 meses, ¿le han tratado injustamente]...debido a la manera en la que habla inglés?</i>				
6. [In the past 12 months, have you been treated unfairly]...because of some other reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Durante los últimos 12 meses, ¿le han tratado injustamente]...debido a cualquier otra razón?</i>				

**PROGRAMMING NOTE QA09\_DMB9A\_OV:**  
**IF QA09\_DMB9A\_6 = 1 (YES TO SOME OTHER REASON), THEN CONTINUE;**  
**ELSE GO TO PN QA09\_DMB9B;**

**QA09\_DMB9A\_OV**

What was that reason?  
*¿Cuál fue la razón?*

**DMB9A\_OV**

[INTERVIEWER NOTE: CHECK ALL THAT APPLY]  
[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]

INCOME .....	1
EDUCATION .....	2
HEIGHT OR WEIGHT .....	3
RELIGION .....	4
SEXUAL ORIENTATION .....	5
OTHER (SPECIFY: _____) .....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMB9B:**  
**IF MORE THAN ONE RESPONSE IN QA09\_DMB9A = 1 (YES), CONTINUE WITH QA09\_DMB9B AND ONLY**  
**DISPLAY “YES” RESPONSES AS CATEGORIES;**  
**ELSE CONTINUE WITH QA09\_DMB10**

**QA09\_DMB9B** Which of these do you think is the main reason why you have been treated unfairly? Was it because of...

*¿Cuál de estas cree usted que es la razón principal por la que le han tratado injustamente?*  
*¿Fue a causa de...*

**DMB9B**

Your ancestry or national origin .....	1
<i>Sus antepasados o su origen naciona{}</i> .....	1
Your gender or sex .....	2
<i>A causa de su género o sexo</i> .....	2
Your race or skin color .....	3
<i>A causa de su raza o color de la piel</i> .....	3
Your age .....	4
<i>A causa de su edad</i> .....	4
The way you speak English, or .....	5
<i>A causa de su modo de hablar inglés, o</i> .....	5
Some other reason}? (Specify: _____) .....	6
<i>Otra razón?(Specify: _____)</i> .....	6
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_DMB10** In the past 12 months, how stressful have these experiences of unfair treatment usually been for you? Would you say...

*En los últimos 12 meses, ¿cuánto estrés le han causado normalmente estas experiencias de tratamiento injusto? ¿Diría usted...*

**DMB10**

Not at all stressful.....	1
A little stressful.....	2
Somewhat stressful or .....	3
Extremely stressful?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC1:**

**IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY, “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMC1** Now, think about your entire lifetime.

*Ahora, piense en toda su vida.*

Over your entire lifetime, how often have you been treated unfairly {or been discriminated against} at school {because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)}?  
Would you say...

En toda su vida, ¿con qué frecuencia le han tratado injustamente {o ha sido discriminado(a)} en la escuela {porque usted es (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)}?  
¿Diría usted ...

**DMC1**

Never,.....	1
Nunca,.....	1
Rarely,.....	2
Casi nunca, .....	2
Sometimes, or .....	3
Algunas veces, o.....	3
Often? .....	4
Con frecuencia?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC2:**

**IF RANNUML ≥ 5000 (VERSION B), DISPLAY, “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMC2** Over your entire lifetime, how often have you been treated unfairly {or been discriminated against} at work {because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)}?  
Would you say...

*En toda su vida, ¿con qué frecuencia le han tratado injustamente {o ha sido discriminado(a)} en el trabajo {porque usted es (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)}?  
¿Diría usted...*

**DMC2**

Never,.....	1
Nunca,.....	1
Rarely,.....	2
Casi nunca, .....	2
Sometimes, or .....	3
Algunas veces, o.....	3
Often? .....	4
Con frecuencia?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC3:**

**IF RANNUML ≥ 5000 (VERSION B), DISPLAY “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMC3** [Over your entire lifetime,] how often have you been treated unfairly {or been discriminated against} when getting medical care {because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)? Would you say...]

*[En toda su vida,] ¿Con qué frecuencia le han tratado injustamente {o ha sido discriminado(a)} cuando recibió atención médica {porque usted es (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)? ¿Diría usted...*

**DMC3**

Never,.....	1
Nunca,.....	1
Rarely,.....	2
Casi nunca, .....	2
Sometimes, or .....	3
Algunas veces, o.....	3
Often? .....	4
Con frecuencia?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC4:**

**IF RANNUML ≥ 5000 (VERSION B), DISPLAY “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMC4** [Over your entire lifetime,] how often have you been treated unfairly {or been discriminated against} by the police and the courts {because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...

[*En toda su vida,] ¿Con cuánta frecuencia le han tratado injustamente {o ha sido discriminado(a)} por la policía y los tribunales {porque usted es (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)}?*] *¿Diría usted...*

**DMC4**

Never,.....	1
Nunca,.....	1
Rarely,.....	2
Casi nunca, .....	2
Sometimes, or .....	3
Algunas veces, o.....	3
Often? .....	4
Con frecuencia?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC5:**

**IF RANNUML ≥ 5000 (VERSION B), DISPLAY “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09\_DMA1)”**

**QA09\_DMC5** [Over your entire lifetime,] how often would you say you have been treated unfairly {or been discriminated against} in other situations {because you are (RACE/ETHNICITY FROM QA09\_DMA1)}? Would you say...

[*En toda su vida,] ¿Con qué frecuencia le han tratado injustamente {o ha sido discriminado(a)} en otras situaciones {porque usted es (RACE/ETHNICITY FROM QA09\_DMA1)}? ¿Diría usted ...*

**DMC5**

Never,.....	1
Nunca,.....	1
Rarely,.....	2
Casi nunca, .....	2
Sometimes, or .....	3
Algunas veces, o.....	3
Often? .....	4
Con frecuencia?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC5\_OV:**

**IF QA09\_DMC5 = 3 OR 4 (SOMETIMES OR OFTEN), THEN CONTINUE WITH QA09\_DMC5\_OV;  
ELSE GO TO PN QA09\_DMC6A**

**QA09\_DMC5\_OV**

And where did that happen?  
¿Y dónde sucedió eso?

**DMC5A****[INTERVIEWER NOTE: CHECK ALL THAT APPLY]**

RESTAURANTS/STORES .....	1
WORK .....	2
ON THE STREET OR IN A PUBLIC SETTING .....	3
SPECIFIC GEOGRAPHIC LOCATION .....	4
POLICE/COURTS.....	5
OTHER: _____	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC6A:**

**IF (QA09\_DMC1-QA09\_DMC5 = 1 (NEVER) AND AT LEAST 1 RESPONSE IN QA09\_DMB1-QA09\_DMB8 ≠ 1 (NEVER), SKIP TO QA09\_DMD1;**  
**ELSE IF ALL RESPONSES TO QA09\_DMC1-QA09\_DMC5 = 1 (NEVER) AND ALL RESPONSES TO QA09\_DMB1-QA09\_DMB8 = 1 AND RANNUML2 ≥ 5000 (VERSION B), SKIP TO DMRESRC1;**  
**ELSE IF ALL RESPONSES TO QA09\_DMC1-QA09\_DMC5 = 1 (NEVER) AND ALL RESPONSES TO QA09\_DMB1-QA09\_DMB8 = 1 AND RANNUML2 < 5000 (VERSION A), SKIP TO DMAINTR2;**  
**ELSE IF VERSION B, THEN SKIP TO QA09\_DMC7;**  
**ELSE CONTINUE WITH QA09\_DMC6A**

**QA09\_DMC6A** Now, I'm going to ask you why you may have been treated unfairly. Please answer the following questions with a yes or no.

*Ahora, le voy a preguntar acerca de por qué podrían haberle tratado injustamente. Favor de contestar las siguientes preguntas con "sí" o "no".*

**DMC6A****[CODE ALL THAT APPLY]**

YES    NO    REF    DK

1. Over your entire lifetime, have you been treated unfairly because of your ancestry or national origin?

*Alguna vez en toda su vida, ¿le han tratado injustamente debido a su ascendencia u origen nacional?*

2. Over your entire lifetime, have you been treated unfairly because of your gender or sex?

*Alguna vez en toda su vida, ¿le han tratado injustamente debido a su género o sexo?*

3. [Over your entire lifetime, have you been treated unfairly]...because of your race or skin color?

*[Alguna vez en toda su vida, ¿le han tratado injustamente]...debido a su raza o color de la piel?]*

4. [Over your entire lifetime, have you been treated unfairly]...because of your age?

*[Alguna vez en toda su vida, ¿le han tratado injustamente]...debido a su edad?]*

5. [Over your entire lifetime, have you been treated unfairly]...because of the way you speak English?

*[Alguna vez en toda su vida, ¿le han tratado injustamente]...debido a la manera en la que habla inglés?]*

6. [Over your entire lifetime, have you been treated unfairly]...because of some other reason?

*[Alguna vez en toda su vida, ¿le han tratado injustamente]...debido a cualquier otra razón?]*

**PROGRAMMING NOTE QA09\_DMC6A\_OV:  
IF DMC6A = 6 (SOME OTHER REASON), SHOW DMC6A\_OV**

**QA09\_DMC6A\_OV**

What was that reason?

*¿Cuál fue la razón?***DMB6A\_OV****[INTERVIEWER NOTE: CHECK ALL THAT APPLY]****[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]**

INCOME .....	1
EDUCATION .....	2
HEIGHT OR WEIGHT.....	3
RELIGION .....	4
SEXUAL ORIENTATION .....	5
OTHER (SPECIFY) _____	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMC6B:**

**IF MORE THAN ONE RESPONSE IN QA09\_DMC6A = 1 (YES), CONTINUE WITH QA09\_DMC6B AND ONLY  
DISPLAY “YES” RESPONSES AS CATEGORIES;  
ELSE CONTINUE WITH QA09\_DMC7**

**QA09\_DMC6B** Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

*¿Cuál de estas cree usted que es la razón principal por la que le han tratado injustamente alguna vez en toda su vida? ¿Fue a causa de...*

**DMC6B**

{Your ancestry or national origin} .....	1
{Sus antepasados o su origen nacional} .....	1
{Your gender or sex} .....	2
{Su género o sexo} .....	2
{Your race or skin color} .....	3
{Su raza o color de la piel} .....	3
{Your age} .....	4
{Su edad} .....	4
{The way you speak English} or.....	5
{Su modo de hablar inglés} o.....	5
{Some other reason? (Specify: _____)} .....	6
{Otra razón? (Specify: _____)} .....	6
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_DMC7** Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...  
*En toda su vida, ¿cuánto estrés ha sufrido a causa de sus experiencias de tratamiento injusto?*  
*¿Diría usted ...*

**DMC7**

Not at all stressful,.....	1
<i>Ningún estrés, .....</i>	1
A little stressful,.....	2
<i>Un poco de estrés, .....</i>	2
Somewhat stressful, or .....	3
<i>Algún estrés, o .....</i>	3
Extremely stressful?.....	4
<i>Mucho estrés?.....</i>	4
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_DMDINTRO**

The next questions ask about how you have responded when you have been treated unfairly over your entire lifetime. Please answer the following questions with a yes or no.  
*Las preguntas siguientes son acerca de cómo ha respondido usted normalmente cuando le han tratado injustamente alguna vez en toda su vida. Favor de contestar las siguientes preguntas con "si" o "no".*

**DMDINTRO**

**QA09\_DMD1** Did you work harder to prove them wrong?  
*¿Trabajó usted más arduamente para demostrar que estaban equivocados?*

**DMD1**

[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?"]  
[IF NEEDED, SAY: "*Alguna vez en toda su vida, ¿ha reaccionado usted normalmente de esa manera cuando le han tratado injustamente?*"]

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

**QA09\_DMD2** Did you get angry or get into an argument or physical fight?  
*¿Se enojó o se metió en una discusión o una pelea física?*

**DMD2**

[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?"]  
[IF NEEDED, SAY: "*Alguna vez en toda su vida, ¿ha reaccionado usted normalmente de esa manera cuando le han tratado injustamente?*"]

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

**QA09\_DMD3** Did you talk to someone about how you were feeling?  
*¿Habló con alguien acerca de lo que estaba sintiendo?*

**DMD3**

[IF NEEDED, SAY: "Have you usually reacted that way when you have been treated unfairly?"]

[IF NEEDED, SAY: "*Alguna vez en toda su vida, ¿ha reaccionado usted normalmente de esa manera cuando le han tratado injustamente?*"]

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

**QA09\_DMD4** Did you pray or meditate about the situation?  
*¿Rezó o meditó acerca de la situación?*

**DMD4**

[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?"]

[IF NEEDED, SAY: "*Alguna vez en toda su vida, ¿ha reaccionado usted normalmente de esa manera cuando le han tratado injustamente?*"]

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

**QA09\_DMD5** Did you take drastic steps, such as filling a grievance or a lawsuit, quitting your job, moving away?  
*¿Dio algún paso drástico, como presentar una queja o un pleito legal, renunciar a su trabajo, mudarse a otro lugar?*

**DMD5**

[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?"]

[IF NEEDED, SAY: "*Alguna vez en toda su vida, ¿ha reaccionado usted normalmente de esa manera cuando le han tratado injustamente?*"]

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

**QA09\_DMD6** Did you accept it as a fact of life?  
*¿Lo aceptó como una de las cosas de la vida?*

**DMD6**

[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?"]

[IF NEEDED, SAY: "*Alguna vez en toda su vida, ¿ha reaccionado usted normalmente de esa manera cuando le han tratado injustamente?*"]

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

**QA09\_DMD7** Did you do something else about it?  
*¿Hizo algo diferente al respecto a la situación?*

**DMD7**

[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?"]

[IF NEEDED, SAY: "*Alguna vez en toda su vida, ¿ha reaccionado usted normalmente de esa manera cuando le han tratado injustamente?*"]

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

**PROGRAMMING NOTE QA09\_DMD7\_OV:**  
**IF QA09\_DMD7 = 1 (YES) SHOW QA09\_DMD7\_OV**

**QA09\_DMD7\_OV**

And what was that?  
*¿Y qué fue?*

**DMD7\_OV**

[INTERVIEWER NOTE: CHECK ALL THAT APPLY]

[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]

TALK TO SOMEONE ABOUT HOW YOU WERE FEELING .....	1
TAKE DRASTIC STEPS, SUCH AS FILING A GRIEVANCE OR A LAWSUIT, QUITTING YOUR JOB, MOVING AWAY .....	2
WORK HARDER TO PROVE THEM WRONG .....	3
ACCEPT IT AS A FACT OF LIFE .....	4
AVOID/REMOVE YOURSELF FROM SITUATION .....	5
OTHER (SPECIFY: _____) .....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_DMAINTR2:**

**IF DMSAMP = 1 AND RANNU2 < 5000 (VERSION A), CONTINUE WITH QA09\_DMAINTR2;  
ELSE SKIP TO DMRESRC1**

**QA09\_DMAINTR2**

Finally, I would like to ask about your background—that is, your race or ethnicity—to find out how you think of yourself.

*Finalmente, me gustaría hacerle preguntas acerca de su historial, es decir, su raza u origen étnico, para saber qué piensa de sí mismo(a).*

**PROGRAMMING NOTE QA09\_DMA1\_2:**

**IF QA09\_A6 = 1 (LATINO/HISPANIC) AND [QA09\_A8 = 1 (WHITE), 91 (OTHER) -7/-8 (REF/DK)]**

**IF QA09\_A5 = 1 OR -7 (MALE OR REFUSED), DISPLAY "Latino, as Hispanic";**

**IF QA09\_A5 = 2 (FEMALE), DISPLAY "Latina, as Hispanic";**

**IF QA09\_A6 = 1 (LATINO/HISPANIC) AND [QA09\_A8 =2 (BLACK/AFRICAN AMERICAN), 3 (ASIAN), 4 (OTHER PACIFIC ISLANDER), OR 6 (NATIVE HAWAIIAN)], DISPLAY "Non-AI/AN Multiracial"**

**ELSE IF QA09\_A6 = 1 (LATINO/HISPANIC) AND QA09\_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), DISPLAY "Native American";**

**IF QA09\_A6 = 2 (NOT LATINO/HISPANIC),**

**AND IF QA09\_A8 = 1 (WHITE), DISPLAY "White";**

**AND IF QA09\_A8 = 2 (BLACK/AFRICAN AMERICAN), DISPLAY "Black, as African American";**

**AND IF QA09\_A8 = 3 (ASIAN), DISPLAY "Asian";**

**AND IF QA09\_A8 = 4 (AMER INDIAN/ALASKA NATIVE), DISPLAY "American Indian, as Native American";**

**AND IF QA09\_A8 = 5 (OTHER PACIFIC ISLANDER), DISPLAY "Pacific Islander";**

**AND IF QA09\_A8 = 6 (NATIVE HAWAIIAN), DISPLAY "Native Hawaiian";**

**AND IF QA09\_A8 IS MORE THAN ONE RACE (EXCLUDING NATIVE HAWAIIAN), DISPLAY "Non-AI/AN Multiracial ";**

**QA09\_DMA1\_2** Do you think of yourself as {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, or is there some other term that you think better describes you?

Se identifica como {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, o hay algún otro término que usted piensa mejor lo describe a usted?

**DMA1**

LATINO .....	1
HISPANIC .....	2
CHINESE .....	3
CHINESE-AMERICAN.....	4
KOREAN .....	5
KOREAN-AMERICAN.....	6
VIETNAMESE .....	7
VIETNAMESE-AMERICAN.....	8
ASIAN .....	9
ASIAN-AMERICAN .....	10
OTHER (SPECIFY: _____) .....	91
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_DMRESRC****[DO NOT READ OUT LOUD]**

DID THE RESPONDENT REQUEST INFORMATION ABOUT HOW TO REPORT DISCRIMINATION EXPERIENCES?

**DMRESRC**

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

[GO TO QA09\_M1]

**PROGRAMMING NOTE DMRESRC1:**

You requested information to learn more about reporting discrimination experiences. We have the number to the office of civil rights. Would you like that number?

*Usted pidió información para saber cómo puede reportar experiencias de discriminación. Tenemos el número de la oficina de derechos civiles. ¿Quiere que le dé ese número?*

The number is 415-437-8310. Or, you can visit their website at [www.hhs.gov/ocr/office/index.html](http://www.hhs.gov/ocr/office/index.html). In addition, there is a pre-recorded message with useful information. You can listen to the message by calling a toll-free number, and that number is 800-368-1019.

*El número es 415-437-8310. O puede ir a su sitio web en [www.hhs.gov/ocr/office/index.html](http://www.hhs.gov/ocr/office/index.html). Además, hay un mensaje grabado con información útil. Puede escuchar ese mensaje llamando a un número de teléfono gratis. Ese número es 800-368-1019.*

**PROGRAMMING NOTE DMRESRC2:****IF DMRECORD = 1, STOP RECORDING (END SEGMENT 2)**

## Section M – Housing and Social Cohesion

**QA09\_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

**QA09\_M2**

Do you own or rent your home?  
*¿Es usted propietario de su casa, o la alquila?*

**AK25**

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

**QA09\_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**

\_\_\_\_\_ MONTHS [HR: 1 - AAGE\*12MONTHS]

\_\_\_\_\_ YEARS [HR: 1 - AAGE]

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

**PROGRAMMING NOTE QA09\_M4:**

**IF CHILD-FIRST INTERVIEW AND NO AR OR  
IF QA09\_M4 THROUGH QA09\_M9 NOT ANSWERED IN CHILD INTERVIEW,  
CONTINUE WITH QA09\_M4;  
ELSE SKIP TO QA09\_EM1**

**QA09\_M4** Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:  
*Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo con las siguientes declaraciones:*

People in my neighborhood are willing to help each other.

*La gente en mi vecindario o barrio está dispuesta a ayudarse unos a otros.*

**AM19**

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

[IF NEEDED, SAY: "¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?"]

[INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

**QA09\_M5** People in this neighborhood generally do NOT get along with each other.  
*Por lo general, la gente en este vecindario o barrio no se lleva bien.*

**AM20**

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

[IF NEEDED, SAY: "¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?"]

[INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

**QA09\_M6** People in this neighborhood can be trusted.  
*Uno puede confiar en la gente de este vecindario o barrio.*

**AM21**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]  
 [IF NEEDED, SAY: "*¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?*"]

[INTERVIEWER NOTE: "DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

**QA09\_M7** You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

*Usted puede contar con que los adultos en este vecindario o barrio prestan atención a los niños para que estén a salvo y no se busquen problemas.*

**AM35**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]  
 [IF NEEDED, SAY: "*¿Está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo?*"]

[INTERVIEWER NOTE: "DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

**QA09\_M8** Do you feel safe in your neighborhood...  
*¿Se siente seguro en su vecindario ...*

**AK28**

All of the time, .....	1
<i>Siempre,</i> .....	1
Most of the time,.....	2
<i>La mayor parte del tiempo,</i> .....	2
Some of the time, or.....	3
<i>Algunas veces, o</i> .....	3
None of the time.....	4
<i>Nunca?</i> .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_M9:**  
**IF TEEN SELECTED AND NOT ANSWERED IN CHILD ASK QA09\_M9;**  
**ELSE GO TO SECTION EM**

**QA09\_M9** In the past 12 months, have you done any volunteer work or community service that you have not been paid for?  
*Durante los últimos 12 meses, ¿ha hecho algún trabajo voluntario o servicio a la comunidad por el que no ha recibido ningún pago?*

**AM36**

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

## Section EM – Emergency Preparedness Module

**QA09\_EM1** Do you take any medicine daily that a doctor prescribed?

*¿Toma usted todos los días cualquier medicina recetada por un médico?*

**EM1**

YES .....	1	
NO .....	2	[GO TO QA09_EM5]
REFUSED .....	-7	[GO TO QA09_EM5]
DON'T KNOW .....	-8	[GO TO QA09_EM5]

**QA09\_EM2** Do you have at least an extra two week supply of all the prescription drugs you take every day?

*¿Tiene usted una cantidad adicional de todas las medicinas con receta que toma a diario para que le duren al menos por dos semanas?*

**EM2**

YES .....	1	[GO TO QA09_EM5]
NO .....	2	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**QA09\_EM3** Could you get an extra two week supply of all of your prescription drugs?

*¿Podría usted conseguir la cantidad extra necesaria para dos semanas de todas sus medicinas con receta?*

**EM3**

YES .....	1	[GO TO QA09_EM5]
NO .....	2	
REFUSED .....	-7	[GO TO QA09_EM5]
DON'T KNOW .....	-8	[GO TO QA09_EM5]

**QA09\_EM4** What is the main reason you would not be able to get an extra supply of your prescription drugs?

*¿Cuál es la razón principal por la que no podría conseguir una cantidad extra de sus medicinas con receta?*

**EM4**

---

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

**QA09\_EM5** For the next few questions, imagine that a major disaster, such as an earthquake, flood, or terrorist attack were to occur in your county.

*Para las preguntas siguientes, imagíñese que ha sucedido en su condado un desastre importante, como un terremoto, una inundación o un ataque terrorista.*

**EM5**

Think about what you have in your home right now. For how many days would you be able to stay in your home, without anyone shopping for additional supplies – 1 to 3 days, 4 to 6 days, 7 to 9 days, or 10 days or more?

*Piense en lo que hay en su casa ahora. ¿Durante cuántos días podría quedarse en su casa, sin que nadie compre nada más? --De 1 a 3 días, de 4 a 6 días, de 7 a 9 días, o 10 días o más?*

1 TO 3 DAYS .....	1
4 TO 6 DAYS .....	2
7 TO 9 DAYS .....	3
10 OR MORE DAYS .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_EM6** How confident are you that your county's public health system can respond in a way to protect the health of your family and neighbors – very confident, somewhat confident, not too confident or not at all confident?

*¿Cuánta confianza tiene en que el sistema de salud pública de su condado puede responder de alguna manera para proteger la salud del público?— ¿mucho confianza, alguna confianza, no mucha confianza, ninguna confianza?*

**EM6**

[IF NEEDED, SAY: "During a major disaster, such as an earthquake, flood, or terrorist attack."]

[IF NEEDED, SAY: "*Durante un desastre importante, como un terremoto, una inundación o un ataque terrorista.*"]

VERY CONFIDENT .....	1
SOMEWHAT CONFIDENT .....	2
NOT TOO CONFIDENT.....	3
NOT AT ALL CONFIDENT .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_EM7** How confident are you that the County's public health system will respond fairly to your health needs, regardless of your race, ethnicity, income or other personal characteristics – very confident, somewhat confident, not too confident or not at all confident?

*¿Cuánta confianza tiene en que el sistema de salud pública de su condado puede responder imparcialmente a sus necesidades médicas, independientemente de su raza, origen étnico, ingresos y otras características personales?— ¿muchas confianza, alguna confianza, no mucha confianza, ninguna confianza?*

**EM7**

[IF NEEDED, SAY: "During a major disaster, such as an earthquake, flood, or terrorist attack."]

[IF NEEDED, SAY: "*Durante un desastre importante, como un terremoto, una inundación o un ataque terrorista.*"]

VERY CONFIDENT .....	1
SOMEWHAT CONFIDENT .....	2
NOT TOO CONFIDENT.....	3
NOT AT ALL CONFIDENT .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

## Section S – Suicide Ideation and Attempts

**QA09\_S1** The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

*La sección siguiente se trata de ideas acerca de causarse daño a si mismo(a). De nuevo, si alguna pregunta le molesta puede negarse a responder.*

Have you ever seriously thought about committing suicide?  
*¿Ha pensado alguna vez seriamente en cometer suicidio?*

**AF86**

YES .....	.1	
NO .....	.2	[GO TO PN QA09_N1]
REFUSED .....	-7	[GO TO PN QA09_N1]
DON'T KNOW .....	-8	[GO TO PN QA09_N1]

**QA09\_S2** Have you seriously thought about committing suicide at any time in the past 12 months?  
*¿Ha pensado seriamente en cometer suicidio en algún momento durante los últimos 12 meses?*

**AF87**

YES .....	.1	
NO .....	.2	[GO TO QA09_S4]
REFUSED .....	-7	[GO TO QA09_S4]
DON'T KNOW .....	-8	[GO TO QA09_S4]

**QA09\_S3** Have you seriously thought about committing suicide at any time in the past 2 months?  
*En algún momento el los últimos 2 meses, ¿ha seriamente pensado suicidarse?*

**AF91**

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

**QA09\_S4** Have you ever attempted suicide?  
*¿Ha intentado suicidarse alguna vez?*

**AF88**

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

**PROGRAMMING NOTE QA09\_S5:**

**IF QA09\_S2 = (2, -7, -8) AND QA09\_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**  
**IF QA09\_S3 = (2, -7, -8) AND QA09\_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**  
**IF QA09\_S3 = 1 AND QA09\_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**  
**ELSE CONTINUE WITH QA09\_S5**

**QA09\_S5** Have you attempted suicide at any time in the past 12 months?  
*¿Ha intentado suicidarse alguna vez durante los últimos 12 meses?*

**AF89**

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

**SUICIDE RESOURCE:**

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

*Tenemos un número gratis al que puede llamar si desea hablar con alguien acerca de ideas o intentos de suicidio. Hay alguien disponible 24 horas al día para proporcionarle información que puede ayudarle. El número es el 1-800-273-TALK (8255).*

Or, you can visit a website to find out information about getting help. The website address is  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

*O, puede ir a un sitio web para encontrar información de cómo puede obtener ayuda. La dirección del sitio web es [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).*

**POST-NOTE FOR SUICIDE RESOURCE:**

**IF QA09\_S2 = (2, -7, -8) AND QA09\_S4 = (2, -7, -8) THEN SKIP TO PN QA09\_N1 (NEXT SECTION); ELSE CONTINUE**

**QA09\_S6** Would you like to discuss your thoughts with this person?  
*¿Desea hablar con esta persona acerca de sus ideas?*

**AF90**

YES .....	1	[GO TO SUICIDE PROTOCOL]
NO .....	2	[GO TO PN QA09_N1]
REFUSED .....	-7	[GO TO PN QA09_N1]
DON'T KNOW .....	-8	[GO TO PN QA09_N1]

## Section N –Demographic Information Part III and Closing

**PROGRAMMING NOTE QA09\_N1:**

**IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA09\_N1;  
ELSE SKIP TO QA09\_N7**

**QA09\_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 CRUZ .....	44
SHASTA.....	45
SIERRA.....	46
SISKIYOU .....	47
SOLANO .....	48
SONOMA .....	49
STANISLAUS.....	50
SUTTER.....	51
TEHAMA .....	52
TRINITY .....	53
TULARE .....	54
TUOLUMNE .....	55
VENTURA .....	56
YOLO .....	57
YUBA .....	58
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_N2:**

**IF ADVANCE LETTER SENT, ASK QA09\_N2;  
IF R'S ADDRESS IS A P.O. BOX, GO TO QA09\_N3;  
ELSE GO TO QA09\_N3**

**QA09\_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.

*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.*

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.

*Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, nos gustaría confirmar su dirección. Esta información se mantendrá confidencial y será destruida una vez que termine la encuesta completa.*

Do you now live at {R's ADDRESS AND STREET}?  
*¿Vive usted ahora en {R's ADDRESS AND STREET}?*

**AO1**

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

**[GO TO QA09\_N6]**

**QA09\_N3** What is your zip code?  
*¿Cuál es su código postal?*

**AM7** ZIP CODE

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

**QA09\_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, nos gustaría confirmar su dirección. Esta información se mantendrá confidencial y será destruida una vez que termine la encuesta completa.*  
*¿Cuál es su dirección?*

**AO2** HOUSE ADDRESS NUMBER NAME OF STREET (VERIFY SPELLING).    **[GO TO QA09\_N6]** STREET TYPE APT. NO

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

**QA09\_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	<b>[GO TO QA09_N7]</b>
DON'T KNOW .....	-8	<b>[GO TO QA09_N7]</b>

**QA09\_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

**QA09\_N14** Do you have a working cell phone?  
*¿Tiene usted un teléfono celular que funcione?*

**AM33**

[IF NEEDED, SAY: "I'm not going to ask you for the number."]  
[IF NEEDED, SAY: "No le voy a pedir que me diga el número."]

YES .....	.1
NO .....	.2
SHARES CELL PHONE .....	.3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE QA09\_N15:**

**IF QA09\_N14 = 1 (YES) OR 3 (SHARES CELL PHONE), CONTINUE WITH QA09\_N15;  
ELSE SKIP TO QA09\_N16**

**QA09\_N15** 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 ninguna en el teléfono celular.....	.3
REFUSED .....	-7
DON'T KNOW .....	-8

**QA09\_N16** Finally, do you think you would be willing to do a follow-up to this survey some time in the future?  
*Finalmente, ¿cree usted que estaría dispuesto(a) a participar en otra encuesta en el futuro?*

**AM10**

YES .....	.1
MAYBE/PROBABLY YES .....	.2
DEFINITELY NOT .....	.3
REFUSED .....	-7
DON'T KNOW .....	-8

**PROGRAMMING NOTE SUICIDE RESOURCE 2:  
IF QA09\_S6 = (2, -7, -8), CONTINUE; ELSE SKIP TO PN CLOSE1 AND CLOSE2**

**SUICIDE RESOURCE 2:**

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is 1-800-273-TALK (8255). Or you can visit their website at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**QA09\_N17** Would you like to speak with someone now?  
*¿Quieres hablar con alguien ahora?*

**NEW**

YES .....	1	[GO TO SUICIDE PROTOCOL]
NO .....	2	[GO TO CLOSE1 AND CLOSE2]
REFUSED .....	-7	[GO TO CLOSE1 AND CLOSE2]
DON'T KNOW .....	-8	[GO TO CLOSE1 AND CLOSE2]

**PROGRAMMING NOTE CLOSE1 AND CLOSE2:  
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;  
ELSE CONTINUE WITH CLOSE1**

**CLOSE1** Let me check to see if there is anyone else. [GO TO HHSELECT]  
*Permitame verificar para ver si hay alguna otra persona con quien necesitamos hablar. [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 para el estado de California. 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.*