



california
health
interview
survey

CHIS 2015

Adult Questionnaire

Version 2.73-Spanish

June 15, 2017

Adult Respondents Age 18 and Older

Collaborating Agencies:

- UCLA Center for Health Policy Research
- California Department of Health Care Services
- California Department of Public Health

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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 2015 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

PROGRAMMING NOTE QA15_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA15_A1 What is your date of birth?
¿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: 1904-1997]

REFUSED -7
DON'T KNOW -8

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

QA15_A2 What month and year were you born?
¿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: 1904-1997]

REFUSED -7
DON'T KNOW -8

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

QA15_A3 What is your age, please?
¿Me podría decir su edad por favor?

AA2

____ YEARS OF AGE [RANGE: 0-120]

[GO TO QA15_A5]

REFUSED	-7
DON'T KNOW	-8

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

QA15_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
¿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 QA15_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA15_A1, QA15_A2, OR QA15_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA15_A1, QA15_A2, OR QA15_A3 = -7 OR -8 (REF/DK), THEN USE QA15_A4;
ELSE USE ENUM.AGE

QA15_A5 Are you male or female?
¿Es usted hombre o mujer?

AA3

MALE	1
FEMALE	2
REFUSED	-7

QA15_A6 Are you Latino or Hispanic?
¿Es usted latino(a) o hispano(a)?

AA4

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

QA15_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.
¿Y cuál es su ascendencia 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 QA15_A8:

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

QA15_A8 {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
{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, indio(a) americano(a), nativo(a) de Alaska, asiático(a), negro(a), afroamericano(a), 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 QA15_A14]
BLACK OR AFRICAN AMERICAN.....	2	[GO TO PN QA15_A14]
ASIAN	3	[GO TO PN QA15_A12]
AMERICAN INDIAN OR ALASKA NATIVE	4	[GO TO PN QA15_A9]
OTHER PACIFIC ISLANDER	5	[GO TO PN QA15_A13]
NATIVE HAWAIIAN	6	[GO TO PN QA15_A16]
OTHER (SPECIFY: _____)	91	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_A9:

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

- QA15_A9** You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.
Usted dijo indio(a) 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

- QA15_A10** Are you an enrolled member in a federally or state recognized tribe?
¿Es usted miembro inscrito en una tribu reconocida por el estado o el gobierno federal?

AA5C

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

[GO TO PN QA15_A12]
[GO TO PN QA15_A12]
[GO TO PN QA15_A12]

QA15_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 QA15_A12:
IF QA15_A8 = 3 (ASIAN) CONTINUE WITH QA15_A12;
ELSE GO TO PROGRAMMING NOTE QA15_A13

QA15_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese?
 If you are more than one, tell me all of them.
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 QA15_A13:
IF QA15_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA15_A13;
ELSE GO TO PROGRAMMING NOTE QA15_A14

QA15_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
Usted dijo que es de una isla del Pacífico. ¿De qué grupo étnico específico es usted, tal como samoano, tongano o guameño? 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 QA15_A14:

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

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

Usted me dijo que es: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_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 QA15_A16]
REFUSED	-7	[GO TO QA15_A16]
DON'T KNOW	-8	[GO TO QA15_A16]

PROGRAMMING NOTE FOR QA15_A15:

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

QA15_A15 Which do you most identify with?

¿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

QA15_A16 Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?
¿Está usted actualmente 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

QA15_B1

These next questions are about your health.
Estas preguntas que siguen son sobre 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

QA15_B2

Has a doctor ever told you that you have asthma?
¿Le ha dicho un doctor alguna vez que usted tenía asma?

AB17

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

[GO TO PN QA15_B18]
[GO TO PN QA15_B18]
[GO TO PN QA15_B18]

QA15_B3

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

AB40

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

QA15_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 QA15_B5:

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

QA15_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say
Durante los últimos 12 meses, ¿con qué frecuencia ha tenido síntomas de asma como tos, silbidos de pecho, dificultad para respirar, sintió el pecho oprimido o tuvo flema? ¿Diría que...

AB19

- | | |
|-----------------------------|----|
| Not at all, | 1 |
| Less than every month,..... | 2 |
| Every month, | 3 |
| Every week, or | 4 |
| Every day? | 5 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

QA15_B6 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su asma?

AH13A

- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |
- [GO TO QA15_B8]

QA15_B7 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
¿Fue a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

AB106

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

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

QA15_B8 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
Durante los últimos 12 meses, ¿estuvo usted hospitalizado(a) por una noche o más debido al asma?

AH15A

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

QA15_B9 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

¿Está tomando actualmente 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 los inhaladores que se usan para alivio rápido.*"]

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

PROGRAMMING NOTE QA15_B10:

IF QA15_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA15_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO

PROGRAMMING NOTE QA15_B14;

ELSE CONTINUE WITH QA15_B10

QA15_B10 During the 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, silbidos de pecho, dificultad para respirar, opresión en el pecho o flemas? ¿Diría que...

AB66

Not at all,	1
Less than every month,.....	2
Every month,	3
Every week, or	4
Every day?	5
REFUSED	-7
DON'T KNOW	-8

QA15_B11 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su asma?

AB67

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

[GO TO QA15_B13]

[GO TO QA15_B13]

[GO TO QA15_B13]

QA15_B12 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

¿Fue a la sala de emergencias de un hospital debido al asma porque no pudo ver a su doctor?

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

QA15_B13 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

Durante los últimos 12 meses, ¿estuvo usted hospitalizado(a) por una noche o más debido al asma?

AB80

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

PROGRAMMING NOTE QA15_B14:

**IF AAGE > 69 GO TO QA15_B15;
ELSE CONTINUE WITH QA15_B14**

QA15_B14 During the past 12 months, how many days of work did you miss due to asthma?
Durante los últimos 12 meses, ¿cuántos días faltó al trabajo debido al asma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

REFUSED	-7
DON'T KNOW	-8

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

¿Le han hablado sus doctores u otros proveedores de atención médica sobre la preparación de un plan para que usted sepa cómo controlar su asma?

AB43

YES	1	
NO	2	[GO TO QA15_B17]
REFUSED	-7	[GO TO QA15_B17]
DON'T KNOW	-8	[GO TO QA15_B17]

QA15_B16 Do you have a written or printed copy of this plan?
¿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

QA15_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
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 QA15_B18:

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

QA15_B18 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?
 {Sin contar los meses de embarazo, ¿le ha/ ¿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 QA15_B34]**PROGRAMMING NOTE QA15_B19:**

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

QA15_B19 {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?
 {Además de durante el embarazo, ¿le ha/ ¿Le ha} dicho un médico alguna vez que tiene prediabetes o diabetes marginal?

AB99

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

PROGRAMMING NOTE QA15_B20:

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

- QA15_B20** How old were you when a doctor first told you that you have diabetes?
 ¿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 |
- QA15_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 | |
| TYPE 2 | 2 |
| ANOTHER TYPE (SPECIFY: _____) | 91 |
| DOUBLE DIABETES (TYPE 1 AND TYPE 2) | 4 |
| REFUSED | -7 |
| DON'T KNOW | -8 |
- QA15_B22** Are you now taking insulin?
 ¿Está tomando insulina actualmente?
- AB24**
- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |
- QA15_B23** 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: "A estas píldoras a veces se les llama agentes orales o agentes hipoglucémicos orales."]
- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

QA15_B24 About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

¿Más o menos cuántas veces al día, a la semana o al mes 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

QA15_B25 About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?

Más o menos, ¿cuántas veces en los últimos 12 meses le ha examinado un doctor 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

QA15_B26 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

¿Más o menos cuántas veces en los últimos 12 meses le ha examinado los pies un doctor para ver si tenía llagas o irritaciones?

AB28

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

REFUSED -7

DON'T KNOW -8

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

AB63

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

QA15_B28 During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su diabetes?

AB109

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

[GO TO QA15_B30]
[GO TO QA15_B30]
[GO TO QA15_B30]

QA15_B29 Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
¿Fue a la sala de emergencias de un hospital debido a la diabetes porque no pudo ver a su doctor?

AB110

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

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

QA15_B30 During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
Durante los últimos 12 meses, ¿estuvo hospitalizado(a) una noche o más debido a su diabetes?

AB111

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

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

¿Le han hablado sus doctores u otros proveedores de atención médica sobre la preparación de un plan para que usted sepa cómo controlar su diabetes?

AB112

YES	1	
NO	2	[GO TO QA15_B33]
REFUSED	-7	[GO TO QA15_B33]
DON'T KNOW	-8	[GO TO QA15_B33]

QA15_B32 Do you have a written or printed copy of this plan?

¿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	

QA15_B33 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 QA15_B34:

**IF QA15_A5 = 2 (FEMALE) CONTINUE WITH QA15_B34;
 ELSE GO TO QA15_B35**

QA15_B34 Has a doctor ever told you that you had diabetes only during pregnancy?

¿Le ha dicho alguna vez un médico que usted tenía 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	

QA15_B35 Has a doctor ever told you that you have high blood pressure?
¿Le ha dicho alguna vez un doctor que usted tenía la presión arterial alta?

AB29

YES	1	
NO	2	[GO TO QA15_B37]
HIGH NORMAL/BORDERLINE/		
PRE-HYPERTENSION	3	[GO TO QA15_B37]
REFUSED	-7	[GO TO QA15_B37]
DON'T KNOW	-8	[GO TO QA15_B37]

QA15_B36 Are you now taking any medications to control your high blood pressure?
¿Está tomando actualmente algún medicamento para controlar su presión alta?

AB30

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

QA15_B37 Has a doctor ever told you that you have any kind of heart disease?
¿Le ha dicho un doctor alguna vez que tenía algún tipo de enfermedad del corazón?

AB34

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

QA15_B38 Has a doctor ever told you that you have heart failure or congestive heart failure?
¿Le ha dicho alguna vez un doctor que usted tenía una insuficiencia cardíaca o una insuficiencia congestiva del corazón?

AB52

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

QA15_B39 During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?
Durante los últimos 12 meses, ¿ha tenido que ir a la sala de emergencias de un hospital debido a su enfermedad del corazón?

AB115

YES	1	
NO	2	[GO TO QA15_B41]
REFUSED	-7	[GO TO QA15_B41]
DON'T KNOW	-8	[GO TO QA15_B41]

QA15_B40 Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?

¿Fue a la sala de emergencias de un hospital debido a su enfermedad del corazón porque no pudo ver a su doctor?

AB116

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

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

QA15_B41 During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?

Durante los últimos 12 meses, ¿estuvo hospitalizado(a) por una noche o más debido a su enfermedad del corazón?

AB117

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

QA15_B42 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

¿Han trabajado con usted sus doctores 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 QA15_B45]

QA15_B43 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

QA15_B44 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
Mucha confianza,.....	1
Somewhat confident,	2
Alguna 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

QA15_B45 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 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: "La vacuna contra la gripe normalmente se administra en el otoño y protege contra la gripe durante la temporada."]

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

Section C – Health Behaviors

- QA15_C1** The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.
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 QA15_C4]
UNABLE TO WALK	3	[GO TO QA15_C7]
REFUSED	-7	[GO TO QA15_C4]
DON'T KNOW	-8	[GO TO QA15_C4]

- QA15_C2** In the past 7 days, how many times did you do that?
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 por lo menos 10 minutos para llegar a algún lugar."]

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

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

PROGRAMMING NOTE QA15_C3:

IF QA15_C2 = 1 DISPLAY "How long did that walk take";
IF QA15_C2 > 1 DISPLAY "On average, how long did those walks take"

- QA15_C3** {How long did that walk take/On average, how long did those walks take}?
{¿Cuánto tiempo caminó? / En promedio, ¿cuánto tiempo le tomó caminar a esos lugares?}
{Por favor, no incluya las veces que caminó como medio de transporte.}

AD39W

_____ MINUTES PER DAY

_____ HOURS PER DAY

REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_C4:

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

QA15_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.

A veces uno camina por placer, para relajarse, como ejercicio o para pasear a un perro. Durante los últimos 7 días, ¿caminó por lo menos durante 10 minutos por alguna de estas razones? {Por favor, no incluya las veces que caminó como medio de transporte.}

AD40W

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

QA15_C5 In the past 7 days, how many times did you do that?
Durante 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 por lo menos durante 10 minutos por diversión, para relajarse, como ejercicio o para pasear a su perro.”]

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

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

PROGRAMMING NOTE QA15_C6:

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

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

QA15_C6 {How long did that walk take/On average, how long did those walks take}?
{¿Cuánto tiempo caminó?/ En promedio, ¿cuánto tiempo le tomaron esas caminatas?}

AD42W

_____ MINUTES PER DAY

_____ HOURS PER DAY

REFUSED	-7
DON'T KNOW	-8

QA15_C7 During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

[*Durante los últimos 30 días,] ¿Con qué frecuencia bebió gaseosas o 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	

QA15_C8 During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

[*Durante los últimos 30 días,] ¿Con qué frecuencia tomó bebidas azucaradas de fruta, bebidas deportivas o bebidas energéticas?*

AC46

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

[IF NEEDED, SAY: "*Como limonada, Gatorade, Snapple o Red Bull.*"]

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

_____ TIMES

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

QA15_C9 Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.

*¿Cuántos vasos de agua bebió usted ayer en el trabajo, en casa y en cualquier otro lugar?
Cuente una taza como un vaso y cuente una botella de agua como dos vasos. Cuente unos pocos sorbos, como cuando bebe de una fuente de agua, como menos de un vaso. Me puede dar un número aproximado.*

AC47

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

[IF NEEDED, SAY: "*Incluya agua corriente de un lavabo, un grifo/lave de agua, una fuente o una jarra y el agua embotellada como Aquafina®. No incluya el agua endulzada con sabores.*"]

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

[IF NEEDED, SAY: "*Cuento una taza u 8 onzas, como un vaso.*"]

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

LESS THAN 1 GLASS

(e.g., SIPS FROM A FOUNTAIN)	99
NONE	0
REFUSED	-7
DON'T KNOW	-8

QA15_C10 Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.
*Ahora piense en la semana pasada. En los últimos 7 días, ¿cuántas veces comió comida rápida?
Cuento comida rápida que haya comido en el trabajo, en la casa o en restaurantes de comida rápida. También incluya comidas para llevar o comidas de un "drive thru".*

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 Kentucky Fried Chicken, Panda Express o de Taco Bell.*"]

_____ # OF TIMES IN PAST 7 DAYS

REFUSED	-7
DON'T KNOW	-8

QA15_C11 How often can you find fresh fruits and vegetables in your neighborhood? Would you say...
¿Con qué frecuencia puede encontrar frutas y verduras frescas en su vecindario? ¿Diría que...

AC42

Never,.....	1
Nunca,.....	1
Sometimes,	2
A veces,	2
Usually, or	3
Normalmente, o.....	3
Always?	4
Siempre?.....	4
DOESN'T EAT F & V	5
DOESN'T SHOP FOR F&V	6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....	7
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_C12:

IF QA15_C11 = 2, 3, OR 4, THEN CONTINUE WITH QA15_C12;
ELSE GO TO PROGRAMMING NOTE QA15_C13

QA15_C12 How often are they affordable? Would you say...
¿Con qué frecuencia los puede pagar? ¿Diría que...

AC44

[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]
[IF NEEDED, SAY: "¿Con qué frecuencia puede pagar el precio de las frutas y verduras frescas que encuentra en su vecindario? ¿Diría que..."]

Never,.....	1
Nunca,.....	1
Sometimes,	2
A veces,	2
Usually, or	3
Normalmente, o.....	3
Always?	4
Siempre?.....	4
REFUSED	-7
DON'T KNOW	-8

QA15_C13 Now, I am going to ask about various health behaviors.
Ahora voy a preguntarle sobre 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 o más cigarrillos en toda su vida?

AE15

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

[GO TO QA15_C19]

QA15_C14 Do you now smoke cigarettes every day, some days, or not at all?
¿Fuma usted ahora cigarrillos todos los días, algunos días o nunca?

AE15A

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

QA15_C15 On average, how many cigarettes do you now smoke a day?
En promedio, ¿cuántos cigarrillos al día fuma usted actualmente?

AD32

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

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

PROGRAMMING NOTE QA15_C16:

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

QA15_C16 In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
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 sí fumó.*” AND IF R SAYS, UNA “CAJETILLA”, CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_C17:

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

QA15_C17 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
Durante los últimos 12 meses, ¿ha dejado usted de fumar por un día o más porque estaba tratando de dejar de fumar?

AC49

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

QA15_C18 Are you thinking about quitting smoking in the next six months?
 ¿Está usted pensando dejar de fumar en los próximos seis meses?

AC50

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

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

QA15_C19 Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?
 ¿Ha fumado alguna vez cigarrillos electrónicos también conocidos como e-cigarettes o vapeadores?

AC81

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]
 [IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]
 [IF NEEDED, SAY: "Los cigarrillos electrónicos son aparatos que imitan el fumar cigarrillos tradicionales, pero funcionan con batería y producen vapor en vez de humo. Los líquidos que se usan en el aparato pueden tener nicotina y normalmente tienen sabores."]

YES .....	.1	
NO .....	.2	[GO TO QA15_C22]
REFUSED	-7	[GO TO QA15_C22]
DON'T KNOW	-8	[GO TO QA15_C22]

QA15_C20 During the past 30 days, how many days did you use electronic cigarettes?
 Durante los últimos 30 días, ¿cuántos días fumó cigarrillos electrónicos?

AC82

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

QA15_C21 What are your reasons for using electronic cigarettes?
 ¿Por qué razones fuma cigarrillos electrónicos?

AC83

[CODE ALL THAT APPLY]

QUIT SMOKING.....	.1
REPLACE SMOKING .....	.2
CUT DOWN OR REDUCE SMOKING .....	.3
USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED .....	.4
CURIOSITY, JUST TRY IT .....	.5
OTHER (SPECIFY: _____) .....	.91
REFUSED	-7
DON'T KNOW	-8

QA15_C22 Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?
Ahora piense en los últimos 12 meses. Durante ese tiempo, ¿tomó usted algún tipo de bebida alcohólica?

AC32

[IF NEEDED, SAY: "Your best guess is fine."]
 [IF NEEDED, SAY: "Me puede dar un número aproximado."]

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

PROGRAMMING NOTE QA15_C23:

IF QA15_A5 = 1 (MALE) CONTINUE WITH QA15_C23;
ELSE SKIP TO QA15_C24

QA15_C23 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?

Durante los últimos 12 meses, ¿cómo cuántas veces tomó 5 o más bebidas alcohólicas en un solo día?

AC34

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
 [IF NEEDED, SAY: "Por bebida, queremos decir una lata o vaso de cerveza de 12 onzas, un vaso de vino de 5 onzas, un trago mixto, o un vasito o 'shot' de licor."]

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

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

QA15_C24 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?

En los últimos 12 meses, ¿cómo cuántas veces tomó 5 o más bebidas alcohólicas en un solo día?

AC35

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]
 [IF NEEDED, SAY: "Por bebida, queremos decir una lata o vaso de cerveza de 12 onzas, un vaso de vino de 5 onzas, un trago mixto, o un vasito o 'shot' de licor."]

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

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_C25:

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

QA15_C25 How many times in the past 30 days did you have four or more drinks on an occasion?
¿Cuántas veces en los últimos 30 días tomó usted cuatro o más bebidas alcohólicas en una sola ocasión?

AE14AU2

<input type="text"/> NUMBER OF TIMES	[IF QA15_C25 = 0, GO TO QA15_C27]
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_C26:

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

QA15_C26 How many times in the past 30 days did you have five or more drinks on an occasion?
¿Cuántas veces en los últimos 30 días tomó usted cinco o más bebidas alcohólicas en una sola ocasión?

AE14U2

<input type="text"/> NUMBER OF TIMES	[IF QA15_C26 = 0, GO TO QA15_C28]
REFUSED	-7
DON'T KNOW	-8

QA15_C27 During the past 30 days, on the days you drank, about how many drinks did you have on the average?
Durante los últimos 30 días, en los días que usted tomó, ¿cuántas bebidas alcohólicas tomó en promedio?

AE13U2

<input type="text"/> DRINKS	
REFUSED	-7
DON'T KNOW	-8

QA15_C28 In the past 12 months, did you use alcohol or drugs to relieve feelings such as sadness, anger or boredom? Do not count medication prescribed to you by a doctor.
En los últimos 12 meses, ¿usó usted alcohol o drogas para aliviar sentimientos de tristeza, enojo o aburrimiento? No incluya medicamentos que le hayan sido recetados a usted por un doctor.

AC97

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

QA15_C29 In the past 12 months, have you found yourself thinking a lot about drinking or using drugs?
En los últimos 12 meses, ¿se ha dado cuenta usted que pensaba mucho en beber alcohol o en usar drogas?

AC98

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

QA15_C30 In the past 30 days, how many days did you use two or more drugs at the same time?
En los últimos 30 días, ¿cuántos días usó dos o más drogas al mismo tiempo?

AC99

_____ DAYS [RANGE: 0-30]

REFUSED	-7
DON'T KNOW	-8

Section D – General Health, Disability, and Sexual Health

QA15_D1

These next questions are about your height and weight.
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?"]
[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 QA15_D2:

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

QA15_D2

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

AE18

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

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

REFUSED -7
DON'T KNOW -8

QA15_D3

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

AD50

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

[GO TO QA15_D5]
[GO TO QA15_D5]
[GO TO QA15_D5]

QA15_D4

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

AL8

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

QA15_D5 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
¿Tiene usted alguna condición que limite en forma considerable 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

QA15_D6 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:
Díganos si tiene alguna dificultad a causa de una afección física, mental o emocional que haya durado 6 meses o más:

Any difficulty learning, remembering, or concentrating?

*¿Tiene alguna dificultad para aprender, recordar o concentrarse?***AD51**

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

QA15_D7 Any difficulty dressing, bathing, or getting around inside the home?
¿Tiene alguna dificultad para vestirse, bañarse o para ir de un lado a otro dentro de su casa?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."
Debido a una afección física, mental o emocional que haya durado 6 meses o más."]

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

QA15_D8 Any difficulty going outside the home alone to shop or visit a doctor's office?
¿Tiene alguna dificultad para salir solo(a) de su casa para ir de compras o al doctor?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."
Debido a una afección física, mental o emocional que haya durado 6 meses o más."]

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

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

QA15_D9 Any difficulty working at a job or business?

¿Tiene alguna dificultad para trabajar en un oficio o en una empresa?

AD54

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

[IF NEEDED, SAY: "Debido a una afección física, mental o emocional que haya durado 6 meses o más."]

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

QA15_D10 Do you have a physical or mental condition that has kept you from working for at least a year?
¿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 QA15_D11:
IF AAGE ≥ 65 GO TO PROGRAMMING NOTE QA15_D12;
ELSE CONTINUE WITH QA15_D11

QA15_D11 Has Social Security or the State Department of Social Services determined that you have a disability that is expected to last one year or longer?
¿Ha determinado el Seguro Social o el Departamento de Servicios Sociales que usted tiene una discapacidad cuya duración se espera que sea de un año o más?

AD73

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

[IF NEEDED, SAY: "Esto no incluye una discapacidad a corto plazo por enfermedad, lesión, embarazo o parto".]

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

PROGRAMMING NOTE QA15_D12:

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

QA15_D12 Are you homebound, that is, unable to leave your home without assistance from someone else?
 ¿Está usted confinado(a) en su hogar, es decir, no puede salir de su casa sin la ayuda de otra persona?

AD74

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

QA15_D13 In the past 12 months, have you provided unpaid care to a family member, friend, or neighbor who needs help because of disability or frailty? By care, we mean providing personal care, running errands, providing transportation, helping with cleaning or other day to day needs.
 Durante los últimos 12 meses, ¿ha proporcionado cuidados a algún familiar, amigo o vecino sin recibir pago porque él o ella necesita ayuda debido a alguna discapacidad o debilidad? Por cuidados, nos referimos a prestar ayuda, atención personal, hacer encargos, proporcionar transporte, ayudar con la limpieza o alguna otra necesidad de la vida diaria.

AD75

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

[GO TO QA15_D15]

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

En una semana típica o regular, ¿cuántas horas se dedica a dar estos cuidados?

AD76

_____ HOURS [RANGE: 1-168]

REFUSED	-7
DON'T KNOW	-8

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

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?

Durante los últimos 12 meses, ¿con cuántas personas ha tenido relaciones sexuales?

AD43

_____ NUMBER OF SEXUAL PARTNERS [GO TO PN QA15_D17]

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

QA15_D16 Can you give me your best guess?
¿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 QA15_D17:

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

PROGRAMMING NOTE QA15_D18;

ELSE CONTINUE WITH QA15_D17;

IF QA15_D15 OR QA15_D16 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female”;

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

QA15_D17 {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female?}.

{*¿Es esa persona hombre o mujer? / Durante los últimos 12 meses, ¿las personas con quienes ha tenido relaciones sexuales han sido hombres, mujeres, o de ambos sexos, hombres y mujeres?*}

AD45

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

PROGRAMMING NOTE QA15_D18:

**IF QA15_A5 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF QA15_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN**

QA15_D18 Do you think of yourself as straight or heterosexual, as gay {, lesbian} or homosexual, or bisexual?

¿Se considera usted heterosexual, gay, {lesbiana} 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: "*La gente heterosexual tiene relaciones sexuales o siente atracción principalmente por personas del sexo opuesto. Los gay, homosexuales {y lesbianas} tienen relaciones sexuales o sienten atracción principalmente por personas del mismo sexo. Los bisexuales, tienen relaciones sexuales o les atraen personas de ambos sexos.*"]

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

PROGRAMMING NOTE QA15_D19:

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

HIV SAMPLING FOR AMERICAN INDIAN ALASKA NATIVE RESPONDENTS ;

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

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

ELSE GO TO PROGRAMMING NOTE QA15_D23

QA15_D19 Have you ever been tested for HIV, the virus that causes AIDS?

¿Le han hecho alguna vez la prueba del VIH, el virus que causa el SIDA?

AD55

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

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

QA15_D20 In the past year, how many times have you been tested for HIV?
Durante los últimos 12 meses, ¿cuántas veces se ha hecho la prueba del VIH?

AD62

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

QA15_D21 When was your last HIV test?
¿Cuándo fue la última vez que se hizo la prueba del VIH?

AD63

MONTH _____ [RANGE: 1-12]

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

YEAR _____ [RANGE: 1985-2016]

REFUSED	-7
DON'T KNOW	-8

QA15_D22 Was the result of your HIV test positive or negative?
La prueba del VIH, ¿dio un resultado positivo o negativo?

AD64

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

PROGRAMMING NOTE QA15_D23:

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

QA15_D23 Are you legally married to someone of the same sex?

¿Está usted legalmente casado(a) con alguien de su mismo sexo?

AD60

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

YES	1	[GO TO PN QA15_D25]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_D24 Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

¿Está usted legalmente reconocido(a) por el Estado de California como pareja doméstica de alguien del mismo sexo?

AD61

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

PROGRAMMING NOTE QA15_D25;

IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D25;

ELSE SKIP TO QA15_D25A

QA15_D25 What sex was you assigned at birth, on your original birth certificate?

¿Qué sexo le asignaron al nacer, en su acta de nacimiento original?

AD65

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

PROGRAMMING NOTE QA15_D25A:

ALTERNATE TESTING OF QA15_D25;

QA15_D25A On your original birth certificate, was your sex assigned as male or female?

En su acta de nacimiento original, ¿su sexo se indica como hombre o como mujer?

AD65A

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

QA15_D26 Do you currently describe yourself as male, female, or transgender?
 ¿Actualmente se describe a sí mismo(a) como hombre, mujer o transgénero?

AD66

MALE	1	[GO TO PN QA15_D28]
FEMALE	2	[GO TOPN QA15_D28]
TRANSGENDER.....	3	[GO TOPN QA15_D28]
NONE OF THESE.....	4	
REFUSED	-7	[GO TO SECTION E]
DON'T KNOW	-8	[GO TO SECTION E]

PROGRAMMING NOTE QA15_D27:

IF QA15_D26=4 THEN CONTINUE WITH QA15_D27;
ELSE SKIP TO QA15_D28

QA15_D27 What is your current gender identity?

¿Cuál es su identidad sexual actual?

AD67

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

PROGRAMMING NOTE QA15_D28:

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

DISPLAYS:

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

QA15_D28 Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D25} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}. Is that correct?
 Solo para confirmar, le asignaron el sexo {INSERT RESPONSE FROM QA15_D25} al nacer y ahora se describe como {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}. ¿Es esto correcto?

AD68

YES	1	
NO	2	[GO BACK TO QA15_D26]
REFUSED	-7	
DON'T KNOW	-8	

Section E – Women’s Health

PROGRAMMING NOTE QA15_E1:

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

DISPLAYS:

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

QA15_E1 {These next questions are about women’s health. These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
{Las siguientes preguntas son sobre la salud de la mujer. / Las siguientes preguntas pudieran ser relevantes para usted porque se le asignó como mujer al nacer. De no ser así, avíseme y no le haré tales preguntas.}

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

AD13

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

PROGRAMMING NOTE QA15_E2:

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

DISPLAYS:

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

QA15_E2 {These next questions are about women's health. These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
 {Las siguientes preguntas son sobre la salud de la mujer./ Las siguientes preguntas pudieran ser relevantes para usted porque se le asignó como mujer al nacer. De no ser así, avíseme y no le haré tales preguntas.}

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 aplasta o presiona cada seno."]

YES1	[READ DEFINITION, GO TO SECTION F] [GO TO SECTION F] [GO TO SECTION F]
NO .....	.2
REFUSED	-7	
DON'T KNOW	-8	

QA15_E3 How long has it been since you had your last mammogram?
 ¿Hace cuánto tiempo se hizo la última mamografía?

AD17

A YEAR AGO OR LESS1	[GO TO QA15_F1] [GO TO QA15_F1]
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	

QA15_E4 How long did your provider advise you to wait until your next mammogram?
¿Cuánto tiempo le aconsejó su proveedor de atención médica que espere hasta su siguiente mamografía?

AE95

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

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

Section F – Mental Health

QA15_F1

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

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

Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido nervioso(a)? ¿Diría usted que siempre, casi siempre, algunas veces, muy pocas veces o nunca?

AJ29

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

QA15_F2

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

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

AJ30

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

QA15_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

QA15_F4 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?

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 o nunca?"]

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

QA15_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

QA15_F6 During the past 30 days, about how often did you feel worthless?
Durante los últimos 30 días, ¿más o menos con qué frecuencia se sintió como 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

QA15_F7 Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
¿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 QA15_F8:

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

QA15_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.

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?

AF63

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

QA15_F9 During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

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

QA15_F10 How often did you feel restless or fidgety?

¿Con qué frecuencia se sintió inquieto(a) o intranquilo(a)?

AF65

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

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

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

- QA15_F11** How often did you feel so depressed that nothing could cheer you up?
¿Con qué frecuencia se ha sentido 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 |
- QA15_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 o nunca?"]
- | | |
|-----------------|----|
| AL..... | 1 |
| MOST..... | 2 |
| SOME..... | 3 |
| A LITTLE..... | 4 |
| NONE..... | 5 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |
- QA15_F13** How often did you feel worthless?
¿Con qué frecuencia se sintió como 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 o 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 QA15_F14intro:**

**IF (QA15_F1 + QA15_F2 + QA15_F3 + QA15_F4 + QA15_F5 + QA15_F6 > 8) OR
 (QA15_F8 + QA15_F9 + QA15_F10 + QA15_F11 + QA15_F12 + QA15_F13 > 8) OR
 (IF QA15_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
 (IF QA15_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH
 QA15_F14intro;
 IF QA15_F7 = 1 THEN DISPLAY "again, please";
 ELSE SKIP TO QA15_F19**

QA15_F14intro

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

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

PROGRAMMING NOTE QA15_F14:

**IF AGE > 70 GO TO QA15_F15;
 ELSE CONTINUE WITH QA15_F14**

QA15_F14 Did your emotions interfere a lot, some, or not at all with your performance at work?
¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en su desempeño en el trabajo?

AF69B

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

QA15_F15 Did your emotions interfere a lot, some, or not at all with your household chores?
¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en las tareas o quehaceres de su casa?

AF70B

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

QA15_F16 Did your emotions interfere a lot, some, or not at all with your social life?
¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en su vida social?

AF71B

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

QA15_F17 Did your emotions interfere a lot, some, or not at all with 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?

AF72B

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

QA15_F18 Now think about the past 12 months. 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, ¿durante cuántos días le fue imposible o no fue capaz de trabajar o llevar a cabo sus actividades normales debido a que se sentía nervioso(a), deprimido(a) o estresado(a) emocionalmente?

AF73B

[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

PROGRAMMING NOTE QA15_F19:

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

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

Durante los últimos 30 días, ¿con qué frecuencia se sintió solo(a) — todo el tiempo, la mayor parte del tiempo, parte del tiempo, poco tiempo o en ningún momento?

AF92

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

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

¿Alguna vez le ha dicho un doctor, enfermera u otro profesional de la salud que usted tiene un trastorno depresivo, incluyendo depresión, depresión grave, distimia, o depresión leve?

AE93

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

- QA15_F21** Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?
¿Hubo alguna vez en los últimos 12 meses en que usted pensó que posiblemente necesitaba ver a un profesional debido a problemas con su salud mental, sus emociones o nervios, o su consumo de alcohol o drogas?
- | | | |
|-------------|------------------|---------------------|
| AF81 | YES | 1 |
| | NO | 2 [GO TO QA15_F23] |
| | REFUSED | -7 [GO TO QA15_F23] |
| | DON'T KNOW | -8 [GO TO QA15_F23] |
- QA15_F22** Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
¿Cubre su seguro tratamiento de problemas de salud mental, tal como visitas al psicólogo o al psiquiatra?
- | | | |
|------------|----------------------------|----|
| AJ1 | YES | 1 |
| | NO | 2 |
| | DON'T HAVE INSURANCE | 3 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |
- QA15_F23** In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
En los últimos 12 meses, ¿ha visto a su doctor de atención primaria o doctor general para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?
- | | | |
|-------------|------------------|----|
| AF74 | YES | 1 |
| | NO | 2 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |
- QA15_F24** In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
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?
- | | | |
|-------------|------------------|----|
| AF75 | YES | 1 |
| | NO | 2 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

PROGRAMMING NOTE QA15_F25:

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

QA15_F25 Did you seek help for your mental or emotional health or for an alcohol or drug problem?

¿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 QA15_F26:

IF QA15_F25 = 1, DISPLAY: "mental or emotional health";

IF QA15_F25 = 2, DISPLAY: "use of alcohol or drugs";

IF QA15_F25 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";

ELSE SKIP TO QA15_F27

QA15_F26 In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

En los últimos 12 meses, ¿cuántas veces fue a ver a un profesional debido a problemas con su {salud mental o emocional/consumo de alcohol o drogas/salud mental o emocional y 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

QA15_F27 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 QA15_F30]
NO	2	
REFUSED	-7	[GO TO QA15_F30]
DON'T KNOW	-8	[GO TO QA15_F30]

QA15_F28 Did you complete the recommended full course of treatment?

¿Terminó usted el completo tratamiento recomendado?

AF79

YES	1	[GO TO QA15_F30]
NO	2	
REFUSED	-7	[GO TO QA15_F30]
DON'T KNOW	-8	[GO TO QA15_F30]

QA15_F29 What is the MAIN REASON you are no longer receiving treatment?
¿Cuál es 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

QA15_F30 During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
Durante los últimos 12 meses, ¿tomó alguna medicina con receta, como antidepresivos o sedantes, casi a 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 QA15_F31:**IF QA15_F21 = 1 AND (QA15_F23 ≠ 1 AND QA15_F24 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)****CONTINUE WITH QA15_F31;****ELSE SKIP TO QA15_F35**

QA15_F31 Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.

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

You were concerned about the cost of treatment.

Le preocupaba el costo del tratamiento.

AF82

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

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

Durante los últimos 12 meses, ¿tomó algún medicamento para el dolor que le fue recetado a usted por un médico?

AF97

YES	1
NO (INCLUDE NOT PRESCRIBED AND PRESCRIBED BUT DID NOT USE)	2
REFUSED	-7
DON'T KNOW	-8

QA15_F39 The last time you filled a prescription for pain medication was there any medication left over?
La última vez que usted fue a surtir una receta de medicamentos para el dolor, ¿Le sobró alguno?

AF98

YES	1	
NO	2	[GO TO QA15_F41]
NEVER HAD AN RX FOR PAIN MEDICATION	3	[GO TO QA15_F41]
REFUSED	-7	[GO TO QA15_F41]
DON'T KNOW	-8	[GO TO QA15_F41]

QA15_F40 What did you do with the leftover prescription pain medication?
¿Qué hizo con el medicamento recetado para el dolor que le sobró?

AF99

KEPT IT	1	
DISPOSED OF IT	2	
GAVE IT TO SOMEONE ELSE	3	
SOLD IT	4	
OTHER (SPECIFY: _____)	91	
REFUSED	-7	
DON'T KNOW	-8	

QA15_F41 Do you currently have any expired, unused or leftover prescribed medications in your home?
¿Tiene actualmente algún medicamento recetado en su casa que haya expirado, que no haya sido usado o que le haya sobrado?

AF100

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

QA15_F42 If you decided to dispose of these, which of the following methods would you choose? Would you...
Si decidiera deshacerse de estos medicamentos, ¿cuál de los siguientes métodos escogería?
¿Usted...

AF101

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

Flush it down the toilet or sink,.....	1	
<i>Los tiraría en el lavabo o la taza del baño</i>	1	
Throw it away in the garbage,.....	2	
<i>Los tiraría a la basura</i>	2	
Return it to the doctor's office or clinic,.....	3	
<i>Los devolvería al consultorio del doctor o clínica</i>	3	
Return it to the pharmacy, or	4	
<i>Los devolvería a la farmacia, o</i>	4	
Dispose of it in some other way? (SPECIFY: _____)	91	
<i>Se deshacería de ellos de otra manera?</i>		
(SPECIFY: _____)	91	
REFUSED	-7	
DON'T KNOW	-8	

QA15_F43 Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.
Ahora me gustaría hacerle algunas preguntas acerca de medicamentos de receta para el dolor que NO le fueron recetados específicamente a usted por un doctor

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

Durante los últimos 12 meses, ¿tomó algún medicamento de receta para el dolor que NO le fue recetado específicamente a usted por un doctor? Solo queremos saber sobre los medicamentos de receta y NO sobre medicamentos que están disponibles sin receta o en “venta libre”.

AF102

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

QA15_F44 We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons?
Queremos entender por qué las personas usan medicamentos de receta que no les han sido específicamente recetados a ellas. La última vez que usó un medicamento de receta para el dolor que no le fue recetado a usted, ¿cuáles fueron las razones?

AF103

[CODE ALL THAT APPLY]
 [PROBE: "Anything else?"]
 [PROBE: "¿Algo más?"]

To relieve pain,.....	1
Para aliviar el dolor,	1
To relieve other physical symptoms.....	2
Para aliviar otros síntomas físicos,	2
To relieve anxiety or depression,	3
Para aliviar la ansiedad o la depresión,	3
For fun, good feelings, getting high, peer pressure, or, (FRIENDS WERE DOING IT).....	4
<i>Por diversión, para sentirse bien, para drogarse o Por presión de los demás, o (LOS AMIGOS LO ESTABAN HACIENDO).....</i>	4
Another reason (SPECIFY: _____)	91
<i>Alguna otra razón? (SPECIFY: _____) ..</i>	91
REFUSED	-7
DON'T KNOW	-8

QA15_F4 From whom did you obtain the prescription pain medication?
¿De quién obtuvo el medicamento de receta para el dolor?

AF104

[IF NECESSARY, GIVE EXAMPLES]

FROM A FRIEND OR RELATIVE	1
FROM AN ACQUAINTANCE	2
FROM A STREET DEALER OR OTHER PERSON I DID NOT KNOW	3
ONLINE	4
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_F46 How much do people risk harming themselves physically and in other ways when they try prescription pain medications not prescribed to them by a doctor once or twice? Would you say there is---no risk, slight risk, moderate risk, or great risk?

¿Cuánto riesgo corren las personas de hacerse daño físico y de otras maneras cuando prueban medicamentos de receta para el dolor una o dos veces, sin que les haya sido recetados por un doctor? ¿Diría usted que --- no hay riesgo, poco riesgo, riesgo moderado o mucho riesgo?

AF105

NO RISK	1
SLIGHT RISK.....	2
MODERATE RISK	3
GREAT RISK	4
REFUSED	-7
DON'T KNOW	-8

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

¿Cuánto riesgo corren las personas de hacerse daño físico y de otras maneras cuando prueban medicamentos de receta para el dolor una o dos veces a la semana, sin que les haya sido recetados por un doctor? ¿Diría usted que --- no hay riesgo, poco riesgo, riesgo moderado o mucho riesgo?

AF106

NO RISK	1
SLIGHT RISK.....	2
MODERATE RISK	3
GREAT RISK	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_F48:

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

QA15_F48 The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

Las siguientes preguntas son sobre cómo se siente acerca de diferentes aspectos de su vida. Para cada uno, por favor dígame con qué frecuencia se siente usted de esa manera.

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

Primero, ¿con qué frecuencia siente usted la falta de compañía de una persona? ¿Diría que...?

AF107

Hardly ever	1
Casi nunca,	1
Some of the time, or.....	2
Parte del tiempo o	2
Often?	3
Con frecuencia	3
REFUSED	-7
DON'T KNOW	-8

QA15_F49 How often do you feel left out? Is it...
¿Con qué frecuencia se siente que las personas lo(a) dejan de lado? ¿Diría que...?

AF108

Hardly ever	1
Casi nunca,	1
Some of the time, or.....	2
Parte del tiempo o.....	2
Often?	3
Con frecuencia	3
REFUSED	-7
DON'T KNOW	-8

QA15_F50 How often do you feel isolated from others? Is it...
¿Con qué frecuencia se siente alejado(a) de las demás personas? ¿Diría que...?

AF109

Hardly ever	1
Casi nunca,	1
Some of the time, or.....	2
Parte del tiempo o	2
Often?	3
Con frecuencia	3
REFUSED	-7
DON'T KNOW	-8

Section G – Demographic Information, Part II

QA15_G1

Now a few more questions about your background.
Ahora tengo algunas preguntas sobre usted

In what country were you born?

¿En qué país nació?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

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

PROGRAMMING NOTE QA15_G2:**IF QA15_G1 ≠ 1 (NOT BORN IN US) GO TO QA15_G4;****ELSE IF QA15_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA15_G2****QA15_G2** In what country was your mother born?*¿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

QA15_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

PROGRAMMING NOTE QA15_G4:

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

QA15_G4 You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?
Usted dijo que es de ascendencia japonesa, ¿inmigraron <you_heshe> o sus antepasados de Japón a los Estados Unidos después de 1945?

AG25

YES	1	[SKIP TO QA15_G6]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G5 Which generation of Japanese immigrant are you?
¿De cuál generación de inmigrante japonés es usted?

AG26

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

QA15_G6 {You said you were of Japanese heritage,} which generation of Japanese immigrant are you?
¿de cuál generación de inmigrante japonés es usted?

AG27

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

QA15_G7 What languages do you speak at home?
¿Qué idiomas habla usted en su hogar?

AH36

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

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

PROGRAMMING NOTE QA15_G8:

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

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

**SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_G8 WAS ASKED;
 ELSE GO TO PROGRAMMING NOTE QA15_G9**

QA15_G8 {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...
 {Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés.} ¿Diría usted que habla inglés...

AH37

Very well,.....	1
Muy bien,.....	1
Well,	2
Bien,	2
Not well, or	3
No bien, o.....	3
Not at all?	4
No lo habla?	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_G9:

**IF QA15_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA15_G12
ELSE CONTINUE WITH QA15_G9**

QA15_G9 The next questions are about citizenship and immigration.

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 QA15_G11]
NO	2	
APPLICATION PENDING	3	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G10 Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

¿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

QA15_G11 About how many years have you lived in the United States?

Aproximadamente, ¿cuántos años ha vivido usted en los 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 QA15_G11A:
IF QA15_G9 = 1 (NATURALIZED) CONTINUE WITH QA15_11A
ELSE GO TO QA15_G11B;

QA15_G11A In what year did you become naturalized?
 ¿En qué año se naturalizó usted (se hizo ciudadano(a))?

AG30

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

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

_____ YEARS AGO

_____ MONTHS AGO

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

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

QA15_G11B Tell me if you are currently here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?
 Por favor, dígame si actualmente usted está aquí con alguno de los siguientes permisos: una visa de turista, una visa de estudiante, una visa o permiso de trabajo algún otro documento que le permita estar en los Estados Unidos por un período limitado de tiempo.

AG36

[INTERVIEWER: CHECK FIRST MENTION.]

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

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

QA15_G11C Was this visa or permit through Deferred Action for Childhood Arrivals or “DACA” or Deferred Action for Parental Accountability or “DAPA”?
 ¿Fue esta visa o permiso a través de La Acción Diferida para los Llegados en la Infancia o “DACA” (por sus siglas en inglés) o Acción Diferida para Padres de Ciudadanos Estadounidenses y Residentes Permanentes Legales o “DAPA” (por sus siglas en inglés)?

AG43

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

QA15_G11D Is this visa or document still valid or has it expired?
 ¿Todavía sigue vigente esta visa o documento, o ha expirado?

AG37

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

PROGRAMMING NOTE QA15_G12:

IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12;
IF QA15_A16 = 1, THEN DISPLAY “spouse”;
IF QA15_A16 = 2 OR QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA15_G14

QA15_G12 Is your {spouse/partner} also living in your household?
 ¿Vive su {esposo(a)/pareja} también en su casa?

AH44

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

QA15_G13 May I have your {spouse/partner}'s first name, age, and gender?
 ¿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 QA15_G14:

**IF [AAGE < 30 OR QA15_A4 = 1 (AGE 18-29)] AND [QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR QA15_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH], CONTINUE WITH QA15_G14;
ELSE GO TO PROGRAMMING NOTE QA15_G15**

QA15_G14 Are you now living with either of your parents?

¿Está usted viviendo actualmente con su padre o con su madre?

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

AH43A

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

PROGRAMMING NOTE QA15_G15:

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

ELSE GO TO QA15_G17;

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

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

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

ELSE DISPLAY “you”

QA15_G15 In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

Durante el mes pasado, ¿pagó algún tipo de cuidado infantil por cualquier niño menor de 14 años mientras {usted o su esposo(a)/pareja/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 QA15_G17]
REFUSED	-7	[GO TO QA15_G17]
DON'T KNOW	-8	[GO TO QA15_G17]

QA15_G16 In the past month, how much did you pay for all child care arrangements and programs?
Durante los últimos 30 días, ¿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 WEEK3

REFUSED -7

DON'T KNOW -8

QA15_G17 What is the highest grade of education you have completed and received credit for?
¿Cuál es el grado de educación más alto que usted ha completado y por el que ha recibido reconocimiento.

AH47

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

QA15_G18 Did you ever serve on active duty in the Armed Forces of the United States?
¿Ha estado usted alguna vez en el servicio militar activo en las Fuerzas Armadas de los Estados Unidos?

AG22

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

QA15_G19 When did you serve?
¿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 |

QA15_G20 Altogether, how long did you serve?
En total, ¿cuánto tiempo estuvo en las Fuerzas Armadas?

AG24

_____ YEARS

_____ MONTHS

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

QA15_G21 Which of the following were you doing last week?
¿Cuál de las siguientes actividades hizo la semana pasada?

AK1

- | | |
|--|----|
| Working at a job or business,..... | 1 |
| With a job or business but not at work,..... | 2 |
| Looking for work, or | 3 |
| Not working at a job or business?..... | 4 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

[GO TO QA15_G26]

[GO TO QA15_G26]

[GO TO QA15_G26]

QA15_G22 What is the main reason you did not work last week?
¿Cuál es el motivo principal por el que no trabajó la semana pasada?

AK2

[IF NEEDED, SAY: "Main reason is the most important reason."
 [IF NEEDED, SAY: "*El motivo principal es el motivo 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 QA15_G24]
 [GO TO PN QA15_G24]

QA15_G23 Do you usually work?
¿Trabaja usted por lo general?

AG10

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

PROGRAMMING NOTE QA15_G24:

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

QA15_G24 Are you receiving Social Security Disability Insurance or SSDI?
¿Recibe usted Ingreso de Seguro Social por Incapacidad (o SSDI)?

AL22

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

PROGRAMMING NOTE QA15_G25:

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

QA15_G25 On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?
En su trabajo principal, ¿trabaja usted para: una compañía privada, el gobierno, o 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 QA15_G26:

**IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?"
and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE
FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)];
ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make
or do at this business?"]"**

QA15_G26 {What kind of agency or department is this? / What kind of business or industry is this?
 {*¿Qué clase de agencia o departamento es? / ¿Qué tipo de negocio o industria es?*}

AK5

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

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

QA15_G27 What is the main kind of work you do?

¿Cuál es el tipo de trabajo que usted hace principalmente?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]
 [INTERVIEWER: ENTER DESCRIPTION]

_____ (OCCUPATION)	
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_G28:

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

QA15_G28 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

{Contándose usted mismo(a), ¿más o menos / ¿Más o menos,} cuántos empleados trabajan para usted en todos los lugares donde funciona su empresa?

AK8

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

[IF NEEDED, SAY: "Me puede dar un número aproximado."]

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

PROGRAMMING NOTE QA15_G29:

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

QA15_G29 Which of the following was your {spouse/partner} doing last week?

{Cuál de las siguientes actividades hizo la semana pasada su {esposo(a)/pareja}?

AG8

Working at a job or business,.....	1	[GO TO QA15_G32]
With a job or business but not at work,.....	2	[GO TO QA15_G32]
Looking for work, or	3	
Not working at a job/business?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G30 Does your {spouse/partner} usually work?

{Trabaja su {esposo(a)/pareja} por lo general?

AG11

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

QA15_G31 On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

En el trabajo principal de su {esposo(a)/pareja}, ¿trabaja {él/ella} para: una compañía privada, el gobierno, o trabaja por cuenta propia, o está trabajando sin recibir pago en un negocio o finca de la familia?

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]
[IF NEEDED, SAY: "¿Dónde 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

QA15_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 QA15_H3]
DOCTOR/MY DOCTOR	3	
KAISER	4	
MORE THAN ONE PLACE	5	
REFUSED	-7	[GO TO QA15_H3]
DON'T KNOW	-8	[GO TO QA15_H3]

PROGRAMMING NOTE QA15_H2:

IF QA15_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
 ELSE IF QA15_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
 ELSE IF QA15_H1 = 4 (KAISER) CIRCLE "1" FOR QA15_H2 AND GO TO QA15_H3

QA15_H2

{What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?
{¿A qué tipo de lugar va usted con más frecuencia —el consultorio de un doctor / ¿Está su doctor en un consultorio particular de médico}, una clínica o clínica de hospital, {en} una sala de emergencias 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 QA15_H3:

IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA15_H4;
 ELSE CONTINUE WITH QA15_H3

QA15_H3

During the past 12 months, did you visit a hospital emergency room for your own health?
Durante los últimos 12 meses, ¿fue a la sala de emergencias de un hospital debido a su propia salud?

AH12

YES	1	
NO	2	[GO TO QA15_H5]
REFUSED	-7	[GO TO QA15_H5]
DON'T KNOW	-8	[GO TO QA15_H5]

PROGRAMMING NOTE QA15_H4:

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

QA15_H4 {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that?
{Durante los últimos 12 meses, ¿cuántas veces fue a la sala de emergencias de un hospital debido a su propia salud? / ¿Cuántas veces hizo eso?}

AH95

[IF NEEDED, SAY: **“During the past 12 months, how many times did you visit a hospital emergency room for your own health?”**]
[IF NEEDED, SAY: **“Durante los últimos 12 meses, ¿cuántas veces fue a la sala de emergencias de un hospital debido a su propia salud?”**]
_____ NUMBER OF TIMES

REFUSED -7
DON'T KNOW -8

QA15_H5 MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?
MediCARE es un programa de seguro de salud para personas de 65 años o más o personas con ciertas discapacidades. En este momento, ¿tiene usted cobertura de Medicare?

AI1

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

YES 1 [GO TO QA15_H8]
NO 2
REFUSED -7 [GO TO QA15_H16]
DON'T KNOW -8 [GO TO QA15_H16]

POST-NOTE QA15_H5:

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

PROGRAMMING NOTE QA15_H6:

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

QA15_H6 Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

¿Es correcto que usted no tiene cobertura de MediCARE aun cuando usted me dijo anteriormente que tiene 65 años o es mayor?

AI2

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

POST-NOTE QA15_H6:

IF QA15_H6 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

QA15_H7 What is your age, please?
¿Cuál es su edad, por favor?

AI3

_____ YEARS OF AGE [HR: 18-105]

[GO TO PN QA15_H16]

REFUSED -7

[GO TO PN QA15_H16]

DON'T KNOW -8

[GO TO PN QA15_H16]

POST NOTE QA15_H7: AIDATE

SET AIDATE = CURRENT DATE (YYYYMMDD);

SET AAGE = QA15_H7;

IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA15_H8:

IF ARMCARE = 1, CONTINUE WITH QA15_H8;

ELSE GO TO PROGRAMMING NOTE QA15_H16

QA15_H8 Is this a MediCARE Advantage Plan?
¿Es este un Plan MediCARE Advantage?

AH123

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]

[IF NEEDED, SAY: "Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B."]

YES 1

[GO TO QA15_H11]

NO 2

[GO TO QA15_H11]

REFUSED -7

[GO TO QA15_H11]

DON'T KNOW -8

[GO TO QA15_H11]

QA15_H9 Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?
¿Es su Plan MediCare Advantage proporcionado a través de una HMO, PPO o Plan Privado de Pago por Servicio?

AH124

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

[IF NEEDED, SAY: "*HMO son las siglas en inglés de «Health Maintenance Organization» (Organización para el Mantenimiento de la Salud). Con una HMO, por lo general debe recibir servicios de doctores de la HMO o no cubrirán el gasto, excepto en caso de emergencia médica.*"]

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

[IF NEEDED, SAY: "*PPO son las siglas en inglés de «Preferred Provider Organization» (Organización de Proveedores Preferidos). Con una PPO, puede ir a cualquier doctor y hospital, pero paga menos si va a los doctores y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal.*"]

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

[IF NEEDED, SAY: "*«Private Fee-for-Service» (Plan Privado de Pago por Servicio) es cuando MediCARE paga una cantidad fija de dinero cada mes a la compañía privada de seguros. Con el Plan Privado de Pago por Servicio, la compañía de seguros, y no MediCARE, decide cuánto debe pagar usted por los servicios.*"]

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

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

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

QA15_H10 What is the name of your MediCARE plan?
¿Cuál es el nombre de su plan de MediCARE?

AH125

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "¿Tiene usted una tarjeta de seguro u otro documento donde aparezca el nombre del plan?"]

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES.....	83
ANTHEM BLUE CROSSOF CALIFORNIA.....	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN ..	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH.....	17
CARE 1 ST HEALTH PLAN	18
CAREMORE HEALTH PLAN.....	19
CENTER FOR ELDERS' INDEPENDENCE.....	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN.....	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK.....	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN.....	35
GOLDEN STATE MEDICARE HEALTH PLAN	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46
HEALTH ADVANTAGE	82

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

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

QA15_H11 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
Algunas personas que reúnen los requisitos para MediCARE, también tienen un seguro privado que a veces se llama Medigap o póliza del seguro suplementario de Medicare. ¿Tiene usted este tipo de seguro de salud?

AI4

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

[IF NEEDED, SAY: "*Estas son pólizas que cubren los costos de los servicios de salud que no están cubiertos por MediCARE solamente.*"]

YES 1

NO 2

REFUSED -7

DON'T KNOW -8

[GO TO PN QA15_H16]

[GO TO PN QA15_H16]

[GO TO PN QA15_H16]

POST-NOTE FOR QA15_H11:

IF QA15_H11 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA15_H12:

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

DISPLAYS:

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

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

QA15_H12 For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

Para el/la {plan MediCARE Advantage/póliza del seguro suplementario de 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?

AH126

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

[IF NEEDED, SAY: "*AARP son las siglas en inglés de Asociación Americana de Personas Retiradas.*"]

DIRECTLY 1

CURRENT EMPLOYER 2

FORMER EMPLOYER 3

UNION 4

FAMILY BUSINESS 5

AARP 6

SPOUSE'S EMPLOYER 7

SPOUSE'S UNION 8

PROFESSIONAL/FRATERNAL ORGANIZATION 9

OTHER 91

REFUSED -7

DON'T KNOW -8

QA15_H13 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

¿Paga usted una parte o toda la prima o el costo de este plan de salud? No incluya el costo de ningún pago compartido o de deducibles 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 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 que alguien más paga por 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: "*El deducible es la cantidad que usted paga por su atención médica antes de que su plan de salud empiece 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

QA15_H14 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

¿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?

AH54

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

[GO TO PN QA15_H16]

[GO TO PN QA15_H16]

[GO TO PN QA15_H16]

QA15_H15 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, como por ejemplo, su empleador, un sindicato o una organización profesional?"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Alguien más?"]

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

POST-NOTE FOR QA15_H15:

IF QA15_H15 = 7, SET ARMCAL = 1;

PROGRAMMING NOTE QA15_H16:

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

ELSE DISPLAY "Are you"

QA15_H16 {Is it correct that you are/Are you} covered by Medi-CAL?
{¿Es cierto que usted tiene / ¿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."]

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

POST-NOTE FOR QA15_H16:

IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA15_H17:

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

QA15_H17 {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

{Además de la póliza del seguro suplementario de Medicare que me mencionó/Además del plan Medicare Advantage que me mencionó,} ¿tiene usted cobertura de {algún otro/un} plan de seguro de salud o HMO a través de un empleador o 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 de alguna otra persona?"]

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

POST-NOTE FOR QA15_H17:

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

PROGRAMMING NOTE QA15_H18:

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

QA15_H18 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

{Tiene usted cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO o mediante Covered California?}

AI11

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

[IF NEEDED, SAY: "No incluya planes que pagan solamente por ciertas enfermedades, como cáncer o derrame cerebral, o que solamente le dan "dinero extra" si está hospitalizado."]

YES .....	.1	
NO .....	.2	[GO TO PN QA15_H20]
REFUSED	-7	[GO TO PN QA15_H20]
DON'T KNOW	-8	[GO TO PN QA15_H20]

POST-NOTE FOR QA15_H18:

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

PROGRAMMING NOTE QA15_H19:

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

QA15_H19 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
¿Cómo compró este seguro de salud -- directamente a una compañía de seguro de salud o HMO o mediante Covered California?

AH104

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

POST-NOTE FOR QA15_H19:

IF QA15_H19 = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR QA15_H20:

**IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE),
 CONTINUE WITH QA15_H20;
 ELSE GO TO PROGRAMMING NOTE QA15_H22**

QA15_H20 Was this plan obtained in your own name or in the name of someone else?
¿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 QA15_H22]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA15_H22]
DON'T KNOW	-8	[GO TO PN QA15_H22]

POST-NOTE FOR QA15_H20:

IF QA15_H17 = 1 AND QA15_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;

IF QA15_H17 = 1 AND QA15_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF QA15_H18 = 1 AND QA15_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;

IF QA15_H18 = 1 AND QA15_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA15_H21:

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

QA15_H21 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
¿Está el plan a {nombre de su esposo(a),} “{nombre de su pareja,}” {nombre de uno de sus padres} o a nombre de otra persona?

AI9A

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

POST-NOTE FOR QA15_H21:

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

PROGRAMMING NOTE QA15_H22:

IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28 < 5 (FIRM SIZE <=100), CONTINUE WITH QA15_H22 AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA15_H23;

QA15_H22 How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?
¿Cómo se inscribió {usted/él o ella} en este seguro de salud – mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AH105

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]
[IF NEEDED, SAY: "SHOP son las siglas en inglés del Programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California."]
EMPLOYER
UNION.....
SHOP / COVERED CALIFORNIA
OTHER (SPECIFY: _____)..... 92
REFUSED
DON'T KNOW

POST-NOTE FOR QA15_H22:

IF QA15_H22 = 3, THEN SET ARHBEX = 1
PROGRAMMING NOTE QA15_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA15_H23;
ELSE GO TO PROGRAMMING NOTE QA15_H25;

QA15_H23 Was this a bronze, silver, gold or platinum plan?
¿Era un plan bronce, plata, oro o platino (bronze, silver, gold o platinum)?

AH106

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

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

QA15_H24 Was there a subsidy or discount on the premium for this plan?
¿Había un subsidio o descuento en la prima de este plan?

AH107

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

PROGRAMMING NOTE QA15_H25:

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

QA15_H25 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿Paga una parte o toda la prima o el costo de este plan de salud? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AH57

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

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

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

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

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

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

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

QA15_H26 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

¿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 QA15_H28]
REFUSED	-7	[GO TO PN QA15_H28]
DON'T KNOW	-8	[GO TO PN QA15_H28]

PROGRAMMING NOTE QA15_H27:

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

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

{*¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional? / ¿Quién es?*}

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 cualquier parte del costo de este plan, como por ejemplo su empleador, un sindicato, o una organización profesional?*"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "*¿Alguien más?*"]

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

POST-NOTE QA15_H27:

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

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

IF QA15_H27 = 6, THEN SET AROTHER = 1;

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

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

IF QA15_H27 = 11, SET ARHBEX = 1;

IF QA15_H27 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA15_H28:

**IF [QA15_G21 = 1 OR 2 (R WORKED LAST WEEK) OR QA15_G23 = 1 (R USUALLY WORKS)] AND
QA15_G25 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE),
CONTINUE WITH QA15_H28;
ELSE GO TO PROGRAMMING NOTE QA15_H32**

QA15_H28 Does your employer offer health insurance to any of its employees?

{*Ofrece su empleador seguro de salud a alguno de sus empleados?*}

AI13

YES	1	
NO	2	[GO TO PN QA15_H32]
REFUSED	-7	[GO TO PN QA15_H32]
DON'T KNOW	-8	[GO TO PN QA15_H32]

QA15_H29 Are you eligible to be in this plan?
¿Reúne usted los requisitos para este plan?

AI14

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

[GO TO QA15_H31]
[GO TO PN QA15_H32]

QA15_H30 What is the one main reason why you aren't in this plan?
Cuál es la razón principal por la cual usted no está inscrito(a) en este plan?

AI15

COVERED BY ANOTHER PLAN	1	[GO TO PN QA15_H32]
TOO EXPENSIVE	2	[GO TO PN QA15_H32]
DIDN'T LIKE PLAN OFFERED	3	[GO TO PN QA15_H32]
DON'T NEED OR BELIEVE IN HEALTH INSURANCE	4	[GO TO PN QA15_H32]
OTHER (SPECIFY: _____)	91	[GO TO PN QA15_H32]
REFUSED	-7	[GO TO PN QA15_H32]
DON'T KNOW	-8	[GO TO PN QA15_H32]

QA15_H31 What is the one main reason why you are not eligible for this plan?
¿Cuál es la razón principal por la cual usted no puede estar inscrito(a) 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 QA15_H32:
**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH QA15_H32;
ELSE GO TO PN QA15_H33**

QA15_H32 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
*¿Tiene usted cobertura de CHAMPUS/CHAMP-VA, TRICARE, VA o algún otro plan de salud
para militares?*

AI16

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

POST-NOTE QA15_H32:
IF QA15_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H33:

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

QA15_H33 Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, Healthy Kids, or something else?
¿Tiene usted cobertura de algún otro programa de salud del gobierno, como AIM, "Mister MIP", el programa Family PACT, Healthy Kids u otro programa?

AI17

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

[IF NEEDED, SAY: "AIM significa Acceso para Niños y Madres; "Mister MIP" significa Programa de Seguro Médico de Alto Riesgo; Family PACT es el programa estatal que paga por servicios de salud relacionados con la reproducción y anticonceptivos para mujeres y hombres de bajos ingresos que no tienen seguro.]

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

POST-NOTE QA15_H33:

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

PROGRAMMING NOTE QA15_H34:

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

QA15_H34 Do you have any health insurance coverage through a plan that I missed?
¿Tiene usted alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

AI18

YES .....	.1	
NO .....	.2	[GO TO PN QA15_H38]
REFUSED	-7	[GO TO PN QA15_H38]
DON'T KNOW	-8	[GO TO PN QA15_H38]

QA15_H35 What type of health insurance do you have?
¿Qué tipo de seguro de salud tiene?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Consiguió usted este plan a través de un empleador/sindicato actual o anterior, 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
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
COVERED CALIFORNIA.....	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN.....	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_H35:

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

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QA15_H36 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 QA15_H38]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA15_H38]
DON'T KNOW	-8	[GO TO PN QA15_H38]

POST-NOTE QA15_H36:

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

PROGRAMMING NOTE QA15_H37:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 OR IF QA15_G14 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA15_H37;
 ELSE GO TO PROGRAMMING NOTE QA15_H38;
 IF QA15_A16 = 1 THEN DISPLAY "spouse's name";
 IF QA15_A16 ≠ 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "partner's name";
 IF QA15_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H37 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
¿Está el plan a nombre de {spouse's name,} " {partner's name}" " {parent's name} o a nombre de otra persona?

AH60

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

POST-NOTE QA15_H37:

IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
 IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA15_H38:

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

QA15_H38 Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
¿Tiene usted cobertura del 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 QA15_H38:

IF QA15_H38 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA15_H39_INTRO:

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

QA15_H39_INTRO

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

AI37intro**PROGRAMMING NOTE QA15_H39:**

IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH QA15_H39 WITHOUT DISPLAY

ELSE IF ARMCARE = 1, CONTINUE WITH QA15_H39 AND DISPLAY “You said that you are covered by Medicare.” AND “also”;

ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H39 {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

{Usted dijo que tiene cobertura de Medicare.} ¿Tiene (SPOUSE/PARTNER) cobertura de Medicare {también}?

AI37

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

POST-NOTE QA15_H39:

IF QA15_H39 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H40:

IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE QA15_H41;
 DISPLAYS;
 IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH QA15_H40 WITHOUT DISPLAY;
 ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
 IF QA15_A16 = 1 (MARRIED) THEN DISPLAY "spouse's";
 ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY "partner's";

QA15_H40 {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?
{Usted dijo que tiene un plan Medicare Advantage.} ¿Tiene su {esposo(a)/pareja} {también} un plan de Medicare Advantage?

AH127

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]

[IF NEEDED, SAY: "Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B."]

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

POST-NOTE QA15_H40:

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

PROGRAMMING NOTE QA15_H41:

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;
 ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;
 ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
 IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse";
 ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H41 {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?
{Usted dijo que tiene una póliza del seguro suplementario de Medicare.} ¿Tiene su {esposo(a)/pareja} {también} una póliza del seguro suplementario de Medicare?

AI37A

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

POST-NOTE QA15_H41:

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

PROGRAMMING NOTE QA15_H42:

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

QA15_H42 You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?
Usted dijo que {también} tiene Medi-Cal. ¿Está (SPOUSE/PARTNER) cubierto(a) también por Medi-Cal?

AI38

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

POST-NOTE QA15_H42:

IF QA15_H42 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H43:

IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H43;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H43 You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?
Usted dijo que tiene seguro a través de su empleador o sindicato actual o antiguo.
¿Tiene(SPOUSE/PARTNER) cobertura {también} del seguro que usted tiene a través de su empleador o sindicato?

AI40

YES .....	.1	[GO TO PN QA15_H46]
NO .....	.2	
OTHER.....	.3	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_H43:

IF QA15_H43 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H44:

IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA15_H44;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H44 You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?
Usted dijo que tiene seguro de salud mediante el programa SHOP de Covered California. ¿Tiene (SPOUSE/PARTNER) {también} cobertura de este seguro de salud?

AH108

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

[IF NEEDED, SAY: "*SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California*"]

YES	1	[GO TO PN QA15_H46]
NO	2	
OTHER	3	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_H44:

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

PROGRAMMING NOTE QA15_H45:

**IF QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS),
 CONTINUE WITH QA15_H45;**
IF AREMPSP = 1 AND QA15_A16 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.;"
ELSE IF AREMPSP = 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.;"
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H46

QA15_H45 {You said you have insurance from your spouse's employer or union /You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?
{Usted dijo que tiene seguro a través del empleador o sindicato de su esposo(a)./Usted dijo que tiene seguro a través del empleador o sindicato de su pareja. ¿Tiene (SPOUSE/PARTNER) {también} seguro de salud a través de su propio empleador?}

AI40A

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

POST-NOTE QA15_H45:

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

PROGRAMMING NOTE QA15_H46:

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H46;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H47

QA15_H46 You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

AI41

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

POST-NOTE QA15_H46:

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

PROGRAMMING NOTE QA15_H47:

IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA15_H47;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H48

QA15_H47 You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

*Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros.
 ¿Tiene (SPOUSE/PARTNER) cobertura {también} de este plan?*

AH109

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

POST-NOTE QA15_H47:

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

PROGRAMMING NOTE QA15_H48:

IF ARMILIT = 1, CONTINUE WITH QA15_H48;

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H49

QA15_H48 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

Usted dijo que tiene un plan que compró directamente a Covered California. ¿Tiene (SPOUSE/PARTNER) {también} cobertura de este plan?

AI42

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

POST-NOTE QA15_H48:

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

PROGRAMMING NOTE QA15_H49:

IF AROTHGOV = 1, CONTINUE WITH QA15_H49;
 IF QA15_H36 = 1, THEN DISPLAY "AIM";
 IF QA15_H36 = 2, THEN DISPLAY "MRMIP";
 IF QA15_H36 = 3, THEN DISPLAY "Family PACT";
 IF QA15_H36 = 4, THEN DISPLAY "PCIP";
 IF QA15_H36 = 91, THEN DISPLAY "some government health plan";
 IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE QA15_H50

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

Usted dijo que {también} tiene seguro de salud a través de {AIM/MRMIP/Family PACT/PCIP /un plan de salud del gobierno}. ¿Tiene SPOUSE/PARTNER) cobertura de este plan también?

AI42A

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

POST-NOTE QA15_H49:

IF QA15_H49 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H50:

IF SPINSURE ≠ 1, DISPLAY "any";
 ELSE DISPLAY "through any other source"

QA15_H50 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?
¿Tiene (SPOUSE/PARTNER) {algún} seguro de salud {a través de otra fuente}?

AI46

YES	1	
NO	2	[GO TO PN QA15_H52]
REFUSED	-7	[GO TO QA15_H56]
DON'T KNOW	-8	[GO TO QA15_H56]

QA15_H51 What type of health insurance does {he/she} have?
¿Qué tipo de seguro de salud tiene {él/ella}?

AI47

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

[IF NEEDED, SAY: "*Tal como de un empleador actual o anterior, o 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 {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?*"]

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

POST-NOTE QA15_H51:

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

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PROGRAMMING NOTE QA15_H52:

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

QA15_H52 You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?
Usted dijo que (SPOUSE/PARTNER) no tiene seguro de salud de ninguna fuente. ¿Correcto?

AI48

- | | | |
|------------------|----|----------------------------|
| YES | 1 | [GO TO PN QA15_H56] |
| NO | 2 | |
| REFUSED | -7 | [GO TO PN QA15_H56] |
| DON'T KNOW | -8 | [GO TO PN QA15_H56] |

QA15_H53 What type of health insurance does {he/she} have?
¿Qué tipo de seguro de salud tiene {él/ella}?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "¿Obtuvo {él/ella} este plan a través de un empleador/sindicato actual o 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
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE.....	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
COVERED CALIFORNIA.....	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN....	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_H53:

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IF QA15_H53 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 8, SET SPIHS = 1;
IF QA15_H53 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1;
```

PROGRAMMING NOTE QA15_H54:

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

QA15_H54 Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?
¿Este plan se obtuvo a nombre de su {esposo(a)/pareja}, 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/PARTNER'S NAME	1	[GO TO PN QA15_H56]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA15_H56]
DON'T KNOW	-8	[GO TO PN QA15_H56]

POST-NOTE QA15_H54:

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

QA15_H55 Is the plan in your name, parent's name, or someone else's name?

¿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 QA15_H55:

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

PROGRAMMING NOTE QA15_H56:

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

QA15_H56 Does your {spouse's/partner's} employer offer health insurance to any of its employees?
El empleador de su {esposo(a)/partner}, ¿ofrece seguro de salud a alguno de sus empleados?

AI43

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

QA15_H57 Is {he/she} eligible to be in this plan?
¿Reúne {él/ella} los requisitos para inscribirse en este plan?

AI44

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

QA15_H58 What is the ONE main reason why {he/she} isn't in this plan?
¿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 QA15_H60]
TOO EXPENSIVE	2	[GO TO PN QA15_H60]
DOESN'T LIKE PLAN OFFERED	3	[GO TO PN QA15_H60]
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE	4	[GO TO PN QA15_H60]
OTHER (SPECIFY: _____)	91	[GO TO PN QA15_H60]
REFUSED	-7	[GO TO PN QA15_H60]
DON'T KNOW	-8	[GO TO PN QA15_H60]

QA15_H59 What is the one main reason why {he/she} is not eligible for this plan?
¿Cuál es la razón principal por la que {él/ella} no reúne los requisitos para inscribirse en este plan?

AI45A

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

PROGRAMMING NOTE QA15_H60:

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

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

ELSE CONTINUE WITH QA15_H60 DISPLAY;

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

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

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

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

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

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

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

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

ELSE DISPLAY, "Is your health plan an HMO?"

QA15_H60 {Besides the MediCARE plan you told me about earlier, I have some questions about **your** other health plan./Next, I have some questions about **your** own main health plan.}
{Además del plan de MediCARE que me mencionó antes, tengo algunas preguntas sobre **su** otro plan de seguro de salud. /Ahora tengo algunas preguntas sobre **su** propio plan de salud principal.}

Is your {Medi-Cal/other} health plan an HMO?
¿Es su {plan de salud Medi-Cal/otro plan de salud} una 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 de Health Maintenance Organization (Organización para el Mantenimiento de la Salud). Con una HMO usted tiene que ir a los doctores y hospitales de la red de su plan. 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."]

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

PROGRAMMING NOTE QA15_H61:

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

QA15_H61 Is your health plan a PPO or EPO?
¿Es su plan de salud un PPO o un EPO?

AH122

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: "*EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal.*"]

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

[IF NEEDED, SAY: "*PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier médico y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico principal.*"]

[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."]

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

PROGRAMMING NOTE QA15_H62:

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

QA15_H62 What is the name of {your main/this} health plan?

¿Cómo se llama {su plan de salud principal/este plan de salud}?

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “*¿Tiene usted una tarjeta de seguro u otro documento donde aparezca el nombre del plan?*”]

ACCESS SENIOR HEALTHCARE	1
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CALIFORNIA HEALTH AND WELLNESS PLAN ..	14
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MEDICARE	53
OTHER (SPECIFY: _____)	85
REFUSED	-7
DON'T KNOW	-8

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

PROGRAMMING NOTE QA15_H63:

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

QA15_H63 {Next, I have some questions about **your** own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?
{Ahora tengo algunas preguntas acerca de su propio plan de salud.} ¿Su seguro cubre medicinas recetadas? Es decir, ¿paga el plan alguna parte de los costos?

AI25

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

PROGRAMMING NOTE QA15_H64:

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

QA15_H64 Does your health plan have a deductible that is more than \$1,000?
¿Tiene su plan de salud un deductible de más de \$1,000 dólares?

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: “El deductible 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 I GO OUT OF NETWORK .....	.3
REFUSED	-7
DON'T KNOW	-8

[GO TO QA15_H66]
[GO TO QA15_H66]

PROGRAMMING NOTE QA15_H65:

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

QA15_H65 Does your health plan have a deductible that is more than \$2,000?
¿Tiene su plan de salud un deductible de más de \$2,000 dólares?

AH96

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

[IF NEEDED, SAY: “El deductible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.”]

YES .....	.1	[GO TO PN QA15_H67]
NO .....	.2	
YES, ONLY WHEN I GO OUT OF NETWORK .....	.3	
REFUSED	-7	
DON'T KNOW	-8	

QA15_H66 Does your health plan have a deductible for all covered persons that is more than \$2,000?
¿Tiene su plan de salud un deducible de más de \$2,000 dólares por todas las personas que tienen cobertura?

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: "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 I GO OUT OF NETWORK 3

REFUSED -7

DON'T KNOW -8

[GO TO PN QA15_H68]

[GO TO PN QA15_H68]

PROGRAMMING NOTE QA15_H67:

IF AREMPWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H67;

ELSE GO TO PROGRAMMING NOTE QA15_H68

QA15_H67 Does your health plan have a deductible for all covered persons that is more than \$4,000?
¿Tiene su plan de salud un deducible de más de \$4,000 dólares por todas las personas que tienen cobertura?

AH97

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

[IF NEEDED, SAY: "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 I GO OUT OF NETWORK 3

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_H68:

**IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR
ARMCARE =1 (CURRENTLY HAS MEDICARE) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT
COVERAGE LIKE AIM, MRMIP, HK), SKIP TO QA15_H69;
ELSE CONTINUE WITH QA15_H68**

QA15_H68 Do you have a special account or fund you can use to pay for medical expenses?
¿Tiene alguna cuenta o un 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: "*Las cuentas también se conocen por nombres como Cuentas de Ahorro para la Salud (HSAs), Arreglos de Reembolsos por Salud (HRAs) y otras cuentas similares. Otras cuentas de este tipo pueden ser las Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios, y son diferentes de las cuentas Cuentas de gastos flexibles proporcionadas por el empleador.*"]

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

QA15_H69 Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

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 QA15_H82]
NO .....	.2	
REFUSED	-7	[GO TO QA15_H72]
DON'T KNOW	-8	

QA15_H70 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

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	[GO TO QA15_H73]
NO .....	.2	[GO TO QA15_H72]
REFUSED	-7	[GO TO QA15_H72]
DON'T KNOW	-8	[GO TO QA15_H72]

QA15_H71 Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era su otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

**MODIFIED
AI33**

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

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

QA15_H72 During the past 12 months, was there any time when you had no health insurance at all?

Durante los últimos 12 meses, ¿hubo un momento en el que usted no tuvo ningún seguro de salud?

AI34

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

[GO TO PN QA15_H82]

[GO TO PN QA15_H82]

[GO TO PN QA15_H82]

QA15_H73 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

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

_____ NUMBER OF MONTHS [HR: 0-11]

[IF 0 GO TO PN QA15_H82]

REFUSED	-7
DON'T KNOW	-8

[GO TO PN QA15_H82]

[GO TO PN QA15_H82]

QA15_H74 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

QA15_H75 During the time that you were uninsured, did you try to find health insurance on your own?
Mientras estuvo sin seguro, ¿trató de encontrar seguro de salud por su cuenta?

AH74

YES	1	[GO TO PN QA15_H82]
NO	2	[GO TO PN QA15_H82]
REFUSED	-7	[GO TO PN QA15_H82]
DON'T KNOW	-8	[GO TO PN QA15_H82]

QA15_H76 What is the ONE MAIN reason why you do not have any health insurance?
¿Cuál es EL motivo PRINCIPAL por el que usted no tiene 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

QA15_H77 During the time that you have been uninsured, have you tried to find health insurance on your own?
Durante el tiempo que usted no ha tenido seguro, ¿ha tratado de encontrar seguro de salud por su cuenta?

AH75

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

QA15_H78 Were you covered by health insurance at any time during the past 12 months?
¿Tuvo cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

AI27

YES	1	[GO TO QA15_H80]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_H79 How long has it been since you last had health insurance?
¿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 QA15_H82]

QA15_H80 For how many months out of the last 12 months did you have health insurance?
¿Por cuántos meses de los últimos 12 meses tuvo usted seguro de salud?

AI29**[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]**

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA15_H82]**

REFUSED	-7
DON'T KNOW	-8

QA15_H81 During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Durante ese tiempo en que tenía seguro de salud, ¿era el seguro que tenía Medi-CAL, Healthy Families, un plan que obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

AI30**[CODE ALL THAT APPLY]****[PROBE: "Any others?"]****[PROBE: "¿Algún otro?"]**

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

PROGRAMMING NOTE QA15_H82:

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

- QA15_H82** In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
En los últimos 12 meses, ¿trató de comprar un plan de seguro de salud directamente a una compañía de seguros o HMO, o mediante Covered California?

AH103h

YES	1	
NO	2	[GO TO PN QA15_H99]
REFUSED	-7	[GO TO PN QA15_H99]
DON'T KNOW	-8	[GO TO PN QA15_H99]

- QA15_H83** Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
¿Fue directamente a una compañía de seguros o HMO, o mediante Covered California, o tanto de una compañía de seguros como mediante Covered California?

AH110h

DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR.....	1	
THROUGH COVERED CALIFORNIA, OR	2	
BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA	3	
REFUSED	-7	[GO TO PN QA15_H86]
DON'T KNOW	-8	[GO TO PN QA15_H86]

PROGRAMMING NOTE QA15_H84:

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

- QA15_H84** {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
How difficult was it to find a plan with the coverage you needed? Was it...
{Primero, piense en su experiencia al intentar comprar un seguro directamente a una compañía de seguros o HMO.}
¿Cuánta dificultad tuvo para encontrar un plan con la cobertura que necesitaba? ¿Fue...

AH98h

Very difficult,.....	1	
Muy difícil,	1	
Somewhat difficult,	2	
Bastante difícil,	2	
Not too difficult, or	3	
No muy difícil, o.....	3	
Not at all difficult?	4	
No fue difícil?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA15_H85 How difficult was it to find a plan you could afford? Was it...
¿Cuánta dificultad tuvo para encontrar un plan que pudiera pagar? ¿Fue...

AH99h

Very difficult,.....	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,	2
Not too difficult, or	3
No muy difícil, o.....	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA15_H86 Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de seguro de salud?

AH100h

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

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

QA15_H87 Who helped you?
¿Quién le ayudó?

AH101h

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

PROGRAMMING NOTE QA15_H88:**IF QA15_H83 = 2; THEN CONTINUE WITH QA15_H88;****IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H88 AND DISPLAY "Now, think about your experience with Covered California."****ELSE GO TO PROGRAMMING NOTE QA15_H92;**

QA15_H88 {Now, think about your experience with Covered California.} How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
{Ahora, piense en su experiencia con Covered California.}
¿Qué tan difícil fue encontrar un plan mediante Covered California con la cobertura que usted necesitaba? ¿Fue...

AH111h

Very difficult,.....	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,	2
Not too difficult, or	3
No muy difícil, o.....	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA15_H89 How difficult was it to find a plan you could afford? Was it...
¿Qué tan difícil fue encontrar un plan que pudiera pagar? ¿Fue...

AH112h

Very difficult,.....	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,	2
Not too difficult, or	3
No muy difícil, o.....	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA15_H90 Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de seguro de salud?

AH113h

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

[GO TO QA15_H92]**[GO TO QA15_H92]****[GO TO QA15_H92]**

QA15_H91 Who helped you?
¿Quién le ayudó?

AH114h

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

QA15_H92 Did you have all the information you felt you needed to make a good decision on a health plan?
¿Tenía toda la información que usted creyó que necesitaba para tomar una buena decisión respecto a un plan de salud?

AH115h

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

PROGRAMMING NOTE QA15_H93:

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

QA15_H93 Were you able to get information about your health plan options in your language?
¿Pudo obtener información en su idioma acerca de sus opciones de plan de salud?

AH116h

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

QA15_H94 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿fue el costo del plan que seleccionó muy importante, algo importante o nada importante?

AH117h

VERY IMPORTANT	1
SOMEWHAT IMPORTANT.....	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

QA15_H95 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿recibir atención de un doctor en particular fue muy importante, algo importante o nada importante?

AH118h

VERY IMPORTANT	1
SOMEWHAT IMPORTANT.....	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

QA15_H96 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿obtener atención de un hospital en particular fue muy importante, algo importante o nada importante?

AH119h

VERY IMPORTANT	1
SOMEWHAT IMPORTANT.....	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

QA15_H97 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿la opción de doctores en la red del plan fue muy importante, algo importante o nada importante?

AH120h

VERY IMPORTANT	1
SOMEWHAT IMPORTANT.....	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_H98:

```

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

```

QA15_H98 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

Finalmente, ¿cuál fue la razón más importante al seleccionar su plan {Brsone/Plata/Oro/Platino / Cobertura mínima}? ¿Fue el costo, el poder obtener atención de un doctor en particular, el poder ir a un hospital en particular, la opción de profesionales de la salud en la red de su plan o fue otra razón?

AH121h

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

PROGRAMMING NOTE QA15_H99:

```

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

```

QA15_H99 During the past 12 months, were you a patient in a hospital overnight or longer?
Durante los últimos 12 meses, ¿fue usted paciente en un hospital durante la noche o por más tiempo?

AH14

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

PROGRAMMING NOTE QA15_H100:

```

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

```

QA15_H100 Was any of that hospital care paid for by Medi-Cal?
¿Pagó Medi-Cal alguna parte del cuidado en ese hospital?

AH76

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

PROGRAMMING NOTE FOR QA15_H101:

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

QA15_H101 During the last 12 months, did you get prenatal care that you didn't have to pay for?

Durante los últimos 12 meses, ¿recibió algún cuidado prenatal por el que no tuvo que pagar?

AH77

YES	1	
NO	2	[GO TO PN QA15_I1]
REFUSED	-7	[GO TO PN QA15_I1]
DON'T KNOW	-8	[GO TO PN QA15_I1]

QA15_H102 Was it paid for by Medi-Cal?

¿Lo pagó Medi-Cal?

AH78

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

Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA15_I1:

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

QA15_I1 These next questions are about health insurance (CHILD) may have.
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 QA15_I19]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I1:

IF QA15_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE QA15_I2:

IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;
ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;
ELSE CONTINUE WITH QA15_I2

QA15_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
¿Tiene (CHILD) el mismo seguro que tiene su {esposo(a)/pareja}/SPOUSE NAME/ PARTNER NAME}

MA1

YES	1	[GO TO QA15_I19]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I2:

IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPIHS = 1, SET CHIHS = 1
IF QA15_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

QA15_I3 Is {he/she} currently covered by Medi-CAL?*¿Está {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 discapacitadas."]

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

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

QA15_I4 Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿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

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES	1	
NO	2	[GO TO PN QA15_I6]
REFUSED	-7	[GO TO PN QA15_I6]
DON'T KNOW	-8	[GO TO PN QA15_I6]

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5 Is this plan through an employer, through a union, or through Covered California's SHOP program?
¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AI90

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]
[IF NEEDED, SAY: "*SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California.*"]

EMPLOYER	1	
UNION.....	2	
SHOP / COVERED CALIFORNIA	3	
OTHER (SPECIFY: _____).	91	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA15_I6:
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6

QA15_I6 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
¿Tiene (CHILD) cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

CF4

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

[IF NEEDED, SAY: "No incluya planes que solamente pagan por ciertas enfermedades como cáncer o derrame cerebral o que solamente le dan "dinero extra" si está hospitalizado."]

YES	1	
NO	2	[GO TO PN QA15_I13]
REFUSED	-7	[GO TO PN QA15_I13]
DON'T KNOW	-8	[GO TO PN QA15_I13]

POST-NOTE QA15_I6:
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA15_I7:
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8

QA15_I7 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
¿Cómo compró este seguro de salud – directamente a una compañía de seguro de salud o HMO, o mediante Covered California?

AI91

INSURANCE COMPANY OR HMO	1
COVERED CALIFORNIA.....	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_I7:
IF QA15_I7 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA15_I8
IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I8 Was this a bronze, silver, gold or platinum plan?
¿Era un plan bronce, plata, oro o platino (bronze, silver, gold o platinum)?

AI92

BRONZE	1
SILVER	2
GOLD	3
PLATINUM	4
MEDI-CAL / MEDICAID	5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....	6
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I9
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA15_I9;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I9 Was there a subsidy or discount on the premium for this plan?
¿Había un subsidio o descuento en la prima de este plan?

AI93

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

PROGRAMMING NOTE QA15_I10:

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I10;
ELSE GO TO PROGRAMMING NOTE QA15_14**

QA15_I10 Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿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 doctor o usa el sistema de atención médica, mientras alguien más 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: "*El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.*"]

[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

QA15_I11 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

¿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 QA15_I13]
REFUSED	-7	[GO TO PN QA15_I13]
DON'T KNOW	-8	[GO TO PN QA15_I13]

QA15_I12 Who else pays all or some portion of the cost for (CHILD)'s health plan?
¿Quién más paga por todo o por una parte del costo del plan de salud de (CHILD)?

AI51**[CODE ALL THAT APPLY.]**

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

POST-NOTE QA15_I12:**IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;****IF QA15_I12 = 7, SET CHMCAL = 1****IF QA15_I12 = 10, SET CHHBEX = 1;****PROGRAMMING NOTE QA15_I13:****IF CHINSURE = 1, GO TO PN QA15_I19;****ELSE CONTINUE WITH QA15_I13**

QA15_I13 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Está {él/ella} cubierto(a) por CHAMPUS/CHAMP VA, TRICARE, VA o algún otro plan de salud para militares?

CF6

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

[GO TO PN QA15_I19]**POST-NOTE QA15_I13:****IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1**

QA15_I14 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

¿Tiene cobertura {él/ella} de algún otro programa de salud del gobierno tal como AIM, "Mister MIP", Healthy Kids u otro programa?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

[IF NEEDED, SAY: "AIM significa Acceso para Niños y Madres; "Mister MIP" o "MRMIP" significa Programa de Seguro Médico de Alto Riesgo."]

AIM	1	[GO TO PN QA15_I19]
"MISTER MIP"/MRMIP.....	2	[GO TO PN QA15_I19]
HEALTHY KIDS	3	[GO TO PN QA15_I19]
NO OTHER PLAN.....	4	
SOMETHING ELSE (SPECIFY: _____) ..	91	[GO TO PN QA15_I19]
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I14:

IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15 Does {he/she} have any health insurance coverage through a plan that I missed?

¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

CF8

YES	1	[GO TO PN QA15_I18]
NO	2	
REFUSED	-7	[GO TO PN QA15_I18]
DON'T KNOW	-8	[GO TO PN QA15_I18]

QA15_I16 What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?
¿Qué tipo de seguro de salud tiene {él/ella}? ¿Es éste a través de Medi-Cal, 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
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE.....	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....	8
COVERED CALIFORNIA.....	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN....	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_I16:

IF QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
 IF QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
 IF QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
 IF QA15_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
 IF QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
 IF QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
 IF QA15_I16 = 8, SET CHIHS = 1
 IF QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
 IF QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
 IF QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
 IF QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
 IF QA15_I16 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA15_I17:

IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;
 ELSE SKIP TO PROGRAMMING NOTE QA15_I18

QA15_I17 Just to verify, you said that (CHILD) gets health insurance through Medicare?
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 QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
¿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

PROGRAMMING NOTE QA15_I19:
IF QA15_I1 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I19 = QA15_H9 AND QA15_I21 = QA15_H10 AND SKIP TO QA15_I22;
ELSE IF QA15_I1 = 1, THEN QA15_I19 = QA15_H60 AND QA15_I21 = QA15_H62 AND QA15_I22 = QA15_H63 AND GO TO PN QA15_I23;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA15_I19;
ELSE GO TO PN QA15_I23

QA15_I19 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
¿Es el plan de salud principal de (CHILD) un HMO, que significa "Organización para el Mantenimiento de la Salud?"

MA3

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency.”]
[IF NEEDED, SAY: “HMO en español quiere decir Organización para el Mantenimiento de la Salud. Con una HMO, {él/ella} tiene que ir a los doctores y hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a menos que se trate de una emergencia médica.”]

YES	1	[GO TO QA15_I21]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20 Is (CHILD)'s health plan a PPO or EPO?
¿Es el plan de (CHILD) una PPO o una EPO?

AI115

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: "*EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a médicos y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal.*"]

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

[IF NEEDED, SAY: "*PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier doctor y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico principal.*"]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "*El plan de salud PRINCIPAL de {él/ella}.*"]

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

QA15_I21 What is the name of (CHILD)'s main health plan?
¿Cómo se llama el plan de salud principal 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, PROBE: "¿Tiene (CHILD) una tarjeta del seguro u otro documento con el nombre del plan?"]

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES.....	83
ANTHEM BLUE CROSSOF CALIFORNIA.....	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN ..	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH.....	17
CARE 1 ST HEALTH PLAN	18
CAREMORE HEALTH PLAN.....	19
CENTER FOR ELDERS' INDEPENDENCE.....	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN.....	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN	35
GOLDEN STATE MEDICARE HEALTH PLAN.....	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46
HEALTH ADVANTAGE	82

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

QA15_I22

Is (CHILD) covered for prescription drugs?
¿Tiene (CHILD) cobertura para medicinas recetadas?

CF14

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

PROGRAMMING NOTE FOR QA15_I23:

**IF (ARINSURE ≠ 1 OR QA15_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA15_I23;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28**

QA15_I23

Does (CHILD)'s health plan have a deductible that is more than \$1,000?

*¿Tiene el plan de salud de (CHILD) un deducible de más de \$1,000 dólares?***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: "*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

[GO TO QA15_I25]
[GO TO QA15_I25]

PROGRAMMING NOTE FOR QA15_I24:

**IF CHEMP = 1, THEN CONTINUE WITH QA15_I24;
ELSE GO TO QA15_I25**

QA15_I24

Does (CHILD)'s health plan have a deductible that is more than \$2,000?

*¿Tiene el plan de salud de (CHILD) un deducible de más de \$2,000 dólares?***AI85**

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

[IF NEEDED, SAY: "*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

[GO TO PN QA15_I26]

QA15_I25

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 por todas las personas que tienen cobertura?***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: "*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

[GO TO PN QA15_I27]
[GO TO PN QA15_I27]

PROGRAMMING NOTE FOR QA15_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I26;
ELSE GO TO PROGRAMMING NOTE QA15_I27

QA15_I26 Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$4,000?
¿Tiene el plan de salud de (CHILD) un deducible de más de \$4,000 dólares por todas las personas que tienen cobertura?

AI86

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "*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 QA15_I27:

IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I27 Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?
¿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 Cuentas de Ahorro para la Salud (HSAs), Arreglos de Reembolsos por Salud (HRAs) u otras cuentas similares. Estas cuentas pueden tener otros nombres como - Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios, y son diferentes de las cuentas llamadas Cuentas de gastos flexibles proporcionadas por un empleador.*"]

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

PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28 What is the 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

QA15_I29 Was (CHILD) covered by health insurance at any time during the past 12 months?
¿Tuvo (CHILD) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

CF20

YES	1	[GO TO QA15_I31]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_I30 How long has it been since (CHILD) last had health insurance?
¿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
MORE THAN 3 YEARS AGO	2
NEVER HAD HEALTH INSURANCE COVERAGE ..	3
REFUSED	-7
DON'T KNOW	-8

[GO TO PN QA15_I39] [GO TO PN QA15_I39] [GO TO PN QA15_I39] [GO TO PN QA15_I39]

QA15_I31 For how many of the last 12 months did {he/she} have health insurance?
¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

CF22

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

_____ MONTHS [HR: 0-12]	[IF 0, THEN GO TO PN QA15_I39]
REFUSED	-7
DON'T KNOW	-8

QA15_I32 During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo cuando (CHILD) tenía seguro de salud, ¿era su seguro Medi-Cal, Healthy Families, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

CF23**[CIRCLE ALL THAT APPLY]****[PROBE: "Any others?"]****[PROBE: "¿Algún otro?"]**

MEDI-CAL	1	[GO TO PN QA15_I39]
THROUGH CURRENT OR FORMER EMPLOYER UNION.....	3	[GO TO PN QA15_I39]
PURCHASED DIRECTLY.....	5	[GO TO PN QA15_I39]
COVERED CALIFORNIA.....	6	[GO TO PN QA15_I39]
OTHER HEALTH PLAN.....	91	[GO TO PN QA15_I39]
REFUSED	-7	[GO TO PN QA15_I39]
DON'T KNOW	-8	[GO TO PN QA15_I39]

QA15_I33 Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (CHILD) este mismo seguro TODOS los 12 meses en los últimos 12 meses?

CF24

YES	1	[GO TO PN QA15_I39]
NO	2	
HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD) ...	3	[GO TO PN QA15_I39]
REFUSED	-7	
DON'T KNOW	-8	

QA15_I34 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

Cuando {él/ella} no tuvo cobertura de su seguro de salud actual, ¿tuvo {él/ella} algún otro seguro de salud?

CF25

YES	1	
NO	2	[GO TO QA15_I36]
REFUSED	-7	[GO TO QA15_I36]
DON'T KNOW	-8	[GO TO QA15_I36]

- QA15_I35** Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
¿Era este otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

CF26**[CODE ALL THAT APPLY]****[PROBE: "Any others?"]****[PROBE: "¿Algún otro?"]**

MEDI-CAL	1
THROUGH CURRENT OR FORMER EMPLOYER/UNION	4
PURCHASED DIRECTLY.....	5
COVERED CALIFORNIA.....	6
OTHER HEALTH PLAN.....	91
REFUSED	-7
DON'T KNOW	-8

- QA15_I36** During the past 12 months, was there any time when {he/she} had no health insurance at all?
Durante los últimos 12 meses, ¿hubo un momento en que {él/ella} no tuvo ningún seguro de salud?

CF27

YES	1	
NO	2	[GO TO PN QA15_I39]
REFUSED	-7	[GO TO PN QA15_I39]
DON'T KNOW	-8	[GO TO PN QA15_I39]

- QA15_I37** For how many of the past 12 months did {he/she} have no health insurance?
¿Durante cuántos meses de los últimos 12 meses no tuvo {él/ella} seguro de salud?

CF28**[IF < 1 MONTH, ENTER "1"]****_____ MONTHS [RANGE: 1-12]**

REFUSED	-7
DON'T KNOW	-8

QA15_I38 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
¿Cuál fue EL motivo PRINCIPAL por el que (CHILD) no tuvo ningún seguro de salud durante ese tiempo?

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 QA15_I39:

IF NO TEEN SELECTED, GO TO PN QA15_I78;
 IF ARINSURE = 1, CONTINUE WITH QA15_I39;
 IF ARINSURE = 0, GO TO PN QA15_I40;
 ELSE CONTINUE WITH QA15_I39

QA15_I39 These next questions are about health insurance (TEEN) may have.
Las siguientes preguntas son acerca del seguro de salud que (TEEN) pueda tener.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
¿Tiene (TEEN) el mismo seguro que tiene {usted/ADULT RESPONSE NAME}?

IA10A

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

POST-NOTE QA15_I39:

IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPSP = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AREMPOTH = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
 IF QA15_I39 = 1 AND ARIHS = 1, SET TEIHS = 1
 IF QA15_I39 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA15_I40:

IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
ELSE IF QA15_I39 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
ELSE CONTINUE WITH QA15_I40

QA15_I40 Does (TEEN) have the same insurance as your spouse?
¿Tiene (TEEN) el mismo seguro que tiene su esposo(a)?

MA5

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

POST-NOTE QA15_I40:

IF QA15_I40 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEEAMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEEAMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEEAMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOTH = 1, SET TEEAMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

PROGRAMMING NOTE QA15_I41:

IF CHINSURE ≠ 1, THEN SKIP TO QA15_I42;
ELSE IF (QA15_I39= 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;
ELSE CONTINUE WITH QA15_I41;

QA15_I41 Does (TEEN) have the same insurance as (CHILD)?
¿Tiene (TEEN) el mismo seguro que tiene (CHILD)?

MA6

YES	1	[GO TO PN QA15_I72]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I41:

IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHEMP = 1, SET TEEAMP = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;
IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1

QA15_I42 Is {he/she} currently covered by Medi-CAL?
 ¿Tiene {él/ella} cobertura de 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 ingreso y sus familias, mujeres embarazadas y personas ancianas o discapacitadas."]

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

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA15_I43 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
 ¿Tiene (TEEN) cobertura de un plan de seguro de salud o HMO a través del empleador o sindicato suyo o de otra persona?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES	1	
NO	2	[GO TO QA15_I45]
REFUSED	-7	[GO TO QA15_I45]
DON'T KNOW	-8	[GO TO QA15_I45]

POST-NOTE QA15_I43:
IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA15_I44 Is this plan through an employer, through a union, or through Covered California's SHOP program?
 ¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AI94

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]
 [IF NEEDED, SAY: "SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California."]

EMPLOYER	1
UNION.....	2
SHOP / COVERED CALIFORNIA	3
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_I44:
IF QA15_I44 = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I45:

IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45

QA15_I45 Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
¿Tiene (TEEN) cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

IA4

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

[IF NEEDED, SAY: "*No incluya planes que solamente pagan por ciertas enfermedades como cáncer o derrame cerebral o que solamente le dan "dinero extra" si está hospitalizado(a).*"]

YES	1	
NO	2	[GO TO PN QA15_I52]
REFUSED	-7	[GO TO PN QA15_I52]
DON'T KNOW	-8	[GO TO PN QA15_I52]

POST-NOTE QA15_I45:

IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:

IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
¿Cómo compró este seguro de salud – directamente a una compañía de seguros de salud o HMO, o mediante Covered California?

AI95

INSURANCE COMPANY OR HMO	1
COVERED CALIFORNIA.....	2
OTHER (SPECIFY: _____).....	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE FOR QA15_I46:

IF QA15_I46 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I47**IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;****QA15_I47** Was this a bronze, silver, gold or platinum plan?*¿Era un plan bronce, plata, oro o platino (bronze, silver, gold o platinum)?***AI96**

BRONZE	1
SILVER	2
GOLD	3
PLATINUM	4
MEDI-CAL / MEDICAID	5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....	6
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I48**IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;****QA15_I48** Was there a subsidy or discount on the premium for this plan?*¿Había un subsidio o descuento en la prima de este plan?***AI97**

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

PROGRAMMING NOTE QA15_I49:

**IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I49;
ELSE GO TO PROGRAMMING NOTE QA15_I52**

QA15_I49 Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
¿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 doctor o usa el sistema de atención médica, mientras alguien más paga por 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: "*El deducible es la cantidad que usted paga por la atención médica antes de que su plan de salud empiece 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

QA15_I50 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

¿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 QA15_I52]
REFUSED	-7	[GO TO PN QA15_I52]
DON'T KNOW	-8	[GO TO PN QA15_I52]

QA15_I51 Who else pays all or some portion of the cost for (TEEN)'s health plan?
¿Quién más paga todo o una parte del costo del plan de salud de (TEEN)?

AI53**[CODE ALL THAT APPLY.]**

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

POST-NOTE QA15_I51:**IF QA15_I51 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;****IF QA15_I51 = 7, SET TEMCAL = 1;****IF QA15_I51 = 10, SET TEHBEX =1;****PROGRAMMING NOTE QA15_I52:****IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;****ELSE CONTINUE WITH QA15_I52**

QA15_I52 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Tiene {él/ella} cobertura de CHAMPUS/CHAMP VA, Tricare, VA o algún otro plan de salud para militares?

IA6

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

POST-NOTE QA15_I52:**IF QA15_I52 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1**

QA15_I53 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?
¿Tiene cobertura {él/ella} de algún otro programa de salud del gobierno tal como AIM, "Mister MIP", Family PACT, Healthy Kids u otro programa?

IA7

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

[IF NEEDED, SAY: "AIM significa Acceso para Niños y Madres; "Mister MIP" o MRMIP significa Programa de Seguro de Alto Riesgo, Family PACT el programa estatal que paga por servicios de salud relacionados con la reproducción y anticonceptivos para mujeres y hombres de bajos ingresos que no tienen seguro."]

AIM.....	1	[GO TO PN QA15_I58]
"MISTER MIP"/MRMIP.....	2	[GO TO PN QA15_I58]
Family PACT	3	[GO TO PN QA15_I58]
HEALTHY KIDS	4	[GO TO PN QA15_I58]
NO OTHER PLAN.....	5	
SOMETHING ELSE (SPECIFY: _____) .. 91		[GO TO PN QA15_I58]
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I53:

IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA15_I54 Does {he/she} have any health insurance coverage through a plan that I missed?
¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado

IA8

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

QA15_I55 What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

¿Qué tipo de seguro de salud tiene {él/ella}? ¿Lo recibe a través de Medi-CAL, 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: "¿Obtiene usted este plan a través de un empleador/sindicato actual o anterior, a través de una escuela, asociación profesional, grupo mercantil, u otra organización, o directamente del plan de salud?"]

[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
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....	8
COVERED CALIFORNIA.....	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN....	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_I55:

```

IF QA15_I55_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA15_I55_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA15_I55_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA15_I55_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA15_I55_8 = 1, SET TEIHS = 1;
IF QA15_I55 = 10, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55 = 11, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA15_I55_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA15_I55 = -7 OR -8, SET TEINSURE = 1

```

PROGRAMMING NOTE QA15_I56:

**IF QA15_I55 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57**

QA15_I56

Just to verify, you said that (TEEN) gets health insurance through Medicare?
Solo para verificar, ¿usted dijo que (TEEN) tiene seguro de salud a través de Medicare?

IA9VER

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

PROGRAMMING NOTE QA15_I57:

**IF TEINSURE ≠ 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;**

QA15_I57

What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
Cuál es LA razón principal por la cual (TEEN) no está 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

PROGRAMMING NOTE QA15_I58:

IF QA15_I39 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I58 = QA15_H9 AND QA15_I60 = QA15_H10 AND SKIP TO QA15_I61;
ELSE IF QA15_I39 = 1, THEN QA15_I58 = QA15_H60 AND QA15_I60 = QA15_H62 AND QA15_I61 = QA15_H63 AND GO TO PN QA15_I62;
ELSE IF QA15_I41 = 1, THEN QA15_I58 = QA15_I19 AND QA15_I60 = QA15_I21 AND QA15_I61 = QA15_I22 AND GO TO PN QA15_I62;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA15_I58;
ELSE GO TO PROGRAMMING NOTE QA15_I62

QA15_I58 Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?
¿Es el plan de salud principal de (TEEN) un HMO, que quiere decir Organización para el Mantenimiento de la Salud?

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 hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a no ser que se trate de una emergencia médica.*"]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "*El plan de salud principal.*"]

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

YES .....	.1	[GO TO QA15_I60]
NO .....	.2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I59:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA15_I60;
ELSE CONTINUE WITH QA15_I59;

QA15_I59 Is (TEEN)'s health plan a PPO or EPO?
¿Es el plan de (TEEN) una PPO o una EPO?

AI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: "*EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal.*"]

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

[IF NEEDED, SAY: "*PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier doctor y hospital, pero paga menos si va a los doctores y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a doctores y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal.*"]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "*El plan de salud PRINCIPAL de {él/ella}.*"]

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

QA15_I60 What is the name of (TEEN)'s main health plan?
¿Cómo se llama el plan de salud principal 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, PROBE: "*¿Tiene (TEEN) una tarjeta del seguro u otro documento con el nombre del plan?*"]

ACCESS SENIOR HEALTHCARE	1
AETNA	2
AETNA GOLDEN MEDICARE	3
AIDS HEALTHCARE FOUNDATION, LA	4
ALAMEDA ALLIANCE FOR HEALTH	5
ALTAMED HEALTH SERVICES.....	83
ANTHEM BLUE CROSSOF CALIFORNIA.....	7
ASPIRE HEALTH PLAN	8
BLUE CROSS CALIFORNIACARE	9
BLUE CROSS SENIOR SECURE	79
BLUE SHIELD 65 PLUS	11
BLUE SHIELD OF CALIFORNIA.....	12
BRAND NEW DAY (UNIVERSAL CARE)	13
CALIFORNIA HEALTH AND WELLNESS PLAN ..	14
CALIFORNIAKIDS (CALKIDS)	15
CAL OPTIMA (CALOPTIMA ONE CARE)	16
CALVIVA HEALTH.....	17
CARE 1 ST HEALTH PLAN	18
CAREMORE HEALTH PLAN.....	19
CENTER FOR ELDERS' INDEPENDENCE.....	21
CEN CAL HEALTH	80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	22
CENTRAL HEALTH PLAN.....	23
CHINESE COMMUNITY HEALTH PLAN	24
CHOICE PHYSICIANS NETWORK.....	25
CIGNA HEALTHCARE	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN	34
GOLD COAST HEALTH PLAN	35
GOLDEN STATE MEDICARE HEALTH PLAN	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN	46
HEALTH ADVANTAGE	82

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

QA15_I61

Is (TEEN) covered for prescription drugs?
 ¿Tiene (TEEN) cobertura para medicinas recetadas?

IA14

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

PROGRAMMING NOTE FOR QA15_I62:

**IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN
CONTINUE WITH QA15_I62;
ELSE SKIP TO PN QA15_I67]**

QA15_I62

Does (TEEN)'s health plan have a deductible that is more than \$1,000?
¿Tiene el plan de salud de (TEEN) un deducible de más de \$1,000 dólares?

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

[GO TO QA15_I64]

[GO TO QA15_I64]

PROGRAMMING NOTE QA15_I63:

**IF TEEMP = 1, THEN CONTINUE WITH QA15_I63;
ELSE GO TO QA15_I61**

QA15_I63

Does (TEEN)'s health plan have a deductible that is more than \$2,000?

¿Tiene el plan de salud de (TEEN) un deducible de más de \$2,000 dólares?

AI87

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

[IF NEEDED, SAY: "*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

[GO TO PN QA15_I65]

QA15_I64

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 que tienen cobertura?

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

[GO TO PN QA15_I66]

[GO TO PN QA15_I66]

PROGRAMMING NOTE QA15_I65:

**IF TEEMP = 1, THEN CONTINUE WITH QA15_I65;
ELSE GO TO PROGRAMMING NOTE QA15_I66**

QA15_I65 Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$4,000?
¿Tiene el plan de salud de (TEEN) un deducible de más de \$4,000 dólares por todas las personas que tienen cobertura?

AI88

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

[**IF NEEDED, SAY:** "*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 QA15_I66:

**IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67**

QA15_I66 Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
¿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 Cuentas de Ahorro para la Salud (HSAs), Arreglos de Reembolsos por Salud (HRAs) u otras cuentas similares. Estas cuentas pueden tener otros nombres como - Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios, y son diferentes de las cuentas llamadas Cuentas de gastos flexibles proporcionadas por un empleador.*"]

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

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

QA15_I67 What is the one main reason (TEEN) does not have any health insurance?
¿Cuál es el motivo 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

QA15_I68 Was (TEEN) covered by health insurance at any time during the past 12 months?
¿Tuvo (TEEN) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

IA20

YES	1	[GO TO QA15_I70]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_I69 How long has it been since (TEEN) last had health insurance?
¿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
MORE THAN 3 YEARS AGO	2
NEVER HAD HEALTH INSURANCE COVERAGE ..	3
REFUSED	-7
DON'T KNOW/NOT SURE	-8

[GO TO QA15_I78] [GO TO QA15_I78] [GO TO QA15_I78] [GO TO QA15_I78]

QA15_I70 For how many of the last 12 months did {he/she} have health insurance?
¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

IA22

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

_____ MONTHS [HR: 0-12]	[IF 0, THEN GO TO PN QA15_I78]
REFUSED	-7
DON'T KNOW	-8

QA15_I71 During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Durante ese tiempo cuando (TEEN) tenía seguro de salud, ¿era su seguro Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

IA23**[CODE ALL THAT APPLY.]****[PROBE: "Any others?"]****[PROBE: "¿Algún otro?"]**

MEDI-CAL	1	[GO TO QA15_I78]
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3	[GO TO QA15_I78]
PURCHASED DIRECTLY.....	5	[GO TO QA15_I78]
COVERED CALIFORNIA.....	6	[GO TO QA15_I78]
OTHER HEALTH PLAN.....	91	[GO TO QA15_I78]
REFUSED	-7	[GO TO QA15_I78]
DON'T KNOW	-8	[GO TO QA15_I78]

QA15_I72 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 TODO el tiempo en los últimos 12 meses?

IA24

YES	1	[GO TO QA15_I78]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_I73 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

Cuando {él/ella} no tenía cobertura de su actual seguro de salud, ¿tuvo {él/ella} algún otro seguro de salud?

IA25

YES	1	
NO	2	[GO TO QA15_I75]
REFUSED	-7	[GO TO QA15_I75]
DON'T KNOW	-8	[GO TO QA15_I75]

QA15_I74 Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
¿Era este otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

IA26**[CODE ALL THAT APPLY.]****[PROBE: "Any others?"]****[PROBE: "¿Algún otro?"]**

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

QA15_I75 During the past 12 months, was there any time when {he/she} had no health insurance at all?
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 QA15_I78]
REFUSED	-7	[GO TO QA15_I78]
DON'T KNOW	-8	[GO TO QA15_I78]

QA15_I76 For how many of the past 12 months did {he/she} have no health insurance?
¿Durante cuántos de los últimos 12 meses no tuvo {él/ella} seguro de salud?

IA28**[IF < 1 MONTH, ENTER "1"]****_____ MONTHS [RANGE: 1-12]**

REFUSED	-7
DON'T KNOW	-8

QA15_I77 What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?
¿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 QA15_I78:

IF NOT ANSWERED IN SECTION H (AH103h = -1 AND KAH103h =-1), THEN CONTINUE;

[IF CHILD SELECTED]

IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]

IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95

QA15_I78 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
En los últimos 12 meses, ¿trató de comprar un plan de seguro de salud directamente a una compañía de seguros o HMO, o mediante Covered California?

AH103i

YES	1	
NO.....	2	[GO TO PN QA15_I95]
REFUSED	-7	[GO TO PN QA15_I95]
DON'T KNOW	-8	[GO TO PN QA15_I95]

QA15_I79 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
¿Fue directamente a una compañía de seguros o HMO, o mediante Covered California, o tanto de una compañía de seguros como mediante Covered California?

AH110i

DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR.....	1	[GO TO PN QA15_I82]
THROUGH COVERED CALIFORNIA, OR	2	
BOTH, FROM AN INSURANCE COMPANY, AND THROUGH COVERED CALIFORNIA.....	3	
REFUSED	-7	
DON'T KNOW	-8	[GO TO PN QA15_I82]

PROGRAMMING NOTE QA15_I80:**IF QA15_I79 = 1; THEN CONTINUE WITH QA15_I80;****IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."****ELSE GO TO PROGRAMMING NOTE QA15_I84;**

QA15_I80 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
 How difficult was it to find a plan with the coverage you needed? Was it...
{Primero, piense en su experiencia al intentar comprar un seguro directamente a una compañía de seguros o HMO.}
¿Cuánta dificultad tuvo para encontrar un plan con la cobertura que necesitaba? ¿Fue...

AH98i

Very difficult,.....	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,,	2
Not too difficult, or	3
No muy difícil, o.....	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA15_I81 How difficult was it to find a plan you could afford? Was it...
¿Cuánta dificultad tuvo para encontrar un plan que pudiera pagar? ¿Fue...

AH99i

Very difficult,.....	1
Muy difícil,	1
Somewhat difficult,	2
Bastante difícil,,	2
Not too difficult, or	3
No muy difícil, o.....	3
Not at all difficult?	4
No fue difícil?	4
REFUSED	-7
DON'T KNOW	-8

QA15_I82 Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de seguro de salud?

AH100i

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

[GO TO PN QA15_I84]
[GO TO PN QA15_I84]
[GO TO PN QA15_I84]

QA15_I83 Who helped you?
¿Quién le ayudó?

AH101i

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

PROGRAMMING NOTE QA15_I84:**IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;****IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY "Now, think about your experience with Covered California."****ELSE GO TO PROGRAMMING NOTE QA15_I88;**

QA15_I84 {Now, think about your experience with Covered California.}
How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
{Ahora, piense en su experiencia con Covered California.}
¿Qué tan difícil fue encontrar un plan mediante Covered California con la cobertura que usted necesitaba? ¿Fue...

AH111i

Very difficult.....	1
Muy difícil,	1
Somewhat difficult.....	2
Bastante difícil,,	2
Not too difficult	3
No muy difícil, o.....	3
Not at all difficult?	4
No fue difícil? ..	4
REFUSED	-7
DON'T KNOW	-8

QA15_I85 How difficult was it to find a plan you could afford? Was it...
¿Qué tan difícil fue encontrar un plan que pudiera pagar? ¿Fue...

AH112i

Very difficult.....	1
Muy difícil,	1
Somewhat difficult.....	2
Bastante difícil,,	2
Not too difficult	3
No muy difícil, o.....	3
Not at all difficult?	4
No fue difícil? ..	4
REFUSED	-7
DON'T KNOW	-8

QA15_I86 Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de salud?

AH113i

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

[GO TO QA15_I88]
[GO TO QA15_I88]
[GO TO QA15_I88]

QA15_I87 Who helped you?
¿Quién le ayudó?

AH114i

BROKER	1
FAMILY MEMBER / FRIEND	2
INTERNET	3
CERTIFIED INSURANCE AGENTS	4
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_I88 Did you have all the information you felt you needed to make a good decision on a health plan?
¿Tenía toda la información que usted creyó que necesitaba para tomar una buena decisión respecto a un plan de salud?

AH115i

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

PROGRAMMING NOTE QA15_I89:

**IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89;
ELSE GO TO QA15_I90;**

QA15_I89 Were you able to get information about your health plan options in your language?
¿Pudo obtener información en su idioma acerca de sus opciones de plan de salud?

AH116i

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

QA15_I90 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
Al seleccionar su plan, ¿fue el costo del plan que seleccionó muy importante, algo importante o nada importante?

AH117i

VERY IMPORTANT	1
SOMEWHAT IMPORTANT	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

QA15_I91 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿recibir atención de un doctor en particular fue muy importante, algo importante o nada importante?

AH118i

VERY IMPORTANT	1
SOMEWHAT IMPORTANT.....	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

QA15_I92 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿obtener atención de un hospital en particular fue muy importante, algo importante o nada importante?

AH119i

VERY IMPORTANT	1
SOMEWHAT IMPORTANT.....	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

QA15_I93 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿la opción de doctores en la red del plan fue muy importante, algo importante o nada importante?

AH120i

VERY IMPORTANT	1
SOMEWHAT IMPORTANT.....	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I94:

```
IF QA15_I8 = 1 OR QA15_I47 = 1, THEN DISPLAY "Bronze"  
ELSE IF QA15_I8 = 2 OR QA15_I47 = 2, THEN DISPLAY "Silver"  
ELSE IF QA15_I8 = 3 OR QA15_I47 = 3, THEN DISPLAY "Gold"  
ELSE IF QA15_I8 = 4 OR QA15_I47 = 4, THEN DISPLAY "Platinum"  
ELSE IF QA15_I8 = 6 OR QA15_I47 = 6, THEN DISPLAY "Minimum coverage"  
ELSE DISPLAY " ";
```

QA15_I94

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum Coverage} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

Finalmente, ¿cuál fue la razón más importante al seleccionar su plan {Bounce/Plata/Oro/Platino/Mínima cobertura}? ¿Fue el costo, el poder obtener atención de un doctor en particular, el poder ir a un hospital en particular, la opción de profesionales de la salud en la red de su plan o fue otra razón?

AH121i

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

PROGRAMMING NOTE QA15_I95:**IF NO TEEN SELECTED, GO TO SECTION J;****IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";****IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";**

QA15_I95 In what country was (TEEN)'s {mother/father} born?
¿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 QA15_I96:**IF QA15_I95 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;****ELSE CONTINUE WITH QA15_I96;****IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";****IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"**

QA15_I96 Does (TEEN)'s {mother/father} now live in the U.S.?
¿Vive ahora {la madre/el padre} de (TEEN) en los Estados Unidos?

AI57

YES	1
NO	2
MOTHER/FATHER DECEASED	3
MOTHER/FATHER NEVER LIVED IN US	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I97:

IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
 IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

QA15_I97 {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

{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 QA15_I99]
NO	2	
APPLICATION PENDING	3	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I98:

IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
 IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

QA15_I98 {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

{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 QA15_I99:

IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
 IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA15_I99 About how many years has (TEEN)'s {mother/father} lived in the United States?

{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

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA15_J1:

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care YOU receive”;
ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”

- QA15_J1** {Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?
 {Ahora, voy a preguntar acerca de la atención médica que usted recibe.} Durante los últimos 12 meses, ¿cuántas veces ha visto usted a un doctor?

AH5

_____ TIMES [HR: 0-365]	
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J2:

IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2;
ELSE GO TO PROGRAMMING NOTE QA15_J3

- QA15_J2** About how long has it been since you last saw a doctor about your own health?
Más o menos, ¿hace cuánto tiempo fue la última vez que vio a un doctor 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 QA15_J3:

IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4;
ELSE CONTINUE WITH QA15_J3

- QA15_J3** About how long has it been since you last saw a doctor or medical provider for a routine check-up?
Aproximadamente, ¿hace cuánto tiempo fue la última vez que vio a un doctor o a otro proveedor de atención médica para hacerse un examen físico de rutina?

AJ114

[IF NEEDED, SAY: “A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.”]

[IF NEEDED, SAY: “Un examen físico de rutina es una visita que no se debe a una enfermedad o un problema. En esa visita pueden hacerle preguntas acerca de comportamientos de salud tal como el fumar.”]

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

PROGRAMMING NOTE QA15_J4:

**IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5**

QA15_J4

Do you have a personal doctor or medical provider who is your main provider?
¿Tiene usted un doctor de cabecera o un proveedor de atención médica 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 QA15_J5:

**IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;
ELSE GO TO PROGRAMMING NOTE QA15_J7**

QA15_J5

How often does your doctor or medical provider listen carefully to you? Would you say...
¿Con qué frecuencia le escucha con atención su doctor o proveedor de atención médica? ¿Diría que...

AJ112

Never,.....	1
Nunca,.....	1
Sometimes,.....	2
A veces,	2
Usually, or	3
Normalmente, o.....	3
Always?.....	4
Siempre?.....	4
REFUSED	-7
DON'T KNOW	-8

QA15_J6

How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...

¿Con qué frecuencia su doctor o proveedor de atención médica le explica claramente lo que usted necesita hacer para cuidar de su salud? ¿Diría que...

AJ113

Never,.....	1
Nunca,.....	1
Sometimes,.....	2
A veces,	2
Usually, or	3
Normalmente, o.....	3
Always?.....	4
Siempre?.....	4
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J7:

IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;
ELSE GO TO PROGRAMMING NOTE QA15_J9;
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA15_J7 Please tell me yes or no. In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

En los últimos 12 meses, ¿trató de hacer una cita para ver a su doctor o proveedor de atención médica en dos días a más tardar porque usted estaba enfermo(a) o lesionado(a)?

AJ102

[IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only asking about appointments."]

[IF NEEDED, SAY: "No incluya cuidado de urgencia o idas a la sala de emergencias. Solo estoy preguntando sobre citas."]

YES	1	
NO	2	[GO TO QA15_J9]
REFUSED	-7	[GO TO QA15_J9]
DON'T KNOW	-8	[GO TO QA15_J9]

QA15_J8 How often were you able to get an appointment within two days? Would you say...

¿Con qué frecuencia consiguió hacer una cita dentro de los próximos dos días? ¿Diría que...

AJ103

Never,.....	1
Nunca,.....	1
Sometimes,.....	2
A veces,	2
Usually, or	3
Normalmente, o.....	3
Always?	4
Siempre?.....	4
REFUSED	-7
DON'T KNOW	-8

QA15_J9 During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

Durante los últimos 12 meses, ¿recibió atención de un doctor o un profesional de la salud a través de una conversación en video o por teléfono en lugar de una visita en el consultorio?

AJ152

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]

[IF NEEDED, SAY: "No incluya llamadas sobre citas o para surtir recetas médicas. No incluya llamadas realizadas a una línea de ayuda de enfermería."]

YES	1	
NO	2	[GO TO QA15_J11]
REFUSED	-7	[GO TO QA15_J11]
DON'T KNOW	-8	[GO TO QA15_J11]

QA15_J10 Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

¿Fue esta atención médica por un problema de la piel o de los ojos, un problema emocional o mental, o algún otro problema de salud?

AJ153

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

SKIN PROBLEM	1
EYE PROBLEM	2
MENTAL OR EMOTIONAL HEALTH PROBLEM.....	3
OTHER HEALTH PROBLEM (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J11:

**IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),
CONTINUE WITH QA15_J11;**

ELSE GO TO PROGRAMMING NOTE QA15_J16

QA15_J11 The last time you saw a doctor, did you have a hard time understanding the doctor?
La última vez que vio a un doctor, ¿tuvo dificultad para entender lo que el doctor decía?

AJ8

YES	1	[GO TO PN QA15_J13]
NO	2	
REFUSED	-7	[GO TO QA15_J16]
DON'T KNOW	-8	[GO TO QA15_J16]

PROGRAMMING NOTE QA15_J12:

**IF QA15_J11 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],
CONTINUE WITH QA15_J12;**

**SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12 WAS ASKED;
ELSE SKIP TO PROGRAMMING NOTE QA15_J16**

QA15_J12 In what language did the doctor speak to you?

¿En qué idioma habló con usted su doctor?

AJ50

ENGLISH	1	[GO TO QA15_J14]
SPANISH	2	[GO TO PN QA15_J16]
CANTONESE.....	3	[GO TO PN QA15_J16]
VIETNAMESE	4	[GO TO PN QA15_J16]
TAGALOG	5	[GO TO PN QA15_J16]
MANDARIN	6	[GO TO PN QA15_J16]
KOREAN	7	[GO TO PN QA15_J16]
ASIAN INDIAN LANGUAGES.....	8	[GO TO PN QA15_J16]
RUSSIAN	9	[GO TO PN QA15_J16]
OTHER (SPECIFY: _____)	91	[GO TO PN QA15_J16]
REFUSED	-7	[GO TO PN QA15_J16]
DON'T KNOW	-8	[GO TO PN QA15_J16]

QA15_J13 Was this because you and the doctor spoke different languages?
¿Se debió esto a que usted y su doctor hablan diferentes idiomas?

AJ9

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

QA15_J14 Did you need someone to help you understand the doctor?
¿Necesitó ayuda de otra persona para comprender al doctor?

AJ10

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

[GO TO PN QA15_J16]
[GO TO PN QA15_J16]
[GO TO PN QA15_J16]

QA15_J15 Who was this person who helped you understand the doctor?
¿Quién fue esta persona que le ayudó a entender al doctor?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

MINOR CHILD (UNDER AGE 18)	1
AN ADULT FAMILY MEMBER OR	
FRIEND OF MINE	2
NON-MEDICAL OFFICE STAFF	3
MEDICAL STAFF INCLUDING	
NURSES/DOCTORS	4
PROFESSIONAL INTERPRETER (BOTH IN	
PERSON AND ON THE TELEPHONE)	5
OTHER (PATIENTS, SOMEONE ELSE)	6
DID NOT HAVE SOMEONE TO HELP	7
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J16:

**IF QA15_G8 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16;
ELSE GO TO PROGRAMMING NOTE QA15_J17**

QA15_J16 In California, you have the right to get help from an interpreter for free during your medical visits.
Did you know this before today?
En California, usted tiene derecho a obtener gratis la ayuda de un intérprete durante sus visitas al doctor. ¿Sabía esto antes de hoy?

AJ105

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

PROGRAMMING NOTE QA15_J17:

**IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J17;
ELSE GO TO QA15_J19**

QA15_J17 In the past 12 months, did you change where you usually go for health care?
En los últimos 12 meses, ¿cambió usted el lugar adonde normalmente va a recibir atención médica?

AJ106

YES .....	.1	
NO .....	.2	[GO TO QA15_J19]
REFUSED	-7	[GO TO QA15_J19]
DON'T KNOW	-8	[GO TO QA15_J19]

QA15_J18 Did you have to change because of your health insurance plan?
¿Tuvo que cambiar de lugar debido a su plan de seguro de salud?

AJ107

**[[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]]
[IF NEEDED, SAY: "¿Tuvo usted que cambiar el lugar al que normalmente va a recibir atención médica por un motivo relacionado con su plan de seguro de salud?"]**

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

QA15_J19 During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?
Durante los últimos 12 meses, ¿tuvo usted que demorar la compra o no comprar algún medicamento que un doctor le recetó?

AH16

YES .....	.1	
NO .....	.2	[GO TO QA15_J21]
REFUSED	-7	[GO TO QA15_J21]
DON'T KNOW	-8	[GO TO QA15_J21]

QA15_J20 Was cost or lack of insurance a reason why you delayed or did not get the prescription?
¿Fue el costo o el no tener seguro de salud un motivo por el que demoró la compra o quedó sin comprar el medicamento que le habían recetado?

AJ19

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

QA15_J21 During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?
Durante los últimos 12 meses, ¿tardó en recibir, o quedó sin recibir alguna otra atención médica que usted consideraba necesaria, — como ver un doctor, un especialista u otro profesional de la salud?

AH22

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

QA15_J22 Did you get the care eventually?
¿Recibió los cuidados finalmente?

AJ129

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

QA15_J23 Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
¿Fueron los costos o el no tener seguro de salud una razón por la que se demoró en obtener o no obtuvo la atención que usted creyó que necesitaba?

AJ20

YES	1	
NO	2	[GO TO QA15_J25]
REFUSED	-7	[GO TO QA15_J25]
DON'T KNOW	-8	[GO TO QA15_J25]

QA15_J24 Was that the main reason?
¿Fue esa la razón principal?

AJ130

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

QA15_J25 What was the one main reason why you delayed getting the care you felt you needed?
¿Cuál fue la razón principal por la que se demoró en obtener el cuidado que usted creyó que necesitaba?

AJ131

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

QA15_J26 *Las preguntas siguientes se refieren a especialistas. Los especialistas son doctores como los cirujanos, médicos del corazón, de las alergias, de la piel y otros doctores que se especializan en un área de atención médica.*

In the past 12 months, did you or a doctor think you needed to see a medical specialist?
En los últimos 12 meses, ¿pensó usted o un doctor que necesitaba ir a un especialista?

AJ136

[IF NEEDED, SAY: "Do not include dental visits."]
[IF NEEDED, SAY: "No incluya las visitas al dentista."]

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

PROGRAMMING NOTE QA15_J27:

**IF QA15_J26 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA15_J27;
ELSE GO TO QA15_J30**

QA15_J27 During the past 12 months, did you have any trouble finding a medical specialist who would see you?
En los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un doctor especialista que lo(a) viera?

AJ137

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

QA15_J28 During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no lo(a) iban a aceptar como paciente nuevo(a)?

AJ138

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

PROGRAMMING NOTE QA15_J29:

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J29;
ELSE SKIP TO QA15_J30**

QA15_J29 During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no aceptarían su seguro de salud principal?

AJ139

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

QA15_J30 Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

Ahora piense en los doctores generales. Durante los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un doctor general que lo(a) viera?

AJ133

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

QA15_J31 During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no lo(a) iban a aceptar como paciente nuevo(a)?

AJ134

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

PROGRAMMING NOTE QA15_J32:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J32;
ELSE SKIP TO QA15_J33

QA15_J32 During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no iban a aceptar su principal seguro de salud?

AJ135

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

QA15_J33 Have you ever used the Internet?

¿Ha usado Internet alguna vez?

AJ108

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

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

[GO TO QA15_J35]
[GO TO QA15_J35]
[GO TO QA15_J35]

QA15_J34 In the past 12 months, did you use the internet to look for health or medical information?

En los últimos 12 meses, ¿usó Internet para buscar información sobre salud o médica?

AJ109

[IF NEEDED, SAY: "Include information about disease symptoms, diet, or nutrition, physical activity, healthcare providers, and health insurance plans."]

[IF NEEDED, SAY: "Incluya información sobre síntomas de enfermedades, dieta o nutrición, actividad física, proveedores del cuidado de la salud y planes de seguro de la salud."]

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

PROGRAMMING NOTE QA15_J35:

IF QA15_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA15_J41;
ELSE CONTINUE WITH QA15_J35;

QA15_J35 During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?

Durante los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad de parte de un doctor o de otro proveedor de atención médica?

AJ140

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

QA15_J36 During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?

Durante los últimos 12 meses, ¿ha recibido usted un método de control de la natalidad o una receta para el control de la natalidad de un doctoro un proveedor de atención médica?

AJ141

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VASECTOMY OF PARTNER]

YES	1	
NO	2	[GO TO QA15_J39]
REFUSED	-7	[GO TO QA15_J39]
DON'T KNOW	-8	[GO TO QA15_J39]

QA15_J37

What MAIN birth control method or prescription did you receive?

¿Cuál fue el PRINCIPAL método o receta para el control de la natalidad que recibió?

AJ142

[IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]
 [INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT)	1
VASECTOMY (MALE STERILIZATION)	2
IUD (MIRENA, PARAGARD)	3
IMPLANT (IMPLANON, NEXPLANON)	4
BIRTH CONTROL PILLS.....	5
OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)	6
CONDOMS (MALE)	7
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_J38

Where did you receive the main birth control method or prescription?

¿Dónde recibió el principal método o receta para el control de la natalidad?

AJ143

PRIVATE DOCTOR'S OFFICE.....	1
HMO FACILITY	2
HOSPITAL OR HOSPITAL CLINIC	3
PLANNED PARENTHOOD.....	4
COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC.....	5
SCHOOL OR SCHOOL-BASED CLINIC	6
EMPLOYER OR COMPANY CLINIC.....	7
INDIAN HEALTH SERVICE.....	8
PHARMACY	9
SOME OTHER PLACE (SPECIFY: _____) .	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J39:

IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;
IF QA15_A5 = 2 (FEMALE) AND IF QA15_D17 = 3 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA15_J44;
IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J39

QA15_J39 Are you or your male sex partner currently using a birth control method to prevent pregnancy?
 This includes male or female sterilization.

¿Actualmente usa usted o su pareja sexual masculina algún método de control de la natalidad para prevenir el embarazo? Esto incluye la esterilización tanto masculina como femenina.

AF40

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

[IF NEEDED, SAY: "La esterilización puede ser ligarse las trompas o amarrarse los tubos, hacerse vasectomía o hacerse una operación para no tener hijos".]

YES	1	
NO	2	[GO TO QA15_J44]
NO MALE SEXUAL PARTNER	3	[GO TO QA15_J44]
REFUSED	-7	[GO TO QA15_J44]
DON'T KNOW	-8	[GO TO QA15_J44]

QA15_J40 Which birth control method or methods are you using?

¿Qué método o métodos para el control de la natalidad está usando usted?

AJ154

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "¿Algún otro?"]

TUBAL LIGATION (TUBES TIED OR CUT)	1
VASECTOMY (MALE STERILIZATION)	2
IUD (MIRENA, PARAGARD)	3
IMPLANT (IMPLANON, NEXPLANON)	4
BIRTH CONTROL PILLS	5
OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)	6
CONDOMS (MALE)	7
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J41:

IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J41;

QA15_J41 During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

Durante los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad de parte de un doctoro de otro proveedor de atención médica?

AJ144

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

QA15_J42 During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?

Durante los últimos 12 meses, ¿ha recibido usted un método de control de la natalidad para varones, como condones o vasectomía, de un doctoro un proveedor de atención médica?

AJ145

YES	1	
NO	2	[GO TO QA15_J44]
REFUSED	-7	[GO TO QA15_J44]
DON'T KNOW	-8	[GO TO QA15_J44]

QA15_J43 Where did you receive it?

¿Dónde lo recibió?

AJ146

PRIVATE DOCTOR'S OFFICE.....	1
HMO FACILITY	2
HOSPITAL OR HOSPITAL CLINIC	3
PLANNED PARENTHOOD.....	4
COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC	5
SCHOOL OR SCHOOL-BASED CLINIC	6
EMPLOYER OR COMPANY CLINIC.....	7
INDIAN HEALTH SERVICE.....	8
PHARMACY.....	9
SOME OTHER PLACE (SPECIFY: _____) .	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J44:

IF SAH42 ≠ 21 (R DOES NOT RESIDE IN MARIN COUNTY), THEN SKIP TO QA15_J47;

ELSE IF AAGE IS < 65 YEARS, CONTINUE WITH QA15_J44;

ELSE GO TO QA15_J47

QA15_J44 The next questions are about relationships with intimate partners and safety. An intimate partner is *any* husband, wife, boyfriend, girlfriend, or someone you lived with or dated. I'll ask about being slapped, hit, and about unwanted sex. Your answers will be kept private. If any question upsets you, you don't have to answer it.

Las siguientes preguntas se tratan de relaciones con parejas íntimas y su seguridad personal.

Una pareja íntima significa cualquier esposo, esposa, novio, novia o persona con quien haya vivido o salido. Le preguntaré si le han abofeteado, golpeado y sobre experiencias sexuales no deseadas. Sus respuestas se mantendrán privadas. Si cualquier pregunta le molesta, usted puede negarse a responder.

Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you or forced you into unwanted sex by threatening to harm you?

Desde que usted cumplió 18 años, ¿alguna vez una pareja íntima actual o que tuvo antes le golpeó, abofeteó, empujó, pateó o hirió físicamente o le forzó a tener sexo sin su consentimiento, con amenazas de hacerle daño?

AJ57

YES	1	
NO	2	[GO TO QA15_DM1]
REFUSED	-7	[GO TO QA15_DM1]
DON'T KNOW	-8	[GO TO QA15_DM1]

QA15_J45 Was that person male or female?
¿Esa persona era hombre o mujer?

AJ70

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

QA15_J46 When this happened, did the person who did this to you appear to have been drinking or using drugs?
Cuando sucedió esto ocurrió, ¿parecía que la persona que le hizo eso a usted había estado tomando alcohol o usando drogas?

AJ72

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

PROGRAMMING NOTE QA15_J47:

**IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J47;
ELSE GO TO SECTION DM;**

QA15_J47 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?
Por favor, dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:
Usted debe devolver un favor cuando alguien le ayuda o le da algo. ¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?

AJ155

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

QA15_J48 It's natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?
Es normal que el hijo mayor herede la casa. ¿Está usted totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?

AJ156

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

QA15_J49 Children should take care of their parents.
Los hijos deben cuidar de sus padres.

AJ157

[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?]

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

QA15_J50 You should behave in accordance with systems around you.
Usted debe comportarse de acuerdo con las normas a su alrededor.

AJ158

[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?]

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

QA15_J51 Everything will be fine if you do things the way you have always done.
Todo estará bien si hace las cosas como siempre las ha hecho.

AJ159

[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?]

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

QA15_J52 You tend to ask someone's opinions before taking actions.
Usted tiene la costumbre de pedir la opinión de otra persona antes de tomar una acción.

AJ160

[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?]

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

QA15_J53 You are nervous about what other people say about you or how they feel about you.
Se pone nervioso(a) acerca de lo que otras personas dicen de usted o cómo se sienten acerca de usted.

AJ161

[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?]

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

QA15_J54 You should behave hoping that people around you have good impressions of you.
Usted debe comportarse con la esperanza de que las personas que lo(a) rodean tengan una buena impresión de usted.

AJ162

[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?]

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

QA15_J55 You are careful about your behaviors and what you wear.
Usted es cuidadoso(a) con respecto a su conducta y su manera de vestir.

AJ163

[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?]

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

QA15_J56 You do not want to be embarrassed in front of people.
Usted no quiere ser avergonzado(a) delante de las personas.

AJ164

[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?]

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

QA15_J57 You are concerned about your appearance.
A usted le preocupa su apariencia.

AJ165

[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?]

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

QA15_J58 You are careful about not doing something that people may laugh at.
Usted se cuida de no hacer algo que haga que la gente se ría de usted.

AJ166

[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?]

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

Section DM – Discrimination

QA15_DM1 These next questions are about things that have happened to you while receiving medical care. The questions ask about times where you were treated unfairly.
 Las siguientes preguntas son acerca de situaciones que le hayan sucedido al recibir atención médica.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

¿Hubo alguna ocasión cuando pudo haber obtenido mejor atención médica si hubiera sido de otra raza o de otro grupo étnico?

DMC8

YES	1	
NO	2	[GO TO QA15_DM3]
REFUSED	-7	[GO TO QA15_DM3]
DON'T KNOW	-8	[GO TO QA15_DM3]

QA15_DM2 Think about the last time this happened. How long ago was that?

Piense en la última vez que esto ocurrió. ¿Hace cuánto tiempo sucedió eso?

DMC9

A YEAR AGO OR LESS	1
MORE THAN 1 UP TO 2 YEARS AGO	2
MORE THAN 2 UP TO 3 YEARS AGO	3
MORE THAN 3 UP TO 5 YEARS AGO	4
MORE THAN 5 UP TO 10 YEARS AGO	5
MORE THAN 10 UP TO 20 YEARS AGO	6
MORE THAN 20 YEARS AGO	7
REFUSED	-7
DON'T KNOW	-8

QA15_DM3 Over your entire lifetime, how often have you been treated unfairly when getting medical care?

Would you say...

En toda su vida, ¿con qué frecuencia le han tratado injustamente cuando recibió atención médica? ¿Diría usted...?

DMC3

Never,.....	1	[GO TO QA15_K1]
Rarely,.....	2	
Sometimes, or.....	3	
Often?	4	
REFUSED	-7	[GO TO QA15_K1]
DON'T KNOW	-8	[GO TO QA15_K1]

QA15_DM4 Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

¿Cuál de estas cree usted que es la razón principal por la que le han tratado injustamente en toda su vida? ¿Fue a causa de...?

DMC6B

Your ancestry or national origin	1
Because of your gender or sex	2
Because of your race or skin color.....	3
Because of your age, or.....	4
Because of the way you speak English, or	5
For some other reason? (Specify: _____)	6
REFUSED	-7
DON'T KNOW	-8

QA15_DM5 Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

En toda su vida, ¿cuánto estrés ha sufrido normalmente a causa de sus experiencias de tratamiento injusto? ¿Diría usted...?

DMC7

Not at all stressful.....	1
Ningún estrés,	1
A little stressful.....	2
Un poco de estrés,	2
Somewhat stressful, or	3
Algún estrés, o	3
Extremely stressful?.....	4
Mucho estrés.....	4
REFUSED	-7
DON'T KNOW	-8

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

PROGRAMMING NOTE QA15_K1:

**IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K4**

QA15_K1 The next questions are about your employment.
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

QA15_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."]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

MONTHS [HR: 0-12]

YEARS [HR: 0-50]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_K3:

**IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K3;
ELSE SKIP TO PROGRAMMING NOTE QA15_K4**

QA15_K3 What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

¿Cuál es su mejor cálculo de todas las ganancias tuyas el mes pasado antes de impuestos y de otras deducciones de todos los trabajos y negocios incluyendo sueldos por hora, salarios, propinas y comisiones?

AK10

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

\$ AMOUNT [HR: 0-999995]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_K4;

IF QA15_G29 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G30 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA15_K4 AND:

IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1 (MARRIED), DISPLAY “The next question is about your spouse’s employment.”

ELSE IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY “The next question is about your partner’s employment.”

IF QA15_A16 = 1 THEN DISPLAY “spouse”;

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

ELSE SKIP TO QA15_K6

QA15_K4 {The next question is about your spouse’s employment.}

{Las siguientes preguntas se refieren al empleo de su esposo(a).}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

¿Cuántas horas a la semana trabaja normalmente su {esposo(a)} en todos los empleos o negocios que tiene?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K5:

IF QA15_K4 ≠ 0 CONTINUE WITH QA15_K5;

IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;

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

ELSE GO TO QA15_K6

QA15_K5 What is your best estimate of all your {spouse’s/partner’s} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

¿Cuánto calcula que ganó su {esposo(a)/pareja} el mes pasado antes de los impuestos y otras deducciones en todos los empleos y negocios que tiene, incluyendo sueldo por horas, salarios, propinas y comisiones?

AK10A

[IF AMOUNT GREATER THAN \$999,995, ENTER “999,995”]

\$_____ AMOUNT [HR: 0-999995]

REFUSED	-7
DON'T KNOW	-8

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

¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de impuestos en el 2014?

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF NEEDED, SAY: "*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.*"]

\$ _____ AMOUNT [HR: 0-999995]

REFUSED	-7	[GO TO PN QA15_K8]
DON'T KNOW	-8	[GO TO PN QA15_K8]

QA15_K7 PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?

He anotado que los ingresos de su hogar son (AMOUNT). ¿Es esto correcto?

AK22A

YES	1	[GO TO PN QA15_K14]
NO	2	[GO BACK TO QA15_K6]

PROGRAMMING NOTE QA15_K8:

IF QA15_K6 = -7 OR -8 CONTINUE WITH QA15_K8;
ELSE GO TO PROGRAMMING NOTE QA15_K14

QA15_K8 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

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 QA15_K10]
EQUAL TO \$20K OR LESS.....	2	
REFUSED	-7	[GO TO PN QA15_K14]
DON'T KNOW	-8	[GO TO PN QA15_K14]

QA15_K9 Is it ...
¿Es...

AK12

\$5,000 or less,.....	1
\$5,000 o menos,	1
\$5,001 to \$10,000,	2
\$5,001 a \$10,000,	2
\$10,001 to \$15,000, or.....	3
\$10,001 a \$15,000, o	3
\$15,001 to 20,000?	4
\$15,001 a \$20,000?	4
REFUSED	-7
DON'T KNOW	-8

[GO TO PN QA15_K14]

QA15_K10 Is it more or less than \$70,000 per year?
¿Es más o menos de \$70,000 al año?

AK13

MORE	1
EQUAL TO \$70K OR LESS.....	2
REFUSED	-7
DON'T KNOW	-8

[GO TO QA15_K12]

[GO TO PN QA15_K14]

[GO TO PN QA15_K14]

QA15_K11 Is it ...
¿Es...

AK14

\$20,001 to \$30,000,	1
\$20,001 a \$30,000,	01
\$30,001 to \$40,000,	2
\$30,001 a \$40,000,	02
\$40,001 to \$50,000,	3
\$40,001 a \$50,000,	03
\$50,001 to \$60,000, or.....	4
\$50,001 a \$60,000, o	04
\$60,001 to \$70,000?	5
\$60,001 a \$70,000?	05
REFUSED	-7
DON'T KNOW	-8

[GO TO PN QA15_K14]

QA15_K12 Is it more or less than \$135,000 per year?
¿Es más o menos de \$135,000 al año?

AK15

MORE	1
EQUAL TO \$135K OR LESS.....	2
REFUSED	-7
DON'T KNOW	-8

[GO TO PN QA15_K14]

[GO TO PN QA15_K14]

[GO TO PN QA15_K14]

QA15_K13 Is it ...
¿Es...

AK16

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

PROGRAMMING NOTE QA15_K14:

**IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K15;
ELSE CONTINUE WITH QA15_K14**

QA15_K14 Including yourself, how many people living in your household are supported by your total household income?
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 QA15_K15:

QA15_K15 MUST BE LESS THAN QA15_K14;

**IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR
TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) =
QA15_K14 GO TO PROGRAMMING NOTE QA15_19;
ELSE CONTINUE WITH QA15_K15**

QA15_K15 How many of these {INSERT NUMBER FROM QA15_K14} people are children under the age of 18?
¿Cuántas de estas { INSERT NUMBER FROM QA15_K14} 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

QA15_K16 Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

¿Hay alguna persona que viva en los Estados Unidos pero que no vive actualmente en su casa y que dependa de los ingresos de su hogar?

AK32

YES	1	
NO	2	[GO TO PN QA15_K18]
REFUSED	-7	[GO TO PN QA15_K18]
DON'T KNOW	-8	[GO TO PN QA15_K18]

QA15_K17 How many?

¿Cuántas?

AK33

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K18:

OBTAINTHE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA15_K14 AND QA15_K15 RESPECTIVELY.

(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2012 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2012" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)

IF EITHER QA15_K14 OR QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 50% FPL;
- 2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
- 3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
- 4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
- 5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
- 6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
- 7) ABOVE 400% FPL; OR

8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K6 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K24;

ELSE IF QA15_K6= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, ASK QA15_K18 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);

ELSE IF QA15_K6= -7 OR -8 (REF/DK) AND IF QA15_K8 = -7 OR QA15_K10 = -7 OR QA15_K12 = -7, GO TO PROGRAMMING NOTE QA15_K24

ELSE GO TO PROGRAMMING NOTE QA15_K19

QA15_K18 I need to ask just one more question about income.
Necesito hacerle una pregunta más acerca de su ingreso.

Was your total annual household income before taxes less than or more than \${POVRT50}?
El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de \${POVRT50} o más?

AK29

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K19:

**IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, THEN CONTINUE WITH QA15_K19 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K20**

QA15_K19 I need to ask just one or two more questions about income.
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 QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K20:

**IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, THEN CONTINUE WITH QA15_K20 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QA15_K19 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.>";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QA15_K21**

QA15_K20 {I need to ask just one more question about income. Was your total annual household income before taxes/ Was it} less than or more than \${POVRT133}?
Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de \${POVRT133} o más?

AK30

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K21:

**IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, CONTINUE WITH QA15_K21 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K22**

QA15_K21 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT200}?

Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de \${POVRT200} o más?

AK18B

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K22:

**IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, CONTINUE WITH QA15_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K23**

QA15_K22 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT300}?

Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de \${POVRT300} o más?

AK18C

EQUAL TO OR LESS	1	[GO TO PN QA15_K24]
MORE	2	[GO TO PN QA15_K24]
REFUSED	-7	[GO TO PN QA15_K24]
DON'T KNOW	-8	[GO TO PN QA15_K24]

PROGRAMMING NOTE QA15_K23:

**IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K9, QA15_K11, OR QA15_K13, THEN CONTINUE WITH QA15_K23 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K24**

QA15_K23 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT400}?

Necesito hacerle una pregunta más acerca de su ingreso. El ingreso anual total en su hogar antes de los impuestos, ¿fue menos de \${POVRT400} o más?

AK31

EQUAL TO OR LESS	1	
MORE	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_K24:

**IF POVERTY < 5 (HH Income ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN), CONTINUE WITH QA15_K24;
ELSE GO TO QA15_L1**

PROGRAMMING NOTE QA15_K24:

**IF QA15_K14 = 1, THEN DISPLAY "I",
ELSE IF QA15_K14 > 1 DISPLAY "We"**

QA15_K24

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

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. El primer comentario es:

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

"Los alimentos que {yo/nosotros} compré/compramos no duraron, y {yo/nosotros} no {tenía/teníamos} dinero para comprar más."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

¿Fue esto cierto frecuentemente, fue cierto algunas veces, o nunca fue cierto en su hogar en los últimos 12 meses?

AM1

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

PROGRAMMING NOTE QA15_K25:

**IF QA15_K14 = 1, THEN DISPLAY "I",
ELSE IF QA15_K14 > 1 DISPLAY "We"**

QA15_K25

The second statement is: "{I/We} couldn't afford to eat balanced meals."

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 eso frecuentemente cierto, algunas veces cierto o nunca fue cierto para usted y para su hogar en los últimos 12 meses?

AM2

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

QA15_K26 Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
Por favor, dígame sí o no. En los últimos 12 meses, ¿usted y otros adultos de su hogar alguna vez redujeron el tamaño de sus comidas o dejaron de comer porque no había suficiente dinero para alimentos?

AM3

YES .....	.1	
NO .....	.2	[GO TO QA15_K28]
REFUSED	-7	[GO TO QA15_K28]
DON'T KNOW	-8	[GO TO QA15_K28]

QA15_K27 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

¿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	

QA15_K28 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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	

QA15_K29 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 = <6) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) CONTINUE WITH SECTION L;
ELSE GO TO QA15_M1TANF/CalWORKs**

QA15_L1 Are you now receiving TANF or CalWORKs?
¿Está usted recibiendo 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 al AFDC, que era el antiguo programa de bienestar social en California.*”]

YES	1
NO	2
REFUSED	-7
DON’T KNOW	-8

PROGRAMMING NOTE QA15_L2:

**IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;**

QA15_L2 Is (TEEN) now receiving TANF or CalWORKs?
¿Está (TEEN) recibiendo actualmente TANF o CalWORKs?

IAP1

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

YES	1
NO	2
REFUSED	-7
DON’T KNOW	-8

QA15_L3 Are you receiving Food Stamp benefits, also known as CalFresh?
¿Recibe usted Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

AL5

[IF NEEDED, SAY: “You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.”]

[IF NEEDED, SAY: “*Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de 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 QA15_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;
ELSE GO TO QA15_L5

QA15_L4 Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
¿Recibe (TEEN) Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.]

[IF NEEDED, SAY: "*Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage.*"]

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

QA15_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 QA15_L6:
IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA15_L6;
ELSE GO TO PROGRAMMING NOTE QA15_L7

QA15_L6 Are you on WIC?
¿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 Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños.*"]

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

PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND (POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7;
ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K14.

IF QA15_K14 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

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IF QA15_K14 = 1 DISPLAY $2000;
IF QA15_K14 = 2 DISPLAY $3000;
IF QA15_K14 = 3 DISPLAY $3150;
IF QA15_K14 = 4 DISPLAY $3300;
IF QA15_K14 = 5 DISPLAY $3450;
IF QA15_K14 = 6 DISPLAY $3600;
IF QA15_K14 = 7 DISPLAY $3750;
IF QA15_K14 = 8 DISPLAY $3900;
IF QA15_K14 = 9 DISPLAY $4050;
IF QA15_K14 ≥ 10 DISPLAY $4200;
```

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

QA15_L7 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

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	[SKIP TO QA15_L14]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_L8:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L8 About how much {do you/does your family} have in cash, savings, and investments?
¿Cuánto dinero en efectivo, en cuentas de ahorros y en inversiones tiene {usted/su familia}?

AL34

[IF NEEDED, SAY: "Again, do not count the value of any house or car you may own."]
[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [HR: 0-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L9:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L9

Besides your primary car or truck, {do you/does your family} own other cars or trucks?
Además de su automóvil o camioneta principal, ¿tiene {usted/su familia} otros automóviles o camionetas propios?

AL35

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

QA15_L10

Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.
¿Son estos automóviles o camionetas solo para uso personal? No incluya los automóviles o camionetas que se usan para el transporte de personas discapacitadas o para uso comercial.

AL36

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

PROGRAMMING NOTE QA15_L11:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "your";

QA15_L11

Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?
Sin contar lo que {usted /su familia} debe, ¿cuál es el valor estimado de estos automóviles o camionetas?

AL37

[IF NEEDED: Do not include your primary cars or trucks.]
[IF NEEDED: No incluya su automóvil o camioneta principal.]

[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]

[IF NEEDED: No incluya automóviles o camionetas que se usan para el transporte de personas discapacitadas o para uso comercial.]

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

\$ _____ AMOUNT [HR: 0-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L12:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Does your family"; ELSE DISPLAY "Do you"

QA15_L12 {Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?
 ¿Tiene {usted/su familia} su propia motocicleta, barco, remolque u otro vehículo que no sea comercial?

AL38

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

PROGRAMMING NOTE QA15_L13:

IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"

QA15_L13 Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?
 Sin contar lo que {usted/su familia} debe, ¿cuál es el valor estimado de la motocicleta, barco, remolque u otro vehículo no comercial que es propiedad de {usted/su familia}?

AL39

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

\$ _____	AMOUNT [HR: 0-999995]	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_L14:

**IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"**

QA15_L14 Did {you or your spouse/you or your partner/you} receive any money last month for child support?
 ¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado por pensión alimenticia o manutención infantil?

AL15

YES .....	.1	
NO .....	.2	[GO TO PN QA15_L16]
REFUSED	-7	[GO TO PN QA15_L16]
DON'T KNOW	-8	[GO TO PN QA15_L16]

PROGRAMMING NOTE QA15_L15:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

QA15_L15 What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?

¿Cuál fue la cantidad total {combinada} que usted {y su esposo(a)/y su pareja} (recibió/recibieron) el mes pasado por pensión alimenticia o manutención infantil?

AL16

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

\$ _____ AMOUNT [000001-999995]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_L16:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
 ELSE DISPLAY "you"

QA15_L16 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

¿Pagó {usted o su pareja o ustedes dos/usted o su esposo(a) o ustedes dos/usted} alguna pensión alimenticia o manutención infantil el mes pasado?

AL17

YES, RESPONDENT PAID	1
YES, SPOUSE/PARTNER PAID	2
YES, BOTH PAID.....	3
NO	4
REFUSED	-7
DON'T KNOW	-8

[GO TO PN QA15_L18]
 [GO TO PN QA15_L18]
 [GO TO PN QA15_L18]

PROGRAMMING NOTE QA15_L17:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";

ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";

ELSE DISPLAY "you"

QA15_L17 What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

¿Cuál fue la cantidad total que {usted o su esposo(a) o ustedes dos/usted o su pareja o ustedes dos/usted} pagó/pagaron en pensión alimenticia o manutención infantil el mes pasado?

AL18

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

_____ AMOUNT [000001-999995]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_L18:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";

ELSE DISPLAY "you"

QA15_L18 Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado como compensación por accidentes de trabajo?

AL32

YES 1

NO 2 [GO TO PN QA15_L20]

REFUSED -7 [GO TO PN QA15_L20]

DON'T KNOW -8 [GO TO PN QA15_L20]

PROGRAMMING NOTE QA15_L19:

IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D23 = 1 OR QA15_D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";

ELSE CONTINUE WITHOUT DISPLAYS

QA15_L19 What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

¿Cuál fue la cantidad total {combinada} que recibió usted {y su esposo(a)/y su pareja} como compensación por accidentes de trabajo el mes pasado?

AL33

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

\$_____ AMOUNT [000001-999995]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QA15_L20:

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA15_L20 AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA15_L14 AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA15_L20 AND DISPLAY "you";

ELSE GO TO PROGRAMMING NOTE QA15_L22

QA15_L20 Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} pagos de Seguro Social o de Pensión el mes pasado?

AL18A

YES	1	
NO	2	[GO TO PN QA15_L22]
REFUSED	-7	[GO TO PN QA15_L22]
DON'T KNOW	-8	[GO TO PN QA15_L22]

QA15_L21 What was the total amount received last month from Social Security and Pensions?

¿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 QA15_L22:

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA15_L22;

ELSE GO TO QA15_M1

QA15_L22 What is the one main reason why you are not enrolled in the Medi-Cal program?

¿Cuál es el motivo principal por el que no está inscrito(a) 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

Section M – Housing and Social Cohesion

QA15_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

QA15_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

QA15_M3

About how long have you lived at your current address?

¿Más o menos cuánto tiempo ha vivido usted en su dirección actual?

AM14

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 1 - AAGE*12MONTHS]

_____ YEARS [HR: 1 - AAGE]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_M4:**IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4**

QA15_M4 About how long have you lived in your current neighborhood?
¿Más o menos cuánto tiempo ha vivido en su vecindario actual?

AM15

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 1 - AAGE*12MONTHS]

_____ YEARS [HR: 1 - AAGE]

REFUSED -7
DON'T KNOW -8

QA15_M5 The last time you moved, what was your main reason for moving?
La última vez que se mudó, ¿cuál fue el motivo principal por el que se mudó?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...	1
TO ESTABLISH OWN HOUSEHOLD.....	2
FOR CHILD'S EDUCATION	3
TO ATTEND OR LEAVE COLLEGE	4
WORK RELATED	5
COULDN'T AFFORD MORTGAGE/RENT	6
OTHER HOUSING RELATED	7
BETTER NEIGHBORHOOD/LESS CRIME	8
OTHER.....	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_M6:

**IF QA15_M6 THROUGH QA15_M10 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH QA15_M6;
ELSE GO TO QA15_M11**

QA15_M6 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
 People in my neighborhood are willing to help each other.
Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:
La gente en mi vecindario 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?"]
 [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

QA15_M7 People in this neighborhood generally do NOT get along with each other.
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?"]
 [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

QA15_M8 People in this neighborhood can be trusted.
Uno puede confiar en la gente de este vecindario.

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?"]
 [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

QA15_M9 You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

Uno puede contar con que los adultos en este vecindario prestan atención a los niños para que estén a salvo y no se metan en 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?]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.]

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

QA15_M10 Do you feel safe in your neighborhood...

¿Se siente seguro(a) en su vecindario...

AK28

All of the time,	1
Siempre,	1
Most of the time,.....	2
Casi siempre,	2
Some of the time, or.....	3
Algunas veces, o.....	3
None of the time.....	4
Nunca?	4
REFUSED	-7
DON'T KNOW	-8

QA15_M12 In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?

En los últimos 12 meses, ¿ha servido como voluntario(a) en un comité, concejo, u organización local encargada de solucionar los problemas de la comunidad?

AM39

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

QA15_M13 In the past 12 months, have you gotten together informally with others to deal with community problems?

Durante los últimos 12 meses, ¿se ha reunido informalmente con otros para buscar solución a los problemas de la comunidad?

AM40

[IF NEEDED SAY: "For example, with a neighborhood watch group."]

[IF NEEDED SAY: Por ejemplo, con un grupo de vigilancia contra la delincuencia en su vecindario.]

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

PROGRAMMING NOTE QA15_M14:**IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_M14;
ELSE GO TO QA15_S1;**

QA15_M14 In the past 12 months, have you donated money to a charity or non-profit organization?
Durante los últimos 12 meses, ¿ha donado dinero a una organización de caridad o sin fines de lucro?

AM41

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

QA15_M15 In the next 12 months, how likely are you to donate money to a charity or non-profit organization?
Are you...
En los próximos 12 meses, ¿qué tan probable es que usted done dinero a una organización de caridad o sin fines de lucro? ¿Es ...

AM42

Very likely.....	.1
Muy probable .....	.1
Somewhat likely.....	.2
Algo probable .....	.2
A little likely, or .....	.3
Poco probable o.....	.3
Not likely.....	.4
Nada probable.....	.4
REFUSED	-.7
DON'T KNOW	-.8

Section S – Suicide Ideation and Attempts

QA15_S1

The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

La sección siguiente trata de ideas acerca de causarse daño a sí mismo(a). De nuevo, si alguna pregunta le molesta no tiene que responderla.

Have you ever seriously thought about committing suicide?

¿Alguna vez ha pensado seriamente en suicidarse?

AF86

YES	1	
NO	2	
REFUSED	-7	[GO TO PN QA15_N1]
DON'T KNOW	-8	[GO TO PN QA15_N1]

QA15_S2

Have you seriously thought about committing suicide at any time in the past 12 months?

¿En algún momento durante los últimos 12 meses, ha pensado seriamente en suicidarse?

AF87

YES	1	
NO	2	[GO TO QA15_S4]
REFUSED	-7	[GO TO QA15_S4]
DON'T KNOW	-8	[GO TO QA15_S4]

QA15_S3

Have you seriously thought about committing suicide at any time in the past 2 months?

En algún momento en los últimos 2 meses, ¿ha pensado seriamente en suicidarse?

AF91

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

QA15_S4

Have you ever attempted suicide?

¿Ha intentado suicidarse alguna vez?

AF88

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

PROGRAMMING NOTE QA15_S5:

IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF QA15_S3 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF QA15_S3 = 1 AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

ELSE CONTINUE WITH QA15_S5

QA15_S5

Have you attempted suicide at any time in the past 12 months?

¿Ha intentado suicidarse alguna vez en 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. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

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

POST-NOTE FOR SUICIDE RESOURCE:

IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE CONTINUE

QA15_S6 Would you like to discuss your thoughts with this person?
 ¿Desea hablar con esta persona acerca de sus ideas?

AF90

YES	1	[GO TO SUICIDE PROTOCOL]
NO	2	[GO TO PN QA15_N1]
REFUSED	7	[GO TO PN QA15_N1]
DON'T KNOW	8	[GO TO PN QA15_N1]

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA15_N1:
IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8:
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO QA15_N2
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;

QA15_N1 Just a few final questions and then we are done.

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 QA15_N2:

**IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QA15_N2;
 IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final
 questions and then we are done.";
 ELSE GO TO QA15_N3**

QA15_N2 {Just a few final questions and then we are done.}
{Faltan solo unas preguntas y acabamos.}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Su número de teléfono ha sido seleccionado al azar por una computadora para este estudio. Hemos podido encontrar la dirección que corresponde a su número para enviarle una carta explicando el propósito de este estudio. Para ayudarnos a comprender mejor el medio ambiente en el que vive y cómo puede éste afectar su salud, nos gustaría confirmar su dirección. Esta información se mantendrá confidencial y será destruida una vez que complete la encuesta en su totalidad.

Do you now live at {R's ADDRESS AND STREET}?
¿Vive usted ahora en {R's ADDRESS AND STREET}?

AO1

YES	1	[GO TO QA15_N7]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_N3:

**IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT),
DISPLAY "Just a few final questions and then we are done".**

QA15_N3 {Just a few final questions and then we are done.}
{Faltan solo unas preguntas y acabamos.}

What is your zip code?
¿Cuál es su código postal?

AM7 ZIP CODE

REFUSED -7
 DON'T KNOW -8

QA15_N5 To help us better understand the environment you live in and how it may affect your health,
 please tell me the address where you live. This information will be kept confidential and will be
 destroyed after the entire survey has been completed.
*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 complete la encuesta en su totalidad.*

AO2 HOUSE ADDRESS NUMBER NAME OF STREET (VERIFY SPELLING) **[GO TO QA15_N7]** STREET TYPE APT. NO

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_N6:

**IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N7;
 ELSE CONTINUE WITH QA15_N6**

QA15_N6 Can you tell me just the name of the street you live on?

¿Podría darme solamente el nombre de la calle donde vive usted?

AM8 NAME OF STREET

REFUSED -7 **[GO TO QA15_N8]**
 DON'T KNOW -8 **[GO TO QA15_N8]**

QA15_N7 And what is the name of the street down the corner from you that crosses your street?

¿Y cuál es el nombre de la calle que cruza con su calle?

AM9 NAME OF CROSS-STREET

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA15_N8:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14;
ELSE CONTINUE WITH QA15_N8

QA15_N8 I'm won't ask you for the number, but do you have a working cell phone?
No le voy a pedir el número, pero ¿tiene usted un teléfono celular que esté funcionando?

AM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES	1	
NO	2	[GO TO PN QA15_N10]
SHARES CELL PHONE	3	
REFUSED	-7	[GO TO PN QA15_N10]
DON'T KNOW	-8	[GO TO PN QA15_N10]

QA15_N9 How many different cell phone numbers do you currently use for personal calls?
¿Cuántos números diferentes de teléfonos celulares usa usted actualmente para hacer llamadas personales?

AN10

_____ CELL PHONE NUMBERS	
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_N10:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13;
ELSE CONTINUE WITH QA15_N10

QA15_N10 Is there a regular or landline telephone in your household?
¿Tiene un teléfono regular, o línea fija, en su casa?

AN6

YES	1	
NO	2	[GO TO PN QA15_N14]
REFUSED	-7	[GO TO PN QA15_N14]
DON'T KNOW	-8	[GO TO PN QA15_N14]

QA15_N11 Is that telephone for personal use or business use only?
¿Es ese teléfono para uso personal o para uso de trabajo solamente?

AN7

PERSONAL USE ONLY	1	
BUSINESS USE ONLY.....	2	[GO TO PN QA15_N14]
BOTH PERSONAL USE AND BUSINESS USE.....	3	
REFUSED	-7	
DON'T KNOW	-8	

QA15_N12 How many telephone lines do you have for personal use?
¿Cuántas líneas telefónicas tiene usted para uso personal?

AN11

_____ REGULAR OR LANDLINE NUMBERS

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_N13:

**IF QA15_N8 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA15_N13;
ELSE SKIP TO PROGRAMMING QA15_N14**

QA15_N13 Of all the telephone calls that you receive, are...

Las llamadas telefónicas que recibe usted, ¿son...

AM34

- | | |
|---|----|
| All or almost all calls received on a cell phone, | 1 |
| Some on cell phones & some on regular phones, or..... | 2 |
| Very few or none on cell phones..... | 3 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

PROGRAMMING NOTE QA15_N14:

**IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14**

QA15_N14 Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

Finalmente, ¿cree usted que estaría dispuesto(a) a participar en un posible seguimiento de esta 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 QA15_S6 = (2, -7, -8),
AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE
RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1**

SUICIDE RESOURCE 2:

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

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

QA15_N15 Would you like to speak with someone now?
¿Quiere hablar con alguien ahora?

AN8

YES	1	[GO TO SUICIDE PROTOCOL]
NO	2	[GO TO CLOSE1 AND CLOSE2]
REFUSED	-7	[GO TO CLOSE1 AND CLOSE2]
DON'T KNOW	-8	[GO TO CLOSE1 AND CLOSE2]

**PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1**

CLOSE1 Let me check to see if there is anyone else. **[GO TO HHSELECT]**
Permitáme verificar si hay alguien más con quien tengamos que hablar.

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.
Muchas gracias, le agradezco el tiempo que me ha brindado y su cooperación. Usted ha colaborado en una encuesta muy importante sobre la salud. Si tiene alguna pregunta acerca del estudio, por favor llame a la Dra. Ninez Ponce que es la Investigadora principal. Puede llamar gratis a la Dra. Ponce al teléfono 1-866-275-2447. Gracias y adiós.