



CHIS 2024
Adult Tagalog CAWI Questionnaire
(Self- administered)
Version 3.02
August 29, 2024
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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Guide to Questionnaire Formatting

The following are from the 2023 CHIS Adult questionnaire, slightly modified and in no given order.

Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. ' QA24_A1 ': Adult questionnaire, Section A, question #1. The question # in the QID denotes question order. This may vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Question and Response Text	On CAWI, this text is displayed.
Range	On CATI, this text is not read. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the preceding question(s).
Dynamic text	{...} and (...) Denotes that text is automatically filled based on previous responses.

PROGRAMMING NOTE 'QA24_A1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA24_A1' What is your date of birth?

AA1

Month ____ [Range: 1-12]

- January 1
- February..... 2
- March 3
- April 4
- May 5
- June 6
- July 7
- August..... 8
- September..... 9
- October 10
- November..... 11
- December..... 12
- REFUSED/ DON'T KNOW..... -3

Day ____ [Range: 1-31]
 REFUSED/ DON'T KNOW..... -3

Year ____ [Range: 1907-2005]
 REFUSED/ DON'T KNOW..... -3

'QA24_A8' Just to confirm, you were assigned {INSERT RESPONSE FROM 'QA24_A5'} at birth and now describe yourself as {INSERT RESPONSE FROM 'QA24_A6'}. Is that correct?

AD68B

- Yes 1 No 2 REFUSED/ DON'T KNOW -3 [\[GO TO 'QA24_A7'\]](#)

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NOTE: Please consult the CHIS 2022 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A: Demographic Information, Part I

Age

PROGRAMMING NOTE 'QA24_A1':

SET AADATE = CURRENT DATE (YYYYMMDD)

'QA24_A1' What is your date of birth?

Anong petsa kayo ipinanganak?

AA1

Month _____ [Range: 1-12]

Buwan _____

- January 1
- Enero*
- February 2
- Pebrero*
- March 3
- Marso*
- April 4
- Abril*
- May 5
- Mayo*
- June 6
- Hunyo*
- July 7
- Hulyo*
- August 8
- Agosto*
- September 9
- Setyembre*
- October 10
- Oktubre*
- November 11
- Nobyembre*
- December 12
- Disyembre*
- REFUSED/DON'T KNOW -3

Day _____ [Range: 1-31]

Araw _____

- REFUSED/DON'T KNOW -3

Year _____ [Range: 1907-2005]

Taon _____

- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_A2':

IF 'QA24_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QA24_A2';
 ELSE GO TO 'QA24_A5'

'QA24_A2' What month and year were you born?

Anong buwan at taon kayo ipinanganak?

AA1A

Month _____ [Range: 1-12]

- | | | |
|-------------------------|------------------|----|
| <input type="radio"/> | January | 1 |
| <input type="radio"/> | <i>Enero</i> | |
| <input type="radio"/> | February..... | 2 |
| <input type="radio"/> | <i>Pebrero</i> | |
| <input type="radio"/> | March | 3 |
| <input type="radio"/> | <i>Marso</i> | |
| <input type="radio"/> | April | 4 |
| <input type="radio"/> | <i>Abril</i> | |
| <input type="radio"/> | May | 5 |
| <input type="radio"/> | <i>Mayo</i> | |
| <input type="radio"/> | June | 6 |
| <input type="radio"/> | <i>Hunyo</i> | |
| <input type="radio"/> | July | 7 |
| <input type="radio"/> | <i>Hulyo</i> | |
| <input type="radio"/> | August..... | 8 |
| <input type="radio"/> | <i>Agosto</i> | |
| <input type="radio"/> | September..... | 9 |
| <input type="radio"/> | <i>Setyembre</i> | |
| <input type="radio"/> | October | 10 |
| <input type="radio"/> | <i>Oktubre</i> | |
| <input type="radio"/> | November..... | 11 |
| <input type="radio"/> | <i>Nobyembre</i> | |
| <input type="radio"/> | December..... | 12 |
| <input type="radio"/> | <i>Disyembre</i> | |
| REFUSED/DON'T KNOW..... | | -3 |

Year _____ [Range: 1907-2005]
Taon

- REFUSED/DON'T KNOW..... -3

'QA24_A3' What is your age?

Kung puede po sanang matanong, ano ang edad ninyo?

AA2

_____ Years of age [RANGE: 0-120]
 _____ *taong gulang*

- REFUSED/DON'T KNOW..... -3

'QA24_A4' Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

Nasa pagitan ba kayo ng 18 at 29, 30 at 39, 40 at 44, 45 at 49, 50 at 64, o 65 o mas matanda pa?

AA2A

- Between 18 and 291
- Sa pagitan ng 18 at 29*
- Between 30 and 392
- Sa pagitan ng 30 at 39*
- Between 40 and 443
- Sa pagitan ng 40 at 44*
- Between 45 and 494
- Sa pagitan ng 45 at 49*
- Between 50 and 645
- Sa pagitan ng 50 at 64*
- 65 or older6
- 65 taong gulang o mas matanda pa*
- REFUSED/DON'T NOW -3

POST NOTE 'QA24_A4':

AAGE ENUM.AGE CALCULATE VALUE OF AAGE BASED ON 'QA24_A1', 'QA24_A2', OR 'QA24_A3' TO USE IN ALL AGE-RELATED QUESTIONS; IF 'QA24_A1', 'QA24_A2', OR 'QA24_A3' = -3, THEN USE 'QA24_A4'; ELSE USE ENUM.AGE

Gender Identity

'QA24_A5' What sex were you assigned at birth, on your original birth certificate?

Anong kasarian mo noong ikaw ay ipinanganak, sa oriinal na sertipiko ng kapanganakan?

AD65E

- Female2
- Babae*
- Male1
- Lalaki*
- Don't know3
- Hindi alam*
- Prefer not to answer9
- Mas pinipili na hindi sumagot*
- REFUSED/DON'T KNOW -3

'QA24_A6' What is your current gender?

Ano ang iyong kasalukuyang kasarian?

AD66C

- Female2 [GO TO
'PN_QA24_A8']
- Babae*
- Male1 [GO TO
'PN_QA24_A8']
- Lalaki*
- Transgender3 [GO TO
'PN_QA24_A8']
- Transgender
- Non-binary5 [GO TO
'PN_QA24_A8']
- Non-binary*

- | | | |
|-----------------------|--|----|
| <input type="radio"/> | I use a different term: (____)..... | 7 |
| <input type="radio"/> | <i>Ibang katawagan ang ginagamit ko (____)</i> | |
| <input type="radio"/> | Don't know | 8 |
| <input type="radio"/> | <i>Hindi alam</i> | |
| <input type="radio"/> | Prefer not to answer..... | 9 |
| <input type="radio"/> | <i>Mas pinipili na hindi sumagot</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

[GO TO
'PN_QA24_A8']

[GO TO
'PN_QA24_A8']

PROGRAMMING NOTE 'QA24_A7':

IF ['QA24_A5' = 1 (MALE AT BIRTH) AND 'QA24_A6' = 2, 3, 5, 7] OR ['QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_A6' = 1, 3, 5, 7] THEN CONTINUE WITH 'QA24_A7';
ELSE SKIP to 'QA24_A8'

'QA24_A7' Just to confirm, you were assigned {INSERT RESPONSE FROM 'QA24_A5'} at birth and now describe yourself as {INSERT RESPONSE FROM 'QA24_A6'}. Is that correct?

Upang matiyak lamang, <AD65D><ad65> ang itinala para sa inyo noong ipinanganak kayo, subalit sa kasalukuyan inilalarawan ninyo ang sarili na. Tama ba ito?

AD68B

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

[GO TO 'QA24_A5']

POST NOTE: ON SECOND ATTEMPT IF = 2 GO TO 'QA24_A5' AND FLAG 'QA24_A7' = 1

Ethnicity

'QA24_A8' Are you Latino or Hispanic?

Latino o Hispanic ba kayo?

AA4

- | | | |
|-----------------------|-------------------------|---|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | 3 |

[GO TO
'PN_QA24_A10']

[GO TO
'PN_QA24_A10']

'QA24_A9' And what is your Latino or Hispanic ancestry or origin?

At ano ang inyong mga ninuno o angkang pinanggalingan na Latino o Hispanic?

AA5

Check all that apply

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Mexican/Mexican American/Chicano..... | 1 |
| <input type="checkbox"/> | <i>Mexican/Mexican American/Chicano</i> | |
| <input type="checkbox"/> | Salvadoran | 4 |
| <input type="checkbox"/> | <i>Salvadoran</i> | |
| <input type="checkbox"/> | Guatemalan..... | 5 |
| <input type="checkbox"/> | <i>Guatemalan</i> | |

- Costa Rican.....6
- Costa Rican*
- Honduran7
- Honduran*
- Nicaraguan.....8
- Nicaraguan*
- Panamanian9
- Panamanian*
- Puerto Rican 10
- Puerto Rican*
- Cuban..... 11
- Cuban*
- Spanish-American (from Spain)..... 12
- Spanish-American (mula sa Espanya)*
- Other Latino (Specify: _____)..... 91
- Iba Pang Latino (Tukuyin:_____)*
- REFUSED/DON'T KNOW..... -3

Race

PROGRAMMING NOTE 'QA24_A10':

IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA24_A10',
 CONTINUE WITH 'PN_QA24_A13'
 ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

DISPLAY INSTRUCTIONS:

IF 'QA24_A8' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic.
 Also,";

'QA24_A10' {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..

{Sinabi ninyo na Latino o Hispanic kayo.} Pakisabi rin sa akin kung aling isa o mahigit pa sa sumusunod ang gagamitin ninyo sa paglalarawan sa sarili ninyo. Inilalarawan mo ba ang iyong sarili bilang Katutubo ng Hawaii, Pacific Islander, American Indian, Katutubo ng Alaska, Asyano, Itim, African American, o Puti?

AA5A

- | | | | |
|--------------------------|---|---|--------------------------|
| <input type="checkbox"/> | White | 1 | |
| <input type="checkbox"/> | <i>White</i> | | |
| <input type="checkbox"/> | Black or African American.....2 | | [GO TO
'PN_QA24_A12'] |
| <input type="checkbox"/> | <i>Itim o African American</i> | | |
| <input type="checkbox"/> | Asian3 | | [GO TO
'PN_QA24_A16'] |
| <input type="checkbox"/> | <i>Asyano</i> | | |
| <input type="checkbox"/> | American Indian or Alaska Native.....4 | | [GO TO
'PN_QA24_A13'] |
| <input type="checkbox"/> | <i>American Indian or Alaska Native</i> | | |
| <input type="checkbox"/> | Pacific Islander.....5 | | [GO TO
'PN_QA24_A17'] |
| <input type="checkbox"/> | <i>Pacific Islander</i> | | |
| <input type="checkbox"/> | Native Hawaiian6 | | [GO TO
'PN_QA24_A18'] |
| <input type="checkbox"/> | <i>Native Hawaiian</i> | | |
| <input type="checkbox"/> | Other (Specify: _____)..... 91 | | [GO TO
'PN_QA24_A18'] |

- Iba Pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_A20']

'QA24_A11' What are your white origin or origins?

Ano ang iyong white origin o origins (pinagmulan o mga pinagmulan ng pagiging White)?

AA5H

For example, German, Irish, English, Italian, Armenian, Iranian, etc.
Halimbawa, German, Irish, English, Italian, Armenian, Iranian, atbp.

- Specify: (_____) 1
- Tukuyin: (_____)*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A12':

IF 'QA24_A10' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QA24_A12';
ELSE GO TO 'PN_QA24_A13'

'QA24_A12' What are your Black origin or origins?

Ano ang iyong pinagmulan o mga pinagmulan ng pagiging Itim?

AA5I

For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.
Halimbawa, African American, Nigerian, Ethiopia, Jamaican, Haitian, Ghanaian, atbp.

- Specify: (_____) 1
- Tukuyin: (_____)*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A13':

IF 'QA24_A10' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA24_A13';
ELSE GO TO 'PN_QA24_A16'

'QA24_A13' You said, American Indian or Alaska Native, and what is your tribal heritage?

Sinabi ninyo na American Indian o Alaska Native. Ano ang tribo ng inyong mga ninuno?

AA5B

*Check all that apply
I-check ang lahat ng naaangkop*

(11 maximum responses)

- Apache 1
- Apache*
- Blackfoot/Blackfeet 2
- Blackfoot/Blackfeet*
- Cherokee 3
- Cherokee*
- Choctaw 4
- Choctaw*
- Mexican American Indian..... 5

- Mexican American Indian
- Navajo 6
- Navajo
- Pomo 7
- Pomo
- Pueblo 8
- Pueblo
- Sioux 9
- Sioux
- Yaqui 10
- Yaqui
- Other tribe (Specify: _____) 91
- Iba Pang tribo (Tukuyin: _____)
- REFUSED/DON'T KNOW -3

'QA24_A14' Are you an enrolled member in a federally or state recognized tribe?

Kayo ba ay nakatalang miyembro ng isang tribong kinikilala ng pamahalaang pederal o pangestado?

AA5C

- Yes 1
 - Oo
 - No 2
 - Hindi
 - REFUSED/DON'T KNOW -3
- [GO TO
'PN_QA24_A16']**
- [GO TO
'PN_QA24_A16']**

'QA24_A15' Which tribe are you enrolled in?

Sa aling tribo kayo nakatala?

AA5D

Apache

- Mescalero Apache, NM 1
- Mescalero Apache, NM
- Apache (not specified) 2
- Apache (hindi tinukoy)
- Other Apache (Specify: _____) 3
- Iba Pang Apache (Tukuyin:)

Blackfeet

- Blackfoot/Blackfeet 4
- Blackfoot/Blackfeet

Cherokee

- Western Cherokee 5
- Western Cherokee
- 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
- Navajo (*hindi tinukoy*)

- Pomo
 - Hopland Band, Hopland Rancheria 12
 - Hopland Band, Hopland Rancheria*
 - Sherwood Valley Rancheria 13
 - Sherwood Valley Rancheria*
 - Pomo (not specified) 14
 - Pomo (hindi tinukoy)*
 - Other Pomo (SPECIFY: _____) 15
 - Iba Pang Pomo (Tukuyin:_____)*

- Pueblo
 - Hopi 16
 - Hopi*
 - Ysleta del Sur Pueblo of Texas 17
 - Ysleta del Sur Pueblo of Texas*
 - Pueblo (not specified) 18
 - Pueblo (hindi tinukoy)*
 - Other Pueblo (Specify: _____) 19
 - Iba Pang Pueblo (Tukuyin:_____)*

- Sioux
 - Oglala/ Pine Ridge Sioux 20
 - Oglala/PINE RIDGE Sioux*
 - Sioux (not specified) 21
 - Sioux (hindi tinukoy)*
 - Other Sioux (Specify: _____) 22
 - Iba Pang Sioux (Tukuyin:_____)*

- Yaqui
 - Pascua Yaqui Tribe of Arizona 23
 - Tribo ng Pascua Yaqui ng Arizona*
 - Yaqui (not specified) 24
 - Yaqui (hindi tinukoy)*
 - Other Yaqui (Specify: _____) ... 25
 - Iba Pang Yaqui (Tukuyin:_____)*

- Other
 - Other (Specify: _____) 91
 - Iba Pang (Tukuyin:_____)*
 - REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_A16':

IF 'QA24_A10' = 3 (ASIAN) CONTINUE WITH 'QA24_A16';
ELSE GO TO 'PN_QA24_A17'

'QA24_A16' You said Asian, and what specific ethnic group are you?

Sinabi ninyo na Asian. Aling tiyak na pangkating etniko ang kinabibilangan ninyo?

AA5E

Check all that apply

(18 maximum responses)

- Bangladeshi 1

- Bangladeshi*
- Burmese 2
- Burmese*
- Cambodian 3
- Cambodian*
- Chinese 4
- Chinese*
- Filipino 5
- Pilipino*
- Hmong 6
- Hmong*
- Indian (India) 7
- Indian (India)*
- Indonesian 8
- Indonesian*
- Japanese 9
- Japanese*
- Korean 10
- Korean*
- Laotian 11
- Laotian*
- Malaysian 12
- Malaysian*
- Pakistani 13
- Pakistani*
- Sri Lankan 14
- Sri Lankan*
- Taiwanese 15
- Taiwanese*
- Thai 16
- Thai*
- Vietnamese 17
- Vietnamese*
- Other Asian (Specify: _____) 91
- Iba Pang Asian (Tukuyin: _____)*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_A17':

IF 'QA24_A10' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA24_A17';
 ELSE GO TO PROGRAMMING NOTE 'PN_QA24_A18'

'QA24_A17' You said you are Pacific Islander. What specific ethnic group are you?

Sinabi ninyo na Pacific Islander kayo. Aling tiyak na pangkating etniko ang kinabibilangan ninyo, gaya?

AA5E1

Check all that apply
I-check ang lahat ng naaangkop.

(5 maximum responses)

- Samoan/American Samoan 1
- Samoan/American Samoan*
- Guamanian 2
- Guamanian*
- Tongan 3

- Tongan*
- Fijian.....4
- Fijian*
- Other Pacific Islander (Specify: _____) . 91
- Iba Pang Pacific Islander (Tukuyin:: _____)*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A18':

IF 'QA24_A8' = 1 (LATINO) AND ['QA24_A10' = 6 (NATIVE HAWAIIAN) OR 'QA24_A10' = 5 (OTHER PACIFIC ISLANDER) OR 'QA24_A10' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA24_A10' = 3 (ASIAN) OR 'QA24_A10' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA24_A10' = 1 (WHITE) OR 'QA24_A10' = 91 (OTHER)], CONTINUE WITH 'QA24_A18';
ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA24_A10', 'QA24_A16', OR 'QA24_A17' [NOT COUNTING -3, CONTINUE WITH 'QA24_A18';
ELSE SKIP TO 'QA24_A20'

'QA24_A18' You said that you are: {INSERT MULTIPLE RESPONSES FROM 'QA24_A9', 'QA24_A10', 'QA24_A16' AND 'QA24_A17'}.

Sinabi ninyo na kayo ay: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

AA5G

Do you identify with any one race in particular?

Iniuugnay ba ninyo ang sarili ninyo sa alinmang isang partikular na lahi?

- Yes1
- Oo
- No.....2 [GO TO 'QA24_A20']
- Hindi*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_A20']

PROGRAMMING NOTE FOR 'QA24_A19':

IF 'QA24_A8' = 1 (YES, LATINO) AND 'QA24_A9' ≠ -3, DO NOT DISPLAY 'QA24_A19' = 14 (LATINO);
IF 'QA24_A10' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA24_A17' = 1 TO 4 OR 91, DO NOT DISPLAY 'QA24_A19' = 17 (OTHER PACIFIC ISLANDER);
IF 'QA24_A10' = 3 AND 'QA24_A16' = 1 TO 17 OR 91, DO NOT DISPLAY 'QA24_A19' = 19 (ASIAN)

'QA24_A19' Which do you most identify with?

Sa aling lahi ninyo higit na iniuugnay ang inyong sarili?

AA5F

- Mexican/Mexican American/ Chicano.....1
- Mexican/Mexican American/Chicano*
- Salvadoran4
- Salvadoran*
- Guatemalan.....5
- Guatemalan*
- Costa Rican.....6
- Costa Rican*
- Honduran7
- Honduran*
- Nicaraguan.....8
- Nicaraguan*
- Panamanian9
- Panamanian*

○	Puerto Rican	10
○	<i>Puerto Rican</i>	
○	Cuban.....	11
○	<i>Cuban</i>	
○	Spanish-American (from Spain).....	12
○	<i>Spanish-American (mula sa Espanya)</i>	
○	Latino, Other Specify	13
○	<i>Iba Pang Latino Tukuyin</i>	
○	Latino	14
○	<i>Latino</i>	
○	Native Hawaiian	16
○	<i>Native Hawaiian</i>	
○	Other Pacific Islander.....	17
○	<i>Iba Pang Pacific Islander</i>	
○	American Indian or Alaskan Native.....	18
○	<i>American Indian o Alaska Native</i>	
○	Asian	19
○	<i>Asyano</i>	
○	Black or African American.....	20
○	<i>Itim o African American</i>	
○	White	21
○	<i>White</i>	
○	Race, Other Specify	22
○	<i>Lahi, Iba Pa Tukuyin</i>	
○	Bangladeshi	30
○	<i>Bangladeshi</i>	
○	Burmese.....	31
○	<i>Burmese</i>	
○	Cambodian.....	32
○	<i>Cambodian</i>	
○	Chinese	33
○	<i>Chinese</i>	
○	Filipino.....	34
○	<i>Pilipino</i>	
○	Hmong.....	35
○	<i>Hmong</i>	
○	Indian (India)	36
○	<i>Indian (India)</i>	
○	Indonesian.....	37
○	<i>Indonesian</i>	
○	Japanese.....	38
○	<i>Japanese</i>	
○	Korean.....	39
○	<i>Korean</i>	
○	Laotian	40
○	<i>Laotian</i>	
○	Malaysian.....	41
○	<i>Malaysian</i>	
○	Pakistani.....	42
○	<i>Pakistani</i>	
○	Sri Lankan	43
○	<i>Sri Lankan</i>	
○	Taiwanese.....	44
○	<i>Taiwanese</i>	
○	Thai	45
○	<i>Thai</i>	

- Vietnamese 46
Vietnamese
- Asian, Other Specify 49
Asian, Iba Pa Tukuyin
- Samoan/ American Samoan 50
Samoan/American Samoan
- Guamanian..... 51
Guamanian
- Tongan 52
Tongan
- Fijian..... 53
Fijian
- Pacific Islander, Other Specify 55
Pacific Islander, Iba Pa Tukuyin
- Both/All/Multiracial 90
Pareho/Lahat/Maraming lahi
- None of these..... 95
Wala sa mga ito
- Other (Specify) 97
Iba Pang (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3

Language Spoken at Home

'QA24_A20' What languages do you speak at home?

Anu-anong mga wika ang sinasalita mo sa tahanan?

AH36

Check all that apply

I-check ang lahat ng naaangkop.

- English 1
Ingles
- Spanish 2
Spanish
- Cantonese 3
Cantonese
- Vietnamese 4
Vietnamese
- Tagalog 5
Tagalog
- Mandarin 6
Mandarin
- Korean 7
Korean
- Asian Indian languages (including Hindi, Punjabi, Urdu) 8
Mga wikang Asian Indian (kasama ang Hindi, Punjabi, Urdu)
- Russian 9
Russian
- Japanese 12
Hapon
- French 14
French

- | | | |
|--------------------------|---------------------------------|----|
| <input type="checkbox"/> | German | 15 |
| <input type="checkbox"/> | <i>German</i> | |
| <input type="checkbox"/> | Farsi | 18 |
| <input type="checkbox"/> | <i>Farsi</i> | |
| <input type="checkbox"/> | Armenian..... | 19 |
| <input type="checkbox"/> | <i>Armenian</i> | |
| <input type="checkbox"/> | Arabic | 20 |
| <input type="checkbox"/> | <i>Arabic</i> | |
| <input type="checkbox"/> | Other 1 (Specify: _____)..... | 91 |
| <input type="checkbox"/> | <i>Iba pa 1 (tukuyin:_____)</i> | |
| <input type="checkbox"/> | Other 2 (Specify: _____)..... | 92 |
| <input type="checkbox"/> | <i>Iba pa 2 (tukuyin:_____)</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Additional Language Use

PROGRAMMING NOTE 'QA24_A21':

IF 'QA24_A20' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO
'PN_QA24_A23';

DISPLAY INSTRUCTIONS:

IF 'QA24_A20' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH
'QA24_A21' 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?";

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA24_A21' WAS ASKED

'QA24_A21' {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

{*Dahil nagsasalita kayo sa tahanan ng wikang iba sa Ingles, interesado kami sa inyong palagay kung gaano kahusay kayo mag-Ingles.*} Masasabi ba ninyo na nag-i-Ingles kayo nang...

AH37

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Very well..... | 1 |
| <input type="radio"/> | <i>Napakahusay</i> | |
| <input type="radio"/> | Well | 2 |
| <input type="radio"/> | <i>Mahusay</i> | |
| <input type="radio"/> | Not well | 3 |
| <input type="radio"/> | <i>Hindi mahusay</i> | |
| <input type="radio"/> | Not at all | 4 |
| <input type="radio"/> | <i>Lubos na hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Educational Attainment

'QA24_A22' What is the highest grade of education you have completed and received credit for?

Ano ang pinakamataas na baitang sa pag-aaral ang nakumpleto ninyo at nakatanggap ng credit para sa pagtatapos?

AH47

- | | | |
|-----------------------|-----------------------------------|----|
| <input type="radio"/> | No Formal Education | 30 |
| <input type="radio"/> | <i>Walang pormal na edukasyon</i> | |

- | | | |
|----------|---|----|
| ○ | Grade School | 2 |
| ○ | <i>Grade School</i> | |
| ○ | High School or Equivalent..... | 3 |
| ○ | <i>High School O Katumbas</i> | |
| ○ | 4-Year College or University | 4 |
| ○ | <i>4 na taon sa Kolehiyo O Unibersidad</i> | |
| ○ | Graduate or Professional School | 5 |
| ○ | <i>Graduate O Professional School</i> | |
| ○ | 2-Year Junior or Community College..... | 6 |
| ○ | <i>2- taon na Junior O Community College</i> | |
| ○ | Vocational, Business, or Trade School..... | 7 |
| ○ | <i>Vocational, Business, O Trade School</i> | |
|
 | | |
| Grade | | |
| ○ | 1st Grade | 1 |
| ○ | <i>Ika-1 baitang</i> | |
| ○ | 2nd Grade | 2 |
| ○ | <i>Ika-2 baitang</i> | |
| ○ | 3rd Grade | 3 |
| ○ | <i>Ika-3 baitang</i> | |
| ○ | 4th Grade | 4 |
| ○ | <i>Ika-4 baitang</i> | |
| ○ | 5th Grade | 5 |
| ○ | <i>Ika-5 baitang</i> | |
| ○ | 6th Grade | 6 |
| ○ | <i>Ika-6 baitang</i> | |
| ○ | 7th Grade | 7 |
| ○ | <i>Ika-7 baitang</i> | |
| ○ | 8th Grade | 8 |
| ○ | <i>Ika-8 baitang</i> | |
|
 | | |
| High | | |
| ○ | 9th Grade | 9 |
| ○ | <i>Ika-9 baitang</i> | |
| ○ | 10th Grade | 10 |
| ○ | <i>Ika-10 baitang</i> | |
| ○ | 11th Grade | 11 |
| ○ | <i>Ika-11 baitang</i> | |
| ○ | 12th Grade | 12 |
| ○ | <i>Ika-12 baitang</i> | |
|
 | | |
| College | | |
| ○ | 1st year of college or
university (Freshman) | 13 |
| ○ | <i>1st year sa college o university (Freshman)</i> | |
| ○ | 2nd year of college or
university (Sophomore)..... | 14 |
| ○ | <i>2nd year sa college o university (Sophomore)</i> | |
| ○ | 3rd year of college or university (Junior)...
<i>3rd year sa college o university (Junior)</i> | 15 |
| ○ | 4th year of college
or university (Senior)(BA/BS)..... | 16 |
| ○ | <i>4th year sa college o university
(Senior)(BA/BS)</i> | |
| ○ | 5th year of college or university | 17 |
| ○ | <i>5th year sa college o university</i> | |
|
 | | |
| Graduate | | |
| ○ | 1st year of graduate or professional
School | 18 |

- 1st year sa graduate o professional school*
- 2nd year of graduate or professional school (MA/MS)..... 19*
- 2nd year sa graduate o professional school (MA/MS)*
- 3rd year of graduate or professional School* 20
- 3rd year sa graduate o professional school*
- More than 3 years of graduate or professional school (PhD)..... 21*
- Mahigit 3 taon sa graduate o professional school (PhD)*

- Community
- 1st year of junior or community college 22*
- 1st year sa junior o community college*
- 2nd year of junior or community college (AA/AS) 23*
- 2nd year sa junior o community college (AA/AS)*

- Business
- 1st year of vocational, business, or trade school..... 24*
- 1st year sa vocational, business, o trade school*
- 2nd year of vocational, business, or trade school..... 25*
- 2nd year sa vocational, business, o trade school*
- More than 2 years of vocational, business,or trade school 26*
- 2nd year sa vocational, business, o trade school*

- Marital Status

'QA24_A23' Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

Sa ngayon, kayo ba ay kasal, may kinakasamang partner sa kaugnayang parang mag-asawa, biyudo/a, diborsyado/a, hiwalay, o hindi kinasal kailanman?

AH43

- Married* 1
- May asawa*
- Living with partner* 2
- May kinakasama*
- Widowed* 3 [GO TO
'PN_QA24_A27']
- Balo*
- Divorced* 4 [GO TO
'PN_QA24_A27']
- Diborsyado*
- Separated..... 5 [GO TO
'PN_QA24_A27']*
- Hiwalay sa asawa*
- Never married* 6 [GO TO
'PN_QA24_A27']
- Hindi kailanman nag-asawa*

- REFUSED/DON'T KNOW..... -3 [GO TO
‘PN_QA24_A27’]

Spouse/Partner

PROGRAMMING NOTE ‘QA24_A24’:**DISPLAY INSTRUCTIONS:**

IF ‘QA24_A23’ = 1, THEN DISPLAY “spouse”;
 IF ‘QA24_A23’ = 2, THEN DISPLAY “partner”;

‘QA24_A24’ Is your {spouse/partner} also living in your household?
Nakatira din ba ang inyong {asawa/partner} sa inyong pamamahay?

AH44

- Yes 1
 Oo
 No 2
 Hindi
 REFUSED/DON'T KNOW..... -3

‘QA24_A25’ May I have your {spouse/partner}’s age and gender?

Maaari ko bang makuha ang pangalan lang na walang apelyido at ang edad ng inyong {asawa/partner}?

SC11A

*Enter spouse’s/Partner’s age and sex
 Ibigay ang kanyang edad sa kahon sa ibaba*

Spouse/Partner age _____ [SR: 18-120]
bigay ang kanyang edad sa kahon sa ibaba _____

Spouse/Partner sex _____
Piliin ang kanyang kasarian sa ibaba _____

- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE ‘QA24_A26’:

IF ‘WSC6’ = -3 IN SCREENER, CONTINUE WITH ‘QA24_A26’;
 ELSE SKIP TO ‘PN_QA24_A27’

Adult Roster

‘QA24_A26’ Besides yourself (and your spouse/partner), are there other adults, age 18 or older, currently living in this household?

Bukod sa iyong sarili (at ang iyong asawa/kinakasama), mayroon bang Iba Pang mga may hustong edad, 18 taong gulang o mas matanda pa, na kasalukuyang nakatira sa sambahayan na ito?

PRE-ROSTER

- Yes 1
 Oo
 No 2
 Hindi
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A27':

IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GOTO 'QA24_B1'

'QA24_A27' How many children, age 11 and younger including babies, normally live in this household?

Ilang mga bata, na ang edad ay 11 at mas bata pa, kabilang ang mga sanggol, ang karaniwang tumitira sa pamamahay na ito?

SC7B

- Children under 12 _____
- Mga batang wala pang 12 _____
- REFUSED/DON'T KNOW..... -3

'QA24_A28' And how many adolescents age 12-17, normally live in this household?

At, ilang mga nagbibinata o nagdadalaga na nasa pagitan ng 12 hanggang 17 taong gulang ang karaniwang tumitira sa pamamahay na ito?

SC8B

- Children 12 -17 _____
- Mga batang 12 -17 _____
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_A28': SET KIDCNT = 'QA24_A27' + 'QA24_A28'

'QA24_A29' {Let's start with the oldest} What is {the child's/this child's/the next child's} first name or initials?

{Magsimula tayo sa pinakamatanda} Ano ang pangalan o mga initials (ng bata/ng batang ito/ng kasunod na bata)?

SC13A1

- Name/ Initials given (Specify) _____
- Pangalan/ Inisyal na ibinigay (tukuyin) _____
- REFUSED/DON'T KNOW..... -3

'QA24_A30' What is {the child's/this child's} age?

Ano ang edad ng (bata/batang ito)?

SC13A2

_____ AGE

- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A31':

IF KIDCNT = 1 INSERT "the child's"

IF KIDCNT > 1 INSERT "this child's"

'QA24_A31' What is {the child's/this child's} gender?

Ano ang kasarian o gender {ng bata/ng batang ito}?

GENDER6

- Male 1

- Lalaki*
- Female 2
- Babae*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A32':

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK 'QA24_A32' FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE 'QA24_A32' IS PART OF THE CHILD ROSTER

(IF 'QA24_A30' = -3. ASK 'QA24_A32' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD) (IF 'QA24_A30' = -3 AND 'QA24_A29' = -3 INSERT "the child" AND DO NOT DISPLAY CHILD NAME/SEX)

'QA24_A32' Is {CHILD NAME/ the child}...

{Si CHILD NAME/Ang bata} ba ay

SC15A4

- 0 to 5 years old 1
- 0 hanggang sa 5 taong gulang, o
- 6 to 11 years old 2
- 6 hanggang sa 11 taong gulang, o
- 12 to 17 years old 3
- 12 hanggang sa 17 taong gulang?
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A33':

IF 'KIDCNT' = 1 INSERT "the child"

IF 'KIDCNT' > 1 INSERT "all the children"

'QA24_A33' Are you the parent or legal guardian of (the child/all the children) in your household?

Pakibigay po ng first name lang ng asawa ni (AR ADULT NAME /AGE/SEX) /"Ano ang inyong first name o mga initials?

SC14B4

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A34':

IF 'QA24_A33' = 2 ASK 'QA24_A34' FOR EACH CHILD IN THE ROSTER

'QA24_A34' Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

Kayo ba ang magulang o ang legal na guardian ni (PERSON NAME/AGE/SEX)?

SC14B

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A35':

IF NAME GIVEN AT 'QA24_A25' INSERT 'QA24_A25' NAME
 ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
 IF 'KIDCNT' =1 INSERT "the child"
 IF 'KIDCNT' >1 INSERT "all the children"

'QA24_A35' Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

Ang inyong kapareha ba ang magulang o tagapag-alaga ng bata sa inyong pamamahay?

SC14C1

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_A35': IF 'QA24_A35' = 1 AUTO POPULATE 'QA24_A36' AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE 'QA24_A36':

IF 'QA24_A35' = 2 ASK 'QA24_A36' FOR EACH CHILD IN THE ROSTER

'QA24_A36' Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

Kayo ba ang magulang o ang legal na guardian ni (PERSON NAME/AGE/SEX)?

SC14C2

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_A37':

IF 'QA24_A34' =1 THEN

CHILD1CNT = COUNT OF CHILDREN IN 'QA24_A34' AGED 0 TO 5 YRS

CHILD2CNT = COUNT OF CHILDREN IN 'QA24_A34' AGED 6 TO 11 YRS

TEENCNT = COUNT OF CHILDREN IN 'QA24_A34' AGED 12 TO 17 YRS

Child selection from only those with 'QA24_A34'=1

IF CHILD2CNT=0,

IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],

ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT

ELSE IF CHILD1CNT=0,

IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD]

ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT

ELSE, FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = $2 \times \text{CHILD1CNT} / (2 \times \text{CHILD1CNT} + \text{CHILD2CNT})$

FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = $\text{CHILD2CNT} / (2 \times \text{CHILD1CNT} + \text{CHILD2CNT})$ SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

Teen selection from only those with 'QA24_A34'=1

IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN],

ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

'QA24_A37' We have recorded {CHILD1CNT+CHILD2CNT+TEENCNT} child{ren} 17 or younger in this household. Have we missed anyone aged 17 or younger who usually lives here but is temporarily away?

Kami ay nakapagtala ng ('hkidHH') ('hkidHH').toNumber? "bata": "mga bata" na 17 taong gulang o mas bata sa pamamahay na ito. May nakaligtaan ba tayo na 17 taong gulang o mas bata pa na karaniwang tumitira dito pero pansamantalang wala?

SC13A

- No, no one missed1
- Hindi, wala nang iba pa
- Yes2 **[GO TO 'QA24_A29'_LOOP]**
- Oo
- REFUSED/DON'T KNOW.....-3

POST NOTE 'QA24_A37': DO CHILD AND TEEN SELECTION BASED ON CRITERIA

CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD

TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN

SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED

SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'QA24_A38' What is your relationship to {CHILD NAME/ AGE/SEX}?

Ano ang iyong relasyon kay {CHILD NAME/ AGE/SEX}?

SC17B

- Mother (Birth/Adoptive/Step).....1
- Ina (Tunay na Ina/Umampon/
Madrastra o Stepmother)
- Father (Birth/Adoptive/Step)2
- Ama (Tunay na Ama/Umampon/
Amain o Stepfather)
- Sister (Birth/Adoptive/Step).....3
- Kapatid na Babae (Tunay na Kapatid/

- Umampon/Kinakapatiid o Stepsister)*
- Brother (Birth/Adoptive/Step)4
- Kapatid na Lalaki (Tunay na Kapatid/
Umampon/Kinakapatiid o Stepbrother)*
- Grandmother5
- Lola*
- Grandfather6
- Lolo*
- Aunt7
- Tiya*
- Uncle8
- Tiyo*
- Cousin9
- Pinsan*
- Other relative..... 10
- Iba Pang kamag-anak*
- Nonrelative 11
- Hindi kamag-anak*
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_A38': IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C "We would now like to ask you some questions about (CHILD). This section of the interview takes about 15 minutes."

Section B: Health Conditions

General Health

'QA24_B1' Would you say that in general your health is excellent, very good, good, fair, or poor?

{Masasabi ba ninyo na sa pangkalahatan ang kalusugan ninyo ay mabuting-mabuti, napakabuti, mabuti, mabuti-butì o mahina?}

AB1

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Excellent..... | 1 |
| <input type="radio"/> | <i>Mabuting-Mabuti</i> | |
| <input type="radio"/> | Very good..... | 2 |
| <input type="radio"/> | <i>Napakabuti</i> | |
| <input type="radio"/> | Good | 3 |
| <input type="radio"/> | <i>Mabuti</i> | |
| <input type="radio"/> | Fair | 4 |
| <input type="radio"/> | <i>Mabuti-butì</i> | |
| <input type="radio"/> | Poor..... | 5 |
| <input type="radio"/> | <i>Mahina</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Asthma

'QA24_B2' Has a doctor ever told you that you have asthma?

Nasabihan na ba kayo ng doktor kailanman na may asthma kayo?

AB17B

- | | | |
|-----------------------|-------------------------|----------------------------|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | [GO TO
'PN_QA24_B9'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 [GO TO
'PN_QA24_B9'] |

'QA24_B3' Do you still have asthma?

Mayroon pa ba kayong asthma?

AB40

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_B4' During the past 12 months, have you had an episode of asthma or an asthma attack?

Nitong nakaraang 12 buwan, nakaranas ba kayo ng pagsumpong ng asthma o ng atake ng asthma?

AB41

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_B5' During the past 12 months, how many days of work did you miss due to asthma?

Sa nakaraang 12 buwan, ilang araw ng trabaho ang hindi mo napasukan dahil sa hika?

If not working, enter zero.

AB42

_____ DAYS (0 - 365)
REFUSED/DON'T KNOW.....-3

'QA24_B6' Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor.

Umiinom ba kayo ngayon ng pang-araw-araw na inireseta o ibinigay sa inyo ng doktor na gamot para kontrolin ang asthma ninyo?

AB18

This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.

Kabilang dito ang mga gamot na nilulunok at ang mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW.....-3

'QA24_B7' Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

Nakipagtulungan na ba sa inyo ang inyong mga doktor o mga Iba Pang medical provider na gumawa ng plano para malaman ninyo kung paano pangalagaan ang inyong asthma?

AB43

<input type="radio"/> Yes	1
<input type="radio"/> Oo	
<input type="radio"/> No.....	2
<input type="radio"/> Hindi	
<input type="radio"/> REFUSED/DON'T KNOW	-3

[GO TO
'PN_QA24_B9']

[GO TO
'PN_QA24_B9']

'QA24_B8' Do you have a written or printed copy of this plan?

Mayroon ba kayong nakasulat o naka-print na kopya nitong plano?

AB98

*This can be an electronic or hard copy.
Puedeng electronic o nasa papel ang kopyang ito.*

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW.....-3

Diabetes

PROGRAMMING NOTE 'QA24_B9':

IF 'QA24_A5' = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";
 ELSE BEGIN DISPLAY WITH "Has"

'QA24_B9' {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

{*Maliban sa panahon ng pagbubuntis, nasabihan na ba*} *kayo ng doktor kailanman na mayroon kayong diabetes o sugar diabetes?*

AB22

- Yes1
- Oo
- No.....2 [GO TO 'QA24_B16']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_B16']

'QA24_B10' Are you now taking insulin?

Gumagamit ba kayo ngayon ng insulin?

AB24

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_B11' Do you now take diabetic pills to lower your blood sugar?

Umiinom ba kayo ngayon ng pills na pang-diabetes para pababain ang blood sugar ninyo?

These are sometimes called oral agents or oral hypoglycemic agents.

Kung minsan tinatawag ang mga ito na oral agents o oral hypoglycemic agents.

AB25

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_B12' About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin A1C?

Mga ilang beses sa nakaraang 12 buwan kayo tiningnan ng isang doktor o iba Pang propesyonal ng kalusugan para sa hemoglobin A1C?

AB27

- | | |
|-----------------------|---------------------------------------|
| <input type="radio"/> | Number of times [HR: 0-52] |
| | <i>Bilang ng mga beses [HR: 0-52]</i> |
| <input type="radio"/> | REFUSED/DON'T KNOW..... -3 |

'QA24_B13' During the past 12 months, has a doctor, nurse, or health professional told you your hemoglobin A1C level is less than 9%?

Sa nakaraang 12 buwan, sinabihan ka ba ng isang doktor, nars, o pangkalusugang propesyonal na ang iyong hemoglobin A1C ay mas mababa pa sa 9%?

Normal level is under 5.7%; Prediabetes is between 5.7 and 6.4%; Diabetes is over 6.5; and Uncontrolled Diabetes is over 9%.

Ang normal na antas ay mas mababa sa 5.7%; Ang Prediabetes ay sa pagitan ng 5.7 at 6.4%; Ang Diyabetes ay higit pa sa 6.5; at ang Hindi Nakokontrol na Diyabetes ay higit pa sa 9%

AB150

- Yes 1
- Oo
- No 2
- Hindi
- Don't know 3
- Hindi alam
- REFUSED -3

'QA24_B14' When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

Kailan kayo huling nagpatingin sa mata kung saan na-dilate o pinalaki ang itim ng inyong mata? Nagkaroon ito ng epekto na nasisilaw sa liwanag ang inyong mata sa loob ng maikling panahon.

AB63

- Less than 1 month ago 1
- Kulang pa sa 1 buwan na nakakaraan
- Between 1 and 12 months ago 2
- Sa pagitan ng 1 at 12 buwan na nakakaraan
- Between 1 and 2 years ago 3
- Sa pagitan ng 1 at 2 taon na nakakaraan
- 2 or more years ago 4
- 2 o higit pang mga taon na nakakaraan
- Never 5
- Hindi kailanman
- REFUSED/DON'T KNOW -3

'QA24_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 diabetes?

Natulungan na ba kayo ng inyong mga doktor o Iba Pang medical provider upang makagawa ng plano nang sa ganoon malalaman ninyo kung paano alagaan ang inyong diabetes?

AB112

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

Hypertension

'QA24_B16' Has a doctor ever told you that you have high blood pressure?

Nasabihan na ba kayo ng doktor kailanman na mayroon kayong altapresyon?

AB29

- Yes 1
- Oo
- No 2 [GO TO 'QA24_B20']
- Hindi
- Borderline or pre-hypertension 3 [GO TO 'QA24_B20']
- Borderline o may panganib na magkaroon ng alta-presyon
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_B20']

'AB30' Are you now taking any medications for high blood pressure?

Gumagamit ka ba ngayon ng anumang gamot para sa altapresyon?

AB30

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_B18' The last time you had your blood pressure checked by a doctor, nurse, or health professional in the past 12 months, was it under control (less than 140/90)?

Noong huling tiningnan ang presyon ng iyong dugo ng isang doktor, nars, o pangkalusugang propesyonal sa nakaraang 12 buwan, ito ba ay nakokontrol (kulang pa sa 140/90)?

AB152

- Yes 1
- Oo
- No 2
- Hindi
- Don't know 3
- Hindi alam
- REFUSED -3

'QA24_B19' During the past 12 months, did you reduce the salt in your diet to help control your high blood pressure?

Sa nakaraang 12 buwan, binawasan mo ba ang asin sa iyong mga kinakain upang matulungan na makontrol ang iyong altapresyon?

AB153

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_B20' During the past 12 months, has a doctor, nurse, or health professional ever told you that you had high cholesterol (high cholesterol is defined as a total cholesterol greater than 240)?

Sa nakaraang 12 buwan, sinabihan ka ba ng isang doktor, nars, o pangkalusugang propesyonal na mataas ang iyong kolesterol (ang mataas na kolesterol ay tinutukoy bilang ang kabuuang kolesterol na mas mataas pa sa 240)?

AB154

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | Don't know | 3 |
| <input type="radio"/> | <i>Hindi alam</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
- [GO TO 'QA24_B22']**

'QA24_B21' The last time a doctor, nurse, or health professional checked your cholesterol, was it less than **200**?

Noong huling tiningnan ng isang doktor, nars, o pangkalusugang propesyonal ang iyong kolesterol, ito ba ay mas mababa pa sa 200?

AB155

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Heart Disease

'QA24_B22' Has a doctor ever told you that you have any kind of heart disease?

Nasabihan na ba kayo ng doktor kailanman na mayroon kayong anumang uri ng sakit sa puso?

AB34

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'AC6' Has a doctor, nurse, or other health professional ever told you that you had a **stroke**?

May doktor, nars, o iba pang propesyonal sa kalusugan na kailanman bang nagsabi sa iyo na ikaw ay nagkaroon ng stroke?

AC6

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Section C: Health Behaviors

Physical Activities

'QA24_C1' Moderate physical activities make you breathe somewhat harder than normal. Think about moderate physical activities you do in your free time, like walking, bicycling, dancing, swimming, and gardening. During the past 7 days, did you do any moderate physical activity for a total of 150 minutes (2.5 hours)?

Ang mga katamtamang pisikal na aktibidad ay nagdudulot ng mas higit na paghabol sa paghinga kung ikukumpara sa normal. Pag-isipan ang mga katamtamang pisikal na aktibidad na iyong ginagawa sa iyong mga oras ng libangan, tulad ng pagbibisikleta, pagsasayaw, paglalangoy, at paghahalaman. Sa nakaraang 7 araw, gumawa ka ba ng anumang katamtamang pisikal na aktibidad na aabutin sa kabuuan ng 150 minuto (2.5 oras)?

AC212

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

Cigarette Use

'QA24_C2' Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

Sa buong buhay ninyo, hindi kukulangin sa 100 sigarilyo ba ang nahithit ninyo sa kabuuan?

AE15

- Yes 1
- Oo
- No 2 [GO TO
'PN_QA24_C5']
- Hindi
- REFUSED/DON'T KNOW -3 [GO TO
'PN_QA24_C5']

'QA24_C3' Do you now smoke cigarettes every day, some days, or not at all?

Naninigarilyo ba kayo ngayon nang araw-araw, ilang araw lamang, o Hindi kailanman?

AE15A

- Every day 1 [GO TO
'PN_QA24_C5']
- Araw-araw
- Some days 2 [GO TO
'PN_QA24_C5']
- Mga ilang araw
- Not at all 3
- Lubos na hindi
- REFUSED/DON'T KNOW -3

'QA24_C4' How long has it been since you last smoked a cigarette, even one or two puffs?

Gaano na katagal mula noong huli kang nanigarilyo, kahit isa o dalawa mang hitit?

AC173

_____ Amount of time

[IF 'QA24_C4' > 30
DAYS]

**OR > 5 WEEKS OR
MONTH OR= -3, GO
TO 'PN_QA24_C11'**

_____ *Tagal ng panahon*
 _____ Unit of time
 _____ *Yunit ng panahon*

- | | | | |
|-----------------------|-------------------------|----|--------------|
| <input type="radio"/> | Days | 1 | [HR: 0-365] |
| <input type="radio"/> | <i>Mga araw</i> | | |
| <input type="radio"/> | Weeks | 2 | [HR: 0-52] |
| <input type="radio"/> | <i>Mga linggo</i> | | |
| <input type="radio"/> | Months | 3 | [HR: 0-12] |
| <input type="radio"/> | <i>Mga buwan</i> | | |
| <input type="radio"/> | Years..... | 4 | [HR: 0-AAGE] |
| <input type="radio"/> | <i>Mga taon</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

PROGRAMMING NOTE 'QA24_C5':

IF 'QA24_C2' = 2, -3 OR 'QA24_C3' = 1, 2 OR 'QA24_C4' <= 30 DAYS OR 'QA24_C4' <= 5 WEEKS
 OR 'QA24_C4' <= 1 MONTH, CONTINUE WITH 'QA24_C5';
 ELSE GO TO 'QA24_C16';

'QA24_C5' During the past 30 days, on how many days did you smoke cigarettes?

Sa nakaraang 30 araw, ilang araw kang naninigarilyo?

AC174

- | | | | |
|-----------------------|-------------------------|----------------|------------|
| <input type="radio"/> | REFUSED/DON'T KNOW..... | Number of days | [HR: 0-30] |
| | | -3 | |

PROGRAMMING NOTE 'QA24_C6':

IF 'QA24_C3' = 1 (SMOKE EVERY DAY), CONTINUE WITH 'QA24_C6';
 ELSE IF 'QA24_C3' = 2 (SMOKE SOME DAYS) OR 'QA24_C5' > 0 (PAST 30-DAY SMOKER), GO TO
 'QA24_C7';
 ELSE GO TO 'QA24_C9';

'QA24_C6' On average, how many cigarettes do you now smoke a day?

Sa karaniwan, nakaka-ilang sigarilyo ka sa isang araw?

AD32

*A pack usually contains 20 cigarettes
 Karaniwang naglalaman ang isang pakete ng 20 sigarilyo*

- | | | | |
|-----------------------|-------------------------|----------------------|-------------|
| <input type="radio"/> | REFUSED/DON'T KNOW..... | Number of cigarettes | [HR: 0-120] |
| | | -3 | |

Any answer, goto 'QA24_C8'

PROGRAMMING NOTE 'QA24_C7':

IF 'QA24_C3' = 2 (SMOKE SOME DAYS) OR 'QA24_C5' > 0 (PAST 30-DAY SMOKER), CONTINUE
 WITH 'QA24_C7';
 ELSE GO TO 'QA24_C8'

'QA24_C7' In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

Nitong nakaraang 30 araw, noong nanigarilyo kayo, naka-ilang sigarilo kayo sa bawat araw?

If you did not smoke every day in the past 30 days, consider the days you did smoke. A pack usually contains 20 cigarettes.

Kung hindi kayo araw-araw na nanigarilyo sa nakaraang 30 araw, isaalang-alang ang mga araw na kayo ay nagsigarilyo.

AE16

- | | | |
|-----------------------|-----------------------------|-------------|
| <input type="radio"/> | _____ Number of cigarettes | [HR: 0-120] |
| <input type="radio"/> | _____ Dami ng mga sigarilyo | [HR: 0-120] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... -3 | |

PROGRAMMING NOTE 'QA24_C8':

IF 'QA24_C3' = 1 (SMOKE EVERY DAY), THEN READ "How";
 ELSE IF 'QA24_C3' = 2 (SMOKE SOME DAYS) OR 'QA24_C5' > 0 (PAST 30-DAY SMOKER), THEN
 READ "On days when you smoke, how";

'QA24_C8' {On days when you smoke, how/How} soon after you are awake do you usually smoke your first cigarette?

{Sa mga araw na naninigarilyo ka, paano/Paano} gaano katagal ang lumilipas pagkagising mo sa umaga bago ka manigarilyo ng una mong sigarilyo?

AC54B

_____	Amount of time	[0-24 HOURS]
_____	Haba ng oras	[0-24 HOURS]

- | | |
|-----------------------|----------------------------|
| <input type="radio"/> | Minutes.....1 |
| <input type="radio"/> | Mga minuto |
| <input type="radio"/> | Hours.....2 |
| <input type="radio"/> | Mga oras |
| <input type="radio"/> | REFUSED/DON'T KNOW..... -3 |

PROGRAMMING NOTE 'QA24_C9':

IF 'QA24_C3' = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA24_C9'

'QA24_C9' Were any of the cigarettes you smoked menthol flavored?

Ang alinman ba sa iyong mga sinigarilyo ay may lasang menthol?

AC175B

- | | |
|-----------------------|----------------------------|
| <input type="radio"/> | Yes1 |
| <input type="radio"/> | Oo |
| <input type="radio"/> | No.....2 |
| <input type="radio"/> | Hindi |
| <input type="radio"/> | REFUSED/DON'T KNOW..... -3 |

'QA24_C10' How old were you when you smoked your first whole cigarette?

Ang alinman ba sa iyong mga sinigarilyo ay mayroong lasa, tulad ng mint o menthol?

AC176

- | | | |
|-----------------------|--------------------|--|
| <input type="radio"/> | _____ Age in years | [HR: 1 THRU AAGE
(OR 105 IF AAGE = -3)] |
|-----------------------|--------------------|--|

- _____ *Edad sa taon* [HR: 1 THRU AAGE
(OR 105 IF AAGE = -7)]
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_C11':

IF 'QA24_C3' = 1 (SMOKE EVERY DAY) OR 'QA24_C3' = 2 (SMOKE SOME DAYS) OR 'QA24_C5' > 0 (PAST 30-DAY SMOKER) OR 'QA24_C4' <= 365 DAYS OR 'QA24_C4' <= 52 WEEKS OR 'QA24_C4' <= 1 YEAR, CONTINUE WITH 'QA24_C11';
ELSE GO TO 'QA24_C16';

'QA24_C11' Were you smoking cigarettes at all around this time 12 months ago?

Nanigarilyo ka ba kailanman sa mga panahong ito noong 12 buwan na nagdaan?

AC177

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_C12':

IF 'QA24_C3' = 1 (SMOKE EVERY DAY) OR 'QA24_C3' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA24_C12';
ELSE GO TO 'QA24_C16'

'QA24_C12' During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Nitong nakaraang 12 buwan, tumigil na ba kayo sa paninigarilyo nang isang araw man lang o mas matagal pa dahil sinusubukan ninyong huminto sa paninigarilyo?

AC49

- Yes 1
- Oo
- No..... 2 [GO TO 'QA24_C14']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_C14']

'QA24_C13' We'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

Nais ka naming tanungin tungkol sa huling pagtatangkang ginawa mo sa pagtigil sa paninigarilyo. Nais kong tanungin ka tungkol sa iyong huling pagtatangkang tumigil sa paninigarilyo.

AC178

_____ Amount of time

Tagal ng panahon

_____ Unit of time

Yunit ng panahon

- Days 1 [HR: 0-365]
- Mga araw
- Weeks 2 [HR: 0-52]
- Mga linggo

- Months 3 [HR: 0-12]
- Mga buwan
- Years 4 [HR: 0-10]
- Mga taon
- REFUSED/DON'T KNOW -3

'QA24_C14' In the past 12 months, did a doctor or other health professional advise you to quit smoking?

Nitong nakaraang 12 buwan, pinayuhan ba kayo ng doktor o ng Iba Pang health professional na huminto ng paninigarilyo?

AC77

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_C15' Are you thinking about quitting smoking in the next six months?

Iniisip ba ninyong huminto sa paninigarilyo sa susunod na anim na buwan?

AC50

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

E-cigarette Use

'QA24_C16' Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

Nakagamit ka na ba kailanman ng e-cigarette o iba pang electronic na produkto para sa pag-vape, kahit na minsan lang sa iyong buong buhay?

AC81C

Do not include products used only for marijuana.

Huwag isasama ang mga produktong ginagamit lamang para sa marijuana.

- Yes 1
- No 2 [GO TO 'QA24_C28']
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_C28']

'QA24_C17' In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

Sa nakalipas na 30 araw, ilang araw kang gumamit ng e-cigarette o Iba Pang electronic na produkto para sa pag-vape?

AC82C

- _____ Number of days [HR: 0-30]
- _____ Dami ng araw [HR: 0 -30]
- REFUSED/DON'T KNOW -3

'QA24_C18' Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga e-cigarette na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

AC134

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
- [GO TO
'PN_QA24_C27']**
**[GO TO
'PN_QA24_C27']**

'QA24_C19' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

Mayroon ba sa mga e-cigarette na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino? Ito ba ay ...?

AC179

Fruit flavored (e.g., cherry, grape, mango)?

Mga flavor na prutas (hal., cherry, ubas, mangga)?

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_C20' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

Mayroon ba sa mga e-cigarette na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino? Ito ba ay ...?

AC180

Candy or sweet flavored (e.g., chocolate, vanilla)?

Kendi o matamis na lasa (hal., tsokolate, vanilla)?

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_C21' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

Mayroon ba sa mga e-cigarette na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino? Ito ba ay ...?

AC181

Alcohol or liquor flavored (e.g., wine, Russian cream, honey bourbon, cognac)?

Lasang alak o inuming de-alkohol (hal., wine, Russian cream, honey bourbon, cognac)?

- | | | |
|-----------------------|-----------|---|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |

REFUSED/DON'T KNOW..... -3

'QA24_C22' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

Mayroon ba sa mga e-cigarette na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino? Ito ba ay ...?

AC182A

Mint flavored (e.g., arctic ice, wintergreen)?

Mint flavor (hal., arctic ice, wintergreen)?

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

'QA24_C23' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

Anong lasa ang ginamit mo sa mga e-cigarette o iba pang mga elektronikong produkto ng pag-vape? Ito ba ay...

AC182B

Menthol flavored?

may lasang Menthol?

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

'QA24_C24' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

Mayroon ba sa mga e-cigarette na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino? Ito ba ay ...?

AC183

Tobacco flavored?

May lasang tabako?

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

'QA24_C25' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

Aling lasa ang ginamit mo sa mga e-cigarette o Iba Pang mga elektronikong produkto na pag-vape?

AC184

Some other flavor?

Mga Iba Pang ilang flavor?

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_C26':

IF 'QA24_C17'=1 TO 30 CONTINUE;
ELSE SKIP TO 'QA24_C28'

'QA24_C26' In the past 30 days, have you stopped using e-cigarettes or other electronic vaping products for one day or longer because you were trying to quit?

Sa loob ng nakaraang 30 araw, itinigil mo ba ang paggamit ng mga e-cigarette o iba pang mga produkto ng pag-vape sa loob ng isang araw o mas matagal pa dahil sinusubukan mong ihinto ito?

AC214

- Yes1
- Oo
- No.....2
- Hindi
- Not applicable3
- Hindi naaangkop
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_C27':

IF 'QA24_C17' > 0, THEN CONTINUE;
ELSE SKIP TO 'QA24_C28'

'QA24_C27' Do you plan to quit using e-cigarette or other electronic vaping products for good...?

Nagbabalak ka bang permanenteng tumigil sa paggamit ng e-cigarette o Iba Pang mga elektronikong produkto na pag-vape...?

AC185

- In the next 30 days.....1
- Sa susunod na 30 araw
- In the next 3 months2
- Sa susunod na 3 buwan
- In the next 6 months3
- Sa susunod na 6 na buwan
- In the next year4
- Sa susunod na taon
- Do not have a plan to quit5
- Walang planong huminto
- REFUSED/DON'T KNOW..... -3

'QA24_C28' During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

Sa nakalipas na 30 araw, ilang araw kayong gumamit ng nginunguyang tabako, snuff, o snus?

AC135

- 0 days.....1 [GO TO 'QA24_C30']

- 0 araw
- 1-2 days 2
- 1-2 araw
- 3-5 days 3
- 3-5 araw
- 6-9 days 4
- 6-9 na araw
- 10-19 days 5
- 10-19 na araw
- 20-29 days 6
- 20-29 na araw
- 30 days 7
- 30 araw
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_C30']

'QA24_C29' Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga tabako na nginuya ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

AC136

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_C30' During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

Sa nakalipas na 30 araw, ilang araw kayong humithit ng mga maliliit na cigar?

AC137

- 0 days 1 [GO TO 'QA24_C32']
- 0 araw
- 1-2 days 2
- 1-2 araw
- 3-5 days 3
- 3-5 araw
- 6-9 days 4
- 6-9 na araw
- 10-19 days 5
- 10-19 na araw
- 20-29 days 6
- 20-29 na araw
- 30 days 7
- 30 araw
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_C32']

'QA24_C31' Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga maliliit na cigar na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

AC138

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_C32' During the past 30 days, on how many days did you smoke big cigars?

Sa nakalipas na 30 araw, ilang araw kayong humithit ng maLalaking cigar?

AC139

- | | | | |
|-----------------------|-------------------------|----|--------------------|
| <input type="radio"/> | 0 days..... | 1 | [GO TO 'QA24_C34'] |
| <input type="radio"/> | 0 araw | | |
| <input type="radio"/> | 1-2 days | 2 | |
| <input type="radio"/> | 1-2 araw | | |
| <input type="radio"/> | 3-5 days | 3 | |
| <input type="radio"/> | 3-5 araw | | |
| <input type="radio"/> | 6-9 days | 4 | |
| <input type="radio"/> | 6-9 na araw | | |
| <input type="radio"/> | 10-19 days | 5 | |
| <input type="radio"/> | 10-19 na araw | | |
| <input type="radio"/> | 20-29 days | 6 | |
| <input type="radio"/> | 20-29 na araw | | |
| <input type="radio"/> | 30 days..... | 7 | |
| <input type="radio"/> | 30 araw | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_C34'] |

'QA24_C33' Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga maLalaki na cigar na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

AC140

- | | | | |
|-----------------------|-------------------------|----|--|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_C34' During the past 30 days, on how many days did you use a hookah water pipe?

Sa nakalipas na 30 araw, ilang araw kayong humithit ng hookah water pipe?

AC141

- | | | | |
|-----------------------|-------------------------|----|--------------------|
| <input type="radio"/> | 0 days..... | 1 | [GO TO 'QA24_C36'] |
| <input type="radio"/> | 0 araw | | |
| <input type="radio"/> | 1-2 days | 2 | |
| <input type="radio"/> | 1-2 araw | | |
| <input type="radio"/> | 3-5 days | 3 | |
| <input type="radio"/> | 3-5 araw | | |
| <input type="radio"/> | 6-9 days | 4 | |
| <input type="radio"/> | 6-9 na araw | | |
| <input type="radio"/> | 10-19 days | 5 | |
| <input type="radio"/> | 10-19 na araw | | |
| <input type="radio"/> | 20-29 days | 6 | |
| <input type="radio"/> | 20-29 na araw | | |
| <input type="radio"/> | 30 days..... | 7 | |
| <input type="radio"/> | 30 araw | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_C36'] |

'QA24_C35' Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

Mayroon ba sa mga hookah na hinithit ninyo ay may mga flavor tulad ng mint, prutas, kendi, o bino?

AC142

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE AC186:

IF 'QA24_C3' = 1, 2 OR 'QA24_C5' > 0 OR 'QA24_C17' > 0 OR 'QA24_C28' > 1 OR 'QA24_C30' > 1
OR 'QA24_C32' > 1 OR 'QA24_C34' > 1, CONTINUE WITH 'QA24_C36';
ELSE GO TO 'QA24_C37'

'QA24_C36' When you first started using tobacco products, did you start with a flavored tobacco product, such as those flavored with mint or menthol, fruit, candy or wine?

Noong una kang nagsimulang gumamit ng mga produktong tabako, nagsimula ka ba sa isang produktong tabako na may lasa, tulad ng mga may lasa na mint o menthol, prutas, kendi o alak?

AC186

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_C37' During the past year, when has someone else smoked tobacco or vaped around you in California?

Sa nakaraang taon, sa kailang panahon may ibang tao na nag-tabako o nag-vape sa paligid mo sa California?

AC187

- In the past week 1
- Sa nakalipas na linggo
- In the past two weeks 2
- Sa nakalipas na dalawang linggo
- In the past month 3 [GO TO 'QA24_C42']
- Sa nakalipas na buwan
- Longer than a month ago, but within the past year 4 [GO TO 'QA24_C42']
- Higit sa isang buwan ang nakalipas, ngunit sa loob ng nakaraang taon
- No one has smoked tobacco or vaped around me within the past year 5 [GO TO 'QA24_C42']
- Walang nag-tabako o nag-vape sa paligid ko sa loob ng nakalipas na taon
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_C42']

'QA24_C38' In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor....

Sa nakaraang dalawang linggo, na-expose ka ba sa second-hand na usok ng tabako o singaw ng e-cigarette....

AC188

on the sidewalks?

sa mga sidewalk?

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C39' {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor...

Sa nakaraang dalawang linggo, ikaw ba ay na-expose sa second-hand na usok ng tabako o singaw ng e-cigarette

AC189

Inside your home?

Sa loob ng iyong bahay?

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C40' {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor...

{Sa nakaraang dalawang linggo, ikaw ba ay na-expose sa second-hand na usok ng tabako o singaw ng e-cigarette}

AC190

Inside your workplace (do not include home-based workplace)? Please indicate if you did not work in the past two weeks.

Sa loob ng iyong pinagtatrabahuhan (huwag isama ang lugar na pinagtatrabahuhan sa bahay)? Pakisabi kung hindi ka nagtrabaho sa nakaraang dalawang linggo

- Yes 1
- Oo
- No..... 2
- Hindi
- Did not work in the past two weeks 3
- Hindi nagtrabaho sa nakaraang dalawang linggo
- REFUSED/DON'T KNOW..... -3

'QA24_C41' {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor

{Sa nakaraang dalawang linggo, ikaw ba ay na-expose sa second-hand na usok ng tabako o singaw ng e-cigarette}

AC191

At a public park or beach?

Sa isang pampublikong parke o beach?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

Marijuana Use

'QA24_C42' There are many methods for consuming marijuana, also called cannabis weed, or hashish, and other products containing THC. Methods for consuming these products, include smoking, vaporizing, dabbing, eating, or drinking.

Maraming paraan ng paggamit ng mga produktong ito, tulad ng paghithit, pagkain, pag-inom, pagvavaporize (o pagsingaw), o dabbing.

AC115

Have you ever, even once, tried marijuana or hashish in any form?

Nakasubok ka na ba, kahit Gaano na katagal mula noong huli kang gumamit ng marijuana o hashish?

THC is the active ingredient in marijuana

Ang THC ay ang aktibong sangkap sa marijuana

- Yes 1
- Oo
- No 2 [GO TO 'QA24_C57']
- Hindi
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_C57']

'QA24_C43' How long has it been since you last used marijuana or hashish in any form?

Gaano na katagal mula noong huli kang gumamit ng marijuana o hashish?

AC116

If less than one day since last used marijuana or hashish, enter 0

-
- Days 1 [HR: 0-365]
 - Mga araw
 - Months 2 [HR: 0-12]
 - Mga buwan
 - Years 3 [0-99]
 - Mga taon
 - REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_C44':

IF 'QA24_C43' >30 DAYS OR >1 MONTH, THEN GO TO 'QA24_C57';
ELSE CONTINUE WITH 'QA24_C44';

'QA24_C44' During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

Sa nakaraang tatlumpung araw, ilang araw kang gumamit ng marijuana, hashish, o Iba Pang produktong may THC?

AC117

- 0 days.....1 [GO TO 'QA24_C57']
- 0 araw
- 1-2 days2
- 1-2 araw
- 3-5 days3
- 3-5 araw
- 6-9 days4
- 6-9 na araw
- 10-19 days5
- 10-19 na araw
- 20-29 days6
- 20-29 na araw
- 30 days.....7
- 30 araw
- REFUSED/DON'T KNOW..... -3

'QA24_C45' How often have you used tobacco and marijuana at the same time?

Gaano kadalas kang gumamit ng tabako sa panahong gumagamit ka rin ng marijuana?

AC118

- Usually1
- Kadalasan
- Sometimes2
- Minsan
- Never.....3
- Hindi kailanman
- REFUSED/DON'T KNOW..... -3

'QA24_C46' During the past 30 days, how did you use marijuana? Did you...

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?

AC119

Smoke it in a joint, bong, or pipe?

Hinithit mo ba ito nang nakabilot (sa isang joint) o gamit ng isang bong o pipe?

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C47' During the past 30 days, how did you use marijuana? Did you...

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit yung marijuana?

AC120

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?

Sumigarilyo ka ba ng isang cigar na may parte na ang laman ay marijuana o isang buong cigar na ang laman lang ay marijuana, na minsan ay tinatawag ring isang blunt?

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C48' During the past 30 days, how did you use marijuana? Did you...

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?

AC121

Eat it?

Kinain mo ba ito?

For example, in brownies, cakes, cookies or candy

Halimbawa, kahalo ng brownies, cake, cookies, o candy

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C49' During the past 30 days, how did you use marijuana? Did you...

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?

AC122

Drink it?

Ininom mo ba ito?

For example, in tea, cola, alcohol or other drinks

Halimbawa, kahalo ng tea, cola, alak o Iba Pang mga inumin

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C50' During the past 30 days, how did you use marijuana? Did you...

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?

AC123

Vaporize it?

Pinasingaw o vinaporize mo ba ito?

For example, in an e-cigarette type vaporizer

Halimbawa, sa isang vaporizer na parang e-cigarette

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C51' During the past 30 days, how did you use marijuana? Did you...

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?

AC124

Dab it?

Dinab mo ba ito?

For example, using butane hash oil, wax or concentrates

Halimbawa, gamit ng butane hash oil, wax o mga concentrate

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C52' During the past 30 days, how did you use marijuana? Did you...

Sa loob ng nakaraang tatlumpung araw, paano mo ginamit ang marijuana?

AC125

Use it some other way?

Ginamit mo ba ito sa Iba Pang pamamaraan?

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C53' Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

Inirekomenda ba ng isang doktor o ibang health care provider ang paggamit mo ng marijuana sa nakaraang buwan?

AC126

- Yes 1
- Oo
- No..... 2 [GO TO 'QA24_C55']
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C54' Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

Inirekomenda ba ng isang doktor o ibang health care provider ang paggamit mo ng marijuana sa nakaraang buwan?

AC127

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_C55':

IF 'QA24_C43' >30 DAYS OR >1 MONTH, THEN GO TO 'QA24_C57' IF USED MORE THAN 1 METHOD USED IN 'QA24_C46' – 'QA24_C52' CONTINUE WITH 'QA24_C55' AND DISPLAY ONLY RESPONSE OPTIONS WHERE =1 FOR 'QA24_C46' – 'QA24_C52'; ELSE GO TO 'QA24_C56'

'QA24_C55' During the past 30 days, how did you use marijuana or cannabis most often?

Sa nakaraang 30 araw, paano mo pinakamadalas na ginamit ang marijuana o cannabis?

AC193

- Smoke it in a joint, bong, or pipe1
- Sinigarilyo ito sa nang naka-rolyo, sa bong o water pipe, o sa pipa*
- Smoke part or all of a cigar with marijuana in it2
- Sinigarilyo ang bahagi o lahat ng tabako na may marijuana sa loob nito*
- Eat it3
- Kinain ito*
- Drink it4
- Ininom ito*
- Vaporize it5
- Pinasingaw ito*
- Dab it6
- Pinainit at sininghot ito*
- Other, specify: _____ 91
- Iba pa, tukuyin*
- REFUSED/DON'T KNOW-3

'QA24_C56' Where did you get the marijuana or cannabis you used in the past 30 days?

Saan mo kinuha ang marijuana o cannabis na ginamit mo sa nakaraang 30 araw?

AC194

- Licensed cannabis dispensary1
- Sa lisensyadong dispensaryo ng cannabis*
- Vape or smoke shop2
- Sa tindahan ng vape o sigarilyo*
- Another type of shop3
- Sa isa pang uri ng tindahan*
- Cannabis delivery service4
- Sa serbisyon nagde-deliver ng*
- Website5
- Sa website*
- Pop-up shop6
- Sa isang pop-up na tindahan*
- Family or friend7
- Sa pamilya o kaibigan*
- Another person8
- Sa Iba Pang tao*
- I grow or make it myself9
- Nagtatanim ako nito o ako mismo ang gumagawa nito*
- Other, specify _____ 91
- Iba pa, tukuyin*
- REFUSED/DON'T KNOW-3

'QA24_C57' During the past year, when has someone else smoked marijuana around you in California?

Sa nakaraang taon, sa kailan panahon na may ibang tao na nagsigarilyo ng marijuana sa paligid mo sa California?

AC192

- In the past week1
- Sa nakalipas na linggo*
- In the past two weeks2
- Sa nakalipas na dalawang linggo*
- In the past month3
- Sa nakalipas na buwan*
- Longer than a month ago but
within the past year4
- Higit sa isang buwan ang nakalipas, ngunit
sa loob ng nakaraang taon*
- No one has smoked marijuana around
me within the past year5
- Walang nagsigarilyo ng marijuana sa paligid
ko sa loob ng nakalipas na taon*
- REFUSED/DON'T KNOW..... -3

CBD Use

'QA24_C58' CBD, or cannabidiol, is a chemical found in both marijuana and hemp plants that many people use for medicinal purposes. CBD does not make the user high. These questions specifically ask about products that contain CBD, but not THC.

Have you ever, even once, tried CBD in any form?

AC195

CBD, o cannabidiol, ay isang kemikal na matatagpuan sa parehong mga halaman na marijuana at abaka na ginagamit ng maraming tao para sa mga layuning panggamot. Hindi nagiging high ang gumagamit ng CBD. Tiyak na tinatanong ng mga tanong na ito ang tungkol sa mga produktong naglalaman ng CBD, pero hindi ng THC.

Nasubukan mo na ba, kahit minsan, ang CBD sa anumang anyo nito?

- Yes1
- Oo
- No2 [GO TO 'QA24_C70']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_C70']

'QA24_C59' How long has it been since you last used CBD in any form?

Gaano na katagal mula nang huli kang gumamit ng CBD sa anumang anyo?

AC196

If less than one day since last used CBD, enter 0

Kung wala pang isang araw mula noong huling gumamit ng CBD, ang ilagay ay 0

- Days [HR: 0-365]1
- Mga araw*
- Months [HR: 0-12]2
- Mga buwan*
- Years [0-99].....3
- Mga taon*
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_C59':

COMPUTE CBDLASTUSE = (YEAR*365) + (MONTH*30) + (DAY)
 IF CBDLASTUSE > 30, GO TO 'QA24_C70'

'QA24_C60' During the past 30 days, on how many days did you use CBD or CBD product?

Sa nakaraang 30 araw, ilang araw kang gumamit ng CBD o CBD na produkto?

AC197

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | 0 days..... | 1 |
| <input type="radio"/> | 0 araw | |
| <input type="radio"/> | 1-2 days | 2 |
| <input type="radio"/> | 1-2 araw | |
| <input type="radio"/> | 3-5 days | 3 |
| <input type="radio"/> | 3-5 araw | |
| <input type="radio"/> | 6-9 days | 4 |
| <input type="radio"/> | 6-9 araw | |
| <input type="radio"/> | 10-19 days | 5 |
| <input type="radio"/> | 10-19 araw | |
| <input type="radio"/> | 20-29 days | 6 |
| <input type="radio"/> | 20-29 araw | |
| <input type="radio"/> | 30 days..... | 7 |
| <input type="radio"/> | 30 araw | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

[GO TO 'QA24_C70']

'QA24_C61' During the past 30 days, how did you use CBD? Did you...

Sa nagdaang 30 araw, paano mo ginamit ang CBD? Ininom mo ba..

AC198

Take it orally?

ito sa bibig?

For example, sublingual tinctures, pills, capsules, or drops

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_C62' Did you...

Kinain

AC199

Eat it?

mo ba ito?

For example, edibles, like cookies or gummies

Halimbawa, mga nakakain, tulad ng biskwit o gummies

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_C63' Did you...

Ininom...

AC200

Drink it?

mo ba ito?

For example, in a tea or soda

Halimbawa sa isang tsaa o soda

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C64' Did you...

Nailagay mo ba...

AC201

apply it on your skin?

sa iyong balat?

For example, in a cream, lotion, or oil that is applied to the skin.

Halimbawa, sa cream, lotion, o oil na inilagay sa balat.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C65' Did you...

Nailagay mo ba

AC202

Smoke it?

Hinithit ito?

For example, in a joint, bong, cigar (blunt), or pipe

Halimbawa, sa isang joint, bong, sigarilyo (blunt) o pipa

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C66' Did you...

Nagawa mo bang...

AC203

vaporize it?

i-vaporize ito?

For example, in an e-cigarette type vaporizer.

Halimbawa, sa isang e-cigarette na uri ng vaporizer

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C67' Did you...

Sa nagdaang 30 araw, paano mo ginamit ang CBD?

AC204

dab it?

Dinab mo ba ito?

For example, inhaling the smoke made from heating concentrated CBD wax, resin, or oils.

Halimbawa, linalanghap ang usok na galing sa pinainit na concentrated CBD wax, resin, o mga oil.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C68' Did you...

Ginamit mo ba ito...

AC205

use it some other way?

sa ibang paraan?

- Yes, specify:(_____)1
- No.....2
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_C69':

IF USED MORE THAN 1 METHOD USED IN 'QA24_C61' - 'QA24_C68' CONTINUE WITH 'QA24_C69'
AND DISPLAY ONLY RESPONSE OPTIONS WHERE 'QA24_C61' - 'QA24_C68' = 1;
ELSE GO TO 'QA24_C70'

'QA24_C69' During the past 30 days, how did you use CBD most often?

Sa nakaraang 30 araw, paano mo pinakamadalas na ginamit ang CBD?

AC206

- Take it orally 1
- Nilunok ito
- Eat it 2
- Kinain ito
- Drink it 3
- Ininom ito
- Apply it on your skin 3
- Inilagay ito sa iyong balat
- Smoke it 4
- Hinithit ito
- Vaporize it 5
- Ivinaporize ito
- Dab it 6
- Idinab ito
- Use it another way 91
- Gamitin ito sa ibang paraan
- REFUSED/DON'T KNOW -3

'QA24_C70' Have you used heroin in the past 12 months?

Gumamit ka ba ng heroin sa loob ng nakaraang labindalawang buwan?

AC128

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_C71' Have you used methamphetamines in the past 12 months?

Gumamit ba kayo ng methamphetamine sa nakaraang 12 buwan?

AC166

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

Prescription painkiller Use

'QA24_C72' Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. Have you used prescription painkillers in the past 12 months? Please include prescription painkillers, whether or not a doctor prescribed them.

Ang mga halimbawa ng mga inireresetang pantanggal ng pananakit (o painkiller) ay ang Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® at Methadone. Gumamit ka ba ng mga pantanggal ng pananakit na nangangailangan ng reseta sa loob ng nakaraang 12 buwan? Pakisama ang mga inireresetang pantanggal ng pananakit, kahit man ito ay iniireseta ng doktor o hindi.

AC215

- Yes 1
- Oo
- No 2
- Hindi

[GO TO 'QA24_C78']

REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_C78']

- 'QA24_C73' Think about the prescription painkiller you took in the last 12 months. Why did you take this prescription painkiller?

Pag-isipan naman ang mga inireresetang pantanggal ng pananakit (o painkiller) na iyong ginamit sa loob ng nakaraang 12 buwan. Bakit ka gumamit ng inireresetang pantanggal ng pananakit? Lagyan ng check ang lahat na naaangkop.

AC222

Check all that apply.

- Dental work/dental pain1
- Pangangalaga sa ngipin/ pananakit ng ngipin*
- Pain after surgery, not accident related2
- Pananakit pagkatapos ng operasyon, hindi kaugnay sa aksidente*
- Pain after an accident or injury3
- Pananakit pagkatapos ng aksidente o pinsala*
- Recreational use5
- Pangkutuwaang paggamit*
- Depression, anxiety, or stress6
- Depression, pagkabalisa, o stress*
- To treat substance use disorder7
- Para gamutin ang karamdaman na dulot ng paggamit ng droga o alak*
- Addiction to painkillers8
- Na-adik sa mga gamot na pantanggal ng pananakit*
- Other (Specify) _____ 91
- Iba pa (Tukuyin)* _____
- REFUSED/DON'T KNOW..... -3

- 'QA24_C74' Think about the prescription painkiller you took in the last 12 months. Where did you get it from?

Pag-isipan naman ang mga inireresetang pantanggal ng pananakit (o painkiller) na iyong ginamit sa nakaraang 12 buwan, saan mo nakuha ito? Lagyan ng check ang lahat na naaangkop.

AC217

Check all that apply.

- A prescription from my doctor1
- Inireseta ito ng aking doktor*
- A prescription from someone else's doctor (a friend, a family friend)2
- Reseta ito mula sa doktor ng ibang tao (isang kaibigan, isang miyembro ng pamilya)*
- Not from a prescription (bought or received from elsewhere)3
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_C75':

IF 'QA24_C72' = 1 CONTINUE;
ELSE SKIP TO 'QA24_C78'

- 'QA24_C75'** In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

Sa nakaraang 12 buwan, kaya ba ay nakagamit ng anumang nireresetang gamot para sa pagtanggal ng pananakit sa isang paraan na hindi alinsunod sa tagubilin ng inyong doktor?

AC129

Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone.

Kabilang sa mga halimbawa ang Vicodin, OxyContin, Norco, Hydrocodone, Percocet at Methadone

- Yes 1
- Oo
- No..... 2 [GO TO 'QA24_C78']
- Hindi
- REFUSED/DON'T KNOW..... -3

- 'QA24_C76'** Did you get the prescription(s) from one doctor or from more than one doctor?

Nakuha mo ba ang reseta mula sa isang doktor o mahigit sa isang doktor?

AC131

- One doctor 1
- Sa isang doktor
- More than one doctor..... 2
- Sa higit sa isang doktor
- Didn't get it from a doctor..... 3
- Hindi ito Nakuha mula sa isang doktor
- REFUSED/DON'T KNOW..... -3

- 'QA24_C77'** What condition or conditions have you taken the medicine for?

Para sa anong kondisyon o mga kondisyon ninyo ininom ang gamot?

AC133

Check all that apply

- Dental work/ dental pain 1
- Pangangalaga sa ngipin/ pananakit ng ngipin
- Surgery, not accident related..... 2
- Operasyon, hindi nauugnay sa aksidente
- Recent injury 3
- Kamakailang pinsala
- Chronic pain, regardless of cause 4
- Pangmatagalang pananakit, anuman
- Other (Specify)_____ 91
- Iba pa (Tukuyin)_____
- REFUSED/DON'T KNOW..... -3

Alcohol Use

- 'QA24_C78'** In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

Sa mga tanong na ito, ang inumin ay nangangahulugang naka-lata o naka-bote na beer; nasa wine cooler o baso ng wine, champagne o sherry; isang shot ng liquor o pinaghalong inumin o cocktail.

AC207

Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

Nakainom ka na ba, kahit minsan, ng kahit anong uri ng alkohol na inumin? Mangyaring huwag isama ang mga panahon kung kailan sumipsip ka lang ng mga isa o dalawang lagok.

- | | | | |
|-----------------------|-------------------------|----|--------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO 'QA24_C83'] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_C83'] |

- 'QA24_C79'** How long has it been since you last drank an alcoholic beverage?

Gaano katagal mula nang huli kang uminom ng isang alkohol na inumin?

AC208

- | | | | |
|-----------------------|--|----|--------------------|
| <input type="radio"/> | Within the past 30 days..... | 1 | |
| <input type="radio"/> | <i>Sa loob ng nakaraang 30 araw</i> | | |
| <input type="radio"/> | More than 30 days ago, but
within the past 12 months | 2 | [GO TO 'QA24_C83'] |
| <input type="radio"/> | <i>Higit sa 30 araw nang nakalipas, ngunit sa
loob ng nakaraang 12 buwan</i> | | |
| <input type="radio"/> | More than 12 months ago | 3 | [GO TO 'QA24_C83'] |
| <input type="radio"/> | <i>Higit sa 12 buwan nang nakalipas</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_C83'] |

- 'QA24_C80'** Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

Partikular na pag-isipan naman ang tungkol sa nakaraang 30 araw, hanggang sa at kasama ang ngayon. Sa nakaraang 30 araw, ilang araw kang uminom ng isa o mahigit pang inuming may alkohol?

AC209

In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

Sa mga tanong na ito, ang inumin ay nangangahulugang naka-lata o naka-bote na beer; nasa wine cooler o baso ng wine, champagne o sherry; isang shot ng liquor o pinaghalong inumin o cocktail.

- | | | |
|-----------------------|-------------------------|--------------|
| <input type="radio"/> | _____ Number of days | [RANGE 1-30] |
| <input type="radio"/> | _____ Dami ng mga araw | [RANGE 1-30] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

- 'QA24_C81'** On the days that you drank during the past 30 days, how many drinks did you usually have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

Sa mga araw na uminom ka sa nakaraang 30 araw, ilang pag-inom ng alak ang Kadalasan mong ginawa bawat araw?

AC210

- | | | |
|---|----------------------|----------------------|
| <input type="radio"/> _____ | Number of drinks | [SR: 1-20, HR: 0-99] |
| <input type="radio"/> _____ | Dami ng mga pag-inom | [SR: 1-20, HR: 0-99] |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 | |

PROGRAMMING NOTE 'QA24_C82':

IF 'QA24_A5' = 1 THEN DISPLAY "4 or more";
 ELSE IF 'QA24_A5' = 2 THEN DISPLAY "5 or more"

- 'QA24_C82'** During the past 30 days, on how many days did you have {4/5} or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other.

Sa nakaraang 30 araw, ilang araw kang nagkaroon ng {4 o higit pa/5 o higit pa} o mas marami pang pag-inom ng alak sa parehong okasyon?

AC211

_____	Number of days	[RANGE: 0-30]
_____	Dami ng mga araw	[RANGE 0-30]

- REFUSED/DON'T KNOW..... -3

Gambling

- 'QA24_C83'** Gambling is an activity where you bet (or place a wager) on an uncertain outcome. It can take many forms for example, casino games, playing the lottery or scratch-offs, betting on sports, fantasy leagues, bingo, loteria, and some online games such as slots or cards.

Ang pagsusugal ay isang aktibidad na kung saan tataya ka (o maglalagay ng taya) sa isang hindi siguradong resulta. Ito ay may iba't ibang uri, halimbawa, mga laro sa casino, paglalaro ng loteriya o mga scratch-off, pagtaya sa sports, bingo, loteria, at iba pang mga laro sa online na tulad ng mga slots o baraha.

AC218

Have you gambled in the past 12 months?

Nagsugal ka ba sa nakaraang 12 buwan?

- | | | |
|---|----|--------------------|
| <input type="radio"/> Yes | 1 | |
| <input type="radio"/> Oo | | |
| <input type="radio"/> No..... | 2 | [GO TO 'QA24_GV1'] |
| <input type="radio"/> Hindi | | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_GV1'] |

- 'QA24_C84'** During the past 12 months, have you become restless, irritable or anxious when trying to stop/ cut down on gambling?

Sa nakaraang 12 buwan, ikaw ba ay hindi mapakali, magagalitin o nababalisa kapag sinusubukang ihinto/ bawasan ang pagsusugal?

AC219

For example, playing the lottery, buying scratch offs, playing bingo, playing casino games, playing slots or cards on line, betting on sports

Halimbawa, paglalaro ng loteria, pagbili ng mga scratch off, paglalaro ng bingo, paglalaro ng mga laro sa casino, paglalaro ng mga slots o baraha sa online, pagtataya sa sports

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C85' During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

Sa nakaraang 12 buwan, sinubukan mo bang ikubli sa iyong pamilya o mga kaibigan na malaman kung gaano kalimit kang nagsusugal?

AC220

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_C86' During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

Sa nakaraang 12 buwan, nakaranas ka ba ng lubos na problema sa pananalapi bilang resulta ng iyong pagsusugal na kinailangan mong humingi ng tulong para mabayaran ang mga pang-araw-araw na gastusin mula sa pamilya, mga kaibigan, o welfare?

AC221

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Section GV: Gun Violence

'QA24_GV1' How many firearms are kept in or around your home?

Gaano karaming baril ang pinananatili sa loob at palibot ng iyong tahanan?

AGV1

Include weapons such as pistols, shotguns, and rifles. Include those kept in a garage, outdoor storage area, or motor vehicle. Do not count BB guns, starter pistols, or guns that cannot fire.

Mangyaring isama ang mga armas tulad ng mga pistola, shotgun, at rifle; ngunit hindi ang mga baril na BB, mga starter pistol, o mga baril na hindi makakaputok. Isama ang mga nakatago sa isang garahe, mga nasa panlabas na lugar ng imbakan, o mga nasa sasakyang de-motor.

We are asking about firearms in a health survey because of our interest in firearm-related injuries.

Tinatanong namin ang mga ito sa isang survey sa kalusugan dahil sa aming interes sa mga pinsalang nauugnay sa baril.

_____ Number of firearms [0-999]

[IF 'QA24_GV1'= 0, GO TO
'QA24_GV5']
[IF 'QA24_GV1'= 1, GO TO
'QA24_GV3']
[IF 'QA24_GV1'> 1, GO TO
'QA24_GV2']

_____ Dami ng mga baril [0-999]

REFUSED/DON'T KNOW..... -3

[GO TO 'QA24_GV5']

'QA24_GV2' How many of these firearms are handguns?

Ilan sa mga baril na ito ang handgun, hal. pistola o revolver?

AGV2

_____ Number of handguns [0-999]

[IF > 1, GO TO
'QA24_GV4']

_____ Dami ng mga handgun [0-999]

REFUSED/DON'T KNOW..... -3

'QA24_GV3' Is that firearm a handgun?

Isang handgun ba ang baril na iyon?

AGV3

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_GV4' Are any of your firearms kept loaded and unlocked?

May alinman ba sa inyong mga armas na pinanatili mong may bala at hindi nakakandado?

AGV9

Unlocked means not using a trigger lock, cable lock, or lock box or cabinet/container.

Ang ibig sabihin ng hindi naka-kandado ay ang hindi paggamit ng kandado sa gatilyo (trigger lock), kable na kandado, o kahon o kabinet/lalagyan na may kandado.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_GV5':

IF AGE < 21 YEARS THEN CONTINUE;
ELSE GO TO 'SECTION D'

'QA24_GV5' If you wanted a firearm, do you think you would be able to get one within 2 days?

Kung gusto mo ng baril, sa palagay mo ba ay makakakuha ka ng isa sa loob ng 2 araw?

AGV8

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Section D: General Health, Disability, and Sexual Health

Height and Weight

'QA24_D1' These next questions are about your height and weight. How tall are you without shoes? You answer in feet and inches or centimetres

Tungkol sa inyong tangkad at timbang ang sumusunod na mga tanong. Gaano katangkad kayo kapag walang suot na sapatos?

AE17

- _____ Feet
- _____ *Talampakan*
- _____ Inches
- _____ *Pulgada*
- _____ Centimetres
- _____ *Sentimetro*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_D2':

DISPLAY INSTRUCTIONS:

IF 'AD65D' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'QA24_A4' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

'QA24_D2' {When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms

Kapag hindi buntis, gaano} kabigat kayo kapag walang suot na sapatos? {Gaano} kabigat kayo kapag walang suot na sapatos?

AE18

- _____ Pounds
- _____ *Pounds*
- _____ Kilograms
- _____ *Kilo*
- REFUSED/DON'T KNOW -3

Disability

'QA24_D3' Are you blind or deaf, or do you have a severe vision or hearing problem?

Kayo ba ay bulag, o bingi, o may malubhang problema sa paningin o pandinig

AD50

- Yes 1
- Oo
- No 2 **[GO TO 'QA24_D5']**
- Hindi
- REFUSED/DON'T KNOW -3 **[GO TO 'QA24_D5']**

'QA24_D4' Are you legally blind?

Kayo ba ay legally blind?

AL8

- Yes 1
- Oo
- No 2

- Hindi*
 REFUSED/DON'T KNOW..... -3

'QA24_D5' Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Dahil sa isang pisikal, pangkaisipan o emosyonal na kundisyon, nakaranas ka ba ng matinding kahirapan sa pagko-concentrate, pag-alala, o paggawa ng mga desisyon?

AL10

- Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

'QA24_D6' Do you have difficulty dressing or bathing?

Ikaw ba ay nahihirapang magbihis o maligo?

AL11

- Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

'QA24_D7' Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Dahil sa isang pisikal, pangkaisipan o emosyonal na kundisyon, nakaranas ka ba ng matinding kahirapan sa paggawa ng mga ordinaryong gawain nang mag-isa, tulad ng pagpunta sa opisina ng doktor o pamimili?

AL12

- Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

Sexual Partners

'QA24_D8' We are asking a few questions about people's sexual experiences. All answers will be kept private.

May ilang tanong kami tungkol sa mga karanasang sexual ng mga tao. Pananatilihing lihim ang lahat ng mga sagot.

AD43B

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

Nitong nakaraang 12 buwan, ilan na ang naging katalik ninyo?

____Number of partners [HR: 0-99, SR: 0-20] [IF 'QA24_D8'>=0 GO TO 'PN_QA24_D10']

____Dami ng mga ka-partner [HR: 0-99, SR: 0-20]

- REFUSED/DON'T KNOW..... -3 [IF 'QA24_D8'>=0 GO TO 'PN_QA24_D9']

'QA24_D9' Can you give me your best guess of the number of sexual partners you have had in the past 12 months?

Maaari bang sabihin ninyo sa akin ang inyong pinakamagaling na tantya?

AD44B

<input type="text"/>	Number of partners	[HR: 0 - 99, SR: 0 - 20]
<input type="text"/>	Dami ng mga ka-partner	[HR: 0 - 99, SR: 0 - 20]

OR

- 0 partners 1
- 0 ka-partner
- 1 partner 2
- 1 ka-partner
- 2-3 partners 3
- 2-3 ka-partner
- 4-5 partners 4
- 4-5 ka-partner
- 6-10 partners 5
- 6-10 ka-partner
- More than 10 partners 6
- Mahigit sa 10 mga ka-partner
- REFUSED/DON'T KNOW -3

Sexual Orientation

PROGRAMMING NOTE 'QA24_D10':

IF 'QA24_D8' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR 'AD44' = 0, GO TO
PROGRAMMING NOTE 'QA24_D11';
ELSE CONTINUE WITH 'QA24_D10';

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' OR 'QA24_D9' = 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"

'QA24_D10' {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female?}

{*Lalaki ba o Babae ang katalik na iyon?*} {*Nitong nakaraang 12 buwan, Lalaki ba, Babae o kapwa Lalaki at Babae ang mga naging katalik ninyo?*}

AD45B

- Male 1
- Lalaki
- Female 2
- Babae
- Both male and female 3
- Parehong lalaki at babae
- REFUSED/DON'T KNOW -3

'QA24_D11' Which of the following best represents how you think of yourself?

{*Alin sa mga sumusunod ang pinakamainam na kumakatawan sa kung paano mo itinuturing ang iyong sarihi?*}

AD46C

- Lesbian or Gay 2

- Tomboy o Bakla*
- Straight, that is, not lesbian or gay1
- Tuwid, iyan ay, hindi tomboy o bakla*
- Bisexual or pansexual6
- Silahis (Bisexual) o panseksual (pansexual)*
- I use a different term: (____).....7
- Iba ang terminong ginagamit ko (____)*
- Don't know8
- Hindi ko alam*
- Prefer not to answer.....9
- Mas pinipili na hindi sumagot*
- REFUSED -3

Registered Domestic Partner

PROGRAMMING NOTE 'QA24_D12':

IF ['QA24_A6' = 1 (IDENTIFIES AS MALE) AND 'QA24_D10' = 1 (MALE)] OR ['QA24_A6'= 2 (IDENTIFIES AS FEMALE) AND 'QA24_D10'= 2 (FEMALE)] OR ['QA24_D10'= 3, -3] OR [IF 'QA24_D8' ≠ 1] CONTINUE WITH 'QA24_D12';
ELSE GO TO 'QA24_D13'

'QA24_D12' Are you legally married to someone of the same sex?

Legal na kasal ba kayo sa taong may kasarian na katulad ng inyo?

AD60B

Do not include legal domestic partnership. Include legal same sex marriages performed in California and other states

Huweg isama ang legal na pakikipag-sosyo sa tahanan. Isama ang mga legal na pag-aasawa ng magkaparehong kasarian na isinagawa sa California at sa Iba Pang mga estado

- Yes1 **[GO TO
'PN_QA24_D14']**
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_D13' Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

Kinikilala ba kayo ng State of California bilang legally registered domestic partner ng taong may kasarian na katulad ng inyo?

AD61B

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Pre-Exposure Prophylaxis

PROGRAMMING NOTE 'QA24_D14':

IF ['QA24_A5' = 1 OR 'QA24_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND ['QA24_D10' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'QA24_D13';
ELSE IF ('QA24_A6' = 2 AND 'QA24_A5' = 1) OR ('QA24_A6' = 1 AND 'QA24_A5' = 2), THEN
CONTINUE WITH 'QA24_D13';
ELSE IF 'QA24_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA24_D13';
ELSE IF 'QA24_A6' = 1 AND 'QA24_D11'= 2 OR 6, THEN CONTINUE WITH 'QA24_D13';
ELSE SKIP TO 'QA24_D17';

'QA24_D14' People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

Ang mga taong walang HIV ay pwedeng uminom ng isang pill kada araw upang pababain ang panganib nila na magkaroon ng HIV. Tinatawag itong pre-exposure prophylaxis, o PrEP. Ang pill na ito ay tinatawag ding Truvada®.

AD79

At any time in the past 30 days, have you taken PrEP or Truvada®?

Uminom ka ba ng PrEP o Truvada® sa loob ng nakaraang tatlumpung araw?

- Yes 1 [GO TO 'QA24_D18']
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_D15' In the past 12 months, have you taken any PrEP or Truvada®?

Sa loob ng nakaraang labindalawang buwan, uminom ka ba ng PrEP o Truvada®?

AD80

- Yes 1 [GO TO 'QA24_D18']
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_D16' Have you ever taken any PrEP or Truvada®?

Nakainom ka na ba ng PrEP o Truvada®?

AD81

- Yes 1 [GO TO 'QA24_D18']
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_D17' Before today, have you ever heard of PrEP or Truvada®?

Bago ang araw na ito, narinig mo na ba ang tungkol sa PrEP o Truvada®?

AD82

- Yes 1
- Oo

- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

HIV Testing

'QA24_D18' Have you ever been tested for HIV, the virus that causes AIDS?

Nagpa-test na po ba kayo, kahit kailan, para sa HIV, ang virus na sanhi ng AIDS?

AD83

- Yes1
- Oo
- No.....2 [GO TO 'QA24_D20']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_D20']

'QA24_D19' For your most recent HIV test, were you offered the test or did you ask for the test?

Para sa pinakahuli mong HIV test, inalukan ka ba na magpatest o ikaw ba mismo ang nagtanong para magpatest?

AD84

- I was offered the test.....1 [GO TO 'PN_QA24_F1']
- Inalok ako na kumuha ng pagsusuri*
- I asked for the test2 [GO TO 'PN_QA24_F1']
- Hiningi ko na kumuha ng pagsusuri*
- I was required to take the test.....4
- Kinakailangan kong kumuha ng pagsusuri*
- I don't remember3 [GO TO 'PN_QA24_F1']
- Kinakailangan kong kumuha ng pagsusuri*
- Hindi ko maalala*
- Other (Specify: _____) 91 [GO TO 'PN_QA24_F1']
- Iba Pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_F1']

'QA24_D20' Were you ever offered an HIV test?

Naalukan ka na bang magpatest para sa HIV?

AD85

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Section F: Mental Health

K6 Mental Health Assessment

'QA24_F1' The following questions ask about how you have been feeling during the past 30 days. For each question, please mark the category that best describes how often you had this feeling.

Tungkol sa inyong pakiramdam nitong nakaraang 30 araw ang sumusunod na mga tanong.

AJ29

About how often during the past 30 days did you feelnervous?

Humigit-kumulang, gaano kadalas nitong nakaraang 30 araw kayo nakaramdam ng pagknerbiyos?

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time3
- Paminsan-minsan*
- A little of the time4
- Kaunting panahon lang*
- None of the time.....5
- Hindi kailanman*
- REFUSED/DON'T KNOW..... -3

'QA24_F2' ... hopeless?

... na wala na kayong pag-asaya?

AJ30

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time.....3
- Paminsan-minsan*
- A little of the time4
- Kaunting panahon lang*
- None of the time.....5
- Hindi kailanman*
- REFUSED/DON'T KNOW..... -3

'QA24_F3' ... restless or fidgety?

...ng pagkabalisa o ng dimapalagay?

AJ31

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time.....3
- Paminsan-minsan*
- A little of the time4
- Kaunting panahon lang*

- None of the time 5
- Hindi kailanman*
- REFUSED/DON'T KNOW -3

'QA24_F4' ... so depressed that nothing could cheer you up?

... *walang anumang makapagpatuwa sa inyo?*

AJ32

- All of the time 1
- Palagi*
- Most of the time 2
- Kadalasan*
- Some of the time 3
- Paminsan-minsan*
- A little of the time 4
- Kaunting panahon lang*
- None of the time 5
- Hindi kailanman*
- REFUSED/DON'T KNOW -3

'QA24_F5' ... that everything was an effort?

... *na napakahirap gawin ang lahat?*

AJ33

- All of the time 1
- Palagi*
- Most of the time 2
- Kadalasan*
- Some of the time 3
- Paminsan-minsan*
- A little of the time 4
- Kaunting panahon lang*
- None of the time 5
- Hindi kailanman*
- REFUSED/DON'T KNOW -3

'QA24_F6' ... worthless?

... *na bale-wala kayo?*

AJ34

- All of the time 1
- Palagi*
- Most of the time 2
- Kadalasan*
- Some of the time 3
- Paminsan-minsan*
- A little of the time 4
- Kaunting panahon lang*
- None of the time 5
- Hindi kailanman*
- REFUSED/DON'T KNOW -3

Repeated K6

- 'QA24_F7'** Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

Mayroon bang buwan nitong nakaraang 12 buwan na mas madalas ninyong naranasan ang mga damdaming ito kaysa nitong nakaraang 30 araw?

AF62

- Yes 1
- Oo
- No 2 [GO TO
'QA24_F14']
- REFUSED/DON'T KNOW -3 [GO TO
'QA24_F14']

- 'QA24_F8'** The next questions are about the one month in the past 12 months when you were at your worst emotionally.

Ang sumusunod na mga tanong ay tungkol sa kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng damdamin ninyo.

AF63

During that same month, how often did you feelnervous?

Noong buwan na iyon, gaano kadalas kayo nakaramdam ng pagkanerbiyos?

- All of the time 1
- Palagi*
- Most of the time 2
- Kadalasan*
- Some of the time 3
- Paminsan-minsan*
- A little of the time 4
- Kaunting panahon lang*
- None of the time 5
- Hindi kailanman*
- REFUSED/DON'T KNOW -3

- 'QA24_F9'** ... hopeless?

... ng kawalang pag-asaya?

AF64

- All of the time 1
- Palagi*
- Most of the time 2
- Kadalasan*
- Some of the time 3
- Paminsan-minsan*
- A little of the time 4
- Kaunting panahon lang*
- None of the time 5
- Hindi kailanman*
- REFUSED/DON'T KNOW -3

- 'QA24_F10'** ... restless or fidgety?

ng pagkabalisa o di-mapalagay?

AF65

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time.....3
- Paminsan-minsan*
- A little of the time4
- Kaunting panahon lang*
- None of the time.....5
- Hindi kailanman*
- REFUSED/DON'T KNOW..... -3

'QA24_F11' ... so depressed that nothing could cheer you up?

...ng matinding kalungkutan na walang anumang makapagpatuwa sa inyo?

AF66

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time.....3
- Paminsan-minsan*
- A little of the time4
- Kaunting panahon lang*
- None of the time.....5
- Hindi kailanman*
- REFUSED/DON'T KNOW..... -3

'QA24_F12' ... that everything was an effort?

...na napakahirap gawin ang lahat?

AF67

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time.....3
- Paminsan-minsan*
- A little of the time4
- Kaunting panahon lang*
- None of the time.....5
- Hindi kailanman*
- REFUSED/DON'T KNOW..... -3

'QA24_F13' ... worthless?

...Gaano kadalas kayo nakaramdam na bale-wala kayo?

AF68

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time.....3
- Paminsan-minsan*
- A little of the time4
- Kaunting panahon lang*

- None of the time.....5
- Hindi kailanman*
- REFUSED/DON'T KNOW..... -3

Sheehan Scale

PROGRAMMING NOTE 'QA24_F14':

```

IF 'QA24_F1'-'QA24_F6' > 0 THEN,
IF 'QA24_F1'-'QA24_F6' = 1 THEN 'QA24_F1'_R-'QA24_F6'_R = 4;
ELSE IF 'QA24_F1'-'QA24_F6' = 2 THEN 'QA24_F1'_R-'QA24_F6'_R = 3;
ELSE IF 'QA24_F1'-'QA24_F6' = 3 THEN 'QA24_F1'_R-'QA24_F6'_R = 2;
ELSE IF 'QA24_F1'-'QA24_F6' = 4 THEN 'QA24_F1'_R-'QA24_F6'_R = 1;
ELSE IF 'QA24_F1'-'QA24_F6' = 5 THEN 'QA24_F1'_R-'QA24_F6'_R = 0;
ELSE 'QA24_F1'_R-'QA24_F6'_R = 'QA24_F1'-'QA24_F6';

IF 'QA24_F8'-'QA24_F13' > 0 THEN,
IF 'QA24_F8'-'QA24_F13' = 1 THEN 'QA24_F8'_R-'QA24_F13'_R = 4;
ELSE IF 'QA24_F8'-'QA24_F13' = 2 THEN 'QA24_F8'_R-'QA24_F13'_R = 3;
ELSE IF 'QA24_F8'-'QA24_F13' = 3 THEN 'QA24_F8'_R-'QA24_F13'_R = 2;
ELSE IF 'QA24_F8'-'QA24_F13' = 4 THEN 'QA24_F8'_R-'QA24_F13'_R = 1;
ELSE IF 'QA24_F8'-'QA24_F13' = 5 THEN 'QA24_F8'_R-'QA24_F13'_R = 0;
ELSE 'QA24_F8'_R-'QA24_F13'_R = 'QA24_F8'-'QA24_F13';

IF ('QA24_F1'_R - 'QA24_F6'_R) >= 0 (NON-MISSING) THEN DO;
IF ('QA24_F1'_R + 'QA24_F2'_R + 'QA24_F3'_R + 'QA24_F4'_R + 'QA24_F5'_R + 'QA24_F6'_R) > 8
OR
('QA24_F8'_R + 'QA24_F9'_R + 'QA24_F10'_R + 'QA24_F11'_R + 'QA24_F12'_R + 'QA24_F13'_R) > 8, THEN CONTINUE WITH 'QA24_F15' INTRO;

IF ('QA24_F8'_R - 'QA24_F13'_R) 7 OR
('QA24_F8'_R + 'QA24_F9'_R + 'QA24_F10'_R + 'QA24_F11'_R + 'QA24_F12'_R + 'QA24_F13'_R) > 7, THEN CONTINUE WITH 'QA24_F15' INTRO;

IF 'QA24_F7' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'QA24_F20';

```

'QA24_F14' Think {again, please,} about the month in the past 12 months when you were at your worst emotionally.

{Mangyaring muling} isipin ninyo ang kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng emosyon ninyo.

AF69B_INTRO**PROGRAMMING NOTE 'QA24_F15':**

```

IF AGE > 70 GO TO 'QA24_F16';
ELSE CONTINUE WITH 'QA24_F15';

```

'QA24_F15' Did your emotions interfere a lot, some, or not at all with your performance at work/school?

Masyado bang nakasagabal ang inyong mga emosyon, Paminsan-minsan, o Hindi kailanman sa paggawa ninyo ng trabaho?

AF69B

- A lot.....1
- Labis*
- Some..... 2
- Kaanti*
- Not at all..... 3

- Lubos na hindi*
- I do not work..... 4
- Hindi ako nagtrabaho*
- REFUSED/DON'T KNOW..... -3

'QA24_F16' Did your emotions interfere a lot, some, or not at all with your household chores?

Sobra bang nakasagabal ba ang inyong mga emosyon, Paminsan-minsan, o Hindi kailanman sa mga gawaing-bahay?

AF70B

- A lot 1
- Labis*
- Some 2
- Kaunti*
- Not at all 3
- Lubos na hindi*
- REFUSED/DON'T KNOW..... -3

'QA24_F17' Did your emotions interfere a lot, some, or not at all with your social life?

Sobra bang nakasagabal ba ang inyong mga emosyon, Paminsan-minsan, o Hindi kailanman sa inyong pakikipagsosyalan?

AF71B

- A lot 1
- Labis*
- Some 2
- Kaunti*
- Not at all 3
- Lubos na hindi*
- REFUSED/DON'T KNOW..... -3

'QA24_F18' Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

Sobra bang nakasagabal ba ang inyong mga emosyon, Paminsan-minsan, o Hindi kailanman sa pakikipag- kapwa ninyo sa mga kaibigan at kaanak?

AF72B

- A lot 1
- Labis*
- Some 2
- Kaunti*
- Not at all 3
- Lubos na hindi*
- REFUSED/DON'T KNOW..... -3

'QA24_F19' Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

Isipin ang nakaraang 12 buwan.. Humigit-kumulang, ilang araw sa nakaraang 365 araw kayo lubusang nawalan ng kakayaan na magtrabaho o gumawa ng mga pangkaraniwang gawain dahil kinakabahan, sobrang nalulungkot, o naguguluhan ang emosyon ninyo?

AF73B

_____ Number of days
_____ Dami ng mga araw

REFUSED/DON'T KNOW..... -3

Access & Utilization

'QA24_F20' Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

Nagkaroon ba ng panahon nitong nakaraang 12 buwan na nadama ninyong maaaring kailangan ninyong magpatingin sa propesyonal dahil sa mga problema sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

AF81

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
- [GO TO 'QA24_F22']**

'QA24_F21' Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

Saklaw ba ng inyong insurance ang paggagamot sa mga karamdamang nauugnay sa kalusugang pangkaisipan, gaya ng mga pagpapatingin sa psychologist o psychiatrist?

AJ1

- | | | |
|-----------------------|----------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | Don't have insurance | 3 |
| <input type="radio"/> | Walang insurance | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_F22' In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

Nitong nakaraang 12 buwan, nagpatingin na ba kayo sa inyong primary care doctor o sa general practitioner para sa mga problema sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

AF74

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_F23' In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

Nitong nakaraang 12 buwan, nagpatingin na ba kayo sa sinumang Iba Pang propesyonal, gaya ng counselor, psychiatrist, o social worker para sa mga problem sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

AF75

- | | | |
|-----------------------|-----------|---|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |

- No.....2
 Hindi
 REFUSED/DON'T KNOW.....-3

PROGRAMMING NOTE 'QA24_F24':

IF 'QA24_F22'= 1 OR 'QA24_F23'= 1, THEN CONTINUE;
ELSE GOTO 'QA24_F28'

- 'QA24_F24'** Think about your problems with mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months. Did you receive care from an in-person visit, video visit, or telephone visit?

Pag-isipan naman ang iyong mga problemang naranasan sa kalusugang pangkaisipan, mga emosyon, pagkanerbiyos, o ang paggamit ng alak o mga droga sa nakaraang 12 buwan. Nakatanggap ka ba ng pangangalaga sa pamamagitan ng personal na pagbisita, pagbisita sa pamamagitan ng paggamit ng video, o pagbisita sa pamamagitan ng paggamit ng telepono? (Piliin ang lahat na naaangkop)

AF114

Check all that apply

- | | | | |
|--------------------------|---|----|--------------------------|
| <input type="checkbox"/> | In-person visit | 1 | [GO TO 'QA24_F25'] |
| <input type="checkbox"/> | <i>Personal na pagbisita</i> | | |
| <input type="checkbox"/> | Video visit..... | 2 | [GO TO 'QA24_F26'] |
| <input type="checkbox"/> | <i>Pagbisita sa pamamagitan ng paggamit ng video</i> | | |
| <input type="checkbox"/> | Telephone visit..... | 3 | [GO TO 'QA24_F27'] |
| <input type="checkbox"/> | <i>Pagbisita sa pamamagitan ng paggamit ng telepono</i> | | |
| <input type="radio"/> | No..... | 4 | [GO TO
'PN_QA24_F28'] |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_F28'] |

- 'QA24_F25'** How satisfied are you with the in-person visit?

Gaano ka nasiyahan tungkol sa pangangalagang iyong natanggap sa pamamagitan ng personal na pagbisita?

AF115

- | | | |
|-----------------------|---------------------------------|----|
| <input type="radio"/> | Very satisfied..... | 1 |
| <input type="radio"/> | <i>Lubos na nasiyahan</i> | |
| <input type="radio"/> | Somewhat satisfied | 2 |
| <input type="radio"/> | <i>Medyo nasiyahan</i> | |
| <input type="radio"/> | Somewhat dissatisfied | 3 |
| <input type="radio"/> | <i>Medyo hindi nasiyahan</i> | |
| <input type="radio"/> | Very dissatisfied | 4 |
| <input type="radio"/> | <i>Lubos na hindi nasiyahan</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

- 'QA24_F26'** How satisfied were you with the video visit?

Gaano ka nasiyahan sa pangangalagang iyong natanggap sa pamamagitan ng video na pagbisita?

AF116

- | | | |
|-----------------------|---------------------------|---|
| <input type="radio"/> | Very satisfied..... | 1 |
| <input type="radio"/> | <i>Lubos na nasiyahan</i> | |

- Somewhat satisfied 2
- Medyo nasisiyahan*
- Somewhat dissatisfied 3
- Medyo hindi nasisiyahan*
- Very dissatisfied 4
- Lubos na hindi nasisiyahan*
- REFUSED/DON'T KNOW -3

'QA24_F27' How satisfied were you with the telephone visit?

Gaano ka nasisiyahan sa pangangalagang iyong natanggap sa pamamagitan ng telefono na pagbisita?

AF117

- Very satisfied 1
- Lubos na nasisiyahan*
- Somewhat satisfied 2
- Medyo nasisiyahan*
- Somewhat dissatisfied 3
- Medyo hindi nasisiyahan*
- Very dissatisfied 4
- Lubos na hindi nasisiyahan*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_F28':

IF 'QA24_F22' = 1 OR 'QA24_F23' = 1 THEN CONTINUE WITH 'QA24_F28';
ELSE SKIP TO 'QA24_F33'

'QA24_F28' Did you seek help for your mental or emotional health or for an alcohol or drug problem?

Humingi ba kayo ng tulong para sa inyong kalusugang pangkaisipan o pang-emosyon, o para sa problema sa pag-inom ng alak o sa paggamit ng droga?

AF76

- Mental-emotional health 1
- Kalusugang pangkaisipan-emosyonal*
- Alcohol-drug problem 2
- Problema sa alak-droga*
- Both mental and alcohol-drug problems 3
- Parehong problemang pangkaisipan at alak-droga*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_F29':

IF 'QA24_F28' = 1, display: "mental or emotional health";
IF 'QA24_F28' = 2, display: "use of alcohol or drugs";
IF 'QA24_F28' = 3, display: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO 'QA24_F30'

'QA24_F29' In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

Nitong nakaraang 12 buwan, ilang beses kayo nagpattingin sa propesyonal para sa mga problema sa inyong {kalusugang pangkaisipan o pang-emosyon/pag-inom ng alak o paggamit ng mga droga/ kalusugang pangkaisipan o pang-emosyon at pag-inom ng alak o paggamit ng mga droga}? Huwag bilangin ang mga magdamag na pagpapa-ospital.

AF77

- _____ Number of visits [HR:0-365, SR:0-52]
Dami ng mga pagbisita
 REFUSED/DON'T KNOW..... -3

'QA24_F30' Are you still receiving treatment for these problems from one or more of these providers?

Patuloy pa ba kayong nagpapagamot para sa ganitong mga problema sa isa o higit pang tinukoy na mga provider?

AF78

- Yes 1 [GO TO 'QA24_F33']
 Oo
 No 2
 Hindi
 REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_F33']

'QA24_F31' Did you complete the recommended full course of treatment?

Kinumpleto ba ninyo ang buong inirekomendang programa ng paggagamot?

AF79

- Yes 1 [GO TO 'QA24_F33']
 Oo
 No 2
 Hindi
 REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_F33']

'QA24_F32' What is the main reason you are no longer receiving treatment?

Ano ang pangunahing dahilan kung bakit hindi na kayo ginagamot?

AF80

- Got better/ no longer needed treatment..... 1
 Mas magaling na / hindi na kailangan ng paggagamot 2
 Not getting better 2
 Hindi gumagaling
 Wanted to handle problem on my own 3
 Nais kong pamahalaan ang problema nang sarili ko
 Had bad experiences with treatment 4
 Nagkaroon ng hindi magagandang karanasan sa paggagamot
 Lack of time or transportation 5
 Kakulangan ng oras o transportasyon
 Too expensive 6
 Masyadong mahal
 Insurance does not cover 7
 Hindi sakop ng insurance
 Other (Specify: _____) 91
 Iba Pa (Tukuyin: _____)
 REFUSED/DON'T KNOW..... -3

'QA24_F33' During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

Nitong nakaraang 12 buwan, uminom ba kayo ng anumang mga gamot na inireseta, gaya ng antidepressant o sedative, nang halos araw-araw sa loob ng dalawang linggo o higit pa, para sa problemang emotional o personal?

AJ5

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | .1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | .2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Stigma

PROGRAMING NOTE 'QA24_F34':

IF 'QA24_F20' = 1 AND ('QA24_F22' ≠ 1 AND 'QA24_F23' ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH 'QA24_F34';
ELSE SKIP TO 'QA24_F38'

- 'QA24_F34'** Here are some reasons people have for not seeking help even when they think they might need it. Please mark 'yes' or 'no' for whether each statement applies to why you did not see a professional.

Narito ang ilang katwiran ng iba kung bakit hindi sila humihingi ng tulong kahit na sa kanilang palagay maaaring kailangan nila ito. Pakisagot ng 'oo' o 'hindi' kung tugma ang bawat pahayag sa katwiran kung bakit hindi kayo nagpatingin sa isang propesyonal.

AF82

You were concerned about the cost of treatment.

Nabahala kayo sa gastos ng paggamot.

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | .1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | .2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

- 'QA24_F35'** You did not feel comfortable talking with a professional about your personal problems.

Hindi kayo komportableng nakikipag-usap sa isang propesyonal tungkol sa inyong personal na mga problema.

AF83

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | .1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | .2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

- 'QA24_F36'** You were concerned about what would happen if someone found out you had a problem.

Nag-alala kayo kung ano ang mangyayari kapag may makaalam na may problema kayo.

AF84

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | .1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | .2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_F37' You had a hard time getting an appointment.

Nahirapan kayong makakuha ng appointment.

AF85

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Climate Change

PROGRAMMING NOTE 'QA24_F38':

IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS OF YOUR HOUSEHOLD"

'QA24_F38' Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires.

Posibleng mapanganib na mga kaganapang may kaugnayan sa lagay ng panahon na lumilimit sa California. Kabilang dito ang matinding mga heat wave, pagbaha, sunog sa kagubatan o wildfire, usok mula sa mga sunog sa kagubatan (wildfire), at ang pagsara ng kuryente para sa kaligtasan ng publiko upang maiwasan ang mga sunog sa kagubatan (wildfire).

AF110B

In the past two years, have you or members of your household personally experienced extreme heat wave?

Sa nakaraang dalawang taon, personal ka bang nakaranas o ang mga miyembro ng inyong sambahanay ay personal na nakaranas ng

Matinding heat wave?

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_F39' Wildfire?

..... *Mga sunog sa kagubatan (wildfire)?*

AF110C

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_F40' Smoke from wildfire?

..... *Usok mula sa mga sunog sa kagubatan (wildfire)?*

AF110D

- | | | |
|-----------------------|-----------|---|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |

- Hindi*
 REFUSED/DON'T KNOW..... -3

'QA24_F41' Flood/rising sea levels/mudslide?

..... *Pagbaha/pagtaas ng antas ng dagat/pagbaha ng putik?*

AF110E

- Yes 1
 Oo
 No..... 2
 Hindi
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AF111B':

IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE PHYSICAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"

IF 'QA24_F38' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

'QA24_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

OR 'QA24_F40' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

OR 'QA24_F41' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"

ALWAYS DISPLAY 'Not applicable'

ELSE GOTO 'SECTION G'

'QA24_F42' Was your physical health {or the physical health of members of your household} harmed by any of these events?

Napinsala ba ang iyong pisikal na kalusugan \{o ang pisikal na kalusugan ng mga miyembro ng iyong sambahan\} ng alinman sa mga kaganapang ito?

AF111B

- Yes, from extreme heat waves 1
 Oo, mula sa matitinding mga heat wave
 Yes, from flooding 2
 Oo, mula sa pagbaha
 Yes, from wildfires..... 3
 Oo, mula sa mga sunog sa kagubatan
 Yes, from smoke from wildfires 4
 Oo, mula sa mga usok na nanggagaling sa mga sunog sa kagubatan
 Not Applicable 5
 Hindi naaangkop
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_F43':

IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"

IF 'QA24_F38' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

'QA24_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

'QA24_F40' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

'QA24_F41' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"

ALWAYS DISPLAY 'Not applicable'

ELSE GOTO 'SECTION G'

'QA24_F43' Was your mental health {or the mental health of members of your household} harmed by any of these events?

Napinsala ba ang iyong kalusugang pangkaisipan \{o ang kalusugang pangkaisipan ng mga miyembro ng iyong sambahayan\} ng alinman sa mga kaganapang ito?

AF112B

- Yes, from extreme heat waves1
- Oo, mula sa matitinding mga heat wave
- Yes, from flooding2
- Oo, mula sa pagbaha
- Yes, from wildfires3
- Oo, mula sa mga sunog sa kagubatan
- Yes, from smoke from wildfires4
- Oo, mula sa mga usok na nanggagaling sa mga sunog sa kagubatan
- Not Applicable5
- Hindi naaangkop
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE AF118:

IF '**QA24_F40**' = 1 CONTINUE;

ELSE SKIP TO PROGRAMMING NOTE '**QA24_G1**' IN 'SECTION G'

'QA24_F44' When you experienced wildfire smoke in your community, did you access a space that provided filtered air?

Noong nakaranas ka ng usok mula sa mga sunog sa kagubatan (wildfire) sa inyong komunidad, pumunta ka ba sa isang lugar na may panglinis ng hangin (o filter)?

AF118

- Yes, my home1
- Oo, sa bahay ko
- Yes, a friend or neighbour's home2
- Oo, sa bahay ng kaibigan o kapit-bahay
- Yes, a community cleaner air shelter3
- Oo, sa air shelter ng panglinis na pang-komunidad
- Yes, a commercial building
(mall, movie theater, etc.) 4
- Oo, sa isang komersiyal na gusali
(sa mall, sinehan, atbp.)
- No.....5
- Hindi
- Not applicable6
- Hindi naaangkop
- REFUSED/DON'T KNOW..... -3

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'QA24_G1':

DISPLAY INSTRUCTIONS:

IF CHILD INTERVIEW COMPLETED AND 'QA24_A38' = 1 AND 'CH12' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services." OR
 IF CHILD INTERVIEW COMPLETED AND 'QA24_A38' = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

'QA24_G1' Now a few more questions about your background. {Your answers are confidential and will not be reported to Immigration Services.}

Ngayon, mayroon akong ilang tanong pa tungkol sa inyong background. {Kumpidensyal po ang mga sagot ninyo at hindi ito iuulat sa Immigration Services.}

PROGRAMMING NOTE 'QA24_G2':

IF CHILD INTERVIEW COMPLETED AND 'QA24_A38'=1, MARK 'QA24_G2'='CH11' AND GO TO 'QA24_G3';

IF CHILD INTERVIEW COMPLETED AND 'QA24_A38'=2, MARK 'QA24_G2'='CH14' AND GO TO 'QA24_G3';

ELSE CONTINUE WITH 'QA24_G2'

'QA24_G2' In what country were you born?

Saang bansa kayo ipinanganak?

AH33

- United States.....1
- Estados Unidos
- American Samoa2
- American Samoa
- Canada.....3
- Canada
- China.....4
- China
- Guam9
- Guam
- Japan 16
- Japan
- Korea..... 17
- Korea
- Mexico..... 18
- Mexico
- Philippines..... 19
- Pilipinas
- Puerto Rico 22
- Puerto Rico
- Vietnam 25
- Vietnam
- Virgin Islands..... 26
- Virgin Islands
- Other (Specify: _____)..... 91

- Iba Pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_G3':

IF 'QA24_G2' ≠ 1, (NOT BORN IN US) GO TO 'PN_QA24_G5';
 ELSE IF 'QA24_G2' = 1 OR -3 (BORN IN US, SKIPPED) CONTINUE WITH 'QA24_G3';
 IF CHILD INTERVIEW COMPLETED ['QA24_A38' = 1, 2 AND 'QA24_G2' = 1 DISPLAY "You previously mentioned you were born in the United States."];
 ELSE DISPLAY "In what country was your mother born"

'QA24_G3' {You previously mentioned you were born in the United States}. In what country was your mother born?

{*Binanggit ninyo nitong nakaraan na kayo ay ipinanganak sa Estados Unidos*}. Saang bansa ipinanganak ang nanay ninyo?

AH34

- United States.....1
- Estados Unidos*
- American Samoa2
- American Samoa*
- Canada.....3
- Canada*
- China.....4
- China*
- Guam9
- Guam*
- Japan 16
- Japan*
- Korea..... 17
- Korea*
- Mexico..... 18
- Mexico*
- Philippines..... 19
- Pilipinas*
- Puerto Rico 22
- Puerto Rico*
- Vietnam..... 25
- Vietnam*
- Virgin Islands..... 26
- Virgin Islands*
- Other (Specify: _____)..... 91
- Iba Pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

'QA24_G4' In what country was your father born?

Saang bansa ipinanganak ang tatay ninyo?

AH35

- United States.....1
- Estados Unidos*
- American Samoa2
- American Samoa*
- Canada.....3
- Canada*
- China.....4

- | | | |
|-----------------------|-------------------------------|----|
| <input type="radio"/> | <i>China</i> | |
| <input type="radio"/> | Guam | 9 |
| <input type="radio"/> | <i>Guam</i> | |
| <input type="radio"/> | Japan | 16 |
| <input type="radio"/> | <i>Japan</i> | |
| <input type="radio"/> | Korea..... | 17 |
| <input type="radio"/> | <i>Korea</i> | |
| <input type="radio"/> | Mexico..... | 18 |
| <input type="radio"/> | <i>Mexico</i> | |
| <input type="radio"/> | Philippines..... | 19 |
| <input type="radio"/> | <i>Pilipinas</i> | |
| <input type="radio"/> | Puerto Rico | 22 |
| <input type="radio"/> | <i>Puerto Rico</i> | |
| <input type="radio"/> | Vietnam | 25 |
| <input type="radio"/> | <i>Vietnam</i> | |
| <input type="radio"/> | Virgin Islands..... | 26 |
| <input type="radio"/> | <i>Virgin Islands</i> | |
| <input type="radio"/> | Other (Specify: _____)..... | 91 |
| <input type="radio"/> | <i>Iba Pa (Tukuyin:_____)</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Citizenship and Immigration

PROGRAMMING NOTE 'QA24_G5':

IF 'QA24_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND [(SC17B'=1 AND CH11A=1) OR (SC17B=2 AND CH14A=1)], CODE 'QA24_G5' = 1 AND GO TO 'PN_QA24_G11'
ELSE CONTINUE WITH 'QA24_G5'

'QA24_G5' Are you a citizen of the United States?

Citizen ba kayo ng United States?

AH39

- | | | |
|-----------------------|------------------------------|----|
| <input type="radio"/> | <i>Yes</i> | 1 |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | Application pending..... | 3 |
| <input type="radio"/> | <i>Pending na aplikasyon</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_G6':

IF 'QA24_G5' = 2, 3 CONTINUE ELSE GOTO 'QA24_G7'
IF 'QA24_G2' = 2 (AMERICAN SAMOA), GO TO 'PN_QA24_G9'

'QA24_G6' Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

Permanent resident ba kayo na may green card? Kumpidensyal po ang mga sagot ninyo at hindi ito iuulat sa Immigration Services.

AH40

People usually call this a "Green Card" but the color can also be pink, blue, or white.

Karaniwang tinatawag itong 'Green Card' ngunit maaari ding rosas, asul o puti ang kulay nito.

- Yes 1
- Oo
- No..... 2
- Hindi*
- Application pending..... 3
- Pending na aplikasyon*
- REFUSED/DON'T KNOW..... -3

'QA24_G7' About how many years have you lived in the United States?

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

AH41

For less than a year, enter 1 year

Para sa wala pang isang taon, ipasok ang 1 taon

_____ Number of years
_____ Bilang ng taon

- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE AH41Y:

(IF 'QA24_G2' = 03-08, 10-21, 23-25 OR 91-99) AND 'QA24_G7' = MISSING, CONTINUE;
 ELSE GO TO PROGRAMMING NOTE 'QA24_A24'

'QA24_G8'

AH41Y

- _____ Year (First came to live in U.S.)
_____ Taon (Nang unang dumating sa US para manirahan)
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_G9':

IF 'QA24_G5' = 1 (NATURALIZED) OR 'QA24_G6' = 1 (HAS GREEN CARD), GO TO 'QA24_G11';
 ELSE CONTINUE WITH 'QA24_G9'

'QA24_G9' Are you 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?

Kasalukuyan ka bang nandito sa alinman sa mga sumusunod: isang tourist visa, isang student visa, isang work visa o permit, o Iba Pang dokumento na pinahihintulutan kang mamalagi sa United States nang limitadong haba ng panahon?

AG36B

- Tourist visa..... 1
- Tourist visa*
- Student visa 2
- Student visa*
- Work visa or permit 3
- Work visa o permit*
- Deferred action for childhood arrivals
or "DACA"..... 4
- Ang ipinagpalibtan na pagkilos para sa mga pagdating ng bata o "deferred action for childhood arrivals, 'DACA'*

- Another document which permits stay for limited time.....6
- Isa pang dokumento na nagpapahintulot na manatili nang limitadong panahon*
- Refugee/asylum status8 [GO TO 'QA24_G11']
- Katayuan ng refugee/asylum*
- Other (specify: _____) 91
- Iba Pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_G11']

'QA24_G10' Is this visa or document still valid or has it expired?

Balido pa ba itong visa o dokumento o nawalan na ng bisa?

AG37B

- Valid1
- May bisa*
- Expired2
- Nag-expire na*
- Application pending.....3
- Naka-pending ang aplikasyon*
- REFUSED/DON'T KNOW..... -3

Living with Parents

PROGRAMMING NOTE 'QA24_G11':

IF ['AAGE' < 30 OR 'QA24_A4' = 1 (AGE 18-29)] AND ['QA24_A24' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'QA24_A23' = 3, 4, 5, 6, OR -3 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, SKIPPED) AND 2 OR MORE ADULTS LIVING IN HH)],
CONTINUE WITH 'QA24_G11';
ELSE GO TO 'PN_QA24_G20'

'QA24_G11' Are you now living with either of your parents?

Nakatira ba kayo ngayon na kasama ang sinuman sa mga magulang ninyo?

AH43A

This includes your parents as well as your spouse/partner's parents

Kasama rito ang iyong mga magulang pati na rin ang mga magulang ng iyong asawa/kinakasama

- Yes1
- Oo*
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3

Teen Permission

'QA24_G12' {Earlier you mentioned you had at least one adolescent age 12 to 17 in your household.} We would like to survey {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take {him/her} about 15 minutes to complete. Your teen's answers may help other teens in your community and across California.

Nais naming bigyan ng survey si para sa aming pag-aaral. Isa itong survey sa web at aabutin ng mga 15 minuto upang matapos. Maaaring makatulong ang mga sagot ng iyong teenager sa Iba Pang mga kabataan sa iyong komunidad at sa buong California.

TP1

As a token of our appreciation, we will send your teen a \$10 gift card for completing the survey.

Bilang pagtanaw namin ng utang na loob, padadalhan namin ang iyong teenager ng isang \$10 na gift card para sa pagkumpleto ng survey.

We will mail the survey information to your home with instructions on how your teen can complete the survey.

Ipadadala namin sa iyong tahanan sa pamamagitan ng koreo ang impormasyon sa survey na may mga tagubilin kung paano makukumpleto ng iyong teenager ang survey.

- Click here to see the types of questions we will ask

Mag-click dito upang makita ang mga uri ng mga katanungan na itatanong namin

[Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issues including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, and using drugs. There are also some questions about bullying, violence, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need.]

Your teen can skip any question they want or stop the survey at any time.]

Ang mga tanong sa survey ng teenager ay halos katulad ng mga sinasagot mo, ngunit mas maikli ito. Saklaw nito ang isang hanay ng mga isyu sa kalusugan kabilang ang pangkalahatang kalusugan, diyeta, echersisyo, at Iba Pang malusog at hindi malusog na gawi tulad ng paninigarilyo at pag-inom ng alak, at paggamit ng mga droga. Mayroon ding mga ilang tanong tungkol sa pananakot, karahasan, at pag-uugaling sekswal. May mga ilang tanong tungkol sa mga saloobin sa pagpapakamatay o pagtatangkang magpakamatay dahil ito ay isang seryosong alalahanin sa kalusugan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan.

Maaaring laktawan ng iyong teenager ang anumang tanong na nais nila o ihinto ang survey sa anumang oras.

- Click here to learn about how we intend to contact your teen

Mag-click dito upang malaman ang tungkol sa kung paano namin pinaplano na makipag ugnayan sa iyong teenager

[We will send a letter to your home asking you to provide a sealed envelope to your teen. This envelope will include the study link and their unique secure access code. With your permission, we will also obtain a best phone number to try and complete the survey over the phone in the event your teen does not complete the survey on the web. Your teen's name and any contact information we have will be erased from our records after the study is complete.]

[*Magpapadala kami ng isang sulat sa iyong bahay na humihiling sa iyo na magbigay ng isang selyadong sobre sa iyong teenager Kasama sa sobre na ito ang link ng pag-aaral at ang kanilang natatanging secure na access code. Sa iyong pahintulot, kukuha rin kami ng pinakamahusay na numero ng telepono upang subukan at tapusin ang survey sa pamamagitan ng telepono kung sakaling hindi tapusin ng iyong teenager ang survey sa web. Buburahin mula sa aming mga talaan ang pangalan ng iyong teenager at anumang impormasyon sa pakikipag-ugnayan na mayroon kami matapos na makumpleto ang pag-aaral.*]

3. [Click here for our privacy protection policy](#)

Mag-click dito para sa aming patakaran sa proteksyon ng pagkapribado

[Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete. For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.]

[*Tulad ng iyong mga sagot, pinananatiling lubos na kompidensiyal ang mga sagot at isinasama sa mga sagot ng Iba Pang mga kabataan para sa mga hangaring pagsasaliksik lamang. Hindi kailanman iuugnay ang pangalan sa mga sagot na iyon. Buburahin mula sa aming mga talaan ang pangalan at anumang impormasyon sa pakikipag-ugnayan na mayroon kami matapos na makumpleto ang pag-aaral. Para sa karagdagang impormasyon tungkol sa mga karapatan ng mga kasali sa pagsasaliksik, mangyaring makipag-ugnayan sa Office for the Protection of Research Subjects (Opisina ng Proteksyon sa mga Paksa sa Pagsasaliksik) sa 1-310-825-8714.*]

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?

Pinahihintulutan mo ba kaming makipag-ugnayan sa at tanungin kung sasali sa survey?

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_G13':
 IF 'QA24_G12' =2, -3 SKIP TO 'QA24_G14';
 ELSE CONTINUE WITH 'QA24_G13';
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA24_G12', DO NOT DISPLAY "Questions in teen survey....in need.;"
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA24_G12', DO NOT DISPLAY "Like your answers, {his/her} answers....8714."
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA24_G12'=1, SKIP TO 'QA24_G15'

'QA24_G13' Thank you. Your teen's answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

Salamat po. Maaaring makatulong ang mga sagot ng iyong teenager sa Iba Pang mga kabataan sa iyong komunidad. at sa buong California. \{Bago kami magpatuloy, naririto ang mga ilang teksto na kailangan naming ipakita sa iyo.\}

TP1_A

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. He/she} can skip any questions {he/she} wants or stop the survey at any time}

{Ang mga tanong sa survey ng teenager ay halos katulad ng mga sinasagot mo, ngunit mas maiksi ito. Saklaw nito ang isang hanay ng mga isyu sa kalusugan kabilang ang pangkalahatang kalusugan, diyeta, echersisyo, at Iba Pang Mabuti at hindi Mabuti sa kalusugan na mga kagawian tulad ng paninigarilyo at pag-inom ng alak, paggamit ng droga, at sekswal na pag-uugali. May ilang mga tanong tungkol sa mga saloobin sa pagpapakamatay o pagtatangkang pagpapakamatay dahil ito ay isang seryosong alahanan sa kalusugan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan. Maaari niyang laktawan ang anumang tanong na ninanais [1] o ihinto ang survey sa anumang oras}

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.

Mga sagot ay pinananatiling lubos na kompidensiyal at isinasama sa mga sagot ng Iba Pang mga kabataan para sa mga hangaring pagsasaliksik lamang. Hindi kailanman iuugnay ang pangalan sa mga sagot na iyon. Buburahin mula sa aming mga talaan ang pangalan at anumang impormasyon sa pakikipag-ugnayan na mayroon kami pagkatapos na makumpleto na ang pag-aaral.

For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

To confirm, do we have your permission to contact {him/her} and ask {him/her} to participate in the survey?

Para sa karagdagang impormasyon tungkol sa mga karapatan ng mga kasali sa pagsasaliksik, mangyaring tumawag sa Office for the Protection of Research Subjects (Opisina ng Proteksyon sa mga Paksa sa Pagsasaliksik) sa 1-310-825-8714.]

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

PROGRAMMING NOTE 'QA24_G14':

IF 'QA24_G12'_A =2, -3 CONTINUE WITH 'QA24_G14' AND DISPLAY "However,...interview";
ELSE IF 'QA24_G12'=2, CONTINUE WITH 'QA24_G14' AND DISPLAY "Questions in the teen survey
are a lot like the ones you are answering, but it is much shorter... 8714."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA24_G12', DO NOT DISPLAY "Questions in
teen survey....any time."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA24_G12', DO NOT DISPLAY "Like your
answers, {his/her} answers8714."
ELSE SKIP TO 'QA24_G15'

'QA24_G14' We understand that you would prefer that your teen not participate in the survey.

Nauunawaan namin na mas ninanais mong hindi sumali sa survey ang iyong teenager.

TP1_BRC

{However, these are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.}

Ang mga ito ay mahahalagang mga isyu sa kalusugan ng publiko na kinakaharap ng California. May mga ilang magulang na nagpasyang hindi pasalihin ang kanilang teenager dahil hindi sila kumportable na sagutin ng kanilang mga teenager ang mga tanong tungkol sa droga o sekswal na pag-uugali. Kung gusto mo, maaari naming siguraduhin na hindi isama sa panayam ang mga tanong tungkol sa droga o sekswal na pag-uugali.

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counselling and support information for any teen in need. {He/she} can skip any questions {he/she} wants or stop the survey at any time.}

Ang mga tanong sa survey ng teenager ay halos katulad ng mga sinasagot mo, ngunit mas maiksi ito. Sakop nito ang isang saklaw ng mga isyu sa kalusugan kabilang ang pangkalahatang kalusugan, diyeta, echersisyo, at Iba Pang Mabuti at hindi Mabuti sa kalusugan na mga kagawian tulad ng paninigarilyo at pag-inom ng alak, paggamit ng droga, at sekswal na pag-uugali. May ilang mga tanong tungkol sa mga saloobin sa pagpapakamatay o pagtatangkang pagpapakamatay dahil ito ay isang seryosong alalahanin sa kalusugan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan. Maaari [1] laktawan ang anumang tanong na gusto [1] o itigil ang survey sa anumang panahon.}

These are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.

Ang mga ito ay mahahalagang mga isyu sa kalusugan ng publiko na kinakaharap ng California. May mga ilang magulang na nagpasyang hindi pasalihin ang kanilang teenager dahil hindi sila kumportable na sagutin ng kanilang mga teenager ang mga tanong tungkol sa droga o sekswal na pag-uugali. Kung gusto mo, maaari naming siguraduhin na hindi isama sa panayam ang mga tanong tungkol sa droga o sekswal na pag-uugali

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.} For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

Tulad ng iyong mga sagot, ang \{kanyang\} mga sagot ay pinananatiling lubos na kumpidensiyal at isinasama sa mga sagot ng Iba Pang mga kabataan para sa mga hangaring pagsasaliksik lamang. Hindi kailanman iuugnay ang [1] pangalan sa mga sagot na iyon. Buburahin mula sa aming mga talaan ang [1] pangalan at anumang impormasyon sa pakikipag-ugnayan na mayroon kami matapos na makumpleto na ang pag-aaral. Para sa karaggdagang impormasyon tungkol sa mga karapatan ng mga kasali sa pagsasaliksik, mangyaring tumawag sa Office for the Protection of Research Subjects sa 1-310-825-8714.]

Given this information, would you reconsidering giving us your permission to contact {him/her} and ask {him/her} if {he/she} will participate in the survey?

Base sa impormasyong ito, pinahihintulutan mo ba kaming makipag-ugnayan sa at tanunin kung sasali sa survey?

- | | | | |
|-----------------------|--|----|--------------------|
| <input type="radio"/> | Yes | 1 | [GO TO 'QA24_G15'] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | Yes if no questions on drugs..... | 2 | [GO TO 'QA24_G15'] |
| <input type="radio"/> | Oo kung walang mga tanong tungkol sa droga | | |
| <input type="radio"/> | Yes if no questions on sexual behavior | 3 | [GO TO 'QA24_G15'] |
| <input type="radio"/> | Oo kung walang mga tanong tungkol sa sekswal na pag-uugali | | |
| <input type="radio"/> | Yes if no questions on drugs and sexual behavior..... | 4 | [GO TO 'QA24_G15'] |
| <input type="radio"/> | Oo kung walang mga tanong tungkol sa droga at sa sekswal na pag-uugali | | |
| <input type="radio"/> | No..... | 5 | [GO TO 'QA24_G18'] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_G18'] |

- 'QA24_G15'** Thank you for permitting your teen to participate in this important study. In order to properly contact your teen, please provide {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} first and last name. Remember {his/her} name is never connected with {his/her} answers.

Salamat sa pagpapahintulot sa iyong teenager na sumali sa mahalagang pag-aaral na ito. Upang maayos na makipag-ugnay sa iyong teenager, mangyaring ibigay ang pangalan at apelyido ni {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} Tandaan po lamang na Hindi kailanman ikokonekta ang pangalan sa mga sagot.

TP_NAME

First name _____

Pangalan _____

Last name _____

Apelyido _____

In the event your teen does not complete the web survey, we would like your permission to try and call your teen and have {him/her} complete the survey over the phone. Because it is important that we contact {ADOLESCENT'S FIRST NAME} to complete the survey, it would be helpful if you could provide the best phone number to try and contact {him/her}. This phone number will be erased from our records after the study is complete. This may be a home, landline, or cell phone number.

Kung sakaling hindi natapos ng iyong teenager ang web survey, nais namin ang iyong pahintulot na subukan at tawagan ang iyong teenager at ipatapos sa [1] ang survey sa telepono. Dahil mahalagang makipag-ugnayan kami kay [1] upang makumpleto ang survey, makatutulong kung maibigay mo ang pinakamahusay na numero ng telefono na maaari naming magamit para matawagan. Ang numero ng teleponong ito ay buburahin mula sa aming mga talaan matapos na makumpleto na ang pag-aaral. Maaari itong isang numero ng telefono sa bahay, sa landline, o sa cell phone.

Would you please provide a home, landline, or other cell phone number that we may call to contact {ADOLESCENT'S FIRST NAME}?

Pakibigay po lamang sa amin ng isang numero ng telefono sa bahay, landline, o Iba Pang numero ng cell phone na maaari naming magamit upang makipag-ugnayan kay?

- Landline.....1
 - Cell phone2
 - REFUSED/DON'T KNOW.....-3
- [GO TO 'QA24_G16']**

- 'QA24_G16'** Is the cell phone number you just provided your teen's personal phone number?

Ang numero ba ng cellphone na kabibigay mo lang ay personal na numero ng telefono ng iyong teenager?

TP2_CELL2

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

'QA24_G17' Are you willing to let us send your teen a text message reminder to participate in the survey?

Pinahihintulutan mo ba kami na magpadala sa iyong anak ng isang paalala sa pamamagitan ng text message upang lumahok sa survey?

TP3

- Yes1 [GO TO 'QA24_G19']
- Oo
- No.....2 [GO TO 'QA24_G19']
- Hindi
- REFUSED/DON'T KNOW.....-3 [GO TO 'QA24_G19']

'QA24_G18' We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

Naiintindihan namin na mas ninanais ninyo na hindi sumali ang iyong teenager sa survey.

PROGRAMMING NOTE 'QA24_G19':

IF 'QA24_G12' = 1 OR 'QA24_G12'_RC =1,2,3, CONTINUE WITH 'QA24_G19';
ELSE SKIP TO 'QA24_G20'

'QA24_G19' Thank you for allowing your teen to participate. We have some more questions for you.

Salamat sa pagpapahintulot sa iyong teenager na makasali.

TP_END

Paid Child Care

PROGRAMMING NOTE 'QA24_G20':
 ANY CHILDREN IN 'QA24_A37' ARE AGE 13 OR LESS, CONTINUE WITH 'QA24_G20';
 ELSE GO TO 'QA24_A22';
 IF ANY CHILD IN ROSTER 'QA24_A37' < 14 AND CHILD IN ROSTER \geq 14 DISPLAY "for any children under age 14";
 IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
 ELSE IF 'QA24_A24' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
 ELSE DISPLAY "you"

'QA24_G20' In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

Nitong nakaraang buwan, gumamit ba kayo ng anumang binabayaran childcare {para sa sinumang bata na hindi pa 14 taong gulang} habang {kayo o ang asawa ninyo/kayo o ang partner ninyo/kayo} ay nagtatrabaho, nasa eskwelahan, o naghahanap ng trabaho?

AH44A

This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.

Kabilang dito ang Head Start, mga day care center, mga program ng before- o after-school care, at anumang mga kasunduan para sa baby-sitting.

- Yes1
- Oo
- No.....2 [GO TO 'QA24_A22']
- Hindi
- REFUSED/DON'T KNOW.....-3 [GO TO 'QA24_A22']

'QA24_G21' In the past month, how much did you pay for all child care arrangements and programs?

Nitong nakaraang buwan, magkano ang binayad ninyo para sa lahat ng mga kasunduan at mga program para sa child care? Maaaring ikaw o isa pang tao na may sapat na gulang sa iyong sambahayan ang magbayad para sa kaayusan o programang ito

AH44B

You or another adult in your household may pay for this arrangement or program

Maaaring ikaw o isa pang tao na may sapat na gulang sa iyong sambahayan ang magbayad para sa kaayusan o programang ito

If it easier for you, how much do you pay for all child care arrangements and programs in a typical week last month.

'Kung mas madali sa inyo, maaari ninyong sabihin sa akin kung magkano ang binayad ninyo sa isang karaniwang linggo noong nakaraang buwan.'

- _____ Amount last month [HR: 0-8,000]
- _____ Halaga noong nakaraang buwan [HR: 0-8,000]
- _____ Amount in typical week [HR: 0-3,000]
- _____ Halaga sa karaniwang linggo [HR: 0-3,000]
- There was no payment in the last month.....3
- Walang pagbabayad sa nakaraang buwan

- REFUSED/DON'T KNOW..... -3

Veteran Status

'QA24_G22' Did you ever serve on active duty in the Armed Forces of the United States?

Nag-active duty ba kayo kailanman sa Hukbong Sandatahan ng United States?

AG22

- Yes1
- Oo
- No.....2 **[GO TO 'QA24_G27']**
- Hindi
- REFUSED/DON'T KNOW..... -3 **[GO TO 'QA24_G27']**

'QA24_G23' When did you serve?

Kailan kayo naglingkod?

AG23

- From _____ (Dynamic range - Starting range for each person should be their Birth year)
- Mula _____

- To _____
- Hanggang _____

- Still serving
- Naglilingkod pa

OR

Check all that apply

(6 maximum responses)

- World War II (Sept 1940 to July 1947).....1
- World War II (Septyembre 1940 hanggang Hulyo 1947)
- Korean War (June 1950 to Jan 1955).....2
- Korean War (Hunyo 1950 hanggang Enero 1955)
- Vietnam War (Aug 1964 to April 1975).....3
- Vietnam War (Agosto 1964 hanggang Abril 1975)
- Gulf War/ Operation Desert Storm (1990-1991).....4
- Gulf War/ Operation Desert Storm (1990 hanggang 1991)
- Afghanistan/ Operation Enduring Freedom (2001 to 2021).....5
- Afghanistan/ Operation Enduring Freedom (2001 hanggang Kasalukuyan)
- Iraq War / Operation Iraqi Freedom (2003 to 2021).....6
- Iraq War / Operation Iraqi Freedom (2003 hanggang Ngayon)
- REFUSED/DON'T KNOW..... -3

'QA24_G24' Altogether, how long did you serve?

Sa kabuuang, gaano katagal kayong naglingkod?

AG24

- | | | |
|-----------------------|-------------------------|--------|
| <input type="radio"/> | _____ | Years |
| <input type="radio"/> | _____ | Years |
| <input type="radio"/> | _____ | Months |
| <input type="radio"/> | _____ | Buwan |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_G25' Do you have a VA service-connected disability rating?

Mayroon ba kayong disability rating na konektado sa serbisyo ng VA?

AG31

- | | | |
|-----------------------|-------------------------|-----------------------|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | [GO TO 'QA24_G27'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 [GO TO 'QA24_G27'] |

'QA24_G26' What is your service-connected disability rating?

Ano ang antas ng inyong pagkapinsala na may kaugnayan sa serbisyo?

AG32

- | | | |
|-----------------------|-------------------------------------|----|
| <input type="radio"/> | 0 Percent..... | 1 |
| <input type="radio"/> | <i>0 Porsyento</i> | |
| <input type="radio"/> | 10 or 20 Percent | 2 |
| <input type="radio"/> | <i>10 o 20 Porsyento</i> | |
| <input type="radio"/> | 30 or 40 Percent | 3 |
| <input type="radio"/> | <i>30 o 40 Porsyento</i> | |
| <input type="radio"/> | 50 or 60 Percent | 4 |
| <input type="radio"/> | <i>50 o 60 Porsyento</i> | |
| <input type="radio"/> | 70 Percent or higher | 5 |
| <input type="radio"/> | <i>70 Porsyento o mas mataas pa</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Employment

'QA24_G27' Which of the following were you doing last week?

Alin sa sumusunod ang ginawa ninyo noong nakaraang linggo?

AK1

If you worked remotely from home, please select working at a job or business.

- | | | | |
|-----------------------|--|----|--------------------------|
| <input type="radio"/> | Working at a job or business..... | 1 | [GO TO
'PN_QA24_G31'] |
| <input type="radio"/> | <i>Nagtrabaho sa pinapasukan o sa negosyo</i> | | |
| <input type="radio"/> | With a job or business but not at work..... | 2 | |
| <input type="radio"/> | <i>May pinapasukan o may negosyo ngunit hindi nagtrabaho</i> | | |
| <input type="radio"/> | Looking for work..... | 3 | |
| <input type="radio"/> | <i>Naghanap ng trabaho</i> | | |
| <input type="radio"/> | Not working at a job or business..... | 4 | |
| <input type="radio"/> | <i>Walang pinapasukan na trabaho o negosyo</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_G31'] |

'QA24_G28' What is the main reason you did not work last week?

Ano ang pangunahing dahilan na hindi kayo nagtrabaho nitong nakaraang linggo?

AK2

Main reason is the most important reason

Ang pangunahing dahilan ay ang pinakamahalagang dahilan.

- Taking care of house or family 1
Pag-aasikaso ng bahay o pamilya
- On planned vacation 2
Nasa naka-planong bakasyon
- Couldn't find a job 3
Hindi makahanap ng trabaho
- Going to school/student 4
Pumapasok sa paaralan/mag-aaral
- Retired 5 **[GO TO 'QA24_G30']**
- Retirado
- Disabled 6 **[GO TO 'QA24_G30']**
- May kapansanan
- Unable to work temporarily 7
Pansamantalang hindi nakakapagtrabaho
- On layoff or strike 8
Na-layoff o nag-we-welga
- On family or maternity leave 9
Kumuha ng family o maternity leave
- Off season 10
Off season
- Sick 11
May sakit
- Other 91
- Iba pa
- REFUSED/DON'T KNOW -3

'QA24_G29' Do you usually work?

Karaniwan ba kayong nagtatrabaho?

AG10

- Yes 1
- Oo
- No 2
Hindi
- Looking for work 3
Naghahanap ng trabaho
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_G30':

IF ['AAGE' = -3 OR 'AAGE' < 65] AND ['QA24_G29'= 2 (DOES NOT USUALLY WORK) OR 'QA24_G28' = 5 (RETIRIED) OR 6 (DISABLED)] CONTINUE WITH 'QA24_G30';
 ELSE GO TO PROGRAMMING NOTE 'QA24_G31'

'QA24_G30' Are you receiving Social Security Disability Insurance or SSDI?

Tumatanggap ba kayo ng Social Security Disability Insurance o SSDI?

AL22

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO
‘PN_QA24_G35’] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO
‘PN_QA24_G35’] |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
‘PN_QA24_G35’] |

PROGRAMMING NOTE 'QA24_G31':

IF 'QA24_G27' = 1, 2, -3 (working, with job, skipped) OR 'QA24_G29'= 1 (usually works), CONTINUE WITH 'QA24_G31';
 ELSE GO TO 'PN_QA24_G35'

'QA24_G31' On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

Sa inyong pangunahing trabaho, empleado ba kayo ng isang pribadong kompanya, ng gobyerno, o nagtatrabaho para sa inyong sarili, o nagtatrabaho nang walang sahod sa isang negosyo o sakahan ng pamilya?

AK4

Your main job is where you work the most hours

- | | | |
|-----------------------|--|----|
| <input type="radio"/> | Private company, non-profit organization
or foundation | 1 |
| <input type="radio"/> | <i>Pribadong kumpanya, non-profit na
organisasyon o foundation</i> | |
| <input type="radio"/> | Government | 2 |
| <input type="radio"/> | <i>Gobyerno</i> | |
| <input type="radio"/> | Self-employed | 3 |
| <input type="radio"/> | <i>May sariling negosyo</i> | |
| <input type="radio"/> | Family business or farm..... | 4 |
| <input type="radio"/> | <i>Negosyo o sakahan ng pamilya</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_G32':

IF 'QA24_G31' = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and ["Include both the level of government (such as state, or local) and the function (such as budget, office, police, etc.);

ELSE DISPLAY "What kind of business or industry is this?" AND ["What do they make or do at this business?"]

'QA24_G32' {What kind of agency or department is this? / What kind of business or industry is this?}

{*Anong uri ng ahensya o departamento ito? / Anong uri ng negosyo o industrya ito?*}

AK5

{[Include both the level of government (such as state, or local) and the function (such as budget office, police, etc./ 'What do they make or do at this business?')]

Isama ang antas ng gobyerno (tulad ng estado, o lokal) at pati na rin ang tungkulin (tulad ng opisina ng budget, pulis, atbp.)/Anong produkto ang yinayari o anong gawain ang ginagawa sa negosyong ito?

REFUSED/DON'T KNOW..... -3

'QA24_G33' What is the main kind of work you do?

Ano ang pangunahing trabaho na inyong ginagawa?

AK6

Main job = where works most hours.

Enter description

REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_G34':

IF 'QA24_G31' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA24_G34' = 8 AND GO TO 'QA24_G35';

IF 'QA24_G31' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA24_G34' AND DISPLAY "Including yourself, about" and "you";

ELSE CONTINUE WITH 'QA24_G34' AND DISPLAY "About" and "your employer";

'QA24_G34' {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

{*Kabilang ang sarili ninyo, humigi-kumulang/Humigit-Kumulang} ilan ang empleado {ng inyong employer /ninyo} sa lahat ng mga sangay?*

AK8

Your best guess is fine

- | | | |
|-----------------------|--------------|---|
| <input type="radio"/> | 1 or 2 | 1 |
| <input type="radio"/> | 1 o 2 | |
| <input type="radio"/> | 3-9 | 2 |
| <input type="radio"/> | 3-9 | |
| <input type="radio"/> | 10-24 | 3 |
| <input type="radio"/> | 10-24 | |
| <input type="radio"/> | 25-50 | 4 |
| <input type="radio"/> | 25-50 | |
| <input type="radio"/> | 51-100 | 5 |
| <input type="radio"/> | 51-100 | |

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | 101-200 | 6 |
| <input type="radio"/> | 101-200 | |
| <input type="radio"/> | 201-9997 | 8 |
| <input type="radio"/> | 201-999 | |
| <input type="radio"/> | 1,000 or more..... | 9 |
| <input type="radio"/> | 1,000 O MAHIGIT PA | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA24_G35':

IF 'QA24_A23' = 1 (MARRIED) OR 'QA24_D12' = 1 OR 'QA24_D13' = 1, CONTINUE WITH 'QA24_G35';

IF 'QA24_A23' = 1, THEN DISPLAY "spouse";

ELSE IF 'QA24_D12' = 1 OR 'QA24_D13' = 1, THEN DISPLAY "partner";

ELSE GO TO 'QA24_H1'

'QA24_G35' Which of the following was your {spouse/partner} doing last week?

Alin sa sumusunod ang ginawa ng inyong {asawa/partner} nitong nakaraang linggo?

AG8

- | | | | |
|-----------------------|--|----|--------------------|
| <input type="radio"/> | Working at a job or business..... | 1 | [GO TO 'QA24_G37'] |
| <input type="radio"/> | <i>Nagtrabaho sa pinapasukan o sa negosyo</i> | | |
| <input type="radio"/> | With a job or business but not at work..... | 2 | [GO TO 'QA24_G37'] |
| <input type="radio"/> | <i>May pinapasukan o may negosyo ngunit hindi nagtrabaho</i> | | |
| <input type="radio"/> | Looking for work..... | 3 | |
| <input type="radio"/> | <i>Naghanap ng trabaho</i> | | |
| <input type="radio"/> | Not working at a job or business..... | 4 | |
| <input type="radio"/> | <i>Walang pinapasukan na trabaho o negosyo</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_G36' Does your {spouse/partner} usually work?

Karaniwan bang nagtrabaho and {asawa/partner} ninyo?

AG11

- | | | | |
|-----------------------|------------------------------|----|-------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | <i>Oo</i> | | |
| <input type="radio"/> | No..... | 2 | [GO TO 'QA24_H1'] |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | Looking for work..... | 3 | [GO TO 'QA24_H1'] |
| <input type="radio"/> | <i>Naghahanap ng trabaho</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_H1'] |

'QA24_G37' On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

Sa pangunahing katungkulan ng inyong {asawa/partner}, nagtrabaho ba {siya/siya} sa isang kompanyang pribado, sa gobyerno, o nagtrabaho ba {siya/siya} para sa kanyang sarili, o nagtrabaho ba {siya/siya} nang walang sahod sa negosyo o sakahan ng pamilya?

AG9

- | | | |
|-----------------------|---|---|
| <input type="radio"/> | Private company, non-profit organization
or foundation | 1 |
|-----------------------|---|---|

- Pribadong kumpanya, non-profit na organisasyon o foundation*
- Government2
- Gobyerno*
- Self-employed3
- May sariling negosyo*
- Family business or farm.....4
- Negosyo o sakahan ng pamilya*
- REFUSED/DON'T KNOW..... -3

Section H: Health Insurance

Usual Source of Care

'QA24_H1' The next topics are about health insurance and health care.
Is there a place that you usually go to when you are sick or need advice about your health?

*Tungkol sa health insurance at health care ang sumusunod na mga paksa.
Mayroon bang lugar na karaniwang pinupuntahan ninyo kapag may sakit kayo o
nangangailangan ng payo tungkol sa inyong kalusugan?*

AH1

- | | | |
|-----------------------|-------------------------|----------------------|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | [GO TO 'QA24_H3'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 [GO TO 'QA24_H3'] |

PROGRAMMING NOTE 'QA24_H2':

IF 'QA24_H1' = 1, CONTINUE WITH 'QA24_H2';
ELSE SKIP TO 'QA24_H3'

'QA24_H2' What kind of place do you go to most often—a medical doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

{Sa anong uri ng lugar kayo pinakamadalas na nagpapatingin - isang medical /Ang doctor ba ninyo ay nasa isang pribadong} office ng doktor isang clinic o sa clinic sa ospital, sa emergency room, o sa Iba Pang lugar?

AH3

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Medical doctor's office..... | 1 |
| <input type="radio"/> | <i>Opisina ng medikal na doktor</i> | |
| <input type="radio"/> | Clinic/ Hospital clinic | 2 |
| <input type="radio"/> | <i>Klinika/Klinika sa ospital</i> | |
| <input type="radio"/> | Emergency Room | 3 |
| <input type="radio"/> | <i>Emergency room</i> | |
| <input type="radio"/> | Some other place (Specify: _____) | 91 |
| <input type="radio"/> | <i>Ilang Iba Pang lugar (Tukuyin:_____)</i> | |
| <input type="radio"/> | No one place | 92 |
| <input type="radio"/> | <i>Walang iisang lugar</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Emergency Room Visits

'QA24_H3' During the past 12 months, did you visit a hospital emergency room for your own health?

Nitong nakaraang 12 buwan, nagpatingin ba kayo sa emergency room ng ospital para sa inyong sariling kalusugan?

AH12

- | | | |
|-----------------------|-------------------------|----------------------|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | [GO TO 'QA24_H5'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 [GO TO 'QA24_H5'] |

'QA24_H4' How many times did you do that?

Ilang beses ninyo ginawa iyon?

AH95

Count times you visited a hospital emergency room for your own health.

- _____ Number of times [HR: 0 - 200]
- _____ Dami ng beses [HR: 0 - 200]
- REFUSED/DON'T KNOW..... -3

Medicare Coverage

'QA24_H5' Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?

Ang MediCARE ay health insurance program para sa mga taong 65 taong gulang o higit o mga taong may mga partikular na kapansanan. Naka-insure ba kayo sa MediCARE ngayon?

AI1

- Yes1 [GO TO 'QA24_H7']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_H13']

POST NOTE 'QA24_H5': IF 'QA24_H5' = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA24_H6':

IF ['AAGE'] > 64 OR ['QA24_A4']= 6 (65 OR OLDER) OR ENUM.AGE > 64] AND ['QA24_H5'] = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH 'QA24_H6';
ELSE GO TO PROGRAMMING NOTE 'QA24_H7'

'QA24_H6' Is it correct that you are not covered by Medicare even though you told me earlier that you are 65 or older?

Tama ba na hindi kayo naka-insure sa MediCARE kahit na sinabi ninyo sa akin kanina na 65 taong gulang o higit na kayo?

AI2

- Correct, I am not covered by Medicare.....1 [GO TO 'PN_QA24_H13']
- Tama, hindi ako sakop ng Medicare*
- Not correct, I am covered by Medicare.....2 [GO TO 'PN_QA24_H7']
- Mali, sakop ako ng Medicare*
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_H13']

POST NOTE 'QA24_H6': AIDATE

SET AIDATE= CURRENT DATE (YYYYMMDD);
SET AAGE= 'QA24_H7';
IF AAGE< 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'QA24_H7':

IF ARMCARE = 1, CONTINUE WITH 'QA24_H7';
ELSE GO TO PROGRAMMING NOTE 'QA24_H13'

'QA24_H7' Is this a Medicare Advantage Plan?

Medicare Advantage Plan ba ito?

AH123

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.

Ang MediCARE Advantage plans, na kung minsan tinatawag na Part C plans, ay inaalok ng mga pribadong kompanyang aprobado ng MediCARE. Nagbibigay ang mga MediCARE Advantage plans ng Medicare Part A at Part B coverage.

- Yes1 [GO TO 'QA24_H9']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_H7': IF 'QA24_H7'= 1, SET ARMADV= 1

'QA24_H8' Some people who are eligible for Medicare also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

Ang ilang tao na karapat-dapat para sa MediCARE ay mayroon ding pribadong insurance na Paminsan-minsan tinatawag na Medigap o Medicare Supplement. Mayroon ba kayong ganitong uri ng health insurance?

AI4

These are policies that cover health care costs not covered by Medicare alone.

Mga policy ito na sumasaklaw sa mga gastos sa pangangalaga sa kalusugan na hindi saklaw nang nag-iisa ng Medicare.

- Yes1
- Oo
- No.....2 [GO TO
'PN_QA24_H13']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_H13']

POST-NOTE FOR 'QA24_H8': IF 'QA24_H8'= 1, SET ARSUPP= 1

PROGRAMMING NOTE 'QA24_H9':

IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA24_H13';

DISPLAYS:

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

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

- 'QA24_H9'** For the {Medicare Advantage plan/Medicare Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

Para sa {MediCARE HMO/MediCARE Supplement plan}, nag-enrol ba kayo nang direktamente, o Nakuhang ninyo ang insurance na ito sa kasalukuyang employer, sa dating employer, sa union, sa negosyong pampamilya, sa AARP, o sa iba pang paraan?

AH126

AARP stands for the American Association of Retired Persons

American Association of Retired Persons ang kahulugan ng AARP

- Directly 1
- Direkta
- Your current employer 2
- Ang iyong kasalukuyang pinagtatrabahuan
- Your former employer 3
- Ang iyong dating pinagtatrabahuan
- Union 4
- Union
- Family Business 5
- Negosyo ng Pamilya
- AARP 6
- AARP
- Spouse's / Partner's employer 7
- Pinagtatrabahuan ng Asawa/Kinakasama
- Spouse's / Partner's union 8
- Union ng Asawa/Kinakasama
- Professional/Fratal Organization 9
- Propesyonal na Organisasyon/Kapatirang Organisasyon
- Other 91
- Iba pa
- REFUSED/DON'T KNOW -3

- 'QA24_H10'** Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan na ito? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

AH53

Premium is the monthly charge for the cost of your health insurance plan.

Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.

Co-pays 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.

Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.

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

Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.' Premium is the monthly charge for the cost of your health insurance plan.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_H11' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

AH54

- Yes1
- Oo
- No.....2 [GO TO
'PN_QA24_H13']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_H13']

'QA24_H12' Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?

Sino maliban sa inyo ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito, gaya ng inyong employer, union, o samahang pampropesyonal?

AH55

Check all that apply

I-check ang lahat ng naaangkop.

- Your current employer1
- Ang iyong kasalukuyang pinagtatrabahuhan
- Your former employer2
- Ang iyong dating pinagtatrabahuhan
- Union3
- Union
- Spouse's/Partner's current employer4
- Ang kasalukuyang pinagtatrabahuhan ng iyong asawa/kinakasama
- Spouse's/Partner's former employer5
- Ang dating pinagtatrabahuhan ng iyong asawa/kinakasama

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Professional/Fratal organization | 6 |
| <input type="checkbox"/> | Propesyonal na Organisasyon/Kapatirang Organisasyon | |
| <input type="checkbox"/> | Medicaid/Medi-Cal assistance | 7 |
| <input type="checkbox"/> | Medicaid/Medi-Cal ang tumutulong | |
| <input type="checkbox"/> | Other | 91 |
| <input type="checkbox"/> | Iba pa | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

POST NOTE FOR 'QA24_H12': IF 'QA24_H12' = 7, SET ARMCAL = 1;

Medi-Cal Coverage

PROGRAMMING NOTE 'QA24_H13':

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

'QA24_H13' {Is it correct that you are/Are you} covered by Medi-CAL?

{Tama ba na naka-insure kayo/Naka-insure ba kayo} sa Medi-CAL?

A16

Medi-Cal is a health insurance program for low-income individuals in California

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

**POST NOTE FOR 'QA24_H13': IF 'QA24_H13'= 1, SET ARMCAL= 1 AND SET ARINSURE= 1;
IF ARMCAL= 1 AND 'QA24_H13'= 2, SET ARMCAL= 0**

Employer-Based Coverage

PROGRAMMING NOTE 'QA24_H14':

DISPLAY INSTRUCTIONS:

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"

'QA24_H14' {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

{Maliban sa Medicare supplement plan/Maliban sa Medicare Advantage Plan na binanggit ninyo sa akin}, Naka-insure ba kayo sa {anumang Iba Pang/isang health insurance plan o HMO sa pamamagitan ng isang kasalukuyan o dating employer o union? Naka-insure ba kayo sa health insurance plan o sa HMO sa pamamagitan ng kasalukuyan o dating employer o union?}

A18

You may be covered either through your own or someone else's employment ... sa pamamagitan ng inyong sariling trabaho o kaya'y sa trabaho ng ibang tao?

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'QA24_H14': IF 'QA24_H14' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'QA24_H15':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'QA24_H15';
ELSE GO TO PROGRAMMING NOTE 'QA24_H17'

- 'QA24_H15' Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

Naka-insure ba kayo sa isang health insurance plan na binili ninyo nang direktta mula sa isang insurance company o HMO, o sa pamamagitan ng Covered California?

AI11

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.

Huwag ninyong bilangin ang plan na nagbabayad lamang para sa tiyak na mga sakit kagaya ng cancer o stroke, o naglalaan lamang 'ekstrang pera' kung ma-ospital.

- Yes1
- Oo
- No.....2 [GO TO
'PN_QA24_H17']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_H17']

POST NOTE FOR 'QA24_H15': IF 'QA24_H15' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA24_H16':

IF ARDIRECT = 1, THEN CONTINUE WITH 'QA24_H16';
ELSE GO TO 'PN_QA24_H17'

- 'QA24_H16' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direktta mula sa isang insurance company, HMO, o sa pamamagitan ng Covered California?

AH104

- Insurance company or HMO1
- Insurance company o HMO
- Covered California
- Covered California
- Other (Specify: _____)..... 92
- Iba pa (Tukuyin:: _____)

REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'QA24_H16': IF 'QA24_H16' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA24_H17':

IF 'QA24_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA24_H15' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA24_H17';
ELSE GO TO 'PN_QA24_H19'

'QA24_H17' Was this plan obtained in your own name or in the name of someone else?

Paano ninyo binili itong health insurance - direkta mula sa isang insurance company, HMO, o sa pamamagitan ng Covered California?

AI9

*This may include someone who does not live in this household
Kahit ibang taong hindi tumitira sa pamamahay na ito.*

- In my own name.....1 [GO TO 'PN_QA24_H19']
- Nasa sarili mong pangalan
- In someone else's name2
- Nasa pangalan ng ibang tao
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_H19']

POST NOTE FOR 'QA24_H17':

IF 'QA24_H14' = 1 AND 'QA24_H17' = 1 SET AREMPOWN = 1 AND SET ARINSURE= 1 AND SET AREMPOTH= 0;
IF 'QA24_H14' = 1 AND 'QA24_H17' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE= 1;
IF 'QA24_H15' = 1 AND 'QA24_H17' = 1 SET ARDIROWN= 1 AND ARINSURE = 1;
IF 'QA24_H15' = 1 AND 'QA24_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1;
IF 'QA24_H15' = 1 AND 'QA24_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1;
PROGRAMMING NOTE 'QA24_H18': IF 'QA24_A23' = 1 (MARRIED) OR 'QA24_D12' = 1 OR 'QA24_D13'= 1OR IF 'QA24_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA24_A4' =1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA24_H18';
ELSE GO TO PROGRAMMING NOTE 'QA24_H19';
IF 'QA24_A23' = 1, THEN DISPLAY "spouse's name";
IF 'QA24_A23' ≠ 1 AND ('QA24_D12'= 1 OR 'QA24_D13'= 1), THEN DISPLAY "partner's name";
IF 'QA24_G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'QA24_H18':

IF 'QA24_A23' = 1 (MARRIED) OR 'QA24_D12' = 1 OR 'QA24_D13' = 1OR IF 'QA24_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA24_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA24_H18';
ELSE GO TO PROGRAMMING NOTE 'QA24_H19';
IF 'QA24_A23' = 1, THEN DISPLAY "spouse's name";
IF 'QA24_A23' ≠ 1 AND ('QA24_D12' = 1 OR 'QA24_D13' = 1), THEN DISPLAY "partner's name";
IF 'QA24_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA24_H18' Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,} {pangalan ng inyong magulang,} o pangalan ng Iba Pang tao?

AI9A

- In spouse's/partner's name1
- Nasa pangalan ng asawa/kinakasama*
- In parent's name2
- Nasa pangalan ng magulang*
- In someone else's name3
- Nasa pangalan ng ibang tao*
- REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'QA24_H18':

IF '**QA24_H14**' = 1 AND '**QA24_H18**' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1;

IF '**QA24_H16**' = 2 AND '**QA24_H18**' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;

IF '**QA24_H14**' = 1 AND '**QA24_H18**' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;

IF '**QA24_H15**' = 1 AND '**QA24_H18**' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF '**QA24_H15**' = 1 AND '**QA24_H18**' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA24_H19':

IF '**QA24_H14**' = 1 (EMPLOYER-BASED COVERAGE) AND '**QA24_G34**' <= 5 (FIRM SIZE <= 100),
CONTINUE WITH '**QA24_H19**' 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 '**QA24_H20**';

'QA24_H19' How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

Paano {kayo/siya} nagpatala para sa health insurance na ito - sa pamamagitan ng isang employer, union, o SHOP program ng Covered California?

AH105

SHOP is the Small Business Health Options Program administered by Covered California

Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California

- Employer1
- Pinagtatrabahuan*
- Union2
- Union*
- SHOP / Covered California3
- SHOP / Covered California*
- Other (Specify: _____) 92
- Iba pa (Tukuyin:: _____)*

POST NOTE FOR 'QA24_H19': IF 'QA24_H19**' = 3, THEN SET ARHBEX = 1****PROGRAMMING NOTE 'QA24_H20':**

IF ARHBEX = 1, THEN CONTINUE WITH '**QA24_H20**';

ELSE GO TO '**PN_QA24_H22**';

'QA24_H20' Was this a bronze, silver, gold or platinum plan?

Bronze, silver, gold o platinum plan ba ito?

AH106

- Bronze.....1

- Bronze*
- Silver* 2
- Silver*
- Gold* 3
- Gold*
- Platinum* 4
- Platinum*
- Medi-CAL / Medicaid* 5
- Medi-CAL / Medicaid*
- Minimum coverage plan / Catastrophic* 6
- Minimum coverage plan / Catastrophic*
- Other (Specify: _____) 92
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_H21':

IF 'QA24_H19' = 3, THEN GO TO 'QA24_H22';
 ELSE CONTINUE WITH 'QA24_H21';

'QA24_H21' Was there a subsidy or discount on the premium for this plan?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium para sa plan na ito?

AH107

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_H22':

IF 'QA24_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA24_H15'= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA24_H22';
 ELSE GO TO PROGRAMMING NOTE 'QA24_H27'

'QA24_H22' Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan na ito? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangan bayaran ninyo o ng inyong pamilya.

AH57

Premium is the monthly charge for the cost of your health insurance plan.

Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.

Co-pays 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.

Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.

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

Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.' 'Premium is the monthly charge for the cost of your health insurance plan.

- Yes1
- Oo
- No.....2 [GO TO
‘PN_QA24_H25’]
- Hindi
- REFUSED/DON'T KNOW..... -3

‘QA24_H23’ How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.

AH128

Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.

Premium is the monthly charge for the cost of your health insurance plan.

Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.

Co-pays 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.

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

Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.'

- _____ (Amount) [HR:0-9997, SR:0-2000]
 _____ Halaga
 REFUSED/DON'T KNOW..... -3

‘QA24_H24’ Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

AH58

- | | |
|---|----|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| <input type="radio"/> Hindi | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |
- [GO TO
‘PN_QA24_H27’]
- [GO TO
‘PN_QA24_H27’]

PROGRAMMING NOTE ‘QA24_H25’:

IF ‘QA24_H22’= 2, CONTINUE WITH ‘QA24_H25’;
ELSE SKIP TO ‘PN_QA24_H27’

‘QA24_H25’ Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?

{*Sino, maliban sa inyo, ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito , gaya ng isang employer, union, o samahang pampropresyonal/ Sino iyon?*}

AH56

Check all that apply
I-check ang lahat ng naaangkop.

- | | |
|--|----|
| <input type="checkbox"/> Your current employer | 1 |
| <input type="checkbox"/> Ang iyong kasalukuyang pinagtatrabahuan | |
| <input type="checkbox"/> Your former employer | 2 |
| <input type="checkbox"/> Ang iyong dating pinagtatrabahuan | |
| <input type="checkbox"/> Union | 3 |
| <input type="checkbox"/> Union | |
| <input type="checkbox"/> Spouse's/Partner's current employer..... | 4 |
| <input type="checkbox"/> Ang kasalukuyang pinagtatrabahuan ng iyong asawa/kinakasama | |
| <input type="checkbox"/> Spouse's/Partner's former employer | 5 |
| <input type="checkbox"/> Ang dating pinagtatrabahuan ng iyong asawa/kinakasama | |
| <input type="checkbox"/> Professional/Fratalernal organization | 6 |
| <input type="checkbox"/> Propesyonal na Organisasyon/Kapatirang Organisasyon | |
| <input type="checkbox"/> Medicaid/Medi-Cal assistance | 7 |
| <input type="checkbox"/> Medicaid/Medi-Cal ang tumutulong | |
| <input type="checkbox"/> Medicare | 9 |
| <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> Covered California | 11 |
| <input type="checkbox"/> Other | 91 |
| <input type="checkbox"/> Iba pa | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |

POST-NOTE ‘QA24_H25’:

IF ‘QA24_H25’= 1, 2, OR 3, THEN SET AREMPOWN= 1;
 IF ‘QA24_H25’= 4 OR 5, THEN SET AREMPSP= 1;
 IF ‘QA24_H25’= 6, THEN SET AROTHER= 1;
 IF ‘QA24_H25’= 9, SET ARMCARE= 1 AND SET ARDIRECT= 0;
 IF ‘QA24_H25’= 7, SET ARMCAL= 1 AND SET ARDIRECT= 0;
 IF ‘QA24_H25’= 11, SET ARHBEX= 1;
 IF ‘QA24_H25’= 91, THEN SET AROTHER= 1

‘QA24_H26’ How much do they contribute to your plan each month?

Magkano ang inaambag nila sa inyong plan bawat buwan?

AH129

_____ (Amount)
_____ (Halaga)

[HR:0-9997, SR:0-2000]

[HR:0-9997, SR:0-2000]

- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_H26':

IF RESPONDENT GIVES AMOUNT GREATER THAN SR DISPLAY "Just to confirm, you said (DISPLAY AMOUNT ENTERED)"

PROGRAMMING NOTE 'QA24_H27':

IF ['QA24_G27'= 1 OR 2 (R WORKED LAST WEEK) OR 'QA24_G29'= 1 (R USUALLY WORKS)] AND 'QA24_G31'≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH 'QA24_H27';
ELSE GO TO PROGRAMMING NOTE 'QA24_H31'

'QA24_H27' Does your employer offer health insurance to any of its employees?

Nag-aalok ba ng health insurance ang inyong employer sa mga empleado nito?

AI13

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO
'PN_QA24_H31'] |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_H31'] |

'QA24_H28' Are you eligible to be in this plan?

Karapat-dapat ba kayong sumali sa plan na ito?

AI14

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO
'PN_QA24_H30'] |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_H31'] |

'QA24_H29' What is the one main reason why you aren't in this plan?

Ano ang isang pangunahing dahilan na hindi kayo kasali sa plan na ito?

AI15

- | | | | |
|-----------------------|---|---|--------------------------|
| <input type="radio"/> | Covered by another plan..... | 1 | [GO TO
'PN_QA24_H32'] |
| <input type="radio"/> | <i>Sakop ng Iba Pang plan</i> | | |
| <input type="radio"/> | Plan too expensive..... | 2 | [GO TO
'PN_QA24_H32'] |
| <input type="radio"/> | <i>Masyadong mahal ang plan</i> | | |
| <input type="radio"/> | Didn't like plan offered | 3 | [GO TO
'PN_QA24_H32'] |
| <input type="radio"/> | <i>Hindi gusto ang inihandog na plan</i> | | |
| <input type="radio"/> | Don't need or believe in health insurance.... | 4 | [GO TO
'PN_QA24_H32'] |

[PN_QA24_H32]

- Hindi kailangan o hindi naniniwala sa health insurance*
- Other (Specify: _____) 91 [GO TO
‘**PN_QA24_H32**’]
- Iba Pa (Tukuyin: _____)*
- REFUSED/DON’T KNOW -3 [GO TO
‘**PN_QA24_H32**’]

‘QA24_H30’ What is the one main reason why you are not eligible for this plan?

Ano ang isang pangunahing dahilan na hindi kayo karapat-dapat para sa plan na ito?

AI15A

- Haven’t yet worked for this employer long enough to be covered 1
- Hindi pa ako nakakapagtrabaho nang ganoon katagal sa employer na ito para ma-cover*
- Contract or temporary employees not allowed in plan 2
- Hindi pinapayagan sa plan ang naka-kontrata o pansamantalang mga empleyado*
- Don’t work enough hours per week or weeks per year 3
- Hindi sapat ang oras na ipinagtrabaho kada linggo o ang linggo na ipinagtrabaho kada taon*
- Other (Specify: _____) 91
- Iba Pa (Tukuyin: _____)*
- REFUSED/DON’T KNOW -3

CHAMPUS/CHAMPVA, TRICARE, VA Coverage

PROGRAMMING NOTE ‘QA24_H31’:

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH ‘**QA24_H31**’;
ELSE GO TO ‘**PN_QA24_H32**’

‘QA24_H31’ Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

Naka-insure ba kayo sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa Iba Pang pangangalagang pangkalusugan ng militar?

AI16

- Yes 1
- Oo
- No 2
- Hindi*
- REFUSED/DON’T KNOW -3

POST NOTE ‘QA24_H31’: IF ‘**QA24_H31**’ = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

PROGRAMMING NOTE 'QA24_H32':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'QA24_H32';
ELSE GO TO PROGRAMMING NOTE 'QA24_H33'

'QA24_H32' Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

Naka-insure ba kayo sa Iba Pang health plan ng gobyerno, gaya ng AIM, 'Mister MIP,' Family Pact, Healthy Kids, o iba pa?

AI17

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.

Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program; ang Family PACT ang programa ng estado na nagbabayad para sa serbisyon pangkalusugang para sa pagpipigil sa pagbubuntis/pag-aanak para sa mga hindi naka-insure na mga Babae't lalake na mabababa ang kita; at ang PCIP ang insurance plan para sa mga dati nang umiiral na karamdaman.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H32': IF 'QA24_H32'= 1, SET AROTHGOV= 1 AND SET ARINSURE= 1

Other Coverage

PROGRAMMING NOTE 'QA24_H33':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA24_H33';
ELSE GO TO PROGRAMMING NOTE 'QA24_H37'

'QA24_H33' Do you have any health insurance coverage through a plan that I missed?

Mayroon ba kayong anumang health insurance sa pamamagitan ng isang plan na di ko nabanggit?

AI18

- Yes1
- Oo
- No.....2 [GO TO
'PN_QA24_H37']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_H37']

'QA24_H34' What type of health insurance do you have?

Anong uri ng health insurance ang mayroon kayo?

AI19

*Check all that apply
I-check ang lahat ng naaangkop*

- Through current or former employer/union 1
- Sa pamamagitan ng kasalukuyan o dating employer/union*
- Through school, professional association, trade group, or other organization 2
- Sa pamamagitan ng paaralan, propesyonal na asosasyon, trade group, o Iba Pang organisasyon*
- Purchased directly from health plan 3
- Bumili nang direkta mula sa health plan*
- MediCARE 4
- MediCARE*
- Medi-CAL 5
- Medi-CAL*
- CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care 7
- CHAMPUS/CHAMP-VA, TRICARE, VA o Iba Pang military health care*
- Indian health service, Tribal health program or urban Indian clinic 8
- Indian health service, Tribal health program o sa urban Indian clinic*
- Covered California 10
- Covered California*
- Shop through Covered California 11
- Bumili sa pamamagitan ng Covered California*
- Other government health plan 91
- Iba Pang health plan ng gobyerno*
- Other non-government health plan 92
- Iba Pang health plan na hindi pang-gobyerno*
- REFUSED/DON'T KNOW -3

POST NOTE 'QA24_H34':

IF 'QA24_H34'= 1, SET AREMPOTH= 1 AND SET ARINSURE= 1;
 IF 'QA24_H34'= 2, SET AREMPOTH= 1 AND SET ARINSURE= 1;
 IF 'QA24_H34'= 3, SET ARDIRECT= 1 AND SET ARINSURE= 1;
 IF 'QA24_H34'= 4, SET ARMCARE= 1 AND SET ARINSURE= 1;
 IF 'QA24_H34'= 5, SET ARMCAL= 1 AND SET ARINSURE= 1;
 IF 'QA24_H34'= 7, SET ARMILIT= 1 AND SET ARINSURE= 1;
 IF 'QA24_H34'= 8, SET ARIHS= 1;
 IF 'QA24_H34'= 10, SET ARHBEX= 1 AND ARDIRECT= 1 AND ARINSURE= 1 AND ARDIROTH=1;
 IF 'QA24_H34'= 11, SET ARHBEX= 1 AND SET ARINSURE= 1 AND AREMPOTH= 1;
 IF 'QA24_H34'= 91, SET AROTHGOV= 1 AND SET ARINSURE= 1;
 IF 'QA24_H34'= 92, -7, OR -8, SET AROTHER= 1 AND SET ARINSURE= 1

PROGRAMMING NOTE 'QA24_H35':

IF 'QA24_H34'= 1, 2, OR 3 CONTINUE WITH 'QA24_H35';
ELSE GO TO 'PN_QA24_H37'

'QA24_H35' Was this plan obtained in your own name or in the name of someone else?

Kinuha ba ang plan na ito sa pangalan ninyo o sa pangalan ng ibang tao?

AH59

This may include someone who does not live in this household

Kahit ibang taong hindi tumitira sa pamamahay na ito

- | | | | |
|-----------------------|-----------------------------------|----|--------------------------|
| <input type="radio"/> | In my own name | 1 | [GO TO
'PN_QA24_H37'] |
| <input type="radio"/> | <i>Nasa sarili mong pangalan</i> | | |
| <input type="radio"/> | In someone else's name | 2 | |
| <input type="radio"/> | <i>Nasa pangalan ng ibang tao</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_H37'] |

POST NOTE 'QA24_H35':

IF ('QA24_H34' = 1 OR 2 OR KAI19 =11) AND 'QA24_H35' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('QA24_H34' = 3 OR 10) AND 'QA24_H35' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('QA24_H34' = 1 OR 2) AND ('QA24_H35' = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF 'QA24_H34' = 1 AND ('QA24_H35' = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA24_H36':

IF 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 OR IF 'QA24_G11'= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA24_H36';
ELSE GO TO PROGRAMMING NOTE 'QA24_H37';
IF 'QA24_A23'= 1 THEN DISPLAY "spouse's name";
IF 'QA24_A23'≠ 1 AND ('QA24_D12'= 1 OR 'QA24_D13'= 1), THEN DISPLAY "partner's name";
IF 'QA24_G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA24_H36' Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

*Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,}
{pangalan ng inyong magulang,} o pangalan ng Iba Pang tao?*

AH60

- | | | |
|-----------------------|------------------------------------|----|
| <input type="radio"/> | In spouse's / partner's name | 1 |
| <input type="radio"/> | <i>Nasa sarili mong pangalan</i> | |
| <input type="radio"/> | In parent's name | 2 |
| <input type="radio"/> | <i>Nasa pangalan ng magulang</i> | |
| <input type="radio"/> | In someone else's name | 3 |
| <input type="radio"/> | <i>Nasa pangalan ng ibang tao</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

POST-NOTE 'QA24_H36':

IF 'QA24_H36'= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF 'QA24_H36'= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA24_H37':

IF ARIHS ≠ 1 AND 'QA24_A10'= 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA24_H37';
 ELSE GO TO 'PN_QA24_H38'

'QA24_H37' Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

Naka-insure ba kayo sa Indian Health Service, sa Tribal Health Program o sa Urban Indian Clinic?

AI20

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H37': IF 'QA24_H37'= 1, SET ARIHS= 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE AI37Intro:

IF ['QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1] AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
 IF 'QA24_A23'= 1, THEN DISPLAY "spouse";
 ELSE IF 'QA24_D12'= 1 OR 'QA24_D13'= 1, THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE 'QA24_H60'

'QA24_H38' These next questions are about the type of health insurance your {spouse/partner} may have.

Ang susunod na mga tanong ay tungkol sa uri ng health insurance na maaaring mayroon ang inyong [asawa/partner]

AI37Intro

PROGRAMMING NOTE 'QA24_H39':

IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH 'QA24_H39' WITHOUT DISPLAYELSE IF ARMCARE = 1, CONTINUE WITH 'QA24_H39' AND DISPLAY "You said that you are covered by Medicare." AND "also"; ELSE GO TO 'PN_QA24_H42'

'QA24_H39' {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?{}

{}{Sinabi ninyo na naka-insure kayo sa Medicare.} Naka-insure {rin} ba sa Medicare ang inyong (asawa/partner)?//{Sinabi ninyo na naka-insure kayo sa Medicare.} Naka-insure {rin} ba sa Medicare ang inyong (asawa/partner)?{}}

AI37

- Yes1
- Oo
- No.....2
- Hindi

REFUSED/DON'T KNOW..... -3

POSTNOTE 'QA24_H39': IF 'QA24_H39' = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA24_H40':

IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA24_H41'; DISPLAYS;
 IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA24_H40' WITHOUT DISPLAY;
 ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA24_H40' AND DISPLAY "You said
 that you have a Medicare Advantage plan." AND "also";
 IF 'QA24_A23'= 1 (MARRIED) THEN DISPLAY "spouse's";
 ELSE IF 'QA24_D12' = 1 OR 'QA24_D13'= 1THEN DISPLAY "partner's";

'QA24_H40' {You said that you have a MediCARE Advantage plan.} Does your {spouse/partner}
 {also} have a MediCARE Advantage plan?

{Sinabi ninyo na mayroon kayong Medicare Advantage plan.} Mayroon {din} bang isang
 Medicare Advantage Plan ang inyong {asawa/partner}?

AH127

*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.*

*Ang MediCARE Advantage plans, na kung minsan tinatawag na Part C plans, ay inaalok
 ng mga pribadong kompanyang aprobado ng MediCARE. Nagbibigay ang mga
 MediCARE Advantage plans ng Medicare Part A at Part B coverage.*

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H40': IF 'QA24_H40'= 1, THEN SET SPMADV= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA24_H41':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA24_H42';
 ELSE IF SPMCARE= 1 AND ARSUPP≠ 1, CONTINUE WITH 'QA24_H41' WITHOUT DISPLAY;
 ELSE IF SPMCARE = 1 AND ARSUPP= 1, CONTINUE WITH 'QA24_H41' AND DISPLAY "You said that
 you have a Medicare Supplement plan." AND "also";
 IF 'QA24_A23'= 1 (MARRIED), THEN DISPLAY "spouse";
 ELSE IF 'QA24_D12' = 1 OR 'QA24_D13'= 1THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE 'QA24_H42'

'QA24_H41' {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also}
 have a Medicare supplement plan?

{Sinabi ninyo na mayroon kayong Medicare supplement plan.} Mayroon {din} bang
 Medicare supplemental policy ang inyong {partner/asawa}?

AI37A

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H41': IF 'QA24_H41' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA24_H42':

IF ARMCAL= 1, CONTINUE WITH 'QA24_H42';
DISPLAY "also" IF ARMCARE =1;
ELSE GO TO PROGRAMMING NOTE 'QA24_H43'

'QA24_H42' You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

Sinabi ninyo na mayroon {din} kayong Medi-Cal. Naka-insure din ba sa Medi-Cal ang inyong (ASAWA/PARTNER)?

AI38

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

POST-NOTE 'QA24_H42': IF 'QA24_H42'= 1, SET SPMCAL= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA24_H43':

IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA24_H43' ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA24_H44'

'QA24_H43' You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

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

AI40

- Yes1 [GO TO
'PN_QA24_H46']
- Oo
- No.....2
- Hindi
- Other3
- Iba Pang
- REFUSED/DON'T KNOW.....-3

POST-NOTE 'QA24_H43': IF 'QA24_H43'= 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA24_H44':

IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA24_H44';
IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA24_H45'

'QA24_H44' You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

Sinabi ninyo na mayroon kayong health insurance sa pamamagitan ng SHOP program ng Covered California. Naka-insure {rin} ba ang inyong (ASAWA/PARTNER) sa health insurance na ito?

AH108

SHOP is the Small Business Health Options Program administered by Covered California.

'Ang SHOP ay ang Small Health Options Program na pinangangasiwaan ng Covered California.

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO
'PN_QA24_H46'] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | Other | 3 | |
| <input type="radio"/> | Iba pang | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

POST NOTE 'QA24_H44': IF 'QA24_H44'= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

PROGRAMMING NOTE AI40A:

IF 'QA24_G35'= 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA24_G36' = 1 (USUALLY WORKS), CONTINUE WITH 'QA24_H45';

IF AREMPSP = 1 AND 'QA24_A23' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.:";

ELSE IF AREMPSP = 1 AND ('QA24_D12' = 1 OR 'QA24_D13' = 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 'QA24_H46'

'QA24_H45' {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

Sinabi ninyo na mayroon kayong insurance mula sa employer o union ng inyong asawa./Sinabi ninyo na mayroon kayong insurance mula sa employer o union ng inyong partner.} Mayroon {din} bang insurance ang inyong (ASAWA/PARTNER) mula sa {kanyang} sariling employer?

AI40A

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

POST-NOTE 'QA24_H45': IF 'QA24_H45'= 1, SET SPEMPOWN= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA24_H46':

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA24_H46';

IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE 'QA24_H47'

'QA24_H46' You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

Sinabi ninyo na mayroon {din} kayong plan na binili ninyo nang direkta mula sa kompanya ng insurance. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI41

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H46': IF 'QA24_H46' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA24_H47':

IF ARDIRECT=1 AND ARHBEX= 1, CONTINUE WITH '**QA24_H47**';
 IF ARMCARE= 1 OR ARMCAL= 1 OR AREMPOWN= 1, DISPLAY "also";
 ELSE GO TO '**PN_QA24_H48**'

'QA24_H47' You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

Sinabi ninyo na mayroon kayong plan na binili ninyo nang direkta mula sa Covered California. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AH109

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H47':

IF 'QA24_H47'= 1, SET SPDIRECT = 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

PROGRAMMING NOTE 'QA24_H48':

IF ARMILIT = 1, CONTINUE WITH '**QA24_H48**';
 IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
 ELSE GO TO '**PN_QA24_H49**'

'QA24_H48' You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

Sinabi ninyo na mayroon {din} kayong health insurance sa pamamagitan ng CHAMPUS/CHAMPUS-VA, TRICARE, VA o sa Iba Pang pangangalagang pangkalusugan ng militar. Naka-insure rin ba sa plan na ito ang inyong (ASAWA/PARTNER)

AI42

- Yes1
- Oo
- No.....2
- Hindi

REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H48': IF 'QA24_H48'= 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA24_H49':

IF AROTHGOV = 1, CONTINUE WITH 'QA24_H49';

IF 'QA24_H35'= 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 'PN_QA24_H50'

'QA24_H49' You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

Sinabi ninyo na mayroon {din} kayong health insurance sa pamamagitan ng {AIM/MRMIP/Family PACT/PCIP/isang health plan ng gobyerno}. Naka-insure din ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI42A

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_H49':

IF 'QA24_H49'= 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

PROGRAMMING NOTE 'QA24_H50':

IF SPINSURE ≠ 1, DISPLAY "any";

ELSE DISPLAY "through any other source"

'QA24_H50' Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

Mayroon bang {anumang} health insurance ang inyong (ASAWA/PARTNER) sa pamamagitan ng Iba Pang pinanggagalingan?

AI46

- Yes1
- No.....2 [GO TO
'PN_QA24_H52']
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_H56']

'QA24_H51' What type of health insurance does {he/she} have?

Anong uri ng health insurance ang mayroon {siya}?

AI47

Check all that apply

- Through current or former employer/union1
- Sa pamamagitan ng kasalukuyan o dating employer/union*
- Through school, professional association, trade group or other organization.....2
- Sa pamamagitan ng paaralan, propesyonal na asosasyon, trade group, o Iba Pang organisasyon*
- Purchased directly from health plan3
- Bumili nang direkta mula sa health plan*
- Medicare4
- Medicare
- Medi-Cal5
- Medi-Cal
- CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care.....7
- CHAMPUS/CHAMP-VA, TRICARE, VA o Iba Pang military health care*
- Indian Health Service, Tribal Health Program, or Urban Indian Clinic.....8
- Indian health service, Tribal health program o sa urban Indian clinic*
- Covered California 10
- Covered California*
- SHOP through Covered California..... 11
- Bumili sa pamamagitan ng Covered California*
- Other government health plan 91
- Iba Pang health plan ng gobyerno*
- Other non-government health plan 92
- Iba Pang health plan na hindi pang-gobyerno*
- REFUSED/DON'T KNOW.....-3

POST-NOTE 'QA24_H51':

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IF 'QA24_H51'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
IF 'QA24_H51'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
IF 'QA24_H51'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
IF 'QA24_H51'= 4, SET SPMCARE= 1 AND SET SPINSURE= 1;
IF 'QA24_H51'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
IF 'QA24_H51'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
IF 'QA24_H51'= 8, SET SPIHS= 1;
IF 'QA24_H51'= 10, SET SPHBEX= 1 AND SPDIRECT= 1 AND SPINSURE= 1 AND SPDIROTH= 1;
IF 'QA24_H51'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SET SPEMPOTH= 1;
IF 'QA24_H51'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
IF 'QA24_H51'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1

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PROGRAMMING NOTE 'QA24_H52':

IF SPINSURE ≠ 1, CONTINUE WITH 'QA24_H52';

ELSE IF SPINSURE= 1 AND (SPEMPOTH= 1 OR SPDIRECT= 1), THEN SKIP TO PROGRAMMING NOTE 'QA24_H54';

ELSE GO TO PROGRAMMING NOTE 'QA24_H56'

- 'QA24_H52'** You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

Sinabi ninyo na walang health insurance ang inyong (ASAWA/PARTNER) mula sa anumang Iba Pang pinagkukunan? Tama ba ito?

AI48

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO
'PN_QA24_H56'] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_H56'] |

- 'QA24_H53'** What type of health insurance does {he/she} have?

Anong uri ng health insurance ang mayroon {siya}?

AI49

Check all that apply

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Through current or former employer/union | 1 |
| <input type="radio"/> | <i>Sa pamamagitan ng kasalukuyan o dating employer/union</i> | |
| <input type="radio"/> | Through school, professional association, trade group or other organization..... | 2 |
| <input type="radio"/> | <i>Sa pamamagitan ng paaralan, propesyonal na asosasyon, trade group, o Iba Pang organisasyon</i> | |
| <input type="radio"/> | Purchased directly from health plan | 3 |
| <input type="radio"/> | <i>Bumili nang direkta mula sa health plan</i> | |
| <input type="radio"/> | Medicare | 4 |
| <input type="radio"/> | <i>Medicare</i> | |
| <input type="radio"/> | Medi-Cal..... | 5 |
| <input type="radio"/> | <i>Medi-Cal</i> | |
| <input type="radio"/> | CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care..... | 7 |
| <input type="radio"/> | <i>CHAMPUS/CHAMP-VA, TRICARE, VA o Iba Pang military health care</i> | |
| <input type="radio"/> | Indian Health Service, Tribal Health Program, or Urban Indian Clinic..... | 8 |
| <input type="radio"/> | <i>Indian health service, Tribal health program o sa urban Indian clinic</i> | |
| <input type="radio"/> | Covered California | 10 |
| <input type="radio"/> | <i>Covered California</i> | |
| <input type="radio"/> | SHOP through Covered California..... | 11 |
| <input type="radio"/> | <i>Bumili sa pamamagitan ng Covered California</i> | |
| <input type="radio"/> | Other government health plan | 91 |
| <input type="radio"/> | <i>Iba Pang health plan ng gobyerno</i> | |

- Other non-government health plan 92
- Iba Pang health plan na hindi pang-gobyerno*
- REFUSED/DON'T KNOW.....-3

POST-NOTE 'QA24_H53':

IF 'QA24_H53'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'QA24_H53'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'QA24_H53'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
 IF 'QA24_H53'= 4, SET SPMCARE= 1 AND SET SPINSURE= 1;
 IF 'QA24_H53'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
 IF 'QA24_H53'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
 IF 'QA24_H53'= 8, SET SPIHS= 1;
 IF 'QA24_H53'= 10, SET SPHBEX= 1 AND SET SPDIRECT= 1 AND SET SPINSURE= 1 AND
 SPDIROTH= 1;
 IF 'QA24_H53'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SPEMOTH= 1;
 IF 'QA24_H53'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
 IF 'QA24_H53'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1;

PROGRAMMING NOTE 'QA24_H54':

IF 'QA24_H51'= (1, 2, 3, 10, 11) OR 'QA24_H53'= (1, 2, 3, 10, 11) THEN CONTINUE WITH
 'QA24_H54';
 IF 'QA24_A23'= 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'QA24_D12'= 1 OR 'QA24_D13'= 1 THEN DISPLAY "partner's";
 ELSE SKIP TO PROGRAMMING NOTE 'QA24_H56'

'QA24_H54' Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

Kinuha ba ang plan na ito sa pangalan ng inyong {asawa/partner} o sa pangalan ng ibang tao?

AH62

This may include someone who does not live in this household

- In spouse's/partner's name1 [GO TO
 'PN_QA24_H56']
- Nasa sarili mong pangalan*
- In someone else's name2
- Nasa pangalan ng ibang tao*
- REFUSED/DON'T KNOW.....-3 [GO TO
 'PN_QA24_H56']

POST-NOTE 'QA24_H54':

IF 'QA24_H54'= 1 AND ['QA24_H51'= (1 OR 2) OR 'QA24_H53'= (1 OR 2)], SET SPEMPOW =1 AND
 SPEMPOT = 0;
 IF 'QA24_H54'= 1 AND ['QA24_H51'= 3 OR 'QA24_H53'= 3], SET KSPDIROW = 1;
 IF 'QA24_H54'= 1 AND ['QA24_H51'= 10 OR 'QA24_H53'= 10], SET SPHBEX = 1 AND SPDIROW =
 1;
 IF 'QA24_H54'= 1 AND ['QA24_H51'= 11 OR 'QA24_H53'= 11], SET SPHBEX = 1 AND SPEMPOW =
 1;

'QA24_H55' Is the plan in your name, parent's name, or someone else's name?

Nasa pangalan ba ninyo ang plan, pangalan ng magulang ninyo, o pangalan ng ibang tao?

AH63

- In my name1
- Nasa pangalan ko*
- In my parent's name.....2
- Nasa pangalan ng magulang ko*
- In someone else's name3
- Nasa pangalan ng ibang tao*
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_H55':

IF 'QA24_H55'= 1 AND ['QA24_H51'= (1 OR 2) OR 'QA24_H53'= (1 OR 2)], SET SPEMPAR= 1 AND SPEMPOT= 0 AND ARSAMES= 1;
 IF 'QA24_H55'= 1 AND ['QA24_H51' = 3 OR 'QA24_H53' = 3], SET SPDIRAR= 1 AND ARSAMES= 1;
 IF 'QA24_H55'= 1 AND ['QA24_H51'= 10 OR 'QA24_H53'= 10], SET SPHBEX= 1 AND SPDIRAR= 1 AND ARSAMES= 1;
 IF 'QA24_H55'= 1 AND ['QA24_H51' = 11 OR 'QA24_H53'= 11], SET SPHBEX= 1 AND SPEMPAR = 1 AND ARSAMES= 1;
 IF 'QA24_H55'= 2, SET SPARPAR= 1 AND SET SPEMPOT= 0;

PROGRAMMING NOTE 'QA24_H56':

IF SPEMPOWN= 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA24_H60';
 ELSE IF [('QA24_G35'=1 OR 2) OR ('QA24_G36'=1)] AND 'QA24_G37'≠3 CONTINUE WITH 'QA24_H56';
 IF 'QA24_A23'= 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
 ELSE GO TO PROGRAMMING NOTE 'QA24_H60'

'QA24_H56' Does your {spouse's/partner's} employer offer health insurance to any of its employees?

Nag-aalok ba ng health insurance ang employer ng inyong {asawa/partner} sa sinuman sa mga empleado nito?

AI43

- Yes1
- Oo
- No.....2 [GO TO
‘PN_QA24_H60’]
- Hindi*
- REFUSED/DON'T KNOW..... -3 [GO TO
‘PN_QA24_H60’]

'QA24_H57' Is {he/she} eligible to be in this plan?

Karapat-dapat ba {siyang} sumali sa plan na ito?

AI44

- Yes1
- Oo
- No.....2 [GO TO
‘PN_QA24_H59’]
- Hindi*
- REFUSED/DON'T KNOW..... -3 [GO TO
‘PN_QA24_H60’]

'QA24_H58' What is the ONE main reason why {he/she} isn't in this plan?

Ano pangunahing dahilan na hindi {siya} kasali sa plan na ito?

AI45

- Covered by another plan.....1 [GO TO

- | | |
|--|--|
| <input type="radio"/> <i>Sakop ng Iba Pang plan</i>
<input type="radio"/> Plan too expensive.....2
<input type="radio"/> <i>Masyadong mahal ang plan</i>
<input type="radio"/> Didn't like the plan offered3
<input type="radio"/> <i>Hindi nagustuhan ang inihahandog na plan</i>
<input type="radio"/> Didn't need or believe in health insurance...4
<input type="radio"/> <i>Hindi kailangan o naniniwala sa health</i>
<input type="radio"/> Other (Specify: _____).....91
<input type="radio"/> <i>Iba pa (Tukuyin:_____)</i>
<input type="radio"/> REFUSED/DON'T KNOW.....-3 | 'PN_QA24_H60'
[GO TO
'PN_QA24_H60']
[GO TO
'PN_QA24_H60']
[GO TO
'PN_QA24_H60']
[GO TO
'PN_QA24_H60']
[GO TO
'PN_QA24_H60']
[GO TO
'PN_QA24_H60'] |
|--|--|

'QA24_H59' What is the one main reason why {he/she} is not eligible for this plan?

Ano ang isang pangunahing dahilan na hindi {siya} karapat-dapat para sa plan na ito?

AI45A

- | |
|---|
| <input type="radio"/> Hasn't yet worked for this employer.....1
long enough to be covered
<input type="radio"/> <i>Hindi pa nakakapagtrabaho nang sapat na panahon sa employer na ito para maging sakop</i>
<input type="radio"/> Contract or temporary employees.....2
not allowed in
<input type="radio"/> <i>Hindi pinapayagan na makasali ang mga naka-kontrata o ang mga pansamantalang empleyado</i>
<input type="radio"/> Doesn't work enough hours per week
or week per year3
<input type="radio"/> <i>Hindi sapat ang oras na ipinag-tatrabaho kada linggo o ang linggo na ipinag-tatrabaho kada taon</i>
<input type="radio"/> Other (Specify: _____)..... 91
<input type="radio"/> <i>Iba pa (Tukuyin::_____)</i>
<input type="radio"/> REFUSED/DON'T KNOW.....-3 |
|---|

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'QA24_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 'QA24_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 'QA24_H82' ;
 ELSE CONTINUE WITH 'QA24_H60' DISPLAY;
 IF ['QA24_A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 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 ['QA24_A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE= 1 (R HAS MEDICARE) AND (ARMCAL= 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL";
 IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN= 1 OR AREMPOTH= 1 OR ARDIRECT= 1 OR ARMILIT= 1 OR ARIHS= 1 OR ARHBEX= 1 OR AROTHGOV= 1 OR AROTHER= 1), DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other";
 [IF ARMCARE= 1 (R HAS MEDICARE) AND (ARMCAL= 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;IF ['QA24_A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 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 ['QA24_A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 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 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?"

'QA24_H60' {Besides your 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.}

Is your {Medi-Cal/other} health plan an HMO?

{*Maliban sa MediCARE plan na binaggit ninyo sa akin kanina, mayroon akong mga katanungan tungkol sa inyong ibang health plan.*}

Isang HMO ba ang inyong {Medi-Cal/ibang} health plan?

AI22C

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.

Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin ninyo ang mga doktor at ospital na kaanib sa kanilang network. Kung lalabas kayo sa network, sa karaniwan hindi mababayaran ito maliban kung ito'y emergency.

- Yes 1 [GO TO
‘PN_QA24_H62’]
- Oo 2
- No 2
- Hindi -3
- REFUSED/DON’T KNOW -3

PROGRAMMING NOTE ‘QA24_H61’:

IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO ‘QA24_H62’;
ELSE CONTINUE WITH ‘QA24_H61’;

‘QA24_H61’ Is your health plan a PPO or EPO?

PPO o EPO ba ang inyong health plan?

AH122

EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospital. If it’s an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

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

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.

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

- PPO 1
- PPO 2
- EPO 2
- EPO 91
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)
- REFUSED/DON’T KNOW -3

PROGRAMMING NOTE ‘QA24_H62’:

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH ‘QA24_H62’ AND DISPLAY “your main”;
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH ‘QA24_H62’ AND DISPLAY “this”

‘QA24_H62’ What is the name of {your main/this} health plan?

Ano ang pangalan ng inyong pangunahing health plan?

AI22A

- Anthem Blue Cross of California.....7
- Anthem Blue Cross of California*
- Health Net 38
- Health Net*
- Kaiser Permanente 47
- Kaiser Permanente*
- Kaiser Permanente Senior Advantage 48
- Kaiser Permanente Senior Advantage*
- Scan Health Plan 67
- Scan Health Plan*
- United Healthcare 73
- United Healthcare*
- United Healthcare Secure Horizon 74
- United Healthcare Secure Horizon*
- Medicare 53
- Medicare*
- Other (Specify: _____)..... 85
- Iba Pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW -3

POST NOTE 'QA24_H62': IF 'QA24_H62'= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA24_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 ANOTHER≠ 1) AND
 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE),
 DISPLAY "Next I have some questions about your own main health plan."

'QA24_H63' {Next, I have some questions about your own main health plan.} Are you covered for
 your prescription drugs? That is, does some plan pay any part of the cost?

Susunod, may ilang katanungan ako tungkol sa inyong pangunahing health plan.} Naka-insure ba kayo para sa mga gamot na inirereseta sa inyo? Ibig sabihin, may plan bang nagbabayad ng anumang bahagi ng gastos?

AI25

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW -3

High Deductible Health Plans**PROGRAMMING NOTE 'QA24_H64':**

IF AREMPOWN= 1 OR AREMPSP= 1 OR AREMPPAR= 1 OR ARDIRECT= 1 OR AREMPOTH= 1 THEN
 CONTINUE WITH 'QA24_H64';
 ELSE GO TO 'QA24_H69'

'QA24_H64' Does your health plan have a deductible that is more than \$1,000?

May deductible ba na higit sa \$1,000 ang health plan Ninyo?

AH71

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot

- Yes1
- Oo
- No.....2
- Hindi
- Yes, but only when we go out of network3
- Oo, pero kapag hindi lang namin ginagamit ang network
- REFUSED/DON'T KNOW..... -3

'QA24_H65' Does your health plan have a deductible for all covered persons that is more than \$2,000?

May deductible ba na mahigit sa \$2,000 para sa lahat ng taong naka-insure ang inyong health plan?

AH72

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.

- Yes1
- Oo
- No.....2
- Hindi
- Yes, but only when we go out of network3
- Oo, pero kapag hindi lang namin ginagamit ang network
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H66':

IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH '**QA24_H66**';
ELSE CONTINUE WITH '**QA24_H69**'

'QA24_H66' Do you have a special account or fund you can use to pay for medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot?

AH73B

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).

Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs) o Health Reimbursement Accounts (HRAs). Ang Iba Pang mga pangalan na kabilang nito ay ang - Personal care accounts, Personal medical funds, o Choice funds, at kakaiba ito sa mga Flexible Spending Account na ipinagkakaloob ng mga employer.

- Yes 1
- Oo
- No 2 [GO TO 'QA24_H69']
- Hindi
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_H69']

'QA24_H67' Do you have money in this account?

May pera ka ba sa account na ito?

AH130

- Yes 1
- Oo
- No 2 [GO TO 'QA24_H69']
- Hindi
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_H69']

'QA24_H68' How much money do you have in this account?

Magkaano ang pera mo sa account na ito?

Your best guess is fine.

Ang iyong pinakamahusay na tanyaya ay ayos lang

AH131

- _____ (Amount)
- _____ (Halaga)
- REFUSED/DON'T KNOW -3

Coverage over Past 12 Months

'QA24_H69' Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

Isipin ninyo ang inyong kasalukuyang health insurance, ito rin ba mismo ang insurance ninyo sa kabuuan 12 ng nakaraang 12 buwan.

AI31

- Yes 1
- Oo
- No 2 [GO TO 'QA24_H71']
- Hindi
- Don't know -7 [GO TO 'QA24_H72']
- Hindi alam
- REFUSED -3 [GO TO 'QA24_H77']

'QA24_H70' How long have you had your current health insurance?

Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang iba pang health insurance?

AH132

- _____ Number of Years [IF>=0, GO TO 'QA24_H75']
- _____ Dami ng taon
- _____ Number of Months [IF>=0, GO TO

‘QA24_H75’]

- Dami ng buwan*
- REFUSED/DON'T KNOW..... -3 [GO TO ‘QA24_H75’]

‘QA24_H71’ Out of the last 12 months, how many months did you have your current health insurance plan?

Sa loob ng nakaraang labindalawang buwan, ilang buwan ka nagkaroon ng insurance sa kasalukuyan mong health insurance?

AH133

- Number of Months
- Dami ng buwan*
- REFUSED/DON'T KNOW..... -3

‘QA24_H72’ During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang Iba Pang health insurance?

AI32

- Yes 1
- Oo
- No..... 2 [GO TO ‘QA24_H75’]
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO ‘QA24_H75’]

‘QA24_H73’ Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-Cal ba ang Iba Pang insurance ninyo, isang plan na Nakhuha ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

AI33

*Check all that apply
I-check ang lahat ng naaangkop.*

- Medi-Cal 1
- Medi-Cal
- Obtained through current or former employer/union..... 3
- Nakhuha sa pamamagitan ng kasalukuyan o dating employer
- Purchased directly 5
- Direktang binili
- Purchased through Covered California..... 6
- Binili sa pamamagitan ng Covered California
- Other health plan 91
- Iba Pang health plan
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H74':

IF MORE THAN ONE RESPONSE FROM 'QA24_H73', THEN CONTINUE WITH 'QA24_H74';
 ELSE GO TO 'QA24_H75'

'QA24_H74' Before your current plan, which health insurance did you have?

Bago nitong kasalukuyang plan ninyo na ito, aling health insurance ang ginamit ninyo?

AH134

- Medi-Cal.....1
- Medi-Cal
- Obtained through current or former employer/union.....3
- Nakhu sa pamamagitan ng kasalukuyan o dating employer
- Purchased directly5
- Direktang binili
- Purchased through Covered California.....6
- Binili sa pamamagitan ng Covered California
- Other health plan 91
- Iba Pang health plan
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H75':

IF 'QA24_H72'≠1 OR 'QA24_H69'= 1, THEN CONTINUE WITH 'QA24_H75';
 ELSE GO TO 'QA24_H76'

'QA24_H75' Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Bago ang kasalukuyan mong plan, may iba ka bang health insurance na inilalaan ng Medi-CAL, ng isang employer, isang plan na direkta mong binili mula sa isang insurance company, isang plan na binili mo sa pamamagitan ng Covered California, o Iba Pang plan?

AH135

- Medi-Cal.....1
- Medi-Cal
- Obtained through current or former employer/union.....3
- Nakhu sa pamamagitan ng kasalukuyan o dating employer
- Purchased directly5
- Direktang binili
- Purchased through Covered California.....6
- Binili sa pamamagitan ng Covered California
- Other health plan 91
- Iba Pang health plan
- No other health plan..... 95
- Walang Iba Pang health plan
- REFUSED/DON'T KNOW..... -3

No other health plan

PROGRAMMING NOTE 'QA24_H76':

IF 'QA24_H75' = 95, THEN SKIP TO 'QA24_H77', ELSE CONTINUE.
 IF ONLY ONE RESPONSE FROM 'QA24_H73' THEN DISPLAY THAT RESPONSE
 ELSE IF 'QA24_H74' >0 DISPLAY RESPONSE FROM 'QA24_H74'
 ELSE IF 'QA24_H75' >0 DISPLAY RESPONSE FROM 'QA24_H75'
 IF 'QA24_H73' OR AH143 OR 'QA24_H75'=1 DISPLAY "the MediCAL plan"
 IF 'QA24_H73' OR AH143 OR 'QA24_H75'=3 DISPLAY "plan through current or former employer or union"
 IF 'QA24_H73' OR AH143 OR 'QA24_H75'=5 DISPLAY "plan you purchased directly"
 IF 'QA24_H73' OR AH143 OR 'QA24_H75'=6 DISPLAY "the Covered California plan"
 IF 'QA24_H73' OR AH143 OR 'QA24_H75'=91 DISPLAY "the other health plan"

'QA24_H76' How long did you have the {Medi-CAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

Gaano nang katagal na nasasa-inyo ang {medi-CAL/ Covered California plan/Iba Pang health} plan {sa pamamagitan ng kasalukuyan o dating employer o union/na direkta ninyong binili}?

AH136

- _____ Number of years
- _____ Dami ng taon
- _____ Number of months
- _____ Dami ng buwan
- REFUSED/DON'T KNOW..... -3

'QA24_H77' During the past 12 months, did you change your health insurance plan?

Sa loob ng nakaraang labindalawang buwan, binago ba ng inyong asawa ang kanyang health insurance plan?

AH137

Please include changes in health plan from the same or different health insurance companies.

Paki-bilang ang mga pagbabago sa kanyang health plan mula sa mga pareho o magkakaibang health insurance companies

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H78':

IF 'QA24_H69'= 2, -3 OR 'QA24_H72' = 1, -3 THEN CONTINUE;
 ELSE SKIP TO 'QA24_H79'

'QA24_H78' During the past 12 months, was there any time when you had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala kayong anumang health insurance?

AI34

- Yes1
- Oo

- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

PROGRAMMING NOTE ‘QA24_H79’:

IF ‘QA24_H78’=1 OR ‘QA24_H72’=2, THEN CONTINUE WITH ‘QA24_H79’;
ELSE SKIP TO PN ‘QA24_H90’

‘QA24_H79’ For how many months of the past 12 months did you have no health insurance at all?

Ilang buwan nitong nakaraang 12 buwan na wala kayong health insurance?

AI35

- _____ Number of months [HR: 0-11] [IF ‘QA24_H79’=0, GO TO
‘PN_QA24_H90’]
- _____ Dami ng buwan [HR: 0-11]
- REFUSED/DON'T KNOW.....-3

Reasons for Lack of Coverage

‘QA24_H80’ What is the one main reason why you did not have any health insurance during those months?

Ano ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance sa mga buwan na iyon?

AI36

- Can't afford/Too expensive1
- Hindi ko kayang bayaran/napakamahal
- Not eligible due to working status/2 [GO TO ‘QA24_H81’]
Changed employer/Lost job
- Hindi kwalipikado dahil sa status sa trabaho/hagpalit ng employer/nawalan ng trabaho
- Not eligible due to health or3 other problems
- Hindi kwalipikado dahil sa kalusugan o Iba Pang problema
- Not eligible due to citizenship/4 immigration status
- Hindi kwalipikado dahil sa pagiging mamamayan/katayuan sa imigrasyon
- Family situation changed5
- Nagbago ang sitwasyon ng pamilya
- Did not have insurance while switching7 insurance companies
- Walang insurance habang nagpapalit ng kumpanya ng insurance
- Can get health care for free/8 Pay for own care
- Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran ang sariling pangangalaga
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW.....-3

‘QA24_H81’ Was this due to a lost job, reduction in hours, change in employer, or something else?

Ito ba ay dahil sa Pagkawala ng trabaho, Pagbabawas ng oras, Pagpalit ng employer, o ibang dahilan?

AH140

- Lost job.....1
- Pagkawala ng trabaho*
- Reduction in hours2
- Pagbabawas ng oras*
- Change in employer.....3
- Pagpalit ng employer*
- Something else (Specify: _____) 91
- Ibang dahilan (Pakitukoy: _____)*
- REFUSED/DON'T KNOW..... -3

'QA24_H82' During the time that you were uninsured, did you try to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

AH74

- Yes1 [GO TO 'PN_QA24_H90']
- Oo
- No.....2 [GO TO 'PN_QA24_H90']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_H90']

'QA24_H83' What is the one main reason why you do not have any health insurance?

Ano ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance?

AI24

- Can't afford/Too expensive1
- Hindi ko kayang bayaran/napakamahal*
- Not eligible due to working status/
Changed employer/Lost job2 [GO TO 'QA24_H84']
- Hindi kwalipikado dahil sa status sa trabaho/hagpalit ng employer/hawalan ng trabaho*
- Not eligible due to health or
other problems3
- Hindi kwalipikado dahil sa kalusugan o Iba Pang problema*
- Not eligible due to citizenship/
immigration status4
- Hindi kwalipikado dahil sa pagiging mamamayan/katayuan sa imigrasyon*
- Family situation changed5
- Nagbago ang sitwasyon ng pamilya*
- Don't believe in insurance.....6
- Hindi naniniwala sa insurance*
- Did not have insurance while switching
insurance companies7
- Walang insurance habang nagpapalit ng kumpanya ng insurance*
- Can get health care for free/

- Pay for own care8
- Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran ang sariling pangangalaga
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3

'QA24_H84' Was this due to a lost job, reduction in hours, change in employer, or something else?

Ito ba ay dahil sa Pagkawala ng trabaho, Pagbabawas ng oras, Pagpalit ng employer, o ibang dahilan?

AH141

- Lost job.....1
- Pagkawala ng trabaho
- Reduction in hours2
- Pagbabawas ng oras
- Change in employer.....3
- Pagpalit ng employer
- Something else (Specify: _____) 91
- Ibang dahilan (Pakitukoy: _____)
- REFUSED/DON'T KNOW..... -3

'QA24_H85' During the time that you have been uninsured, have you tried to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

AH75

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_H86' Were you covered by health insurance at any time during the past 12 months?

May health insurance ba kayo kailanman nitong nakaraang 12 buwan?

AI27

- Yes1 [GO TO 'QA24_H88']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_H87' How long has it been since you last had health insurance?

Gaano katagal na mula noong huling may health insurance kayo?

AI28

- More than 12 months ago, but not more than 3 years1 [GO TO 'PN_QA24_H90']
- Mahigit sa 12 buwan nang nakalipas, ngunit hindi hihigit sa 3 taon
- More than 3 years2 [GO TO 'PN_QA24_H90']

- Mahigit sa 3 taon*
- Never had health insurance3 [GO TO
‘PN_QA24_H90’]
- Hindi kailanman nagkaroon ng health insurance*
- REFUSED/DON’T KNOW..... -3 [GO TO
‘PN_QA24_H90’]

‘QA24_H88’ For how many months out of the last 12 months did you have health insurance?

Ilang buwan nitong nakaraang 12 buwan may health insurance kayo?

AI29

- _____ Months [HR: 0-12] [GO TO
‘PN_QA24_H90’]
- _____ Buwan [HR: 0-12]
- REFUSED/DON’T KNOW..... -3

‘QA24_H89’ During that time when you had health insurance, was your insurance MediCAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Noong mayroon kayong health insurance, Medi-CAL ba ang inyong insurance, isang plan na Nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa isang insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

AI30

Check all that apply

- Medi-Cal.....1
- Medi-Cal
- Through current or former employer or union.....3
- Sa pamamagitan ng kasalukuyan o dating employer o union
- Purchased directly5
- Direktang binili
- Covered California6
- Covered California
- Other health plan 91
- Iba Pang health plan
- REFUSED/DON’T KNOW..... -3

PROGRAMMING NOTE ‘QA24_H90’:

IF ARINSURE≠ 1 OR ‘QA24_H73’= 2 OR ARDIRECT= 1 OR ‘QA24_H89’= (5, 6) OR ‘QA24_H73’= (5, 6) OR ARHBEX= 1 OR SPHBEX= 1; THEN CONTINUE WITH ‘QA24_H90’;
 ELSE GO TO PROGRAMMING NOTE ‘QA24_H107’
 IF PROXY=1, GO TO ‘QA24_H108’

‘QA24_H90’ In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

Nitong nakaraang 12 buwan, sinubukan ba ninyong bumili ng health insurance plan nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AH103H

- Yes1
- Oo

- No.....2 [GO TO 'PN_QA24_H107']
- Hindi
- REFUSED/DON'T KNOW.....-3 [GO TO 'PN_QA24_H107']

'QA24_H91' Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

Binibili ba ninyo nang direktang mula sa insurance company o HMO, o sa pamamagitan ng Covered California, o kapwa mula sa insurance company at sa pamamagitan ng Covered California?

AH110H

- Directly from an insurance company or HMO.....1
- Direkta ba iyon mula sa isang insurance company o HMO
- Through Covered California.....2
- Sa pamamagitan ng Covered California
- Both from an insurance company and through Covered California3
- Mula pareho sa isang insurance company at sa pamamagitan ng Covered California
- REFUSED/DON'T KNOW.....-3 [GO TO 'QA24_H94']

PROGRAMMING NOTE 'QA24_H92':

IF 'QA24_H91'= 1; THEN CONTINUE WITH 'QA24_H92';

IF 'QA24_H91'= 3; THEN CONTINUE WITH 'QA24_H92' AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE 'QA24_H96';

'QA24_H92' {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

{Una isipin ninyo ang inyong karanasan sa pagsisikap bumili ng insurance nang direktang mula sa insurance company o HMO.}

AH98H

How difficult was it to find a plan with the coverage you needed?

Gaano kahirap makahanap ng plan na may mga coverage na kailangan ninyo?

- Very difficult.....1
- Talagang mahirap
- Somewhat difficult.....2
- Medyo mahirap
- Not too difficult3
- Hindi masyadong mahirap
- Not at all difficult.....4
- Hindi mahirap kahit Kaunti
- REFUSED/DON'T KNOW.....-3

'QA24_H93' How difficult was it to find a plan you could afford?

Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay...

AH99H

- Very difficult.....1
- Talagang mahirap*
- Somewhat difficult.....2
- Medyo mahirap*
- Not too difficult3
- Hindi masyadong mahirap*
- Not at all difficult.....4
- Hindi mahirap kahit Kaunti*
- REFUSED/DON'T KNOW..... -3

'QA24_H94' Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

AH100H

- Yes1
 - Oo*
 - No.....2
 - Hindi*
 - REFUSED/DON'T KNOW..... -3
- [GO TO
'PN_QA24_H96']
- [GO TO
'PN_QA24_H96']

'QA24_H95' Who helped you?

Sino ang tumulong sa inyo?

AH101H

- Broker.....1
- Broker*
- Family member/Friend2
- Miyembro ng pamilya/Kaibigan*
- Internet.....3
- Internet*
- Other (Specify: _____)..... 91
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H96':

IF 'QA24_H91'= 2, THEN CONTINUE WITH 'QA24_H96';

IF 'QA24_H91'= 3; THEN CONTINUE WITH 'QA24_H96' AND DISPLAY "Now, think about your experience with Covered California.";

ELSE GO TO PROGRAMMING NOTE 'QA24_H90';

'QA24_H96' {Now, think about your experience with Covered California.}

{*Ngayon, isipin ang inyong karanasan sa Covered California.*}

AH111H

How difficult was it to find a plan with the coverage you needed through Covered California?

Gaano kahirap humanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California?

- Very difficult.....1
- Talagang mahirap*
- Somewhat difficult.....2

- Medyo mahirap*
- Not too difficult 3
- Hindi masyadong mahirap*
- Not at all difficult 4
- Hindi mahirap kahit Kaunti*
- REFUSED/DON'T KNOW -3

'QA24_H97' How difficult was it to find a plan you could afford? Was it...

Gaano kahirap humanap ng plan na abot-kaya ninyo? Ito ba ay...

AH112H

- Very difficult 1
- Talagang mahirap*
- Somewhat difficult 2
- Medyo mahirap*
- Not too difficult 3
- Hindi masyadong mahirap*
- Not at all difficult 4
- Hindi mahirap kahit Kaunti*
- REFUSED/DON'T KNOW -3

'QA24_H98' Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

AH113H

- Yes 1
 - Oo
 - No 2
 - Hindi*
 - REFUSED/DON'T KNOW -3
- [GO TO
'PN_QA24_H100']**
- [GO TO
'PN_QA24_H100']**

'QA24_H99' Who helped you?

Sinong tumulong sa inyo?

AH114H

- Broker 1
- Broker*
- Family member / friend 2
- Miyembro ng pamilya/Kaibigan*
- Internet 3
- Internet*
- Certified enrollment counsellor 4
- Certified na enrollment counselor*
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW -3

'QA24_H100' Did you have all the information you felt you needed to make a good decision on a health plan?

Nasa inyo ba ang lahat ng impormasyon na sa tingin ninyo ay kailangan ninyo para makapagdesisyon nang Mabuti tungkol sa health plan?

AH115H

- Yes 1

- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

PROGRAMMING NOTE 'QA24_H101':

IF 'QA24_A21' > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH

'QA24_H101';

ELSE GO TO 'QA24_H102';

'QA24_H101' Were you able to get information about your health plan options in your language?

Nakakuha ba kayo ng impormasyon sa inyong wika tungkol sa mga maaari ninyong mapili sa health plan?

AH116H

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

'QA24_H102' Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

Ang presyo ba ng plan na pinili ninyo ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH117H

- Very important.....1
- Napakahalaga
- Somewhat important2
- Medyo mahalaga
- Not important.....3
- Hindi mahalaga
- REFUSED/DON'T KNOW.....-3

'QA24_H103' Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpagamot sa isang partikular na doctor ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH118H

- Very important.....1
- Napakahalaga
- Somewhat important2
- Medyo mahalaga
- Not important.....3
- Hindi mahalaga
- REFUSED/DON'T KNOW.....-3

'QA24_H104' Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpagamot sa isang partikular na ospital ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH119H

- Very important.....1

- Napakahalaga*
- Somewhat important 2
- Medyo mahalaga*
- Not important 3
- Hindi mahalaga*
- REFUSED/DON'T KNOW -3

'QA24_H105' Was the choice of doctors in the plan's network very important, somewhat important, or not important in choosing your plan?

Iyong mapagpipiliang mga doktor ba na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH120H

- Very important 1
- Napakahalaga*
- Somewhat important 2
- Medyo mahalaga*
- Not important 3
- Hindi mahalaga*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_H106':

```
IF 'QA24_H20'= 1 THEN DISPLAY "Bronze"
ELSE IF 'QA24_H20'= 2 THEN DISPLAY "Silver"
ELSE IF 'QA24_H20'= 3 THEN DISPLAY "Gold"
ELSE IF 'QA24_H20'= 4 THEN DISPLAY "Platinum"
ELSE IF 'QA24_H20'= 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY"";
```

'QA24_H106' Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

Pangwakas, ano ang naging pinaka-importanteng dahilan kung bakit pinili ninyo ang inyong {Bronze/Silver/Gold/Platinum} plan?

AH121H

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?

Iyon ba ay ang presyo, angabilidad ninyong magpagamot sa isang partikular na doctor, angabilidad ninyong makapunta sa isang partikular na ospital, ang inyong mapagpipiliang mga provider na kaanib sa network ng inyong plan, o Iba pang dahilan?

- Cost 1
- Gastos*
- Specific doctor 2
- Partikular na doktor*
- Specific hospital 3
- Partikular na ospital*
- Choice of doctors in network 4
- Mapagpipiliang mga doktor sa network*
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_H107':
 IF ARINSURE = 1, CONTINUE WITH 'QA24_H107';
 ELSE SKIP TO 'QA24_H108';

'QA24_H107' Overall, how satisfied are you with your current health insurance plan?

Sa pangkalahatan, gaano ka nasisiyahan sa kasalukuyan mong health insurance plan?

AH139

- Very satisfied.....1
- Talagang nasisiyahan*
- Somewhat satisfied.....2
- Medyo nasisiyahan*
- Somewhat dissatisfied3
- Medyo hindi nasisiyahan*
- Very dissatisfied.....4
- Talagang hindi nasisiyahan*
- REFUSED/DON'T KNOW..... -3

Hospitalizations

'QA24_H108' During the past 12 months, were you a patient in a hospital overnight or longer?

Nitong nakaraang 12 buwan, naging pasyente ba kayo na na-ospital nang magdamag o mas matagal pa?

AH14

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Medical Debt

PROGRAMMING NOTE 'QA24_H109':

IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO 'QA24_H111';
 ELSE IF 'QA24_H74' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your current health plan", AND CONTINUE WITH 'QA24_H109'

'QA24_H109' The following questions are about your current health plan. While you've had your current health plan, have you ever reached the limit of what your insurance company would pay for?

Ang mga sumusunod na katanungan ay tungkol sa kasalukuyan mong health plan.} Naabot mo ba ang limit ng kaya lang bayaran ng inyong insurance company sa loob ng panahon na may insurance plan ka sa kanila?

AH79B

- Yes1
- Oo
- No.....2 [GO TO 'QA24_H111']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_H111']

'QA24_H110' Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang labindalawang buwan?

AH80B

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_H111' During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

Sa loob ng nakaraang labindalawang buwan, mayroon bang mga medical bill na nahirapan kang bayaran o hindi mo nabayaran, para sa sarili mo o sa sinumang miyembro ng pamilya sa inyong tahanan?

AH81B

Dental bills should be included.

Dapat kasama ang mga dental bill.

- Yes 1
 - Oo
 - No 2
 - Hindi
 - REFUSED/DON'T KNOW -3
- [GO TO 'PN_QA24_I1']**

'QA24_H112' What is the total amount of medical bills?

Magkano ang kabuuang halaga ng mga medical bill na ito?

AH83B

The bills can be from earlier years as well as this year

Ang mga bill ay maaaring mula sa mga nakaraang taon pati na ang taong ito.

- Less than \$1,000 1
- Mas mababa sa \$1,000
- \$1,000 to less than \$2,000 2
- \$1,000 hanggang mas mababa sa \$2,000
- \$2,000 to less than \$4,000 3
- \$2,000 hanggang mas mababa sa \$4,000
- \$4,000 to less than \$8,000 4
- \$4,000 hanggang mas mababa sa \$8,000
- \$8,000 or more 5
- \$8,000 o higit pa
- None 6
- Wala
- REFUSED/DON'T KNOW -3

'QA24_H113' Were you or your family member uninsured at the time care was provided?

Ikaw ba o ang mga miyembro ng inyong pamilya ay walang insurance noong binigyan kayo ng pangangalaga?

AH84B

- Yes 1
- Oo
- No 2
- Hindi
- More than one person with medical

- bill problems, some uninsured and some insured.....3
- Mahigit sa isang tao ang may problema sa pagbabayad ng medikal na bayarin, may ilang tao na walang insurance at may ilan naman na mayroong insurance.*
 - REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H114':

IF R LIVES IN LOS ANGELES COUNTY CONTINUE;

ELSE GO TO 'QA24_H122'

IF 'QA24_H111' = 1 THEN CONTINUE;

ELSE GO TO 'QA24_H116';

'QA24_H114' Where did you receive the care that led to these unpaid medical bills?

*Saan mo natanggap ang pangangalaga na humantong sa mga hindi nabayarang medikal na bayarin na ito?***AH142***Select all that apply**Piliin ang lahat na naaangkop*

- Medical doctor's office or Clinic1
- Opisina o klinika ng medikal na doktor*
- Hospital or Emergency Room2
- Ospital o emergency room*
- Ambulance or other medical transportation3
- Ambulansya o iba pang medikal na transportasyon*
- Urgent care4
- Agarang pangangalaga*
- Dentist5
- Dentista*
- Other (Specify: _____) 91
- Iba pa (Tukuyin) _____*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H115':

IF MULTIPLE SELECTIONS FROM 'QA24_H114' THEN CONTINUE, AND ONLY DISPLAY

RESPONSES FROM 'QA24_H114';

ELSE GO TO 'QA24_H116';

'QA24_H115' Which of these resulted in the greatest amount of unpaid medical bills?

*Alin sa mga ito ang nagresulta sa pinakamalaking halaga ng mga hindi nabayarang medikal na bayarin?***AH143**

- Medical doctor's office or Clinic1
- Opisina o klinika ng medikal na doktor*
- Hospital or Emergency Room2
- Ospital o emergency room*
- Ambulance or other medical transportation3
- Ambulansya o iba pang medikal na*

- transportasyon*
- Urgent care4
 - Agarang pangangalaga*
 - Dentist5
 - Dentista*
 - Other (Specify: _____) 91
 - Iba pa (Tukuyin) _____*
 - REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H116':

IF 'QA24_H111' = 1 AND ('QA24_H113' = 2 OR 3) THEN CONTINUE WITH 'QA24_H116';
 ELSE GO TO 'QA24_H122';

'QA24_H116' Did any of the following lead to your problems paying for these medical bills?

May alinman ba sa mga sumusunod ang nagdulot sa iyong mga problema sa pagbabayad para sa mga medikal na bayarin na ito?

AH144

Select all that apply

Piliin ang lahat na naaangkop

- High-deductible amount(s).....1
- (MGA) Mataas na halaga ng mga deductible
- High co-pay amounts2
- Matataas na mga halaga ng co-pay
- Your insurance denied coverage or payment for the service.....3
- Tinanggihan ng iyong insurance ang coverage o pagbabayad para sa serbisyo*
- You used an out-of-network provider.....4
- Gumamit ka ng wala sa network na provider*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H117':

IF 'QA24_H116' = 4 THEN CONTINUE;
 ELSE GO TO 'QA24_H119';

'QA24_H117' Were you aware this provider was out-of-network when you received the service?

Alam mo bang wala sa network ang provider na ito noong natanggap mo ang serbisyo?

AH145

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H118':

IF 'QA24_H117' = 1 THEN CONTINUE;
 ELSE GO TO 'QA24_H119';

'QA24_H118' Why did you select this out-of-network provider?

Bakit mo pinili itong wala sa network na provider?

AH146

- Preferred this provider1
- Mas pinili ang provider na ito*
- Unable to use an in-network provider2
- Hindi makagamit ng nasa network na provider*
- Some other reason3
- Ilang iba pang dahilan*
- REFUSED/DON'T KNOW..... -3

'QA24_H119' Did the provider give you information or an application for financial assistance to reduce the medical bill or extend the payment plan?

Binigyan ka ba ng provider ng impormasyon o aplikasyon para sa tulong pinansyal upang bawasan ang medikal na bayarin o pahabain ang plano sa pagbabayad?

AH147

- Yes1
- Oo*
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3

'QA24_H120' Did you complete an application for financial assistance?

Nagkumpleto mo ba ang isang aplikasyon para sa tulong pinansyal?

AH148

- Yes1
- Oo*
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_H121':

IF 'QA24_H119' = 1 OR 'QA24_H120' = 1, THEN CONTINUE;
ELSE GO TO 'QA24_H122';

'QA24_H121' Did you receive financial assistance?

Nakatanggap ka ba ng tulong pinansyal?

'QA24_H121'

- Yes1
- Oo*
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3

'QA24_H122' Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

Dahil sa mga medical bill na ito, hindi ka ba nakabayad ng mga pangunahan pangangailangan gaya ng pagkain, heat, o renta?

AH85B

- Yes1
- Oo*

- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_H123' Because of these medical bills, did you take on credit card debt?

Dahil sa mga medical bill na ito, nagkaroon ka ba ng utang sa inyong credit card?

AH86B

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Section I: Child and Adolescent Health Insurance

Child's Health Insurance

PROGRAMMING NOTE 'QA24_I1':

IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA24_I36' TO ASK ABOUT SELECTED ADOLESCENT;
 IF ARINSURE \neq 1, GO TO PROGRAMMING NOTE 'QA24_I2';
 ELSE CONTINUE WITH 'QA24_I1'

'QA24_I1' Does (CHILD) have the same health insurance as you?

lisa ba ang insurance ninyo at ni {CHILD}?

CF10A

- Yes1 [GO TO 'QA24_I18']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I1':

IF 'QA24_I1'= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH=1;
 IF 'QA24_I1'= 1 AND ARMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND AREMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND AREMPSP= 1, SET CHEMP = 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND AREMPPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND ARSAMECH=1;
 IF 'QA24_I1'= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA24_I1'= 1 AND ARIHS= 1, SET CHIHS= 1
 IF 'QA24_I1'= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

PROGRAMMING NOTE 'QA24_I2':

IF SPINSURE≠ 1, THEN SKIP TO '**QA24_I3**'
 ELSE IF '**QA24_I1**' = 2 AND ARSAMESP = 1, THEN SKIP TO '**QA24_I3**'
 ELSE CONTINUE WITH '**QA24_I2**'

'QA24_I2' Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/PARTNER NAME}?

lisa ba ang insurance ni (CHILD) at ng inyong {asawa/partner/ PANGALAN NG ASAWA/PARTNER }?

MA1

- | | | | |
|-----------------------|-------------------------|----|-----------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO ' QA24_I18 '] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

POST NOTE 'QA24_I2':

IF '**QA24_I2**'= 1 AND SPMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;
 IF '**QA24_I2**'= 1 AND SPMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPEMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;
 IF '**QA24_I2**'= 1 AND SPOTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND
 SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPIHS= 1, SET CHIHS= 1
 IF '**QA24_I2**'= 1 AND SPHBE= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPARPAR= 1, THEN SET CHOOTHER= 1 AND SET CHINSURE= 1 AND
 SPSAMECH = 1; IF '**QA24_I2**'= 1 AND SPEMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND
 SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPEMPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPEMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF '**QA24_I2**'= 1 AND SPOTHER= 1, SET CHOOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'QA24_I3' Is {he/she} currently covered by Medi-CAL?

Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

CF1

Medi-Cal is a health insurance program for low-income individuals in California.

*Ang Medi-Cal ay isang programa sa health insurance para sa mga indibidwal na ma
 mababang kita sa California.*

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

POST NOTE 'QA24_I3': IF '**QA24_I3**'= 1, SET CHMCAL= 1 AND SET CHINSURE= 1

Employer-Based Coverage (Child)

'QA24_I4' Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

Naka-insure ba si (CHILD) sa health insurance plan o sa HMO sa pamamagitan ng inyong trabaho o union o ng ibang tao?

CF3

- Yes1
- Oo
- No.....2 **[GO TO 'PN_QA24_I6']**
- Hindi
- REFUSED/DON'T KNOW.....-3 **[GO TO 'PN_QA24_I6']**

POST NOTE 'QA24_I4': IF 'QA24_I4' = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA24_I5' Is this plan through an employer, through a union, or through Covered California's SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, union, o ng SHOP program ng Covered California?

AI90

SHOP is the Small Business Health Options Program administered by/ Covered California.

Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California.

- Employer1
- Pinagtatrabahuan
- Union.....2
- Union
- SHOP / Covered California3
- SHOP / Covered California
- Other (Specify: _____)..... 91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW.....-3

POST NOTE FOR 'QA24_I5': IF 'QA24_I5' = 3, THEN SET CHHBEX = 1

Private Coverage (Child)

PROGRAMMING NOTE 'QA24_I6':

IF CHINSURE = 1 THEN GO TO '**QA24_I8**';
ELSE CONTINUE WITH '**QA24_I6**'

'QA24_I6' Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

Naka-insure ba si (CHILD) sa health insurance plan na binili ninyo nang direktang mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

CF4

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.

Huwag ninyong bilangin ang plan na nagbabayad lamang para sa tiyak na mga sakit kagaya ng cancer o stroke, o naglalaan lamang ng 'ekstrang pera' kung ma-ospital kayo.

- | | |
|---|--------------------------|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| | [GO TO
'PN_QA24_I12'] |
| <input type="radio"/> Hindi | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |
| | [GO TO
'PN_QA24_I12'] |

POST NOTE 'QA24_I6': IF 'QA24_I6' = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA24_I7':

IF CHDIRECT = 1, THEN CONTINUE WITH 'QA24_I7';
ELSE GO TO PROGRAMMING NOTE 'QA24_I8'

'QA24_I7' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direktly mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AI91

- | | |
|--|----|
| <input type="radio"/> Insurance company or HMO | 1 |
| <input type="radio"/> Direkta mula sa isang insurance company
o HMO | |
| <input type="radio"/> Covered California | 2 |
| <input type="radio"/> Covered California | |
| <input type="radio"/> Other (Specify: _____) | 91 |
| <input type="radio"/> Iba Pang (tukuyin: _____) | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |

POST NOTE FOR 'QA24_I7': IF 'QA24_I7'= 2, THEN SET CHHBEX= 1

PROGRAMMING NOTE 'QA24_I8':

IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA24_I8';
ELSE GO TO PROGRAMMING NOTE 'QA24_I9';

'QA24_I8' Was there a subsidy or discount on the premium for this plan?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

AI93

- | | |
|---|----|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| <input type="radio"/> Hindi | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_I9':

IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA24_I9';
ELSE GO TO 'QA24_I12'

'QA24_I9' Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan ni (CHILD) ? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

AI54

Premium is the monthly charge for the cost of your health insurance plan.

Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.

Co-pays 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.

Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.

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

Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.' Premium is the monthly charge for the cost of your health insurance plan.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_I10' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

Mayroon bang sinumang iba, gaya ng isang employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan ni (CHILD)?

AI50

- Yes1
- Oo
- No.....2 [GO TO
'PN_QA24_I12']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_I12']

'QA24_I11' Who else pays all or some portion of the cost for (CHILD)'s health plan?

Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (CHILD)?

AI51

Check all that apply

I-check ang lahat ng naaangkop.

- Your current employer1
- Ang iyong kasalukuyang pinagtatrabahuan*
- Your former employer2
- Ang iyong dating pinagtatrabahuan*
- Union3
- Union*
- Spouse's/Partner's current employer.....4
- Ang kasalukuyang pinagtatrabahuan ng iyong asawa/kinakasama*
- Spouse's/Partner's former employer5
- Ang dating pinagtatrabahuan ng iyong asawa/kinakasama*
- Professional/Fratalernal organization6
- Propesyonal na Organisasyon/Kapatirang Organisasyon*
- Medicaid/Medi-Cal assistance7
- Medicaid/Medi-Cal ang tumutulong*
- Covered California 10
- Covered California*
- Other 91
- Iba pa*
- REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA24_I11':

IF 'QA24_I11' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF 'QA24_I11' = 7, SET CHMCAL = 1

IF 'QA24_I11' = 10, SET CHHBEX = 1;

CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE 'QA24_I12':

IF CHINSURE = 1, GO TO PN 'QA24_I18';
 ELSE CONTINUE WITH 'QA24_I12'

'QA24_I12' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

Naka-insure ba {siya/siya} sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa Iba Pang pangangalagang pangkalusugan ng militar?

CF6

- Yes1 [GO TO 'PN_QA24_I18']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

POST NOTE 'QA24_I12': IF 'QA24_I12' = 1, SET CHMILIT = 1 AND CHINSURE = 1

AIM, MRMIP, HEALTHY KIDS, Other Government Coverage

'QA24_I13' Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.

CF7

Naka-insure ba siya sa iba pang health plan ng gobyerno, gaya ng AIM, Mister MIP (MIP), Healthy Kids, o sa iba pa?

Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program.

- AIM1 [GO TO 'PN_QA24_I18']
- MRMIP2 [GO TO 'PN_QA24_I18']
- MRMIP
- Healthy Kids3 [GO TO 'PN_QA24_I18']
- Healthy Kids
- No other plan.....4
- No walang iba pang plan other plan
- Something else (Specify: _____).....91 [GO TO 'PN_QA24_I18']
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW.....-3

POST NOTE 'QA24_I13': IF 'QA24_I13'= 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage (Child)

'QA24_I14' Does {he/she} have any health insurance coverage through a plan that I missed?

Naka-insure ba {siya/siya} para sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

CF8

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
- [GO TO
'PN_QA24_I17']**
- [GO TO
'PN_QA24_I17']**

'QA24_I15' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakukuha ba niya ito sa pamamagitan ng Medi-CAL, isang employer o union, o mula sa Iba Pang pinagkukunan?

CF9

Check all that apply

I-check ang lahat ng naaangkop.

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Through current or former employer/union | 1 |
| <input type="checkbox"/> | <i>Sa pamamagitan ng kasalukuyan o dating employer/union</i> | |
| <input type="checkbox"/> | Through school, professional association, trade group or other organization | 2 |
| <input type="checkbox"/> | <i>Sa pamamagitan ng paaralan, propesyonal na asosasyon, trade group, o Iba Pang organisasyon</i> | |
| <input type="checkbox"/> | Purchased directly from a health plan (by you or anyone else) | 3 |
| <input type="checkbox"/> | <i>Bumili nang direkta mula sa health plan</i> | |
| <input type="checkbox"/> | Medicare | 4 |
| <input type="checkbox"/> | <i>Medicare</i> | |
| <input type="checkbox"/> | Medi-Cal | 5 |
| <input type="checkbox"/> | <i>Medi-CAL</i> | |
| <input type="checkbox"/> | CHAMPUS/CHAMP-VA, TRICARE, VA, OR some other military care..... | 6 |
| <input type="checkbox"/> | <i>CHAMPUS/CHAMP-VA, TRICARE, VA o Iba Pang military health care</i> | |
| <input type="checkbox"/> | Indian Health Service, Tribal Health Program Urban Indian Clinic..... | 8 |
| <input type="checkbox"/> | <i>Indian health service, Tribal health program o sa urban Indian clinic</i> | |
| <input type="checkbox"/> | Covered California | 10 |
| <input type="checkbox"/> | <i>Covered California</i> | |
| <input type="checkbox"/> | SHOP through Covered California..... | 11 |
| <input type="checkbox"/> | <i>Bumili sa pamamagitan ng Covered California</i> | |
| <input type="checkbox"/> | Other government health plan | 91 |
| <input type="checkbox"/> | <i>Iba Pang health plan ng gobyerno</i> | |

- Other non-government health plan 92
 Iba Pang health plan na hindi pang-gobyerno
 REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I15':

IF 'QA24_I15'= 8, SET CHIHS= 1
 IF 'QA24_I15'= 10, SET CHHBEX= 1 AND CHINSURE= 1 AND CHDIRECT=1;
 IF 'QA24_I15'= 11, SET CHHBEX= 1 AND CHINSURE= 1 AND CHEMP= 1;
 IF 'QA24_I15'= 91, SET CHOTHGOV= 1 AND CHINSURE= 1
 IF 'QA24_I15'= 92, SET CHOTHER= 1 AND CHINSURE= 1
 IF 'QA24_I15'= -3, SET CHINSURE= 1
 IF 'QA24_I15'= 1, SET CHEMP= 1 AND CHINSURE= 1
 IF 'QA24_I15'= 2, SET CHEMP= 1 AND CHINSURE= 1
 IF 'QA24_I15'= 3, SET CHDIRECT= 1 AND CHINSURE= 1
 IF 'QA24_I15'= 4, SET CHMCARE= 1 AND CHINSURE= 1
 IF 'QA24_I15'= 5, SET CHMCAL= 1 AND CHINSURE= 1
 IF 'QA24_I15'= 7, SET CHMILIT= 1 AND CHINSURE= 1

PROGRAMMING NOTE 'QA24_I16':

IF 'QA24_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH '**QA24_I16**';
 ELSE SKIP TO PROGRAMMING NOTE '**QA24_I17**'

'QA24_I16' Just to verify, you said that (CHILD) gets health insurance through Medicare?

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

CF9VER

- Yes 1
 Oo
 No..... 2
 Hindi
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I17':

IF CHINSURE ≠ 1 CONTINUE WITH '**QA24_I17**';
 ELSE GO TO '**QA24_I18**';

'QA24_I17' What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (CHILD)?

CF1A

- Paperwork too difficult..... 1
 Napakahirap kumpletuhan ang mga kinakailangang dokumento
 Do not know if eligible 2
 Hindi alam kung kuwalipikado
 Income too high, not eligible 3
 Masyadong malaki ang kita, hindi kuwalipikado
 Not eligible due to citizenship/immigration status 4
 Hindi kuwalipikado dahil sa citizenship/ katayuan sa imigrasyon
 Do not believe in health insurance..... 6

- Hindi naniniwala sa health insurance*
- Do not need insurance because
she/he is healthy7
- Hindi kailangan ng insurance dahil siya ay
malusog*
- Already have insurance8
- Mayroon nang insurance*
- Did not know about it9
- Hindi alam ang tungkol dito*
- Do not like or want welfare..... 10
- Hind gusto ninanais ang welfare*
- Other (Specify: _____)..... 91
- Iba pa (Tukuyin:: _____)*
- REFUSED/DON'T KNOW..... -3

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'QA24_I18':

IF 'QA24_I1' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'QA24_I18';

IF CHINSURE = 1, THEN CONTINUE WITH 'QA24_I18';

ELSE GO TO 'PN_QA24_I22'

'QA24_I18' Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

*Isang HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni
(CHILD)?*

MA3

*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.*

*Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang
gamitin niya ang mga doktor at mga ospital na kaanib sa kanilang network, o
pagkakaugnay. Kung lalabas siya sa network, sa karaniwan hindi mababayaran ito
maliban na lamang kung emergency ito.*

- Yes1 [GO TO 'QA24_I20']
- Oo
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I19':

IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA24_I20';

ELSE CONTINUE WITH 'QA24_I19';

'QA24_I19' Is (CHILD)'s health plan a PPO or EPO?

PPO o EPO ba ang health plan ng?

AI115

*EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-
network doctors and hospitals. If it's an emergency, you can see doctors and specialists
directly without a referral from your primary care provider.*

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

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 see doctors and specialists directly without a referral from your primary care provider.

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

- PPO.....1
- PPO
- EPO.....2
- EPO
- Other (Specify: _____).....91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW.....-3

'QA24_I20' What is the name of (CHILD)'s main health plan?

Ano ang pangalan ng pangunahing health plan ni (CHILD)?

MA2

- Aetna2
- Aetna
- Anthem Blue Cross of California.....7
- Anthem Blue Cross of California
- Blue Shield12
- Blue Shield
- Cigna Healthcare26
- Cigna Healthcare
- Health Net38
- Health Net
- Kaiser Permanente47
- Kaiser Permanente
- United Healthcare73
- United Healthcare
- MediCal87
- MediCal
- Medicare52
- Medicare
- Other (Specify: _____).....85
- Iba Pa (Tukuyin: _____)
- REFUSED/DON'T KNOW.....-3

POST NOTE 'QA24_I20': IF 'QA24_I20' = 93, 87, OR 89 THEN SET CHMILIT=1

'QA24_I21' Is (CHILD) covered for prescription drugs?

Naka-insure ba si (CHILD) para sa mga inireresetang gamot?

CF14

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

High Deductible Health Plans (Child)

PROGRAMMING NOTE FOR 'QA24_I22':

IF (ARINSURE \neq 1 OR 'QA24_I1' \neq 1) AND (CHEMP= 1 OR CHDIRECT= 1 OR CHOTHER= 1), THEN
CONTINUE WITH 'QA24_I22';
ELSE SKIP TO PROGRAMMING NOTE 'QA24_I25'

'QA24_I22' Does (CHILD)'s health plan have a deductible that is more than \$1,000?

Mayroon bang deductible na higit sa \$1,000 ang health plan ni (CHILD)?

AI79

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.

- Yes1
- Oo
- No.....2
- Hindi
- Yes, but only when we go out of network3
- Oo, pero kapag hindi lang namin ginagamit ang network
- REFUSED/DON'T KNOW..... -3

'QA24_I23' Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

Mayroon bang deductible na higit sa \$2,000 para sa lahat ng taong naka-insure ang health plan ni (CHILD)?

AI80

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.

- Yes1
- Oo
- No.....2
- Hindi
- Yes, but only when we go out of network3
- Oo, pero kapag hindi lang namin ginagamit ang network
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I24':

IF ('QA24_I22'= 1 OR 3) OR ('QA24_I23'= 1 OR 3), CONTINUE WITH 'QA24_I24';
 ELSE SKIP TO PROGRAMMING NOTE 'QA24_I25'

'QA24_I24' Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (CHILD)?

AI81

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).

Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o Iba Pang mga katulad na account. Kabilang sa mga Iba Pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE 'QA24_I25':

IF CHINSURE = 1, GO TO 'QA24_I30';
 ELSE CONTINUE WITH 'QA24_I25'

'QA24_I25' What is the one main reason (CHILD) does not have any health insurance?

Ano ang isang pangunahing dahilan kung bakit walang anumang health insurance si (CHILD)?

CF18

- Can't afford/Too expensive1
- Hindi ko kayang bayaran/napakamahal*
- Not eligible due to working status/2
Changed employer/Lost job
- Hindi kwalipikado dahil sa status sa trabaho/nagpalit ng employer/hawalan n trabaho*
- Not eligible due to health or other3
Hindi kwalipikado dahil sa kalusugan o Iba Pang problema
- Not eligible due to citizenship/immigration status4
Hindi kwalipikado dahil sa pagiging mamamayan/katayuan sa imigrasyon
- Family situation changed5
Nagbago ang sitwasyon ng pamilya
- Don't believe in insurance.....6
Hindi naniniwala sa insurance

- Did not have insurance while7
switching insurance companies
- Walang insurance habang nagpapalit ng kumpanya ng insurance*
- Can get health care for free/pay
for own care8
- Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran ang sariling pangangalaga*
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

Coverage over Past 12 Months (Child)

'QA24_I26' Was (CHILD) covered by health insurance at any time during the past 12 months?

May health insurance ba si (CHILD) kailanman nitong nakaraang 12 na buwan?

CF20

- Yes1 [GO TO 'QA24_I28']
- Oo
- No2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_I27' How long has it been since (CHILD) last had health insurance?

Gaano katagal na mula noong huling may health insurance si (CHILD)?

CF21

- More than 12 months, but
not more than 3 years ago1 [GO TO
'PN_QA24_I36']
- Mahigit sa 12 buwan, ngunit hindi hihigit sa 3 taon ang nakalipas*
- More than 3 years ago2 [GO TO
'PN_QA24_I36']
- Mahigit sa 3 taon na ang nakalipas*
- Never had health insurance coverage3 [GO TO
'PN_QA24_I36']
- Hindi kailanman nagkaroon ng health insurance na coverage*
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_I36']

'QA24_I28' For how many of the last 12 months did {he/she} have health insurance?

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

CF22

- _____ Months [HR: 0-12] [GO TO
'PN_QA24_I36']
- _____ Buwan [HR: 0-12]
- REFUSED/DON'T KNOW..... -3

'QA24_I29' During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL,
a plan you obtained through an employer, a plan you purchased directly from an

insurance company, a plan you purchased through Covered California, or some other plan?

Noong panahon na may health insurance si (CHILD), ang insurance ba niya ay Medi-CAL, isang plan na Nakhuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

CF23

Check all that apply

I-check ang lahat ng naaangkop

- | | | | |
|--------------------------|--|----|--------------------------|
| <input type="checkbox"/> | Medi-Cal | 1 | [GO TO
'PN_QA24_I36'] |
| <input type="checkbox"/> | <i>Medi-Cal</i> | | |
| <input type="checkbox"/> | Through current or former employer/union .. | 3 | [GO TO
'PN_QA24_I36'] |
| <input type="checkbox"/> | <i>Sa pamamagitan ng kasalukuyan o dating employer/union</i> | | |
| <input type="checkbox"/> | Purchased directly | 5 | [GO TO
'PN_QA24_I36'] |
| <input type="checkbox"/> | <i>Direktang binili</i> | | |
| <input type="checkbox"/> | Covered California | 6 | [GO TO
'PN_QA24_I36'] |
| <input type="checkbox"/> | <i>Covered California</i> | | |
| <input type="checkbox"/> | Other health plan | 91 | [GO TO
'PN_QA24_I36'] |
| <input type="checkbox"/> | <i>Iba Pang health plan</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_I30'

Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for all of the past 12 months?

Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (CHILD) para sa KABUUAN ng nakaraang 12 buwan?

CF24

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO
'PN_QA24_I36'] |
| <input type="radio"/> | <i>Oo</i> | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_I31'

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang Iba Pang health insurance?

CF25

- | | | | |
|-----------------------|-------------------------|----|--------------------|
| <input type="radio"/> | Yes | 1 | [GO TO 'QA24_I33'] |
| <input type="radio"/> | <i>Oo</i> | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_I33'] |

'QA24_I32' Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-Cal ba ang Iba Pang insurance ninyo, isang plan na Nakhuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

CF26

*Check all that apply
I-check ang lahat ng naaangkop.*

- Medi-Cal 1
- Medi-Cal
- Through current or 4
former employer/union
- Nakhuha sa pamamagitan ng kasalukuyan o
dating employer
- Purchased directly 5
- Direktang binili
- Covered California 6
- Covered California
- Other health plan 91
- Iba Pang health plan
- REFUSED/DON'T KNOW -3

'QA24_I33' During the past 12 months, was there any time when {he/she} had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala {siyang} anumang health insurance?

CF27

- Yes 1
- Oo
- No 2 [GO TO
'PN_QA24_I36']
- Hindi
- REFUSED/DON'T KNOW -3 [GO TO
'PN_QA24_I36']

'QA24_I34' For how many of the past 12 months did {he/she} have no health insurance?

CF28

- _____ MONTHS [RANGE: 1-12]
- _____ Buwan
- REFUSED/DON'T KNOW -3

'QA24_I35' What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

*Ano ang isang pangunahing dahilan kung bakit walang health insurance si (CHILD)
noong panahon na hindi {siya/siya} naka-insure?*

CF29

- Can't afford/Too expensive 1
- Hindi ko kayang bayaran/napakamahal
- Not eligible due to working status/ 2
Changed employer/Lost job

- Hindi kwalipikado dahil sa status sa trabaho/nagpalit ng employer/nawalan ng trabaho*
- Not eligible due to health or3 other problems
- Hindi kwalipikado dahil sa kalusugan o iba pang problema*
- Not eligible due to citizenship/4 immigration status
- Hindi kwalipikado dahil sa pagiging mamamayan/katayuan sa imigrasyon*
- Family situation changed5
- Nagbago ang sitwasyon ng pamilya*
- Don't believe in insurance.....6
- Hindi naniniwala sa insurance*
- Did not have insurance while switching7 insurance companies
- Walang insurance habang nagpapalit ng kumpanya ng insurance*
- Can get health care for free/pay8 for own care
- Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran ang sariling pangangalaga*
- Other (Specify: _____)..... 91
- Iba pa (Tukuyin:_____)*
- REFUSED/DON'T KNOW..... -3

Teen's Health Insurance

PROGRAMMING NOTE 'QA24_I36':

IF NO TEEN SELECTED, GO TO 'PN_QA24_J1';

IF ARINSURE = 1, CONTINUE WITH 'QA24_I36';

IF ARINSURE ≠ 1, GO TO PN 'QA24_I37';

ELSE CONTINUE WITH 'QA24_I36'

'QA24_I36' Does (TEEN) have the same health insurance as you?

Lisa ba ang insurance {ninyo/PANGALAN NG ADULT RESPONDENT} at ni (TEEN)?

IA10A

- Yes1 [GO TO 'QA24_I54']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I36':

IF 'QA24_I36'= 1 AND ARMCARE= 1, SET TEMCARE= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND ARMCAL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND AREMPOWN= 1, SET TEEMP= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND AREMPSP= 1, SET TEEMP= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND AREMPPAR= 1, SET TEEMP= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND AREMPOTH= 1, SET TEEMP= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND ARDIRECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND ARMILIT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE= 1;

IF 'QA24_I36'= 1 AND AROTHER= 1, SET TEOTHER= 1 AND SET TEINSURE= 1;

IF '**QA24_I36**'= 1 AND ARIHS= 1, SET TEIHS= 1
 IF '**QA24_I36**'= 1 AND ARHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;

PROGRAMMING NOTE 'QA24_I37':

IF SPINSURE ≠ 1 THEN SKIP TO '**QA24_I38**';
 ELSE IF '**QA24_I36**' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE '**QA24_I38**';
 ELSE CONTINUE WITH '**QA24_I37**'

'QA24_I37' Does (TEEN) have the same insurance as your spouse?

MA5

Lisa ba ang insurance ni (TEEN) at ng inyong {asawa}?

- Yes1 [GO TO '**QA24_I54**']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I37': IF '**QA24_I37**' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPOOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPIHS = 1, SET TEIHS = 1

IF '**QA24_I37**' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

IF '**QA24_I37**' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

PROGRAMMING NOTE 'QA24_I38':

IF TEINSURE ≠ 1 OR CHINSURE ≠ 1, THEN SKIP TO '**QA24_I39**';

ELSE IF ('**QA24_I36**' = 2 AND ARSAMECH = 1) OR ('**QA24_I37**' = 2 AND SPSAMECH = 1), THEN SKIP TO '**QA24_I39**';

ELSE CONTINUE WITH '**QA24_I38**';

'QA24_I38' Does (TEEN) have the same insurance as (CHILD)?

Lisa ba ang insurance ni (TEEN) at ni (CHILD)?

MA6

- Yes1 [GO TO '**QA24_I66**']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I38': IF '**QA24_I38**'= 1 AND CHMCARE= 1, SET TEMCARE= 1 AND SET TEINSURE= 1;

IF '**QA24_I38**'= 1 AND CHMCAL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1;

IF '**QA24_I38**'= 1 AND CHEMP= 1, SET TEEMP= 1 AND SET TEINSURE= 1;

IF ' QA24_I38 '= 1 AND CHDIRECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1; IF ' QA24_I38 '= 1 AND CHMILIT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1; IF ' QA24_I38 '= 1 AND CHOTHGOV= 1, SET TEOTHGOV= 1 AND SET TEINSURE= 1; IF ' QA24_I38 '= 1 AND CHIHS= 1, SET TEIHS= 1; IF ' QA24_I38 '= 1 AND CHOTHER= 1, SET TEOTHER= 1; IF ' QA24_I38 '= 1 AND CHHBEX= 1, SET TEHBEX= 1

Medi-Cal Coverage (Teen)

'QA24_I39' Is {he/she} currently covered by Medi-CAL?

Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

IA1

Medi-Cal is a health insurance program for low-income individuals in California

Ang Medi-Cal ay isang programa sa health insurance para sa mga indibidwal na may mababang kita sa California.

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

POST NOTE 'QA24_I39': IF 'QA24_I39' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

Employer-Based Coverage (Teen)

'QA24_I40' Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

Naka-insure ba si (TEEN) sa health insurance plan o sa HMO sa pamamagitan ng trabaho o union ninyo o ng ibang tao?

IA3

- Yes 1
- Oo
- No 2 [GO TO 'QA24_I42']
- Hindi
- REFUSED/DON'T KNOW -3 [GO TO 'QA24_I42']

POST NOTE 'QA24_I40': IF 'QA24_I40' = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA24_I41' Is this plan through an employer, through a union, or through Covered California's SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, ng union, o ng SHOP program ng Covered California?

AI94

SHOP is the Small Business Health Options Program administered by Covered California.

Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California.

- Employer 1
- Pinagtatrabahuan
- Union 2
- Union
- SHOP / Covered California 3
- Shop / Covered California
- Other (Specify: _____) 91

Iba pa (Tukuyin:: _____)

POST NOTE FOR 'QA24_I41': IF 'QA24_I41' = 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

PROGRAMMING NOTE 'QA24_I42':

IF TEINSURE= 1 THEN GO TO 'QA24_I43';
ELSE CONTINUE WITH 'QA24_I42'

'QA24_I42' Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

Naka-insure ba si (TEEN) sa health insurance plan na binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

IA4

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

Huwag isama ang isang plan na nagbabayad lamang para sa mga partikular na sakit tulad ng cancer o stroke, o nagbibigay lang sa iyo ng "karagdagang pera" kapag na-ospital ka.

- Yes 1
- Oo
- No..... 2 [GO TO 'QA24_I48']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_I48']

POST NOTE 'QA24_I42': IF 'QA24_I42' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'QA24_I43':

IF TEDIRECT = 1, THEN CONTINUE WITH 'QA24_I43';
ELSE GO TO 'PN_QA24_I44'

'QA24_I43' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direktly mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AI95

- Insurance company or HMO 1
- Insurance company o HMO
- Covered California 2
- Covered California
- Other (Specify: _____)..... 91
- Iba pa (Tukuyin:: _____)
- REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'AI95: IF 'QA24_I43' = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA24_I44':

IF 'QA24_I41' = 3, THEN GO TO PN 'QA24_I45';
ELSE CONTINUE WITH 'QA24_I44';

'QA24_I44' Was there a subsidy or discount on the premium for this plan?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

AI97

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I45':

IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH '**QA24_I45**';
ELSE GO TO PROGRAMMING NOTE '**QA24_I48**'

'QA24_I45' Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o Gastos para sa health plan ni (TEEN)? Huwag bilangin ang Gastos para sa anumang mga co-pay o deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya

AI55

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

Co-pays 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.

Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.

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

Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.' Premium is the monthly charge for the cost of your health insurance plan.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_I46' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

Mayroon bang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

AI52

- Yes1
- Oo

- No.....2 [GO TO
'PN_QA24_I48']
- Hindi
- REFUSED/DON'T KNOW.....-3 [GO TO
'PN_QA24_I48']

'QA24_I47' Who else pays all or some portion of the cost for (TEEN)'s health plan?

Mayroon bang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

AI53

Check all that apply

I-check ang lahat ng naaangkop

- Your current employer1
- Ang iyong kasalukuyang pinagtatrabahuhan*
- Your former employer2
- Ang iyong dating pinagtatrabahuhan*
- Union.....3
- Union*
- Spouse's/Partner's current employer.....4
- Ang kasalukuyang pinagtatrabahuhan ng iyong asawa/kinakasama*
- Spouse's/Partner's former employer5
- Ang dating pinagtatrabahuhan ng iyong asawa/kinakasama*
- Professional/Fratal organization6
- Propesyonal na Organisasyon/Kapatirang Organisasyon*
- Medicaid/Medi-Cal assistance7
- Medicaid/Medi-Cal ang tumutulong*
- Covered California 10
- Covered California*
- Other 91
- Iba pa*
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I47': IF 'QA24_I47' = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
 IF 'QA24_I47' = 7, SET TEMCAL = 1;
 IF 'QA24_I47'= 10, SET TEHBEX =1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE 'QA24_I48':

IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA24_I53';
 ELSE CONTINUE WITH 'QA24_I48'

'QA24_I48' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

Naka-insure ba {siya/siya} sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa Iba Pang pangangalagang pangkalusugan ng militar?

IA6

- Yes1 [GO TO
'PN_QA24_I54']

- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I48': IF 'QA24_I48' = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

'QA24_I49' Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

Naka-insure ba {siya/siya} sa Iba Pang health plan ng gobyerno, gaya ng AIM, 'Mister MIP,' Family PACT, Healthy Kids, o ng iba pa?

IA7

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.

Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program; ang Family PACT ang programa ng estado na nagbabayad para sa serbisyon pangkalusugang para sa pagpipigil sa pagbubuntis/pag-aanak para sa mga hindi naka-insure na mga Babae't lalake na mabababa ang kita.

- AIM.....1 [GO TO
'PN_QA24_I54']
- MRMIP2 [GO TO
'PN_QA24_I54']
- Family PACT3 [GO TO
'PN_QA24_I54']
- Healthy Kids4 [GO TO
'PN_QA24_I54']
- No other plan.....5
- Walang iba pang plan*
- Something else (Specify: _____)91 [GO TO
'PN_QA24_I54']
- Iba pa (Tukuyin: _____)*

POST NOTE 'QA24_I49': IF 'QA24_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'QA24_I50' Does {he/she} have any health insurance coverage through a plan that I missed?

Naka-insure ba {siya/siya} sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

IA8

- Yes1
- Oo
- No.....2 [GO TO
'PN_QA24_I54']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_I54']

'QA24_I51' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakuha ba ito sa pamamagitan ng MediCAL, isang employer o union, o mula sa iba Pang pinagkukunan?

IA9

Check all that apply

I-check ang lahat ng naaangkop.

- Through current or former employer/union1
- Sa pamamagitan ng kasalukuyan o dating employer/union*
- Through school, professional association trade group or other organization.....2
- Sa pamamagitan ng paaralan, propesyonal na asosasyon, trade group, o Iba Pang organisasyon*
- Purchased directly from a health plan (by you or anyone else)3
- Bumili nang direkta mula sa health plan*
- Medicare4
- Medicare*
- Medi-CAL5
- Medi-CAL*
- CHAMPUS/CHAMP-VA, TRICARE, VA, or some other military health care.....7
- CHAMPUS/CHAMP-VA, TRICARE, VA o Iba Pang military health care*
- Indian Health Service, Tribal Health Program, Urban Indian Clinic .8
- Indian health service, Tribal health program o sa urban Indian clinic*
- Covered California 10
- Covered California*
- SHOP through Covered California..... 11
- Bumili sa pamamagitan ng Covered California*
- Other government health plan 91
- Iba Pang health plan ng gobyerno*
- Other non-government health plan 92
- Iba Pang health plan na hindi pang-gobyerno*
- REFUSED/DON'T KNOW..... -3

POST NOTE 'QA24_I51':

IF 'QA24_I51' = 1, SET TEEMP = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = 2, SET TEEMP = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = 4, SET TEMCARE = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = 5, SET TEMCAL = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = 7, SET TEMILIT = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = 8 , SET TEIHS = 1;
 IF 'QA24_I51' = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
 IF 'QA24_I51' = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
 IF 'QA24_I51' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = 92, SET TEOTHER = 1 AND TEINSURE = 1;
 IF 'QA24_I51' = -3, SET TEINSURE = 1

PROGRAMMING NOTE 'QA24_I52':

IF 'QA24_I51' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA24_I52';
 ELSE SKIP TO PROGRAMMING NOTE 'QA24_I53'

'QA24_I52' Just to verify, you said that (TEEN) gets health insurance through Medicare?

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

IA9VER

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I53':

IF TEINSURE ≠ 1 CONTINUE WITH 'QA24_I53';
 ELSE GO TO 'QA24_I54';

'QA24_I53' What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (TEEN)?

IA1A

- Paperwork too difficult.....1
- Napakahirap kumpletohan ang mga kinakailangang dokumento
- Do not know if eligible2
- Hindi alam kung kuwalipikado
- Income too high, not eligible3
- Masyadong malaki ang kita, hindi kuwalipikado
- Not eligible due to citizenship/immigration status4
- Hindi kuwalipikado dahil sa citizenship/ katayuan sa imigrasyon
- Do not believe in health insurance.....6
- Hindi naniniwala sa health insurance
- Do not need insurance because she/he is healthy7
- Hindi kailangan ng insurance dahil siya ay malusog
- Already have insurance8
- Mayroon nang insurance
- Did not know about it9
- Hindi alam ang tungkol dito
- Do not like or want welfare..... 10
- Hind gusto ninanais ang welfare
- Other (Specify: _____).....91
- REFUSED/DON'T KNOW..... -3

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA24_I54':

IF 'QA24_I36' = 1 AND ARMCARE = 1, THEN 'QA24_I54' = 'QA24_H61' AND 'QA24_I56' = 'QA24_H63' AND 'QA24_I57' = 'QA24_H64' AND GO TO PN 'QA24_I58';
ELSE IF 'QA24_I38' = 1, THEN 'QA24_I54' = 'QA24_I18' AND 'QA24_I56' = 'QA24_I20' AND 'QA24_I57' = 'QA24_I21' AND GO TO PN 'QA24_I58';
ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA24_I54';
ELSE GO TO PROGRAMMING NOTE 'QA24_I58'

'QA24_I54' Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (TEEN)?

MA8

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.

Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin {niya o niya} ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas {siya o siya} sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito.

- Yes1 [GO TO 'QA24_I56']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I55':

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA24_I56';
ELSE CONTINUE WITH 'QA24_I55';

'QA24_I55' Is (TEEN)'s health plan a PPO or EPO?

PPO o EPO ba ang health plan ni (TEEN)?

AI116

EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

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

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.

Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doktor at mga ospital na kaanib sa

network ng plan ninyo. At saka, maaari kayong tuwirang magpagamot sa mga doktor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider.

- PPO.....1
- PPO
- EPO.....2
- EPO
- Other (Specify: _____).....91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW.....-3

'QA24_I56' What is the name of (TEEN)'s main health plan?

Ano ang pangalan ng pangunahing health plan ni {TEEN}?

MA7

- Aetna.....2
- Aetna
- Anthem Blue Cross of California.....7
- Anthem Blue Cross of California
- Blue Shield.....12
- Blue Shield
- Cigna Healthcare26
- Cigna Healthcare
- Health Net38
- Health Net
- Kaiser Permanente47
- Kaiser Permanente
- United Healthcare73
- United Healthcare
- Medi-cal.....52
- Medi-cal
- Medicare53
- Medicare
- Other (Specify: _____).....85
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW.....-3

POST NOTE 'QA24_I56': IF 'QA24_I56' = 93, 87, OR 89 THEN SET TEMILIT = 1

'QA24_I57' Is (TEEN) covered for prescription drugs?

Naka-insure ba si (TEEN) para sa inireresetang mga gamot?

IA14

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

High Deductible Health Plans (Teen)

PROGRAMMING NOTE 'QA24_I58':

IF [(ARINSURE ≠ 1 OR 'QA24_I36' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1),
 THEN CONTINUE WITH 'QA24_I58';
 ELSE SKIP TO PN 'QA24_I61'

'QA24_I58' Does (TEEN)'s health plan have a deductible that is more than \$1,000?

Mayroon bang deductible na higit sa \$1,000 ang health plan ni (TEEN)?

AI82

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.

- Yes1
- Oo
- No.....2
- Hindi
- Yes, but only when we go out of network3
- Oo, pero kapag hindi lang namin ginagamit ang network
- REFUSED/DON'T KNOW..... -3

'QA24_I59' Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (TEEN)?

AI83

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot

- Yes1
- Oo
- No.....2
- Hindi
- Yes, but only when we go out of network3
- Oo, pero kapag hindi lang namin ginagamit ang network
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I60':

IF ('QA24_I58' = 1 OR 3) OR ('QA24_I59' = 1 OR 3), CONTINUE WITH 'QA24_I60';
 ELSE SKIP TO PROGRAMMING NOTE 'QA24_I61';

'QA24_I60' Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (TEEN)?

AI84

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).

Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o Iba Pang mga katulad na account. Kabilang sa mga Iba Pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'QA24_I61':

IF TEINSURE = 1, GO TO '**QA24_I66**';
ELSE CONTINUE WITH '**QA24_I61**'

'QA24_I61' What is the one main reason (TEEN) does not have any health insurance?

Ano ang isang pangunahing dahilan na walang anumang health insurance si (TEEN)?

IA18

- Can't afford/too expensive1
- Hindi ko kayang bayaran/napakamahal*
- Not eligible due to working status/changed employer/lost job2
- Hindi kwalipikado dahil sa status sa trabaho/nagpalit ng employer/nawalan ng trabaho*
- Not eligible due to health or other problems 3
- Hindi kwalipikado dahil sa kalusugan o iba Pang problema*
- Not eligible due to citizenship/immigration status.....4
- Hindi kwalipikado dahil sa pagiging mamamayan/katayuan sa imigrasyon*
- Family situation changed5
- Nagbago ang sitwasyon ng pamilya*
- Don't believe in insurance.....6
- Hindi naniniwala sa insurance*
- Did not have insurance while switching Insurance companies7
- Walang insurance habang nagpapalit ng Kumpanya ng insurance*
- Can get health care for free/pay own care...8
- Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran ang sariling pangangalaga*

- Other (Specify: _____) 9
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3

Coverage over Past 12 months (Teen)

'QA24_I62' Was (TEEN) covered by health insurance at any time during the past 12 months?

May health insurance ba si (TEEN) sa anumang panahon nitong nakaraang 12 buwan?

[IA20]

- Yes 1 [GO TO 'QA24_I64']
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_I63' How long has it been since (TEEN) last had health insurance?

Gaano katagal na mula noong huling may health insurance si (TEEN)?

[IA21]

- More than 12 months, but no more than 3 years ago 1 [GO TO 'PN_QA24_J1']
- Mahigit sa 12 buwan nang nakalipas, ngunit hindi hihigit sa 3 taon
- More than 3 years ago 2 [GO TO 'PN_QA24_J1']
- Mahigit sa 3 taon
- Never had health insurance coverage 3 [GO TO 'PN_QA24_J1']
- Hindi kailanman nagkaroon ng health insurance
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_J1']

'QA24_I64' For how many of the last 12 months did {he/she} have health insurance?

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

[IA22]

- | | |
|--|---|
| <input type="text"/> Months [HR: 0-12] | <small>[IF 'QA24_I64'=0 GO TO 'PN_QA24_J1']</small> |
| <input type="text"/> Buwan [HR: 0-12] | |
| <input type="radio"/> REFUSED/DON'T KNOW..... -3 | <small>[GO TO 'PN_QA24_J1']</small> |

'QA24_I65' During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Noong panahon na may health insurance si (TEEN), ang insurance ba niya ay Medi-CAL, isang plan na Nakhuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

[IA23]

Check all that apply

(5 maximum responses)

- | | | |
|--------------------------|---|-------------------------|
| <input type="checkbox"/> | MediCal.....1 | [GO TO
'PN_QA24_J1'] |
| <input type="checkbox"/> | <i>MediCal</i> | |
| <input type="checkbox"/> | Through current or former employer/union ..3 | [GO TO
'PN_QA24_J1'] |
| <input type="checkbox"/> | <i>Nakuha Sa pamamagitan ng kasalukuyan o dating employer/union</i> | |
| <input type="checkbox"/> | Purchased directly5 | [GO TO
'PN_QA24_J1'] |
| <input type="checkbox"/> | <i>Direktang binili</i> | |
| <input type="checkbox"/> | Covered California6 | [GO TO
'PN_QA24_J1'] |
| <input type="checkbox"/> | <i>Binili sa pamamagitan ng Covered California</i> | |
| <input type="checkbox"/> | Other health plan91 | [GO TO
'PN_QA24_J1'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... -3 | [GO TO
'PN_QA24_J1'] |

'QA24_I66' Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for all of the past 12 months?

Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (TEEN) para sa ng nakaraang 12 buwan?

IA24

- | | | |
|-----------------------|----------------------------|-------------------------|
| <input type="radio"/> | Yes1 | [GO TO
'PN_QA24_J1'] |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No.....2 | |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... -3 | |

'QA24_I67' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang Iba Pang health insurance?

IA25

- | | | |
|-----------------------|----------------------------|--------------------|
| <input type="radio"/> | Yes1 | |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No.....2 | [GO TO 'QA24_I69'] |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... -3 | [GO TO 'QA24_I69'] |

'QA24_I68' Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-Cal ba ang Iba Pang insurance ninyo, isang plan na Nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direktang mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

IA26

Check all that apply

- MediCal 1
- MediCal/
- Through current or former employer/union ..3
- Nakuha Sa pamamagitan ng kasalukuyan o
dating employer/union
- Purchased directly 5
- Direktang binili
- Covered California 6
- Binili sa pamamagitan ng Covered California
- Other health plan 91
- REFUSED/DON'T KNOW..... -3

'QA24_I69' During the past 12 months, was there any time when {he/she} had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala {siyang} anumang health insurance?

[IA27]

- Yes 1
 - Oo
 - No..... 2
 - Hindi
 - REFUSED/DON'T KNOW..... -3
- [GO TO
'PN_QA24_J1']
- [GO TO
'PN_QA24_J1']

'QA24_I70' For how many of the past 12 months did {he/she} have no health insurance?

Nitong nakaraang buwan, ilang buwan ba siya walang health insurance?

[IA28]

_____ MONTHS [RANGE: 1-12]

_____ Buwan [Range: 1-12]

- REFUSED/DON'T KNOW.....-3

'QA24_I71' What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

Ano ang isang pangunahing dahilan kung bakit walang health insurance si (TEEN) noong panahon na hindi {siya/siya} nakainsure?

[IA29]

- 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
- Did not have insurance while switching
insurance companies 7
- Can get health care for free/
pay for own care 8
- Other (Specify: _____)..... 91
- REFUSED/DON'T KNOW..... -3

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA24_I72':

IF NO TEEN SELECTED, GO TO SECTION J;
 IF 'QA24_A5'= 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'QA24_A5'= 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'QA24_A5'= 3 (REFUSED/DON'T KNOW) AND 'QA24_A25' Sex =1 DISPLAY "father" OR If
 'QA20_A23'=2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'QA24_I72' In what country was (TEEN)'s {mother/father} born?

AI56

- | | | |
|-----------------------|-----------------------------|----|
| <input type="radio"/> | United States..... | 1 |
| <input type="radio"/> | American Samoa | 2 |
| <input type="radio"/> | Canada..... | 3 |
| <input type="radio"/> | China..... | 4 |
| <input type="radio"/> | Guam | 9 |
| <input type="radio"/> | Japan | 16 |
| <input type="radio"/> | Korea..... | 17 |
| <input type="radio"/> | Mexico..... | 18 |
| <input type="radio"/> | Philippines..... | 19 |
| <input type="radio"/> | Puerto Rico | 22 |
| <input type="radio"/> | Vietnam | 25 |
| <input type="radio"/> | Virgin Islands..... | 26 |
| <input type="radio"/> | Other (Specify: _____)..... | 91 |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_I73':

IF 'QA24_A5' = 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'QA24_A5' = 2 (FEMALE AT BIRTH), DISPLAY "father"
 IF 'QA24_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA24_A25' Sex =1 DISPLAY "father" OR If
 'QA24_A25'=2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'QA24_I73' Does (TEEN)'s {mother/father} now live in the U.S.?

AI57

- | | | |
|-----------------------|--|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Mother/Father/Other parent} deceased | 3 |
| <input type="radio"/> | {Mother/Father/Other parent} never lived
in U.S. | 4 |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_I74':

IF 'QA24_A5'= 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'QA24_A5'= 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'QA24_A5'= 3 (REFUSED/DON'T KNOW) AND 'QA24_A25' Sex =1 DISPLAY "father" OR If
 'QA24_A25'=2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"
 IF 'QA24_I73'= 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

'QA24_I74' {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

AI58

- Yes 1
- No..... 2
- Application pending..... 3
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_I75':

IF 'QA24_I74' = 1 SKIP TO 'QA24_I76' IF 'QA24_A5' = 2 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65E' = 1 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'QA24_A5' = -3 (REFUSED/DON'T KNOW) AND 'QA24_A25' Sex =2 DISPLAY "father" OR If
 'QA24_A25' =21 DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57' = 3 (MOTHER/FATHER
 DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

'QA24_I75' {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card? People
 usually call this a "Green Card" but the color can also be pink, blue, or white.

AI59

- Yes 1
- No..... 2
- Application pending..... 3
- REFUSED/DON'T KNOW..... -3

'QA24_I76' About how many years has (TEEN)'s {mother/father} lived in the United States?

AI60

____ Number of years
 ____ Year first come and live in U.S.

- Number of years 1
- Year first came to live in US..... 2
- Mother/father deceased 3
- Mother/father never lived in US 4
- REFUSED/DON'T KNOW..... -3

Section J: Health Care Utilization and Access

Visits to Medical Doctor

PROGRAMMING NOTE 'QA24_J1':

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care you receive";

'QA24_J1' Now, I'd like to ask about the health care you receive. During the past 12 months, how many times have you seen a medical doctor?

Ngayon naman ay ninanais kong tanunin kayo tungkol sa pangangalaga sa kalusugan na inyong tinatanggap.} Sa nakaraang 12 buwan, ilang beses kayong nagpatingin sa isang medikal na doctor?

AH5

- | | | |
|-----------------------|-------------------------|---|
| <input type="radio"/> | _____ Times | [IF 'QA24_J1' > 0 GOTO
'PN_QA24_J3'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_J2':

IF 'QA24_J1' = 0, -3 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH 'QA24_J2';
ELSE GO TO PROGRAMMING NOTE 'QA24_J3'

'QA24_J2' About how long has it been since you last saw a doctor about your own health?

Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa medical doctor tungkol sa inyong kalusugan?

AH6

- | | | |
|-----------------------|--|-------------------|
| <input type="radio"/> | One year ago or less..... | 0 |
| <input type="radio"/> | <i>Isang taon na ang nakalipas o mas maiksi pa</i> | 1 |
| <input type="radio"/> | More than 1 up to 2 years ago | 1 |
| <input type="radio"/> | <i>Mahigit sa 1 hanggang 2 taon na ang nakalipas</i> | 2 |
| <input type="radio"/> | More than 2 up to 5 years ago | 2 |
| <input type="radio"/> | <i>Mahigit sa 2 hanggang 5 taon na ang nakalipas</i> | 3 |
| <input type="radio"/> | More than 5 years ago | 3 |
| <input type="radio"/> | <i>Mahigit sa 5 taon na ang nakalipas</i> | 4 |
| <input type="radio"/> | Never..... | [GO TO 'QA24_J4'] |
| <input type="radio"/> | <i>Hindi kailanman</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_J3' About how long has it been since you last saw a doctor or medical provider for a routine check-up?

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

AJ114

A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.

Ang rutinang check-up ay hindi para sa sakit o karamdaman. Maaaring pag-usapan sa dalaw na ito ang mga tanong tungkol sa mga gawaing pangkalusugan gaya ng paninigarilyo.

- One year ago or less.....0
Isang taon na ang nakalipas o mas maiksi pa
- More than 1 up to 2 years ago1
Mahigit sa 1 hanggang 2 taon na ang nakalipas
- More than 2 up to 5 years ago2
Mahigit sa 2 hanggang 5 taon na ang nakalipas
- More than 5 years ago3
Mahigit sa 5 taon na ang nakalipas
- Never.....4
Hindi kailanman
- REFUSED/DON'T KNOW..... -3

'QA24_J4' In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

Sa nakalipas na 6 na buwan, gaano kadalas na madaling makatanggap ng pag-aalaga, pagsusuri, o paggamot na iyong kinakailangan?

AJ218

- Never1
Hindi kailanman
- Sometimes2
Paminsan-minsan
- Usually3
Kadalasan
- Always4
Palagi
- Not applicable5
Hindi naaangkop
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J5':

IF HOUSEHOLD HAS A SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'QA24_J6'

'QA24_J5' In the last 6 months, how often was it easy to get the care, tests, or treatment [teen's name] needed?

Sa nakalipas na 6 na buwan, gaano kadalas na madaling makatanggap ng pag-aalaga, pagsusuri, o paggamot na kailangan ni [teen's name]?

AJ219

- Never1
Hindi kailanman
- Sometimes2
Paminsan-minsan
- Usually3
Kadalasan
- Always4
Palagi
- Not applicable5
Hindi naaangkop
- REFUSED/DON'T KNOW..... -3

'QA24_J6' During the past 12 months, how many days did you miss work at a job or business because of illness, injury or disability?

Sa nakaraang 12 buwan, mga ilang araw kayo umabsent sa trabaho o negosyo dahil sa sakit, pinsala, o kapansanan?

AJ115

Do not include family or maternity/paternity leave.

Huwag isasama ang family leave o maternity/paternity leave

Days (0 - 365)

Araw (0 - 365)

- Did not have job in past
12 months 1
- Walang trabaho sa nakalipas na 12 buwan*
- Other (specify)..... 996
- Olba pa (tukuyin)* _____
- REFUSED/DON'T KNOW..... -3

Personal Doctor

PROGRAMMING NOTE 'QA24_J7':

IF 'QA24_H1' = 1 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA24_J7';
ELSE GO TO PROGRAMMING NOTE 'QA24_J8'

'QA24_J7' Do you have a personal doctor or medical provider who is your main provider?

Mayroon ba kayong personal doctor o medical provider na siyang main provider ninyo?

AJ77

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.

Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o Iba Pang health provider.

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J8':

IF ARINSURE = 1 OR 'QA24_H1' = 1 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA24_J8'
ELSE GO TO 'PN_QA24_J10'

DISPLAY INSTRUCTIONS:

IF 'QA24_J7' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'QA24_J8' In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa inyong doctor o medical provider sa loob ng dalawang araw dahil nagkasakit o nasaktan kayo?

AJ102

- Yes 1

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO
‘PN_QA24_J10’] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED/DON’T KNOW..... | -3 | [GO TO
‘PN_QA24_J10’] |

‘QA24_J9’ How often were you able to get an appointment within two days? Would you say...

Gaano kadalas kayo nakakuha ng appointment sa loob ng dalawang araw? Masasabi ba ninyo na...

AJ103

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Never..... | 1 |
| <input type="radio"/> | Hindi kailanman | |
| <input type="radio"/> | Sometimes | 2 |
| <input type="radio"/> | Paminsan-minsan | |
| <input type="radio"/> | Usually | 3 |
| <input type="radio"/> | Kadalasan | |
| <input type="radio"/> | Always..... | 4 |
| <input type="radio"/> | Palagi | |
| <input type="radio"/> | Not applicable | 5 |
| <input type="radio"/> | Hindi naaangkop | |
| <input type="radio"/> | REFUSED/DON’T KNOW..... | -3 |

Care Coordination

PROGRAMMING NOTE ‘QA24_J10’:

IF ‘QA24_H1’ = 1 (HAS A USUAL SOURCE OF CARE) AND ‘QA24_J7’ = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(‘QA24_B3’ = 1 OR ‘QA24_B4’ = 1 (HAS ASTHMA)) OR AB22’ = 1 (HAS DIABETES) OR ‘QA24_B22’ = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH ‘QA24_J10’;
ELSE GO TO ‘QA24_J11’

‘QA24_J10’ Is there anyone at your doctor’s office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

Mayroon bang sinuman sa opisina o clinic ng inyong doktor na tumutulong na isaayos ang pangangalaga sa inyo sa Iba Pang mga doktor o mga serbisyo, gaya ng mga test o mga paggagamot?

AJ80

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON’T KNOW..... | -3 |

Tele-Medical Care

‘QA24_J11’ During the past 12 months, did your usual medical provider offer telephone or video appointments?

Sa nakaraang 12 buwan, nag-alok ba ang iyong karaniwang medikal na provider ng mga appointment sa pamamagitan ng paggamit ng telepono o video?

AJ220

- | | | | |
|-----------------------|------------------|---|--------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO ‘QA24_J14’] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | Don’t know | 3 | [GO TO ‘QA24_J14’] |

- Hindi alam*
- REFUSED -3 [GO TO 'QA24_J14']

'QA24_J12' What options did your medical provider offer?

Nu-anong mga opsyon ang inialok sa iyo ng iyong medical na provider?

AJ221

(Check all that apply)
(Piliin ang lahat na naaangkop)

- In-person appointments 1
 Mga personal na pagbisita
 Telephone appointments 2
 Mga pagbisita sa pamamagitan ng paggamit ng telepono
 Video appointments 3
 Mga pagbisita sa pamamagitan ng paggamit ng video
 REFUSED/DON'T KNOW -3 [GO TO 'QA24_J14']

'QA24_J13' How satisfied are you with the availability of telephone or video health care from your providers?

Gaano ka nasisiyahan sa pagkakaroon ng pangangalaga sa kalusugan sa pamamagitan ng teleono o video mula sa iyong mga provider?

AJ222

- Very satisfied 1
 Lubos na nasisiyahan
 Somewhat satisfied 2
 Medyo nasisiyahan
 Neither satisfied nor dissatisfied 3
 Wala sa nasisiyahan o di nasisiyahan
 Somewhat dissatisfied 4
 Medyo hindi nasisiyahan
 Very dissatisfied 5
 Lubos na hindi nasisiyahan
 REFUSED/DON'T KNOW -3 [GO TO 'QA24_J14']

'QA24_J14' 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?

Sa nakaraang 12 buwan, nakatanggap ka ba ng pangangalaga mula sa isang doktor o propesyonal sa kalusugan sa pamamagitan ng pag-uusap sa video o teleono sa halip na pagbisita sa opisina?

AJ202

- Yes 1
 Oo
 No 2 [GO TO 'QA24_J28']
 Hindi
 REFUSED/DON'T KNOW -3 [GO TO 'QA24_J28']

'QA24_J15' What was this care for?

Para sa ano ang pangangalagang ito?

AJ203

- | | | | |
|--------------------------|---|----|--------------------|
| <input type="checkbox"/> | Primary Care | 1 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | Pangunahing Pangangalaga | | |
| <input type="checkbox"/> | Dental Care | 2 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | Pangangalaga sa Ngipin | | |
| <input type="checkbox"/> | Mental Health | 3 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | Kalusugang Pangkaisipan | | |
| <input type="checkbox"/> | Family Planning | 4 | |
| <input type="checkbox"/> | Pagpaplano ng Pamilya o Family Planning | | |
| <input type="checkbox"/> | Other speciality care | 5 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | Iba pang may espesyal na pangangalaga | | |
| <input type="checkbox"/> | Other: _____ | 91 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | Iba pa: _____ | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_J18'] |

'QA24_J16' Where did you receive your family planning service?

Saan mo natanggap ang iyong serbisyo para sa pagpaplano ng pamilya?

AJ223

- | | | | |
|--------------------------|---|----|--|
| <input type="checkbox"/> | Private Doctor's Office | 1 | |
| <input type="checkbox"/> | <i>Opisina ng Pribadong Doktor</i> | | |
| <input type="checkbox"/> | HMO Facility (Kaiser, Anthem Blue Cross,
Health Net, United Healthcare, etc.) | 2 | |
| <input type="checkbox"/> | <i>Pasilidad ng HMO (Kaiser, Anthem Blue
Cross, Health Net, United Healthcare, atbp.)</i> | | |
| <input type="checkbox"/> | Hospital or Hospital Clinic..... | 3 | |
| <input type="checkbox"/> | <i>Ospital o Klinika sa Ospital</i> | | |
| <input type="checkbox"/> | Planned Parenthood | 4 | |
| <input type="checkbox"/> | <i>Planned Parenthood</i> | | |
| <input type="checkbox"/> | County Health Department | 5 | |
| <input type="checkbox"/> | <i>Kagawaran ng Kalusugan sa County</i> | | |
| <input type="checkbox"/> | Family Planning Clinic..... | 6 | |
| <input type="checkbox"/> | <i>Klinika sa Pagpaplano ng Pamilya</i> | | |
| <input type="checkbox"/> | Community Clinic | 7 | |
| <input type="checkbox"/> | <i>Pang-komunidad na Klinika</i> | | |
| <input type="checkbox"/> | School or School-Based Clinic..... | 8 | |
| <input type="checkbox"/> | <i>Paaralan o Klinika sa Paaralan</i> | | |
| <input type="checkbox"/> | Tribal Health Clinic | | |
| <input type="checkbox"/> | Urban Indian Health Program/Clinic | 9 | |
| <input type="checkbox"/> | <i>Klinika para sa Kalusugan ng
Tribo/Programa/Klinika para sa Kalusugan
ng Urban na Indian</i> | | |
| <input type="checkbox"/> | Pharmacy | 10 | |
| <input type="checkbox"/> | <i>Botika</i> | | |
| <input type="checkbox"/> | Some other place (Specify: _____) | 11 | |
| <input type="checkbox"/> | <i>Ilang Iba pang Lugar (Tukuyin: __)</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_J17' Was the appointment via telephone or video?

Ginanap ba ang appointment sa pamamagitan ng telepono o web?

AJ224

- | | | | |
|-----------------------|--|---|--|
| <input type="radio"/> | Yes, a telephone visit..... | 1 | |
| <input type="radio"/> | <i>Oo, sa pamamagitan ng telepono na
pagbisita</i> | | |
| <input type="radio"/> | Yes, a video visit | 2 | |

- Oo, sa pamamagitan ng video na pagbisita
- Both 3
- Pareho
- No 4
- Hindi
- REFUSED/DON'T KNOW -3

'QA24_J18' Think about your telephone or video healthcare experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?

Pag-isipan naman ang iyong mga karanasan sa pangangalagang pangkalusugan sa pamamagitan ng teleono o video sa nakaraang 12 buwan. Gaano ka kakuntento na tinutugunan ng iyong provider sa kalusugan ang iyong mga alalahanin sa kalusugan?

AJ225

- Very satisfied 1
- Lubos na nasisiyahan
- Satisfied 2
- Nasisiyahan
- Slightly satisfied 3
- Medyo nasisiyahan
- Not satisfied at all 4
- Talagang hindi nasisiyahan
- REFUSED/DON'T KNOW -3

'QA24_J19' Think about your most recent telephone or video health care experience. Would you have preferred an in-person visit?

Pag-isipan naman ang iyong mga pinaka-huling karanasan sa pangangalagang pangkalusugan sa pamamagitan ng teleono o video. Mas ninanais mo ba na bumisita nang personal?

AJ226

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J20':

IF 'QA24_J15' = 2, CONTINUE;

ELSE GOTO 'QA24_J26'

'QA24_J20' Think about your most recent video visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

Pag-isipan naman ang iyong pinaka-huling pagbisita sa iyong provider ng kalusugan ng ngipin sa pamamagitan ng video. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay...

AJ227

- Much worse 1
- Lubos na mas masama
- Somewhat worse 2
- Medyo mas masama
- About the Same 3

- Halos Pareho Lang*
- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a video visit 6
- Hindi bumisita sa pamamagitan ng video*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J21':

IF 'QA24_J15' = 3, CONTINUE;
ELSE GOTO 'QA24_J26'

- 'QA24_J21'** Think about your most recent video visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa iyong provider ng kalusugang pangkaisipan sa pamamagitan ng video. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay....

AJ228

- Much worse 1
- Lubos na mas masama*
- Somewhat worse 2
- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*
- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a video visit 6
- Hindi bumisita sa pamamagitan ng video*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J22':

IF 'QA24_J15' = 1, CONTINUE;
ELSE GOTO 'QA24_J26'

- 'QA24_J22'** Think about your most recent video visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa iyong provider ng pangunahing pangangalaga. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay...

AJ229

- Much worse 1
- Lubos na mas masama*
- Somewhat worse 2
- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*

- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a video visit 6
- Hindi bumisita sa pamamagitan ng video*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AJ230':

IF 'QA24_J15' = 2, CONTINUE;
ELSE GOTO 'QA24_J26'

'QA24_J23' Think about your most recent telephone visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa pamamagitan ng telefono sa iyong provider ng kalusugan sa ngipin. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay....

AJ230

- Much worse 1
- Lubos na mas masama*
- Somewhat worse 2
- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*
- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a telephone visit 6
- Hindi bumisita sa pamamagitan ng telephone*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J24':

IF 'QA24_J15' = 3, CONTINUE;
ELSE GOTO 'QA24_J26'

'QA24_J24' Think about your most recent telephone visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa pamamagitan ng telefono sa iyong provider ng kalusugang pangkaisipan. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay....

AJ231

- Much worse 1
- Lubos na mas masama*
- Somewhat worse 2
- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*
- Somewhat better 4

- Medyo mas maayos*
- Much better* 5
- Lubos na mas maayos*
- I did not have a telephone visit* 6
- Hindi bumisita sa pamamagitan ng telephone*
- REFUSED/DON'T KNOW.....* -3

PROGRAMMING NOTE 'QA24_J25':

IF 'QA24_J15' = 1, CONTINUE;
ELSE GOTO 'QA24_J26'

- 'QA24_J25' Think about your most recent telephone visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa pamamagitan ng telefono sa iyong provider ng pangunahing pangangalaga. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay...

AJ232

- Much worse.....* 1
- Lubos na mas masama*
- Somewhat worse* 2
- Medyo mas masama*
- About the Same* 3
- Halos Pareho Lang*
- Somewhat better.....* 4
- Medyo mas maayos*
- Much better* 5
- Lubos na mas maayos*
- I did not have a telephone visit* 6
- Hindi bumisita sa pamamagitan ng telephone*
- REFUSED/DON'T KNOW.....* -3

- 'QA24_J26' Did you have any problems with a telephone or video appointment?

Ikaw ba ay nagkaroon ng anumang problema sa appointment na ginawa sa telefono o video?

AJ233

- Yes* 1
- Oo*
- No.....* 2
- Hindi*
- REFUSED/DON'T KNOW.....* -3

PROGRAMMING NOTE 'QA24_J27':

IF 'QA24_J26' = 1 THEN CONTINUE;
ELSE GO TO 'PN_QA24_J28'

- 'QA24_J27' What problems did you experience?

Anu-anong mga problema ang iyong naranasan?

AJ234

- Bad internet/network connection* 1
- Hindi maayos na internet/koneksyon sa network*

- Couldn't download the telehealth app.....2
Hindi mai-download ang telehealth app
- Audio/Video was not working.....3
Hindi gumagana ang Audio/Video
- No privacy during the telehealth appointment.....4
Walang pagkapribado sa panahon ng telehealth na appointment
- The doctor/nurse did not speak my language/understand my language.....5
Ang doktor/nars ay hindi nagsasalita ng wika ko/nauunawaan ang wika ko
- Other: _____ 91
Iba pa: _____
- REFUSED/DON'T KNOW..... -3

Communication Problems with a Doctor

PROGRAMMING NOTE 'AJ8B':

IF '**QA24_A21**' >=2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH '**AJ8**';
ELSE GO TO '**PN_QA24_J33**'

'QA24_J28' The last time you saw a doctor, did you have a hard time understanding the doctor?

Noong huli kayong nagpatingin sa doktor, nahirapan ba kayong intindihin ang doktor?

AJ8B

- Yes1 [GO TO '**QA24_J30**']
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO '**PN_QA24_J33**']

PROGRAMMING NOTE 'QA24_J29':

IF '**QA24_J28**' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR '**QA24_A20**' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH '**QA24_J29**';
ELSE GO TO '**PN_QA24_J33**'

SET '**QA24_J29**' ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME '**QA22_J16**' WAS ASKED;

'QA24_J29' In what language did the doctor speak to you?

Sa anong wika kayo kinausap ng doktor?

AJ50

- English1 [GO TO '**QA24_J31**']
- Ingles
- Spanish2 [GO TO '**PN_QA24_J33**']
- Spanish
- Cantonese.....3 [GO TO '**PN_QA24_J33**']
- Cantonese
- Vietnamese4 [GO TO

<input type="radio"/>	Vietnamese		'PN_QA24_J33'
<input type="radio"/>	Tagalog5	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Tagalog		
<input type="radio"/>	Mandarin6	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Mandarin		
<input type="radio"/>	Korean.....7	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Korean		
<input type="radio"/>	Asian Indian languages (including Hindi, Punjabi, Urdu)8	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Mga wikang Asian Indian (kasama ang Hindi, Punjabi, Urdu)		
<input type="radio"/>	Russian9	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Russian		
<input type="radio"/>	Japanese.....12	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Japanese		
<input type="radio"/>	French14	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	French		
<input type="radio"/>	German15	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	German		
<input type="radio"/>	Farsi18	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Farsi		
<input type="radio"/>	Armenian.....19	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Armenian		
<input type="radio"/>	Arabic20	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Arabic		
<input type="radio"/>	Other (Specify: _____).....91	[GO TO 'PN_QA24_J33']	
<input type="radio"/>	Iba pa (Tukuyin:_____)		

'QA24_J30' Was this because you and the doctor spoke different languages?

Ito ba ay dahil kayo at ang doctor ninyo ay nagsasalita ng magkaibang wika?

AJ9

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_J31' Did you need someone to help you understand the doctor?

Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doctor?

AJ10

- Yes1

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO
‘PN_QA24_J33’] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED/DON’T KNOW..... | -3 | [GO TO
‘PN_QA24_J33’] |

‘QA24_J32’ Who was this person who helped you understand the doctor?

Sino ang tumulong sa inyo na maintindihan ang doktor?

AJ11

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Minor child (under age 18)..... | 1 |
| <input type="radio"/> | <i>Menor-de-edad na bata</i>
<i>(wala pang 18 taon)</i> | |
| <input type="radio"/> | An adult family member or friend | 2 |
| <input type="radio"/> | <i>Isang kapamilya o kaibigan ko na adult</i> | |
| <input type="radio"/> | Non-medical office staff | 3 |
| <input type="radio"/> | <i>Hindi medikal na kawani ng opisina</i> | |
| <input type="radio"/> | Medical staff including nurses and doctors.. | 4 |
| <input type="radio"/> | <i>Kawani ng medikal kabilang ang mga nurse</i>
<i>at doktor</i> | |
| <input type="radio"/> | Professional interpreter
(both in person and on the telephone)..... | 5 |
| <input type="radio"/> | <i>Propesyonal na tagasalin</i>
<i>(parehong harap-harapan at sa telepono)</i> | |
| <input type="radio"/> | Other (patients, someone else)..... | 6 |
| <input type="radio"/> | <i>Iba pa (mga pasyente, ibang tao)</i> | |
| <input type="radio"/> | Did not have someone to help | 7 |
| <input type="radio"/> | <i>Walang tumulong</i> | |
| <input type="radio"/> | REFUSED/DON’T KNOW..... | -3 |

PROGRAMMING NOTE ‘QA24_J33’:

IF ‘QA24_A21’ = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH
‘QA24_J33’;
ELSE GO TO ‘QA24_J34’

‘QA24_J33’ In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

Sa California, may karapatan kayong humingi ng tulong mula sa interpreter nang walang bayad para sa pagpapatingin ninyo. Alam ba ninyo ito bago ngayong araw?

AJ105

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON’T KNOW..... | -3 |

Delays in Care

‘QA24_J34’ During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

Nitong nakaraang 12 buwan, ipinagpaliban ba ninyong bumili o kaya'y hindi kayo bumili ng gamot na inireseta sa inyo ng doktor?

AH16

- | | | |
|-----------------------|-----------|---|
| <input type="radio"/> | Yes | 1 |
|-----------------------|-----------|---|

- Oo
- No.....2 [GO TO 'QA24_J39']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_J39']

'QA24_J35' Did you get the medicine that a doctor prescribed for you eventually?

Nakuha mo ba ang gamot na inireseta sa iyo ng doktor sa kalaunan?

AJ251

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_J36' During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

Sa nakalipas na 12 buwan, bakit mo ipinagpalibutan o hindi nakuha ang gamot na inireseta ng doktor para sa iyo?

AJ252

Check all that apply

- Medication not in stock1
Walang makuhang gamot (walang stock)
- Insurance approval issue2
Isyu sa pag apruba ng insurance
- Delays in communication with provider3
or pharmacy
- Mga pagkaantala sa komunikasyon sa provider o parasya
- Concerns with side effects or interactions with other medications4
Mga alalahanin sa mga hindi ninananis na epekto (side effect) o sa mga pakikipag-ugnayan sa iba pang mga gamot
- Didn't want or thought
I didn't need prescription5
- Ayaw o akala na hindi ko kailangan ng reseta
- Too hard to track all my medications6
Masyadong mahirap masubaybayan ang lahat ng mga gamot ko
- I forgot or lost prescription7
Nakalimutan ko o nawala ang reseta
- I didn't have time8
Wala akong oras
- I have no insurance9
Wala akong insurance
- Too expensive10
Masyadong napakamahal
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE AJ253:

IF MORE THAN ONE RESPONSE FROM 'QA24_J36', THEN CONTINUE WITH 'QA24_J37' WITH SELECTED CHOICES FROM 'QA24_J36' DISPLAYED;
ELSE SKIP TO NEXT TOPIC

'QA24_J37' What was the one main reason why you delayed the medicine that a doctor prescribed for you?

Ano ang isang pangunahing dahilan kung bakit mo ipinagpalibutan ang gamot na inireseta ng doktor para sa iyo?

AJ253

- Medication not in stock1
- Walang makuhang gamot (walang stock)*
- Insurance approval issue2
- Isyu sa pag apruba ng insurance*
- Delays in communication with provider3
or pharmacy
- Mga pagkaantala sa komunikasyon sa provider o parasya*
- Concerns with side effects or interactions
with other medications4
- Mga alalahanin sa mga hindi ninananis na epekto (side effect) o sa mga pakikipag-ugnayan sa iba pang mga gamot*
- Didn't want or thought
I didn't need prescription5
- Ayaw o akala na hindi ko kailangan ng reseta*
- Too hard to track all my medications6
- Masyadong mahirap masubaybayan ang lahat ng mga gamot ko*
- I forgot or lost prescription7
- Nakalimutan ko o nawala ang reseta*
- I didn't have time8
- Wala akong oras*
- I have no insurance.....9
- Wala akong insurance*
- Too expensive..... 10
- Masyadong napakamahal*
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J38':

IF ARINSURE = 1, THEN CONTINUE WITH 'QA24_J38';
ELSE GO TO 'QA24_J39'

'QA24_J38' Did you delay or not get a medicine while you had your current insurance plan?

Naghintay ka ba bago bumili ng gamot o hindi ka bumili ng gamot habang insured ka sa kasalukuyan mong insurance plan?

AJ176

- Yes1
- Oo
- No.....2

- Hindi*
 REFUSED/DON'T KNOW..... -3

'QA24_J39' During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

Nitong nakaraang 12 buwan, ipinagpalibin ba ninyo o hindi kayo nagpattingin para sa anumang Iba Pang paggagamot na sa akala ninyo ay kinakailangan ninyo - gaya ng pagpapatingin sa doktor, espesyalista o Iba Pang health professional?

AH22

- Yes1
 Oo
 No.....2 [GO TO 'QA24_J44']
 Hindi
 REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_J44']

'QA24_J40' Did you get the care eventually?

Nagamot din ba kayo sa bandang huli?

AJ129

- Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

'QA24_J41' During the past 12 months, why did you delay or not get the care you felt you needed?

Sa nakalipas na 12 buwan, bakit mo ipinagpalibin o hindi ka nakatanggap ng pangangalaga na sa tingin mo ay kailangan mo?

AJ254

Check all that apply

- Couldn't get appointment.....1
 Hindi makakuha ng appointment
 My insurance was not accepted.....2
 Hindi tinanggap ang aking insurance
 My insurance did not cover3
 Hindi sinaklaw ng insurance
 Language understanding problems4
 Problema sa lingguwahe
 Transportation problems5
 Problema sa transportasyon
 Hours were not convenient6
 Hindi maginhawa ang oras
 There was no child care for
children at home7
 *Walang mag-aalaga sa mga batang maiiwan
sa bahay*
 I forgot or lost referral.....8
 Nakalimutan ko o naiwala ang referral
 I didn't have time to go.....9
 Wala akong oras
 Too expensive..... 10
 Masyadong mahal
 I have no insurance..... 11

- Walang insurance*
 Other (Specify: _____) 91
 Iba Pa (Tukuyin: _____)
 REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J42':

IF MORE THAN ONE RESPONSE FROM 'QA24_J41' WITH SELECTED CHOICES FROM 'QA24_J41' DISPLAYED, THEN CONTINUE WITH 'QA24_J42';
 ELSE SKIP TO NEXT TOPIC

'QA24_J42' What was the one main reason why you delayed getting the care you felt you needed?

Ano ang pangunahing dahilan sa inyong pagpapalibutan ng pagpapagamot na sa tingin ninyong kinakailangan ninyo?

AJ131B

- Couldn't get appointment 1
 Hindi makakuha ng appointment
 My insurance was not accepted 2
 Hindi tinanggap ang aking insurance
 My insurance did not cover 3
 Hindi sinaklaw ng insurance
 Language understanding problems 4
 Problema sa lingguwahe
 Transportation problems 5
 Problema sa transportasyon
 Hours were not convenient 6
 Hindi maginhawa ang oras
 There was no child care for children at home 7
 Walang mag-aalaga sa mga batang maiiwan sa bahay
 I forgot or lost referral 8
 Nakalimutan ko o naiwala ang referral
 I didn't have time to go 9
 Wala akong oras
 Too expensive 10
 Masyadong mahal
 I have no insurance 11
 Walang insurance
 Other (Specify: _____) 91
 Iba Pa (Tukuyin: _____)
 REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J43':

IF ARINSURE = 1, THEN CONTINUE WITH 'QA24_J43';
 ELSE GO TO 'QA24_J44'

'QA24_J43' Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

Naghintay ka ba bago tumanggap o hindi na lang talaga tumanggap ng ibang medikal na pangangalaga na pakiramdam mo ay kinailangan mo habang insured ka sa kasalukuya mong insurance plan?

AJ177

- Yes 1

- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_J44' Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

Ang susunod na mga tanong ay tungkol sa mga espesyalista. Ang mga espesyalista ay mga doktor gaya ng mga surgeon (siruhano), mga doktor sa puso, mga doktor sa allergy (alerhiya), mga doktor sa balat, at Iba Pang mga nagdadalubhasa sa isang larangan ng paggagamot.

AJ136

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

Nitong nakaraang 12 buwan, naisip ba ninyo o ng doctor na kailangan ninyong magpatingin sa espesyalistang doktor?

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J45':

IF 'QA24_J44' = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH 'QA24_J45';
ELSE GO TO 'QA24_J48'

'QA24_J45' During the past 12 months, did you have any trouble finding a medical specialist who would see you?

Nitong nakaraang 12 buwan, nahirapan ba kayong makahanap ng espesyalistang doktor na titingin sa inyo?

AJ137

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_J46' During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

AJ138

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J47':

IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA24_J47';
ELSE SKIP TO 'QA24_J48'

'QA24_J47' During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila tinanggap ang inyong pangunahing health insurance?

AJ139

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_J48' Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

Ngayon, isipin ninyo ang mga general doctor. Nitong naraang 12 buwan, nahirapan ba kayong makahanap ng general doctor na titigin sa inyo?

AJ133

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_J49' During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

AJ134

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J50':

IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA24_J50';
ELSE SKIP TO 'QA24_J51'

'QA24_J50' During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tatanggapin ang inyong pangunahing health insurance?

AJ135

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Pregnancy Status

PROGRAMMING NOTE 'QA24_J51':

IF 'QA24_A5' = 1 (MALE AT BIRTH), THEN GO TO 'PN_QA24_J61';
 IF AGE > 45, THEN GO TO 'PN_QA24_J68';

DISPLAY INSTRUCTIONS:

IF ['QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_A6' = 2 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health.";
 IF ['QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_A6' = 1, 3, 5, OR -3 (MALE, TRANSGENDER, NON-BINARY, OR SKIPPED)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them."

'QA24_J51' These next questions may be relevant to you because you were assigned female at birth.

Itong sumusunod na mga katanungan ay maaaring may-kinalaman sa inyo dahil babae ang kasarian na itinala para sa inyo noong ipinanganak kayo.

AD13

To your knowledge, are you now pregnant?
Sa inyong kaalaman, buntis ba kayo sa kasalukuyan?

- Yes1 [GO TO 'QA24_J53']
- Oo
- No.....2
- Hindi
- Not applicable3
- Hindi naaangkop*
- REFUSED/DON'T KNOW.....-3

Family Planning

PROGRAMMING NOTE 'QA24_J52':

IF AGE IS BETWEEN 18 AND 44 YEARS AND 'QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_D10' = 1 OR 3 (MALE SEXUAL PARTNER OR BOTH MALE AND FEMALE) THEN CONTINUE;
 ELSE IF AGE > 44 YEARS GO TO 'PN_QA24_J68';
 ELSE IF 'QA24_A5' = 1 (MALE AT BIRTH) THEN GO TO 'PN_QA24_J61';
 ELSE CONTINUE WITH 'QA24_J52'

'QA24_J52' Which of the following statements best describes your pregnancy plans? Would you say...

Alin sa mga sumusunod na pahayag ang pinakanaglalarawan sa inyong mga plano tungkol sa pagbubuntis? Masasabi mo bang...

AJ169

- I do not plan to get pregnant within the next 12 months1
- Wala kang planong magbuntis sa loob ng susunod na 12 buwan*
- I am not sexually active.....2
- Hindi ka sekswal na aktibo*
- I am planning to get pregnant within the next 12 months3
- May plano kang magbuntis sa loob ng susunod na 12 buwan*
- I am currently pregnant4

- | | | | |
|---|----|----------------|--|
| <input type="radio"/> <i>Kasalukuyan kang buntis</i> | | | |
| <input type="radio"/> I am not able to get pregnant | 5 | [GO TO | |
| | | 'PN_QA24_J61'] | |
| <input type="radio"/> <i>Walang kakayahang mabuntis</i> | | | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 | [GO TO | |
| | | 'PN_QA24_J61'] | |

'QA24_J53' During the past 12 months, did you become pregnant with an unintended pregnancy?

Sa nakaraang 12 buwan, nabuntis ka ba na hindi pinaplanong pagbubuntis?

AJ235

- | | |
|---|----|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| <input type="radio"/> Hindi | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |

'QA24_J54' During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control? This includes an IUD or an implant (that thing in your arm).

Sa nakaraang 12 buwan, nakipag-usap ba sa iyo ang isang doktor, medical provider, o tagapayo sa pagpaplano ng pamilya tungkol sa pagpipigil sa pagbubuntis (o birth control)? Kasama dito ang IUD o ang isang implant (yung bagay na nasa iyong braso).

AJ236

- | | |
|---|----|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| <input type="radio"/> Hindi | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_J55':

IF 'QA24_J51' = 1 (PREGNANT), GO TO 'PN_QA24_J68';

IF 'QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_D10' = 2 (FEMALE SEXUAL PARTNER, SKIPPED), GO TO 'PN_QA24_J68';

IF 'QA24_J52' = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT OR NOT ABLE TO GET PREGNANT) THEN GO TO 'QA24_J60';
ELSE CONTINUE WITH 'QA24_J55'

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' = 1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your male partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF 'QA24_D8' > 1 OR -3 AND 'QA24_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your male partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'QA24_J55' During the past 12 months, did you or your male partner{s} use a birth control method to prevent pregnancy? This includes male or female sterilization.

Sa nakaraang 12 buwan, ikaw ba o ang iyong {mga} lalaking katalik ay gumamit ng paraan ng pagpipigil sa pagbubuntis (o birth control) upang maiwasan na mabuntis? Kabilang dito ang sterilization ng lalaki o babae.

AF40C

Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.

Kabilang sa sterilization ang pagpapatali (tubal ligation at vasectomy) o pagpapa-opera upang hindi maaaring magkaroon ng mga anak.

- | | |
|---|--------------------------|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| | [GO TO
‘PN_QA24_J60’] |
| <input type="radio"/> Hindi | |
| <input type="radio"/> No male partner | 3 |
| | [GO TO
‘PN_QA24_J61’] |
| <input type="radio"/> Walang Lalaking katalik | |
| <input type="radio"/> REFUSED/DON’T KNOW..... | -3 |
| | [GO TO
‘PN_QA24_J61’] |

PROGRAMMING NOTE ‘QA24_J56’:

DISPLAY INSTRUCTIONS:

IF ‘QA24_D8’ = 1 OR ‘QA24_D9’ = 2 (1 PARTNER) DISPLAY “During the past 12 months, which MAIN birth control method did you or your male partner use?”

IF ‘QA24_D8’ > 1 OR -3 AND ‘QA24_D9’ = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY “During the past 12 months, which MAIN birth control method did you or your male partners use?”,

- ‘QA24_J56’ During the past 12 months, which MAIN birth control method did you or your male partner{s} use?

Sa nakaraang 12 buwan, aling PANGUNAHING paraan ng pagpipigil sa pagbubuntis (o birth control) ang ginamit mo o ng iyong lalaking katalik?

AJ237

- | | |
|---|--------------------|
| <input type="radio"/> Tubal Ligation (Tubes Tied, Cut, | 1 |
| <input type="radio"/> Fallopian Tubes Removed) | |
| <input type="radio"/> Tubal Ligation (Mga Tubo na Itinali, Pinutol, Inalis ang mga Fallopian Tube) | |
| <input type="radio"/> Vasectomy (Male sterilization)..... | 2 |
| <input type="radio"/> Vasectomy (Sterilization para sa lalaki) | |
| <input type="radio"/> IUD | |
| <input type="radio"/> (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)..... | 3 |
| <input type="radio"/> IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc., atbp.) | |
| <input type="radio"/> Implant | |
| <input type="radio"/> (Nexplanon® - that thing in your arm)..... | 4 |
| <input type="radio"/> Implant (Nexplanon® - yung bagay na nasa iyong braso | |
| <input type="radio"/> Birth control pills..... | 5 |
| <input type="radio"/> Mga birth control na tabletas | |
| <input type="radio"/> Other hormonal methods | |
| <input type="radio"/> (Injection/Depo-Provera, patch, vaginal ring)..... | 6 |
| <input type="radio"/> Iba pang pamamaraang hormonal
(Iniksyon/Depo-Provera, patch, vaginal ring) | |
| <input type="radio"/> Condoms (male or female) | 7 |
| <input type="radio"/> Mga condom (lalaki o babae) | |
| <input type="radio"/> Phexxi (birth control gel) | 8 |
| <input type="radio"/> Phexxi (birth control gel) | |
| | [GO TO ‘QA24_J58’] |

- Other (Specify: _____).....91 [GO TO 'QA24_J58']
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_J61']

PROGRAMMING NOTE 'QA24_J57':**DISPLAY INSTRUCTIONS:**

IF 'QA24_J56' = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA24_J57' Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

Ikaw ba o ang iyong lalaking katalik ay kumuha o sumailalim ng {Tubal Ligation, Vasectomy, IUD o implant} sa loob ng nakaraang 12 buwan?

AJ238

- Yes1
- Oo
- No.....2 [GO TO 'PN_QA24_J61']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_J61']

PROGRAMMING NOTE 'QA24_J58':**DISPLAY INSTRUCTIONS:**

IF 'QA24_D8' =1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your male partner get your MAIN birth control method or prescription?"

IF 'QA24_D8' >1 OR -3 AND 'QA24_D9' = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your male partners get your MAIN birth control method or prescription?";

'QA24_J58' During the past 12 months, where did you or your male partner{s} get your MAIN birth control method or prescription?

Sa nakaraang 12 buwan, saan mo o ng iyong lalaking katalik nakuha ang iyong pangunahing paraan o reseta ng pagpipigil sa pagbubuntis (o birth control)?

AJ239

- Private doctor's office.....1
- Opisina ng pribadong doktor
- HMO facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)2
- Pasilidad ng HMO (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, atbp.)
- Hospital or hospital clinic3
- Ospital o klinika sa ospital
- Planned Parenthood4
- Planned Parenthood
- County health department.....5
- Kagawaran ng kalusugan sa County
- Family planning clinic.....6
- Klinika sa pagpaplano ng pamilya
- Community clinic.....7

- Pang-komunidad na klinika*
- School or school-based clinic8
- Paaralan o klinika sa paaralan*
- Native American health center/clinic.....9
- Katutubong Amerikanong Sentrong Pangkalusugan/Klinika*
- Pharmacy 10
- Botika*
- Some other place (Specify: _____) ... 91
- Ilang iba pang lugar (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

'QA24_J59' During the past 12 months, did you receive your main birth control method through a video or telephone visit?

Sa nakaraang 12 buwan, nakuha mo ba ang iyong pangunahing paraan o reseta ng pagkontrol sa pagbuntis (o birth control) sa pamamagitan ng video o teleponong pagbisita?

AJ240

- Yes, over a video visit1
- Oo, sa pamamagitan ng video na pagbisita*
- Yes, over a telephone visit.....2
- Oo, sa pamamagitan ng telepono na pagbisita*
- No.....3
- Hindi*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE AJ170B':

IF '**'QA24_J55'**' = 2 CONTINUE;
ELSE SKIP TO '**'PN_QA24_J61'**'

DISPLAY INSTRUCTIONS:

IF '**'QA24_D8'**' = 1 OR '**'QA24_D9'**' = 2 (1 PARTNER) DISPLAY "What is the main reason you and your male partner did not use birth control in the past 12 months?"

IF '**'QA24_D8'**' > 1 OR -3 AND '**'QA24_D9'**' = 3, 4, 5, 6 OR > 1 DISPLAY "What is the main reason you and your male partners did not use birth control in the past 12 months?";

'QA24_J60' What is the main reason you and your male partner{s} did not use birth control in the past 12 months?

Ano ang PANGUNAHING dahilan kung bakit ikaw at ang iyong lalaking katalik ay hindi gumamit ng pagpipigil sa pagbuntis sa nakaraang 12 buwan?

AJ170B

- Trying to get pregnant/want a baby1
- Sinusubukang mabuntis/gustong magkaanak*
- Haven't found a method I like2
- Hindi pa nakahahanap ng paraang gusto ko*
- Cost.....3
- Gastos*
- Haven't had time to go in for birth control....4
- Walang oras para pumunta at makakuha ng pagkontrol sa pagbuntis*
- No transportation5
- Walang transportasyon*
- Don't know where to get it.....6
- Hindi alam kung saan ito kukunin*

- Don't believe in birth control.....7
- Hindi naniniwala sa pagkontrol sa pagbubuntis*
- Worried about side effects and/or health risks8
- Nag-aalala tungkol sa mga masamang epekto at/o panganib sa kalusugan*
- Partner won't let me9
- Ayaw akong payagan ng katalik*
- Forget to use birth control 10
- Nakalimutang gumamit ng pagkontrol sa Pagbubuntis*
- Feel uncomfortable asking for birth control/talking about birth control 11
- Hindi kumportableng humingi ng pagpipigil sa pagbubuntis/makipag-usap tungkol sa pagpipigil sa pagbubuntis*
- REFUSED/DON'T KNOW..... -3

[GO TO
‘PN_QA24_J61’]

PROGRAMMING NOTE ‘QA24_J61’:

IF AGE IS BETWEEN 18 AND 54 YEARS AND ‘QA24_A5’ = 1 (MALE AT BIRTH) WITH ‘QA24_D10’ = 2 OR 3 (FEMALE SEXUAL PARTNER OR BOTH MALE AND FEMALE) THEN CONTINUE;
IF AGE > 54 YEARS ELSE SKIP TO ‘PN_QA24_J68’

- ‘QA24_J61’** During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control such as male condoms or vasectomy?

Sa nakaraang 12 buwan, nakipag-usap ba sa iyo ang isang doktor, medical provider, o tagapayo sa pagpaplanong pamilya tungkol sa pagkontrol sa pagbubuntis tulad ng mga condom na para sa lalaki o vasectomy?

AJ241

- Yes1
- Oo
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE ‘QA24_J62’:

DISPLAY INSTRUCTIONS:

IF ‘QA24_D8’ = 1 OR ‘QA24_D9’ = 2 (1 PARTNER) DISPLAY “During the past 12 months, did you or your female partner use a birth control method to prevent pregnancy? This includes male or female sterilization.”

IF ‘QA24_D8’ > 1 OR -8 AND ‘QA24_D9’ = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY “During the past 12 months, did you or your female partners use a birth control method to prevent pregnancy? This includes male or female sterilization.”;

- ‘QA24_J62’** During the past 12 months, did you or your female partner(s) use birth control method to prevent pregnancy? This includes male or female sterilization.

Sa nakaraang 12 buwan, ikaw ba o ang iyong babaeng katalik ay gumamit ng paraan ng pagkontrol sa pagbubuntis upang maiwasan na mabuntis? Kabilang dito ang sterilization ng lalaki o babae..

AJ242

Sterilization includes having your partner's tubes tied, getting a vasectomy, or having an operation so you cannot have children.

Kabilang sa sterilization ang pagtatali ng mga tubo ng iyong katalik, pagpapa-vasectomy, o pagkakaroon ng operasyon upang hindi kayo magkaroon ng mga anak

- | | | | |
|-----------------------|-------------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO
'PN_QA24_J67'] |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | No female partner | 3 | [GO TO
'PN_QA24_J68'] |
| <input type="radio"/> | <i>Walang babaeng katalik</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_J68'] |

PROGRAMMING NOTE 'QA24_J63':

DISPLAY INSTRUCTIONS:

IF 'QA24_D8' = 1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partner use?"

IF 'QA24_D8' > 1 OR -3 AND 'QA24_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partners use?";

- 'QA24_J63'** During the past 12 months, which main birth control method did you or your female partner{s} use?

Sa nakaraang 12 buwan, aling PANGUNAHING paraan ng pagkontrol sa pagbubuntis ang ginamit mo o ng iyong babaeng katalik?

AJ243

- | | | | |
|-----------------------|---|---|--------------------|
| <input type="radio"/> | Tubal Ligation
(Tubes Tied, Cut,
Fallopian Tubes Removed)..... | 1 | |
| <input type="radio"/> | Tubal Ligation (Mga Tubo na Itinali, Pinutol,
Inalis ang mga Fallopian Tube) | | |
| <input type="radio"/> | Vasectomy (Male sterilization)..... | 2 | |
| <input type="radio"/> | Vasectomy (Sterilization para sa lalaki) | | |
| <input type="radio"/> | IUD (Mirena®, Paragard®, Skyla®,
Kyleena®, Liletta®, etc.) | 3 | |
| <input type="radio"/> | IUD (Mirena®, Paragard®, Skyla®,
Kyleena®, Liletta®, atbp.) | | |
| <input type="radio"/> | Implant (Nexplanon® - that thing in
your arm)..... | 4 | |
| <input type="radio"/> | Implant (Nexplanon® - yung bagay na nasa
iyong braso) | | |
| <input type="radio"/> | Birth control pills..... | 5 | [GO TO 'QA24_J65'] |
| <input type="radio"/> | Mga birth control na tabletas | | |
| <input type="radio"/> | Other hormonal methods
(Injection/Depo-Provera, patch,
vaginal ring)..... | 6 | [GO TO 'QA24_J65'] |
| <input type="radio"/> | Iba pang pamamaraang hormonal
(Iniksyon/Depo-Provera, patch, vaginal ring) | | |
| <input type="radio"/> | Condoms (male or female) | 7 | [GO TO 'QA24_J65'] |
| <input type="radio"/> | Mga condom (lalaki o babae) | | |
| <input type="radio"/> | Phexxi (birth control gel) | 8 | [GO TO 'QA24_J65'] |

- Phexxi (birth control gel)*
- Other (Specify: _____).....91 [GO TO 'QA24_J65']
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_J68']

PROGRAMMING NOTE AJ244:**DISPLAY INSTRUCTIONS:**

IF 'QA24_J63'=1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

- 'QA24_J64' Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

Ikaw ba o ang iyong babaeng katalik ay kumuha o sumailalim ng {Tubal Ligation, Vasectomy, IUD o implant} sa loob ng nakaraang 12 buwan?

AJ244

- Yes1
- Oo
- No.....2 [GO TO 'PN_QA24_J68']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_J68']

PROGRAMMING NOTE 'QA24_J65':**DISPLAY INSTRUCTIONS:**

IF 'QA24_D8' = 1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your MAIN birth control method or prescription?"

IF 'QA24_D8' > 1 OR -3 AND 'QA24_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your MAIN birth control method or prescription?";

- 'QA24_J65' During the past 12 months, where did you or your female partner{s} get your MAIN birth control method or prescription?

Sa nakaraang 12 buwan, saan mo o ng iyong babaeng katalik nakuha ang iyong pangunahing paraan o reseta ng pagkontrol sa pagbubuntis (o birth control)?

AJ245

- Private doctor's office.....1
- Opisina ng pribadong doktor*
- HMO facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)2
- Pasilidad ng HMO (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, atbp.)*
- Hospital or hospital clinic3
- Ospital o klinika sa ospital*
- Planned Parenthood4
- Planned Parenthood*
- County health department.....5
- Kagawaran ng kalusugan sa County*
- Family planning clinic.....6
- Klinika sa pagpaplano ng pamilya*

- Community clinic 7
Pang-komunidad na klinika
- School or school-based clinic8
Paaralan o klinika sa paaralan
- Native American health center/clinic.....9
Katutubong Amerikanong Sentrong Pangkalusugan/Klinika
- Pharmacy10
Botika
- Some other place (Specify: _____) ... 91
Ilang iba pang lugar (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3

'QA24_J66' During the past 12 months, did you receive your main birth control method through a video or telephone visit?

Sa nakaraang 12 buwan, nakuha mo ba ang iyong pangunahing paraan o reseta ng pagkontrol sa pagbuntis (o birth control) sa pamamagitan ng video o teleponong pagbisita?

AJ246

- Yes, over a video visit1
Oo, sa pamamagitan ng video na pagbisita
- Yes, over a telephone visit2
Oo, sa pamamagitan ng telepono na pagbisita
- No.....3
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J67':

IF '**QA24_J62**' = 2, THEN CONTINUE;
ELSE SKIP TO '**PN_QA24_J68**'

DISPLAY INSTRUCTIONS:

IF '**QA24_D8**' = 1 OR '**QA24_D9**' = 2 (1 PARTNER) DISPLAY "What is the MAIN reason you and your male partner did not use birth control in the past 12 months?"
IF '**QA24_D8**' >1 OR -3 AND '**QA24_D9**' = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "What is the MAIN reason you and your female partners did not use birth control in the past 12 months?";

'QA24_J67' What is the main reason you and your female partner{s} did not use birth control in the past 12 months?

Ano ang PANGUNAHING dahilan kung bakit ikaw at ang iyong babaeng katalik ay hindi gumamit ng pagkontrol sa pagbuntis sa nakaraang 12 buwan?

AJ175B

- Trying to get pregnant/want a baby1
Sinusubukang mabuntis/gustong magkaanak
- Haven't found a method I like2
Hindi pa nakahahanap ng paraang gusto ko
- Cost.....3
Gastos
- Haven't had time to go in for birth control4
Walang oras para pumunta at makakuha ng pagkontrol sa pagbuntis
- No transportation5
Walang transportasyon
- Don't know where to get it.....6

- Hindi alam kung saan ito kukunin*
- Don't believe in birth control.....7
- Hindi naniniwala sa pagkontrol sa pagbubuntis*
- Worried about side effects and/or health risks8
- Nag-aalala tungkol sa mga masamang epekto at/o panganib sa kalusugan*
- Partner won't let me9
- Ayaw akong payagan ng katalik*
- Forget to use birth control 10
- Nakalimutang gumamit ng pagkontrol sa pagbubuntis*
- Feel uncomfortable asking for birth control/talking about birth control..... 11
- Hindi kumportableng humingi ng pagkontrol sa pagbubuntis/makipag usap tungkol sa pagkontrol sa pagbubuntis*
- REFUSED/DON'T KNOW..... -3

Mammogram

PROGRAMMING NOTE 'QA24_J68':

IF R LIVES IN SANTA CLARA COUNTY AND ('QA24_A5' = 2 AND AAGE 50-74) CONTINUE WITH 'QA24_J68';
ELSE SKIP 'PN_QA24_J70';

'QA24_J68' During the past 2 years, have you had a mammogram?

Sa nakaraang 2 taon, nagpa-mammogram ka ba?

AJ206

A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast.

Ang mammogram ay isang x-ray na kinukuha sa bawat suso nang magkahiwalay sa pamamagitan ng makina na nagpapa-impis o pumipiga sa bawat suso.

- Yes1 [GO TO 'QA24_J70']
- Oo
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_J70']

'QA24_J69' What is the one most important reason why you have not had a mammogram in the past 2 years?

Ano ang isang pinakamahalagang dahilan kung bakit hindi ka nagpa-mammogram sa nakalipas na 2 taon?

AJ207

- No reason/never thought about it1
- Walang dahilan/Hindi kailanman naisip ito*
- Didn't know I needed this type of test2
- Hindi alam na kailangan ko ang ganitong uri ng pagsusuri*
- Doctor didn't tell me I needed it3
- Hindi sinabi sa akin ng doktor na kailangan ko ito*

- Haven't had any problems4
Walang naranasang mga problema
- Put it off/laziness5
Ipinagpalibutan ito/katamaran
- Too expensive/no insurance6
Masyadong mahal/walang insurance
- Too painful, unpleasant, embarrassing.....7
Masyadong masakit, hindi kasiya-siya, nakakahiya
- Too young8
Masyadong bata
- Don't have a doctor9
Walang doktor
- Transportation problem 10
Problema sa transportasyon
- Competing priorities
(work, childcare, caregiving) 11
*Pakikipag-komplitensya ng mga prayoridad
(trabaho, pangangalaga sa bata, pag-aalaga)*
- REFSUED/DON'T KNOW -3

Dental Health

'QA24_J70' About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

Gaano na katagal mula nang huli kang bumisita sa isang dentista o dental clinic? Isama ang mga hygienist at lahat ng uri ng mga dental specialist

AG1

- Have never visited0 [GO TO 'QA24_J74']
Hindi pa kailanman bumisita
- 6 months ago or less.....1
6 na buwan na ang nakalipas o mas maikli pa
- More than 6 months, and up to 1 year.....2
Mahigit sa 6 na buwan, at aabot sa 1 taon
- More than 1 year, and up to 2 years ago....3
Mahigit sa 1 taon, at aabot sa 2 taon na ang nakalipas
- More than 2 years, and up to 5 years ago ...4
Mahigit sa 2 taon, at aabot sa 5 taon na ang nakalipas
- More than 5 years ago5
Mahigit 5 taon na ang nakalipas
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_J74']

'QA24_J71' Was it for a routine checkup or cleaning, or was it for a specific problem?

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

AJ167

- Routine checkup or cleaning.....1
Regular na checkup o paglilinis
- Specific problem2
Partikular na problema
- Both3
Pareho
- REFUSED/DON'T KNOW..... -3

'QA24_J72' How many times have you received a dental service within the last 12 months?

Ilang beses ka nang nakatanggap ng a serbisyong dental sa nakalipas na 12 buwan?

AJ247

- | | | | |
|-----------------------|--------------------------------|----|--------------------|
| <input type="radio"/> | None..... | 1 | [GO TO 'QA24_J74'] |
| <input type="radio"/> | Wala | | |
| <input type="radio"/> | Once..... | 2 | |
| <input type="radio"/> | <i>Isang beses</i> | | |
| <input type="radio"/> | Twice..... | 3 | |
| <input type="radio"/> | <i>Dalawang beses</i> | | |
| <input type="radio"/> | Three Times | 4 | |
| <input type="radio"/> | <i>Tatlong Beses</i> | | |
| <input type="radio"/> | Four Times | 5 | |
| <input type="radio"/> | <i>Apat na Beses</i> | | |
| <input type="radio"/> | Five Times or More | 6 | |
| <input type="radio"/> | <i>Limang Beses O Higit Pa</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_J74'] |

'AJ248B' Where did you receive the dental service?

Saan mo natanggap ang serbisyong dental?

AJ248B

- | | | | |
|--------------------------|--|----|--|
| <input type="checkbox"/> | Free health/dental event | 1 | |
| <input type="checkbox"/> | <i>Libreng kaganapan sa kalusugan/ngipin</i> | | |
| <input type="checkbox"/> | Dentist office | 2 | |
| <input type="checkbox"/> | <i>Opisina ng dentista/klinika na kinalalagyan</i> | | |
| <input type="checkbox"/> | Hospital | 3 | |
| <input type="checkbox"/> | <i>Ospital</i> | | |
| <input type="checkbox"/> | Other | 4 | |
| <input type="checkbox"/> | <i>Isa o higit pa sa alinman sa itaas</i> | | |
| <input type="checkbox"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_J74' Do you now have any type of insurance that pays for part or all of your dental care?

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

AG3

- | | | | |
|-----------------------|-------------------------|----|--|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | <i>Oo</i> | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_J75' Where did you receive educational information about oral health or preventive dental care in the last 12 months?

Saan ka nakatanggap ng impormasyong pang-edukasyon tungkol sa kalusugan ng bibig o dental na pangangalaga upang maiwasan ang mga problema sa hinaharap?

AJ249B

- | | | | |
|-----------------------|---|---|--------------------------|
| <input type="radio"/> | Have not received
any educational information..... | 1 | [GO TO
'PN_QA24_J77'] |
| <input type="radio"/> | <i>Hindi nakatanggap ng anumang
impormasyong pang-edukasyon</i> | | |

- | | | | |
|--------------------------|--|----|--------------------------|
| <input type="checkbox"/> | From dental office | 2 | [GO TO
‘PN_QA24_J77’] |
| <input type="checkbox"/> | <i>Mula sa dental na opisina</i> | | |
| <input type="checkbox"/> | From school of my child | 3 | [GO TO
‘PN_QA24_J77’] |
| <input type="checkbox"/> | <i>Mula sa paaralan ng aking anak</i> | | |
| <input type="checkbox"/> | From social media..... | 4 | [GO TO
‘PN_QA24_J77’] |
| <input type="checkbox"/> | <i>Mula sa social media</i> | | |
| <input type="checkbox"/> | From family or friends | 5 | [GO TO
‘PN_QA24_J77’] |
| <input type="checkbox"/> | <i>Mula sa pamilya o mga kaibigan</i> | | |
| <input type="checkbox"/> | From Smile, California™ website..... | 6 | [GO TO
‘PN_QA24_J77’] |
| <input type="checkbox"/> | <i>Mula sa Smile, California™ website</i> | | |
| <input type="checkbox"/> | From other sources..... | 7 | [GO TO
‘PN_QA24_J77’] |
| <input type="checkbox"/> | <i>Mula sa mga ibang pinagmulan</i> | | |
| <input type="checkbox"/> | From other online sources | 8 | [GO TO
‘PN_QA24_J77’] |
| <input type="checkbox"/> | <i>Mula sa iba pang pinagmulan sa online</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
‘PN_QA24_J77’] |

PROGRAMMING NOTE ‘QA24_J76’:

IF ‘QA24_J70’= 0, 3, 4, 5 DISPLAY “What is the main reason you have not visited a dentist in the last 12 months?”

‘QA24_J76’ What is the main reason you have not visited a dentist in the last 12 months?

Ano ang pangunahing dahilan kung bakit ikaw ay {hindi kailanman/hindi} bumisita sa isang dentista sa nakaraang 12 buwan?

AJ250

- | | | |
|-----------------------|--|----|
| <input type="radio"/> | Not applicable | 1 |
| <input type="radio"/> | <i>Hindi naaangkop</i> | |
| <input type="radio"/> | No reason to go/No problem..... | 2 |
| <input type="radio"/> | <i>Walang dahilan para pumunta/Walang problema</i> | |
| <input type="radio"/> | Could not find a dentist | 3 |
| <input type="radio"/> | <i>Hindi makahanap ng dentista</i> | |
| <input type="radio"/> | Could not afford/no insurance..... | 4 |
| <input type="radio"/> | <i>Hindi kayang makapagbayad/walang insurance</i> | |
| <input type="radio"/> | Other: _____ | 5 |
| <input type="radio"/> | <i>(Mga) Iba pa_____</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE ‘QA24_J77’:

IF HOUSEHOLD HAS A SELECTED TEEN, THEN CONTINUE;
ELSE GOTO ‘QA24_J83’

‘QA24_J77’ Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

Mayroon ka bang anumang uri ng insurance ngayon na nagbabayad para sa bahagi o kabuuhan ng pangangalaga sa ngipin ni (TEEN)?

MA10

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_J78' This next question is about dental health.

About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

*Ang susunod na tanong na ito ay tungkol sa kalusugan ng ngipin.
Gaano na katagal mula nang huling bumisita si (pangalan ng teenager) sa isang dental provider? (halimbawa, mga dental hygienist at dentista)*

MTF14B

- Have never visited0 [GO TO 'QA24_J82']
- Hindi pa kailanman bumisita*
- 6 months ago or less.....1
- 6 na buwan na ang nakakaraan o kulang pa*
- More than 6 months, and up to 1 year.....2
- Mahigit sa 6 na buwan, at aabot sa 1 taon*
- More than 1 year, and up to 2 years ago.....3 [GO TO 'QA24_J82']
- Mahigit sa 1 taon, at aabot sa 2 taon na ang nakalipas*
- More than 2 years, and up to 5 years ago ...4 [GO TO 'QA24_J82']
- Mahigit sa 2 taon, at aabot sa 5 taon na ang nakalipas*
- More than 5 years ago5 [GO TO 'QA24_J82']
- Mahigit 5 taon na ang nakalipas*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_J82']

'QA24_J79' How many times has (teen's name) received a dental service within the last 12 months?

Ilang beses nakatanggap si (pangalan ng teenager) ng isang serbisyon dental sa loob ng nakalipas na 12 buwan?

MTH64

- None.....1 [GO TO 'QA24_J81']
- Wala*
- Once.....2
- Isang beses*
- Twice.....3
- Dalawang beses*
- Three times4
- Tatlong beses*
- Four times5
- Apat na beses*
- Five times or more6
- Limang beses o higit pa*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_J81']

'QA24_J80' Where did (teen's name) receive the dental service?

Saan natanggap ni (pangalan ng teenager) ang serbisyon dental?

MTH65B

- Free health/Dental event.....1

- Libreng event sa kalusugan/Ngipin
- Dentist office2
- Opisina ng dentista/ Klinika na kinalalagyan
- Hospital3
- Ospital
- Other4
- Isa o higit pa sa alinman sa itaas
- REFUSED/DON'T KNOW..... -3

'QA24_J81' Where did (teen's name) receive educational information about oral health or preventive dental care in the last 12 months?

Saan natanggap ni (pangalan ng teenager) ang impormasyong pang-edukasyon tungkol sa kalusugan ng bibig o dental na pangangalaga upang maiwasan ang mga problema sa hinaharap?

MTH66B

- Have not received any educational information1
- Hindi nakatanggap ng anumang impormasyong pang-edukasyon
- From dental office2
- Mula sa dental na opisina
- From school of my child3
- Mula sa paaralan ng aking anak
- From social media.....4
- Mula sa social media
- From family or friends5
- Mula sa pamilya o mga kaibigan
- From Smile, California™ website.....6
- Mula sa Smile, California™ website
- Other sources.....7
- Mula sa iba pang mga pinagtulungan
- From other online sources8
- Mula sa iba pang pinagtulungan sa online
- REFUSED/DON'T KNOW..... -3

'QA24_J82' What is the main reason (teen's name) has not visited a dentist in the last 12 months?

Ano ang pangunahing dahilan kung bakit si (pangalan ng teenager) ay hindi bumisita sa isang dentista sa nakaraang 12 buwan?

MTH67

- Not applicable1
- Hindi naaangkop
- No reason to go/No problem.....2
- Walang dahilan para pumunta/Walang problema
- Could not find a dentist3
- Hindi makahanap ng dentista
- Could not afford/no insurance.....4
- Hindi kayang makapagbayad/walang insurance
- Other: _____ 91
- (Mga) Iba pa_____
- REFUSED/DON'T KNOW..... -3

Discrimination in Healthcare Setting

'QA24_J83' Thinking about when you are receiving medical care, was there ever a time when you would have gotten better care if you had belonged to a different race or ethnic group?

May panahon ba kahit kailan na mas mabuting paggagamot ang dapat ninyong natanggap kung iba sana ang inyong lahi o pangkating etniko na kinabibilangan ninyo

DMC8

- Yes1
- Oo
- No.....2 [GOTO 'PN_QA24_J85']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GOTO 'PN_QA24_J85']

'QA24_J84' Think about the last time this happened. How long ago was that?

Isipin ninyo noong huling nangyari ito. Gaano katagal na nangyari iyon?

DMC9

- A year ago or less1
- Isang taon na ang nakalipas o mas maiksi pa
- More than 1 year ago up to 2 years ago.....2
- Mahigit 1 hanggang 2 taon na ang nakalipas
- More than 2 up to 3 years ago3
- Mahigit 2 hanggang 3 taon na ang nakalipas
- More than 3 years ago up to 5 years ago4
- Mahigit 3 hanggang 5 taon na ang nakalipas
- More than 5 years ago up to 10 years ago..5
- Mahigit 5 hanggang 10 taon na ang nakalipas
- More than 10 years ago up to 20 years ago6
- Mahigit 10 hanggang 20 taon na ang nakalipas
- More than 20 years ago7
- Mahigit 20 taon na ang nakalipas
- REFUSED/DON'T KNOW..... -3

Caregiving

'QA24_J85' Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.

'QA24_J86' During the past 12 months, did you provide any such help to a family member or friend?

May mga ilang tao na nagbibigay ng panandalian o pangmatagalang tulong sa isang kapamilya o kaibigan may seryoso o pangmatagalang karamdaman o kapansanan. Maaaring kasama rito ang pagtulong sa mga bagay na hindi nila magawa para sa kanilang sarili. Sa nakaraang 12 buwan, nagbigay ka ba ng anumang ganitong tulong sa isang kapamilya o kaibigan?

AJ87

This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing

Maaaring kabilang dito ang tulong sa paliligo, pag-inom ng gamot, mga gawain sa bahay, pagbabayad ng mga bills, pag-drive para makapunta sa doktor o sa grocery store, pag-

aasikaso para makatanggap ng mga serbisyong medikal o pang-suporta, o kaya basta bumibisita lamang para malaman kung ano na ang kanilang kalagayan

- | | |
|---|-------------------------|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| <input type="radio"/> Hindi | [GO TO
'PN_QA24_K1'] |
| <input type="radio"/> REFSUED/DON'T KNOW..... | -3 |
| <input type="radio"/> REFUSED/DON'T KNOW..... | [GO TO
'PN_QA24_K1'] |

'QA24_J87' Do you currently provide care for this person?

Kasalukuyan ba ninyong pinangangalagaan ang taong ito?

AJ101B

- | | |
|---|----|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> Oo | |
| <input type="radio"/> No..... | 2 |
| <input type="radio"/> Hindi | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE FOR 'QA24_J88':

DISPLAY INSTRUCTIONS:

IF 'QA24_J87' = 1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was".

'QA24_J88' {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

Gaano/Sa panahon na nagbigay ka ng pangangalaga, gaano} na katanda {ang/ang} taong ito? Ang iyong pinakamahusay na tantiya ay ayos lang.

AJ201

<hr/> _____	Age	[HR: 0-110]
<hr/> _____	Edad	[HR: 0-110]

- REFUSED/DON'T KNOW -3

'QA24_J89' What is this person's relationship to you?

Ano ang kaugnayan ng taong ito sa iyo?

AJ90

- | | |
|---|---|
| <input type="radio"/> Husband..... | 1 |
| <input type="radio"/> Asawang lalaki | |
| <input type="radio"/> Wife | 2 |
| <input type="radio"/> Asawang babae | |
| <input type="radio"/> Spouse/partner | 3 |
| <input type="radio"/> Asawa/Kinakasama | |
| <input type="radio"/> Father/father-in-law | 4 |
| <input type="radio"/> Ama/biyenang lalaki | |
| <input type="radio"/> Mother/mother-in-law | 5 |
| <input type="radio"/> Ina/biyenang babae | |
| <input type="radio"/> Brother/brother-in-law | 6 |
| <input type="radio"/> Kapatid na lalaki/bayaw na lalaki | |
| <input type="radio"/> Sister/sister-in-law..... | 7 |
| <input type="radio"/> Kapatid na babae/bayaw na babae | |
| <input type="radio"/> Grandfather | 8 |

- Lolo*
- Grandmother 9
- Lola*
- Son/son-in-law 10
- Anak na lalaki/manugang na lalaki*
- Daughter/daughter-in-law 11
- Anak na babae/manugang na babae*
- Other relative 12
- Iba pang kamag-anak*
- Friend/neighbor 13
- Kaibigan/kapit-bahay*
- Other non-relative 14
- Iba pang hindi kamag-anak*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_J90':**DISPLAY INSTRUCTIONS:**

IF 'QA24_J87' = 1 THEN DISPLAY "do"; ELSE DISPLAY "did";
 IF 'QA24_J89' = -3 THEN DISPLAY "family member/friend";
 ELSE DISPLAY {"QA24_J89"}

'QA24_J90' In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

Sa isang karaniwang linggo, mga ilang oras {ang/ang} iyong ginugol sa iyong pagbibigay ng tulong sa {AJ90/ miyembro ng pamilya/kaibigan}?

AJ93

	Hours	[HR: 0-125]
	Oras	[HR: 0-125]

- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE AJ191:

IF 'QA24_J87' = 1 OR 2 CONTINUE WITH 'QA24_J91';
 ELSE GO TO 'QA24_J92';

DISPLAY INSTRUCTIONS:

IF 'QA24_J87' = 1 DISPLAY "Are you paid for any of the hours you help your 'QA24_J89'? ";
 IF 'QA24_J87' = 2 DISPLAY "Were you paid for any of the hours you helped your 'QA24_J89'? "

'QA24_J91' {Are/Were} you paid for any of the hours you {help/helped} your {AJ90}'?

Ikaw ba {ay/ay} binayaran para sa mga oras na {tinulungan/natulungan} mo ang iyong {AJ90}?

AJ191

This could be payment from a public program, family member, or directly from the care recipient.

Maaari itong kabayaran mula sa isang pampublikong programa, miyembro ng pamilya, o direkta mula sa tumatanggap ng pangangalaga.

- Yes 1
- Oo

- No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J92':**DISPLAY INSTRUCTIONS:**

IF AJ101B' = 1 THEN DISPLAY "is";
ELSE DISPLAY "was";

'QA24_J92' How much of a financial stress would you say that caring for your {AJ90} {is/was} for you?

Sa iyong palagay, gaano kalaking pinansiya na stress {ay/ay} iyong naranasan dahil sa iyong pangangalaga ng iyong {AJ90}?

AJ193

- Extremely stressful.....1
 Lubos-lubusan na stress
 Somewhat stressful.....2
 Medyo nakaka-stress
 A little stressful.....3
 May kaunting stress
 Not at all stressful4
 Talagang hindi nakaka-stress
 REFUSED/DON'T KNOW..... -3

'QA24_J93' During the past 12 months, did your {AJ90} live...

Sa nakaraang 12 buwan, ang iyong {AJ90} ba ay nakatira...

AJ91B

Check all that apply

- Alone1
 Nang mag-isa
 With you2
 Kasama mo
 With some other family member3
 Kasama ng iba pang miyembro ng pamilya
 In a nursing home4
 Sa isang nursing home
 In an assisted-living facility5
 Sa isang pasilidad ng assisted-living
 In some other living situation6
 Sa isang iba pang sitwasyon ng paninirahan
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_J94':**DISPLAY INSTRUCTIONS:**

IF 'QA24_J87' = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'QA24_J94' {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {require/required} your help?

Ano/Sa panahon na nagbigay ka ng pangangalaga, ano} ang mga kapansanan o mga karamdaman {ang/ang} mayroon {siya/siya/siya} na {nangangailangan/nangangailangan} ng iyong tulong?

AJ194

*Check all that apply
I-check ang lahat ng naaangkop.*

- Alzheimer's, confusion, dementia, forgetfulness.....1
- Alzheimer's, pagkalito, dementia, pagkamalilimutin*
- Arthritis2
- Sakit sa buto*
- Back problems3
- Mga problema sa likod*
- Broken bones4
- Mga nabaling buto*
- Cancer.....5
- Cancer*
- Diabetes6
- Diyabetes*
- Feeble, unsteady, falling7
- Mahina, nabubuwal, nahuhulog*
- Lung disease, emphysema, COPD8
- Sakit sa baga, emphysema, COPD*
- Mental illness, emotional illness, depression.....9
- Sakit sa pag-iisip, emosyonal na karamdaman, depression*
- Mobility problem, can't get around10
- Problema sa paglalakad, hindi makapunta sa ninanais na puntahan*
- Old age, aging.....11
- Matandang edad, tumatanda na*
- Stroke.....12
- Stroke*
- Surgery, wounds13
- Na-operahan, mga sugat*
- Other (Specify: _____)91
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW.....-3

PROGRAMMING NOTE FOR 'QA24_J95':

IF 'QA24_J87' = 1 CONTINUE;
ELSE SKIP TO 'PN_QA24_K1'

'QA24_J95' {Do you have all of the support and services you need to care for your {'QA24_J89'}?}

{Mayroon ka ba ng lahat ng suporta at serbisyo na iyong kinakailangan upang mapangalagaan ang iyong {AJ90}}?

AJ197

- Yes1
- Oo
- No.....2
- Hindi

REFUSED/DON'T KNOW..... -3

- 'QA24_J96'** During the past 12 months, have you experienced any physical health problems due to providing care to your {'**QA24_J89**'}?

Sa nakaraang 12 buwan, ikaw ba mismo ay nakaranas ng anumang mga pisikal na problema sa kalusugan dahil sa pagbibigay ng pangangalaga sa iyong {AJ90}.

AJ199A

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

- 'QA24_J97'** During the past 12 months, have you experienced any mental health problems due to providing care to your {'**QA24_J89**'}?

Sa nakaraang 12 buwan, ikaw ba mismo ay nakaranas ng anumang mga problema sa kalusugan ng kaisipan dahil sa pagbibigay ng pangangalaga sa iyong {AJ90}.

AJ199B

Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

- 'QA24_J98'** Has your work situation changed because of helping your {'**QA24_J89**'}, such as a change in job position, reduced number of work hours, quitting or retiring?

Nagbago ba ang iyong sitwasyon sa trabaho dahil sa iyong pagbibigay ng tulong sa iyong {AJ90}, tulad ng isang pagbabago sa posisyon sa trabaho, nabawasan ang dami ng oras sa trabaho, nag-resign o nag-retire?

AJ200

Check all that apply

I-check ang lahat ng naaangkop.

No change in job status1
 Walang pagbabago sa katayuan ng trabaho
 Changed job.....2
 Nagpalit ng trabaho
 Took a second job/
 Increased hours with current job.....3
 Kumuha ng ikalawang trabaho/Dinagdagan ang oras sa kasalukuyang trabaho
 Reduced number of work hour.....4
 Binawasan ang dami ng oras sa trabaho
 Temporary leave of absence5
 Kumuha ng pansamantalang leave of absence
 Quit job.....6
 Nag-resign sa trabaho
 Retired/retired early7
 Nag-retire/nag-retire nang maaga
 Received paid family leave8
 Nakatanggap ng may bayad na family leave
 I don't work9

- Hindi ako nagtatrabaho*
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

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

Hours Worked

PROGRAMMING NOTE 'QA24_K1':

IF 'QA24_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR 'QA24_G29'= 1 (R USUALLY WORKS) CONTINUE WITH 'QA24_K1';
ELSE GO TO 'PN_QA24_K4'

'QA24_K1' How many hours per week do you usually work at all jobs or businesses?

Ilang oras sa bawat linggo kayo karaniwang nagtatrabaho sa lahat ninyong mga trabaho bilang isang empleo o sa mga negosyo?

AK3

If you do not work, enter 0 (zero)

Kung wala kang trabaho, ipasok ang 0 (zero)

- | | | |
|-----------------------|--------------------------|-------------------|
| <input type="radio"/> | _____ Hours | [HR: 0-95] |
| <input type="radio"/> | _____ Oras | [HR: 0-95] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

'QA24_K2' How long have you worked at your main job?

Gaano katagal na kayo nagtatrabaho sa inyong pangunahing trabaho?

AK7

That is, for your current employer.

- | | | |
|-----------------------|--------------------------|-------------------|
| <input type="radio"/> | _____ Months | [HR: 0-12] |
| <input type="radio"/> | _____ Years | [HR: 0-50] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

Income Last Month

PROGRAMMING NOTE 'QA24_K3':

IF 'QA24_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA24_G29' = 1 (USUALLY WORKS), CONTINUE WITH 'QA24_K3';
ELSE SKIP TO 'PN_QA24_K4'

'QA24_K3' What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

Ano ang pinakamahusay ninyong tanta sa lahat ng inyong kinita nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahog na por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng Iba Pang binabawas?

AK10

- | | | |
|-----------------------|--------------------------|-----------------------|
| <input type="radio"/> | \$_____ Amount | [HR: 0-999995] |
| <input type="radio"/> | \$_____ Halaga | [HR: 0-999995] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

PROGRAMMING NOTE 'QA24_K4':

IF '**QA24_G35**' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR '**QA24_G36**' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH '**QA24_K4**' AND:
 IF '**QA24_G27**' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND '**QA24_G29**' ≠ 1 (R DOES NOT USUALLY WORK), AND '**QA24_A23**' = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."
 ELSE IF '**QA24_G27**' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND '**QA24_G29**' ≠ 1 (R DOES NOT USUALLY WORK), AND ('**QA24_D12**' = 1 OR '**QA24_D13**' = 1), THEN DISPLAY "The next question is about your partner's employment."
 IF '**QA24_A23**' = 1 THEN DISPLAY "spouse";
 ELSE IF '**QA24_D12**' = 1 OR '**QA24_D13**' = 1 THEN DISPLAY "partner";
 ELSE SKIP TO '**QA24_K6**'

'QA24_K4' How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

Ilang oras sa bawat linggo karaniwang nagtatrabaho ang inyong {asawa} sa lahat ng kanyang trabaho bilang empleo o sa mga negosyo?

AK20

- | | | | |
|-----------------------|-------------------------|-------|------------|
| <input type="radio"/> | _____ | Hours | [HR: 0-95] |
| <input type="radio"/> | _____ | Oras | [HR: 0-95] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

PROGRAMMING NOTE 'QA24_K5':

IF '**QA24_K4**' ≠ 0 CONTINUE WITH '**QA24_K5**';
 IF '**QA24_A23**' = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF '**QA24_D12**' = 1 OR '**QA24_D13**' = 1, THEN DISPLAY "partner's";
 ELSE GO TO '**QA24_K6**'

'QA24_K5' What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

Ano ang pinakamahusay ninyong tantya sa lahat ng kinita ng inyong {asawa/partner} nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na porhora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng Iba Pang binabawas?

AK10A

- | | | | |
|-----------------------|-------------------------|--------|----------------|
| <input type="radio"/> | \$ _____ | Amount | [HR: 0-999995] |
| <input type="radio"/> | \$ _____ | Halaga | [HR: 0-999995] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

Annual Household Income

'QA24_K6' What is your best estimate of your household's total annual income from all sources before taxes in 2022?

Ano ang pinakamahusay ninyong tantya sa kita ng buong pamamahay sa isang taon mula sa lahat ng pinanggagalingan bago nabuwisan noong 2022?

AK22

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.

Bilangin ang pera mula sa mga trabaho, social security, retirement income, bayad para sa unemployment, tulong mula sa gobyerno, at iba pa. Bilangin din ninyo ang kita mula sa interest, mga dividend, netong kita mula sa negosyo, sa sakahan o upa at anumang iba pang kinikitang pera.

- \$ _____ Amount [HR: 0-999995]
- \$ _____ Halaga [HR: 0-999995]
- REFUSED/DON'T KNOW -3 [GO TO 'PN_QA24_K8']

'QA24_K7' *Please verify amount entered*

I have entered that your annual household income is (AMOUNT). Is that correct?

Ang taunang kita ng inyong pamamahay na itinala ko ay <AK22>. Tama ba ito?

AK22A

- Yes 1 [GO TO 'PN_AK17']
- Oo
- No..... 2 [GO TO 'QA24_K6']
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_K8':

IF 'QA24_K6' = -3 CONTINUE WITH 'QA24_K8';
ELSE GO TO 'PN_QA24_K14'

'QA24_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 ...

Hindi namin kailangang malaman nang eksakto, ngunit masasabi ba ninyo sa akin kung higit ba o mas mababa sa \$20,000 ang taunang kita ng inyong pamamahay mula sa lahat ng pinanggagalingan bago nabuwisan?

AK11

- More than \$20,000 per year..... 1 [GO TO 'AK13']
- Mahigit sa \$20,000 kada taon
- \$20,000 or less per year 2
- \$20,000 o mas mababa pa kada taon
- REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA24_K14']

'QA24_K9' Is it ...

Ito ba ay...

AK12

- \$5,000 or less 1 [GO TO 'PN_QA24_K14']
- \$5,000 o mas mababa
- \$5,001 to \$10,000 2 [GO TO 'PN_QA24_K14']
- \$5,001 a \$10,000
- \$10,001 to \$15,000 3 [GO TO 'PN_QA24_K14']
- \$10,001 a \$15,000
- \$15,001 to 20,000 4 [GO TO 'PN_QA24_K14']

- \$15,001 a \$20,000
 REFUSED/DON'T KNOW -3

[GO TO
 'PN_QA24_K14']

'QA24_K10' Is it ...

Ito ba ay...

AK13

- More than \$70,000 per year 1
 Mahigit sa \$70,000 kada taon
 \$70,000 or less per year 2
 \$70,000 o mas mababa pa kada taon
 REFUSED/DON'T KNOW -3

[GO TO 'QA24_K12']
[GO TO
'PN_QA24_K14']

'QA24_K11' Is it ...

Ito ba ay...

AK14

- \$20,001 to \$30,000 1
 \$20,001 a \$30,000
 \$30,001 to \$40,000 2
 \$30,001 a \$40,000
 \$40,001 to \$50,000 3
 \$40,001 a \$50,000
 \$50,001 to \$60,000 4
 \$50,001 a \$60,000
 \$60,001 to \$70,000 5
 \$60,001 a \$70,000
 REFUSED/DON'T KNOW -3

[GO TO
'PN_QA24_K14']
[GO TO
'PN_QA24_K14']

'QA24_K12' Is it ...

Ito ba ay...

AK15

- More than \$135,000 per year 1
 Mahigit sa \$135,000 kada taon
 \$135,000 or less per year 2
 \$135,000 o mas mababa pa kada taon
 REFUSED/DON'T KNOW -3

[GO TO
'PN_QA24_K14']
[GO TO
'PN_QA24_K14']

'QA24_K13' Is it ...

Ito ba ay...

AK16

- \$70,001 to \$80,000 1
 \$70,001 a \$80,000
 \$80,001 to \$90,000 2

- \$80,001 a \$90,000
- \$90,001 to \$100,0003
- \$90,001 a \$100,000
- \$100,001 to \$135,0004
- \$100,001 a \$135,000
- REFUSED/DON'T KNOW..... -3

Number of Persons Supported

PROGRAMMING NOTE 'QA24_K14':

IF R IS ONLY MEMBER OF HH, SET 'QA24_K14' = 1 AND GO TO 'PN_QA24_K15';
ELSE CONTINUE WITH 'QA24_K14'

- 'QA24_K14' Including yourself, how many people living in your household are supported by your total household income?

Kabilang ang inyong sarili, ilang tao na tumitira sa inyong pamamahay ang tinutustusan ng buong kita ng inyong pamamahay?

AK17

<hr/>	Number of people	[HR: 1-20]
<hr/>	<i>Dami ng mga tao</i>	[HR: 1-20]

- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_K15':

'QA24_K15' MUST BE LESS THAN 'QA24_K14';
IF R IS ONLY MEMBER OF HH, GO TO 'QA24_K16';
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) = 'QA24_K14' GO TO PROGRAMMING NOTE 'QA24_K16';
ELSE CONTINUE WITH 'QA24_K15'

- 'QA24_K15' How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

Ilan sa {INSERT NUMBER FROM QA15_K15} taong ito ay mga bata na hindi pa 18 taong gulang?

AK18

- _____ Number of children (UNDER AGE 18) [HR: 0-20]
- _____ *Dami ng mga bata* (UNDER AGE 18) [HR: 0-20]
- REFUSED/DON'T KNOW..... -3

- 'QA24_K16' Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

Mayroon bang sinumang nakatira sa U.S., ngunit hindi kasalukuyang tumitira sa inyong pamamahay, na tinutustusan ng kita ng inyong pamamahay?

AK32

- Yes1
- Oo
- No.....2 [GO TO 'QA24_K18']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_K18']

'QA24_K17' How many?

Ilan?

AK33

- _____ Number of people [HR: 1-20]
- _____ *Dami ng mga tao* [HR: 1-20]
- REFUSED/DON'T KNOW..... -3

Paid Family Leave

'QA24_K18' A new California law passed in 2020 provides up to 8 weeks of paid family and medical leave for eligible workers at 60-70% of their weekly earnings, up to a maximum of \$1,300 per week? Have you seen or heard anything about this law?

May isang bagong batas sa California na naipasa noong 2020 ang nagbibigay ng hanggang sa 8 linggo ng bayad na family at medical leave para sa mga kuwalipikadong manggagawa sa 60-70% ng kanilang lingguhang kita, hanggang sa aabutin sa \$1,300 kada linggo? Nakakita o nakarinig ka na ba ng kahit na ano tungkol sa batas na ito?

AK136

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_K19' In the past 5 years, have you taken a paid leave longer than two weeks from work because of your own or a family member's serious health condition or for the arrival of a newborn, newly adopted or foster child?

Sa nakaraang 5 taon, gumamit ka ba ng bayad na bakasyon na mas mahaba pa sa dalawang linggo mula sa trabaho dahil sa malubhang kalagayan ng kalusugan mo o ng isang miyembro ng pamilya o dahil sa pagdating ng isang bagong kapapanganak na sanggal, bagong ampon o batang ifo-foster?

AK137

- Yes 1
- Oo
- No..... 2 [GO TO
'PN_QA24_K21']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA24_K21']

'QA24_K20' What were the reasons you took a leave from work?

Ano ang mga dahilan kung kumuha ka ng leave sa trabaho?

AK138

Check all that apply

Piliin ang lahat ng naaangkop

- Own health 1
- Sariling kalusugan
- Family member's health 2
- Kalusugan ng miyembro ng pamilya
- Arrival of newborn, newly adopted child,
or foster child 3

- Pagdating ng bagong kapapanganak na sanggol, bagong ampon na bata, o batang ifo-foster*
- Other (Specify: _____) 91
- Iba pa (tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_K21':

IF 'QA24_K19' = 2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE;
ELSE SKIP TO 'QA24_K22'

'QA24_K21' What were the reasons you didn't take family or medical leave in the past 5 years?

Ano ang mga dahilan kung bakit hindi ka gumamit ng family leave o medical leave sa nakaraang 5 taon?

AK139

Check all that apply

- Fear of losing job 1
- Takot na mawalan ng trabaho*
- Fear of hurting changes of job advancement2
- Takot na maapektuhan ang mga pagkakataon ng pagsulong sa trabaho*
- Could not afford to go on leave 3
- Hindi kayang mag-leave*
- Employer denied request for leave 4
- Tinanggihan ng employer ang kahilingan para kumuha ng leave*
- Not eligible for leave 5
- Hindi kuwalipikado para sa kumuha ng leave*
- Didn't know about leave program 6
- Hindi alam ang tungkol sa programang pagkuha ng leave*
- Process to apply for leave too complicated .7
- Sobrang kumplikado ang proseso upang mag-apply para sa leave*
- Used other available leave options
(e.g. vacation or sick leave) 8
- Gumamit ng Iba Pang magagamit na mga pagpipilian sa pagliban (hal. bakasyon o sick leave)*
- Did not need to take leave 9
- Hindi kailangang kumuha ng leave*
- REFUSED/DON'T KNOW..... -3

Availability of Food in the Household

PROGRAMMING NOTE 'QA24_K22':

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA24_K22'
ELSE GO TO 'AL9';

DISPLAY INSTRUCTIONS:

IF 'QA24_K14' = 1, THEN DISPLAY "I",
ELSE IF 'QA24_K14' > 1 DISPLAY "We"

'AM1

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Tungkol sa mga pagkain na kinain sa inyong pamamahay nitong nakaraang 12 buwan ang sumusunod na mga tanong at ang kakayaan ninyong bumili ng pagkain.

AM1

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:

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

Was that ...

Ng dalawang pahayag na sinabi na mga tao tungkol sa kanilang kalagayan ukol sa pagkain. Para sa bawat isa, kung isinasalarawan ng pahayag ang isang bagay na kalimitang totoo, minsan ay totoo, o hindi kailanman totoo para sa inyo at sa inyong pamamahay sa loob ng nakaraang 12 buwan. Ang unang pahayag ay:

Ang pagkain na binili ay talagang hindi nagtagal, at y walang pera upang bumili ng pandagdag. to ba ay kalimitang totoo, minsan ay totoo, o hindi kailanman totoo para sa inyo at sa inyong pamamahay sa loob ng nakaraang 12 buwan?

- Often true1
- Karaniwang totoo
- Sometimes true2
- Totoo minsan
- Never true3
- Hindi totoo kailanman
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_K23':**DISPLAY INSTRUCTIONS:**

IF 'QA24_K22' = 1, THEN DISPLAY "I",
ELSE IF 'QA24_K22' > 1 DISPLAY "We"

'QA24_K23'

The second statement is: '{I/We} couldn't afford to eat balanced meals.'

Ang ikalawang pahayag ay: Hindi namin kayang kumain ng balanseng almusul/tanghalian/hapunan.

AM2

Was that ...

Ito ba ay

- Often true1
- Karaniwang totoo
- Sometimes true2
- Totoo minsan
- Never true3
- Hindi totoo kailanman
- REFUSED/DON'T KNOW..... -3

- 'QA24_K24'** 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?

Sa nakaraang 12 buwan, binawasan ba ninyo o ng iba pang mga may edad sa inyong pamamahay ang dami ng pagkain o hindi kumain ng almusal/tanghalian/hapunan dahil sa hindi sapat ang pera para sa pagkain?

AM3

- Yes 1
- Oo
- No 2 **[GO TO 'QA24_K26']**
- Hindi
- REFUSED/DON'T KNOW -3 **[GO TO 'QA24_K26']**

- 'QA24_K25'** How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

Gaano kadalas ito nangyari?

AM3A

- Almost every month 1
- Halos buwan-buwan
- Some months but not every month 2
- Mga ilang buwan pero hindi buwan-buwan
- Only in 1 or 2 months 3
- Mga 1 o 2 buwan lamang
- REFUSED/DON'T KNOW -3

Hunger

- 'QA24_K26'** In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

Nitong nakaraang 12 buwan, kumain ba kayo kailanman ng mas kaunti kaysa sa inyong nadadamang dapat kainin dahil walang sapat na pera upang ipambili ng pagkain?

AM4

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

- 'QA24_K27'** In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

Nitong nakaraang 12 buwan, nagutom ba kayo kailanman ngunit hindi kumain dahil hindi ninyo kayang bumili ng sapat na pagkain?

AM5

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED/DON'T KNOW -3

Dietary Intake

PROGRAMMING NOTE 'QA24_K28':

IF HOUSEHOLD INCOME IS \leq 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

- 'QA24_K28'** Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

Ngayon naman ay pag-isipan ang tungkol sa mga pagkain na iyong kinain o ininom sa nakaraang buwan, iyon ay, sa nakaraang 30 araw, na kabilang ang mga almusal, tanghalian, hapunan at meryenda.

AE2B

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

Sa nakaraang buwan, ilang beses kang kumakain ng prutas? Huwag isama ang mga juice. Puwede mong sabihin sa akin na kada isang araw, kada isang linggo, o kada isang buwan.

*Your best guess is fine
Ayos lang ang iyong pinakamagandang pagtantiya*

- | | |
|--|-------|
| _____ | times |
| _____ | beses |
| <input type="radio"/> REFUSED/DON'T KNOW | -3 |

Select one

- | | | |
|---|----|------------------------|
| <input type="radio"/> Per day..... | 1 | [HR: 0-20; SR: 0-9] |
| <input type="radio"/> Kada araw | | |
| <input type="radio"/> Per week | 2 | [HR: 0-70; SR: 0-29] |
| <input type="radio"/> Kada linggo | | |
| <input type="radio"/> Per month..... | 3 | [HR: 0-210; SR: 0-149] |
| <input type="radio"/> Kada buwan | | |
| <input type="radio"/> REFUSED/DON'T KNOW..... | -3 | |

- 'QA24_K29'** During the past month, how many times did you eat vegetables like green salad, green beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.

[Sa nakaraang buwan,] ilang beses kang kumain ng mga gulay tulad ng berdeng salad, berdeng beans, o mga patatas? Huwag isama ang mga piniritong patatas o lutong pinatuyong beans tulad ng refried beans, baked beans o bean soup.

AE7B

Other vegetables include tomatoes, carrots, onions, or broccoli. Rice is not a vegetable

Kasama sa iba pang mga gulay ang mga kamatis, karot, sibuyas, o broccoli. Ang bigas ay hindi gulay

_____ times
_____ beses

- REFUSED/DON'T KNOW..... -3

Select one

- | | | | |
|-----------------------|-------------------------|----|------------------------|
| <input type="radio"/> | Per day..... | 1 | [HR: 0-20; SR: 0-9] |
| <input type="radio"/> | Bawat araw | | [HR: 0-20, SR: 0-9] |
| <input type="radio"/> | Per week | 2 | [HR: 0-70; SR: 0-29] |
| <input type="radio"/> | Bawat linggo | | [HR: 0-70, SR: 0-29] |
| <input type="radio"/> | Per month..... | 3 | [HR: 0-210; SR: 0-149] |
| <input type="radio"/> | Bawat buwan | | [HR: 0-210, SR: 0-149] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

'QA24_K30' During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

Sa nakaraang buwan, gaano kadalas kang uminom ng mga pinatamis na inuming prutas, mga sports o energy drink?

AC46B

Examples might include lemonade, Gatorade, Snapple, or Red Bull.

Maaaring kabilang sa mga halimbawa ang limonada, Gatorade, Snapple, o Red Bull.

Do not include: 100% fruit juices or soda, yogurt drinks, carbonated water, or fruit-flavored teas

Do not include: 100% fruit juices or soda, yogurt drinks, carbonated water, or fruit-flavored teas

Huwag isama ang: 100% na mga fruit juice o soda, mga inumin na yogurt, tubig na carbonated, o mga tsaa na may lasang prutas

_____ times
_____ beses

- REFUSED/DON'T KNOW -3

Select one

- | | | |
|-----------------------|---------------------------------------|----|
| <input type="radio"/> | Per day [HR: 0-20; SR: 0-9]..... | 1 |
| <input type="radio"/> | Per week [HR: 0-70; SR: 0-29] | 2 |
| <input type="radio"/> | Per month [HR: 0-210; SR: 0-149]..... | 3 |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_K31':

IF CAGE \geq 2 YEARS AND HOUSEHOLD INCOME IS \leq 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'QA24_K31' Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

Ang mga serving ay batay sa iyong sariling kahulugan. Ang serving ay ang regular na dami ng pagkain ng bata para sa pagkaing iyon.

CC13B

Servings are self-defined. A serving is the child's regular portion of this food.

- | | | |
|-----------------------|-------------------------|--------------------|
| <input type="radio"/> | Servings | [HR: 0-20; SR 0-9] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_K32' Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

Kahapon, gaano karaming mga serving ng gulay na tulad ng berdeng salad, berdeng sitaw, o mga patatas ang {kanyang/kanyang} kinain? Huwag isasama ang mga piniritong patatas.

CC31B

_____ Servings

[HR: 0-20; SR 0-4]

REFUSED/DON'T KNOW..... -3

'QA24_K33' Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

Kahapon, gaano karaming baso o lata ng matatamis na fruit drink, sports, o energy drink, ang ininom ng anak mo?

CC50B

Such as lemonade, Gatorade, Snapple, or Red Bull.
Tulad ng lemonade, Gatorade, Snapple, o Red Bull.

_____ Glasses, cans or bottles

Baso, lata, o bote

[HR 0-15; SR 0-7]

REFUSED/DON'T KNOW..... -3

Section L: Public Program Participation

PROGRAMMING NOTE 'QA24_L1':

IF HOUSEHOLD INCOME IS \leq 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE \neq 1))] CONTINUE WITH 'SECTION L';
ELSE GO TO 'PN_QA24_L41'

'QA24_L1' Are you now receiving TANF or CalWORKs?

Tumatanggap ba kayo ngayon ng TANF o CalWORKs?

AL2

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.

Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKs. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_L2':

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA24_L2';
ELSE GO TO 'QA24_L4';

'QA24_L2' Is (TEEN) now receiving TANF or CalWORKs?

Tumatanggap ba ngayon si (TEEN) ng TANF or CalWORKs?

IAP1

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.

Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKs. Itong dalawa ang kapalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat

- Yes 1
- Oo
- No..... 2
- Hindi
- REFUSED/DON'T KNOW..... -3

Food Stamps

PROGRAMMING NOTE 'QA24_L3':

IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA24_L3';
ELSE SKIP TO 'QA24_L4'

'QA24_L3' Is (CHILD) now on TANF or CalWORKs?

Naka-enroll ba ngayon si (CHILD) sa TANF o sa CalWORKS?

CE11

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.

Temporary Assistance to Needy Families” ang kahulugan ng TANF; “California Work Opportunities and Responsibilities to Kids” ang CalWORKS. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapatan.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON’T KNOW..... -3

‘QA24_L4’ Are you receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba kayo ng mga benepisyo ng Food Stamp, na kilala rin bilang CalFresh?

AL5

You receive benefits through an EBT card.” EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card

Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON’T KNOW..... -3

PROGRAMMING NOTE ‘QA24_L5’:

IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH ‘**QA24_L5**’;
ELSE GO TO ‘**QA24_L7**’

‘QA24_L5’ Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba kayo ng mga benepisyo ng Food Stamp na kilala rin bilang CalFresh?

IAP2

You may receive benefits through an Electronic Benefit Transfer (EBT) card, and is also known as the Golden State Advantage Card.

Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON’T KNOW..... -3

PROGRAMMING NOTE 'QA24_L3':

IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA24_L6';
ELSE SKIP TO 'QA24_L7'

'QA24_L6' Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

Tumatanggap ba si (CHILD) ng mga benepisyo ng Food Stamps na kilala din bilang CalFresh?

CE11A

You may receive benefits through an Electronic Benefit Transfer (EBT) card, also known as the Golden State Advantage Card.

Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugan na Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

Supplemental Security Income

'QA24_L7' Are you receiving Supplemental Security Income (SSI)?

Tumatanggap ba kayo ng SSI?

AL6

SSI means Supplemental Security Income. This is different from Social Security.

Ang kahulugan ng SSI ay Supplemental Security Income. Iba ito sa Social Security.

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

WIC

PROGRAMMING NOTE 'QA24_L8':

IF 'QA24_A5' = 2 (FEMALE AT BIRTH) AND ['QA24_J51'= 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'QA24_L8';
ELSE GO TO 'PN_AL9';

'QA24_L8' Are you on WIC?

Naka-enrol ba kayo sa WIC?

AL7

WIC is the Supplemental Food Program for Women, Infants and Children.

Ang WIC ay ang 'Supplemental Food Program for Women, Infants and Children

- Yes1
- Oo
- No.....2

- Hindi*
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_L9':

IF (CAGE < 7, OR CAGE = 8, 9) AND (HOUSEHOLD INCOME IS <= 200 FPL or poverty < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA24_L9';
ELSE GO TO 'PN_AL9'

'QA24_L9' Is (CHILD) on WIC now?

Kalahok ba ngayon si (CHILD) sa WIC?

CE11C

WIC means 'Supplemental Food Program for Women, Infants and Children.

'Supplemental Food Program for Women, Infants and Children'" ang kahulugan ng WIC.

- Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON'T KNOW..... -3

Assets

PROGRAMMING NOTE 'QA24_L10':

IF 'QA24_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA24_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA24_L10';
ELSE SKIP TO PROGRAMMING NOTE 'QA24_L12';

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA24_K14'.

IF 'QA24_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA24_K14'= 1 DISPLAY \$ 130,000;

IF 'QA24_K14'= 2 DISPLAY \$ 195,000;

IF 'QA24_K14'= 3 DISPLAY \$ 260,000;

IF 'QA24_K14'= 4 DISPLAY \$ 325,000;

IF 'QA24_K14'= 5 DISPLAY \$ 390,000;

IF 'QA24_K14'= 6 DISPLAY \$ 455,000;

IF 'QA24_K14'= 7 DISPLAY \$ 520,000;

IF 'QA24_K14'= 8 DISPLAY \$ 585,000;

IF 'QA24_K14'= 9 DISPLAY \$ 650,000;

IF 'QA24_K14'≥ 10 DISPLAY \$ 715,000;

IF 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA24_L10' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

Huwag bibilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo, masasabi ba ninyo na higit sa {PROPERTY LIMIT} ang halaga ng mga ari-arian {ninyo/ng inyong pamilya}, ibig sabihin, lahat ng inyong perang cash, mga savings, mga investment na pinagsama-sama ?

AL9B

- | | | | |
|-----------------------|-------------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO
'PN_QA24_L12'] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO
'PN_QA24_L12'] |

PROGRAMMING NOTE 'QA24_L11':

OBTAINTHE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA24_K14'

IF 'QA24_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA24_K14'= 1 DISPLAY \$ 2,000;
 IF 'QA24_K14'= 2 DISPLAY \$ 3,000;
 IF 'QA24_K14'= 3 DISPLAY \$ 3,150;
 IF 'QA24_K14'= 4 DISPLAY \$ 3,300;
 IF 'QA24_K14'= 5 DISPLAY \$ 3,450;
 IF 'QA24_K14'= 6 DISPLAY \$ 3,600;
 IF 'QA24_K14'= 7 DISPLAY \$ 3,750;
 IF 'QA24_K14'= 8 DISPLAY \$ 3,900;
 IF 'QA24_K14'= 9 DISPLAY \$ 4,050;
 IF 'QA24_K14'≥ 10 DISPLAY \$ 4,200;

IF 'QA24_A23'= 1 (MARRIED) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE),
 DISPLAY "your family's";
 ELSE DISPLAY "your"

'QA24_L11' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

Huwag bibilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo, masasabi ba ninyo na higit sa {PROPERTY LIMIT} ang halaga ng mga ari-arian {ninyo/ng inyong pamilya}, ibig sabihin, lahat ng inyong perang cash, mga savings, mga investment na pinagsama-sama ?

AL9C

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Child Support

PROGRAMMING NOTE 'QA24_L12':**DISPLAY INSTRUCTIONS:**

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY "you or your spouse";
 ELSE IF ['QA24_A23' = 2 (LIVING WITH PARTNER) OR 'QA24_D12' = 1 OR 'QA24_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

'QA24_L12' Did {you or your spouse/you or your partner/you} receive any money last month for child support?

Nakatanggap ba kayo {kayo} ng anumang pera nitong nakaraang buwan para sa child support o sustento sa anak?

AL15B

- Yes 1
- Oo
- No 2 [GO TO
'PN_QA24_L14']
- Hindi
- REFUSED/DON'T KNOW -3 [GO TO
'PN_QA24_L14']

PROGRAMMING NOTE 'QA24_L13':

DISPLAY INSTRUCTIONS:

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF ['QA24_A23' = 2 (LIVING WITH PARTNER) OR 'QA24_D12' = 1 OR 'AD61'= 1 (LEGAL SAME-SEX COUPLE)] AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

'QA24_L13' What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa child support nitong nakaraang buwan?

AL16B

- \$ _____ [000001-999995]
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_L14':

DISPLAY INSTRUCTIONS:

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF ['QA24_A23'= 2 (LIVING WITH PARTNER) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE)] AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

'QA24_L14' Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

Nagbayad ba {kayo o ang inyong partner o kayong dalawa/ kayo o ang inyong asawa o kayong dalawa} ng anumang child support nitong nakaraang buwan?

AL17

- Yes, I paid 1
- Oo, nagbayad ako
- Yes, my spouse/partner paid 2
- Oo, nagbayad ang aking asawa/kinakasama
- Yes, we both paid 3
- Oo, pareho kaming nagbayad

- No.....4 [GO TO
'PN_QA24_L16']
- Hindi
- REFUSED/DON'T KNOW.....-3 [GO TO
'PN_QA24_L16']

PROGRAMMING NOTE 'QA24_L15':**DISPLAY INSTRUCTIONS:**

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF ['QA24_A23'= 2 (LIVING WITH PARTNER) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE)] AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
 ELSE DISPLAY "you"

- 'QA24_L15'** What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

Ano ang kabuuang halaga ng child support ang binayaran {ninyo o ng inyong asawa o ninyong dalawa/ ninyo o ng inyong partner o ninyong dalawa} nitong nakaraang buwan?

AL18

- | | |
|--|-----------------|
| <input type="text"/> AMOUNT | [000001-999995] |
| <input type="text"/> REFUSED/DON'T KNOW.....-3 | [000001-999995] |

Worker's Compensation

PROGRAMMING NOTE 'QA24_L16':

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF ['QA24_A23'= 2 (LIVING WITH PARTNER) OR 'QA24_D12'= 1 OR 'QA24_D13'= 1 (LEGAL SAME-SEX COUPLE)] AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

- 'QA24_L16'** Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

Tumanggap ba{ kayo o ang inyong asawa/kayo o ang inyong partner/kayo } ng anumang pera para sa workers compensation nitong nakaraang buwan?

AL32

- Yes1
- Oo
- No.....2 [GO TO
'PN_QA24_L18']
- Hindi
- REFUSED/DON'T KNOW.....-3 [GO TO
'PN_QA24_L18']

PROGRAMMING NOTE 'QA24_L17':**DISPLAY INSTRUCTIONS:**

IF 'QA24_A23' = 1 (MARRIED) AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF ['QA24_A23' = 2 (LIVING WITH PARTNER) OR 'QA24_D12' = 1 OR 'QA24_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'QA24_L17' What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa workers compensation nitong nakaraang buwan?

AL33

\$ _____
 \$ _____
 REFUSED/DON'T KNOW..... -3

[000001-999995]
 [000001-999995]

Social Security/Pension Payments

PROGRAMMING NOTE 'QA24_L18':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA24_A23'= 1 (MARRIED) AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA24_L18' AND DISPLAY "you or your spouse";
 ELSE IF AGE \geq 65 AND 'QA24_A24' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA24_L18' AND DISPLAY "you or your partner";
 ELSE IF AGE \geq 65, THEN CONTINUE WITH 'QA24_L18' AND DISPLAY "you";
 ELSE GO TO 'PN_QA24_L20'

'QA24_L18' Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

Nakatanggap ba {kayo o ang inyong asawa/kayo o ang inyong partner} ng anumang bayad mula sa Social Security o Pension nitong nakaraang buwan?

AL18A

Yes 1
 Oo
 No..... 2 [GO TO
 'PN_QA24_L20']
 Hindi
 REFUSED/DON'T KNOW..... -3 [GO TO
 'PN_QA24_L20']

PROGRAMMING NOTE 'QA24_L19':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA24_A23'= 1 (MARRIED) AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";
 ELSE IF AGE \geq 65 AND 'QA24_A24'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";
 ELSE IF AGE \geq 65, DISPLAY "you";

'QA24_L19' What was the total amount {you} received last month from Social Security and Pensions {for both you and your spouse/partner}?

Ano ang kabuuang halagang tinanggap nitong nakaraang buwan mula sa Social Security at mga Pension?

AL18B

_____ AMOUNT [000001-999995]

[000001-999995]

- REFUSED/DON'T KNOW..... -3

Reasons for Non-Participation in Medi-Cal*

PROGRAMMING NOTE 'QA24_L20':

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH '**QA24_L20**';
ELSE GO TO '**QA24_L21**'

'QA24_L20' What is the one main reason why you are not enrolled in the Medi-Cal program?

Ano ang isang pangunahing dahilan kung bakit hindi kayo naka-enroll sa program ng Medi-Cal?

AL19

- Paperwork too difficult.....1
- Napakahirap kumpletuhan ang mga kinakailangang dokumento
- Do not know if eligible2
- Hindi alam kung kuwalipikado
- Income too high, not eligible3
- Masyadong malaki ang kita, hindi kuwalipikado
- Not eligible due to citizenship/immigration Status4
- Hindi kuwalipikado dahil sa citizenship/ katayuan sa imigrasyon
- Do not believe in health insurance.....6
- Hindi naniniwala sa health insurance
- Do not need insurance because I'm healthy7
- Hindi kailangan ng insurance dahil malusog ako
- Already have insurance8
- Mayroon nang insurance
- Did not know about it9
- Hindi alam ang tungkol dito
- Do not like or want welfare..... 10
- Hind gusto ninanais ang welfare
- Other (Specify: _____)..... 91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3

Medi-Cal Eligibility

PROGRAMMING NOTE 'QA24_L21':

DISPLAY INSTRUCTIONS:

IF '**QA24_H74**' = 1 OR '**QA24_H75**' = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH '**QA24_L21**' AND DISPLAY "You previously said you had Medi-Cal. How long did you have Medi-Cal?";
IF ARMCAL = 1 (MEDI-CAL) OR '**QA24_H73**' = 1, CONTINUE WITH '**QA24_L21**' AND DISPLAY "{You previously said you have Medi-Cal. How long have you had Medi-Cal?}"
ELSE GO TO '**QA24_L41**'

'QA24_L21' {You previously said you had Medi-Cal. How long did you have Medi-Cal?}{You previously said you have Medi-Cal. How long have you had Medi-Cal?}

Nasabi ninyo dati na mayroon kayong Medi-Cal. Gaano na katagal kayong mayroong Medi-Cal?

AL40

_____ Years

_____ Taon

_____ Months

_____ Buwan

REFUSED/DON'T KNOW..... -3

- 'QA24_L22'** During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

Sa nakaraang 12 buwan, noong pinaka-kamakailan ninyong kinontak ang opisina ng County tungkol sa inyong mga benepisyo sa Medi-Cal, gaano katagal ang inyong paghihintay bago ninyo nakausap ang isang representatibo?

AL86

- 5 minutes or less 1
 - 5 minuto o mas maiksi pa
 - More than 5, up to 15 minutes 2
 - Mahigit sa 5, aabot sa 15 minuto
 - More than 15, up to 30 minutes 3
 - Mahigit sa 15, aabot sa 30 minuto
 - More than 30 minutes 4
 - Mahigit sa 30 minuto
 - Never contacted the county office 5
 - Hindi kailanman nakipag-ugnayan sa opisina ng county
 - REFUSED/DON'T KNOW..... -3
- [GO TO 'QA24_L27']**

- 'QA24_L23'** Most recently, how did you contact the County office?

Nitong pinaka-kamakailan lang, papaano ninyo kinontak ang opisina ng County?

AL87

- Visited office in person 1
- Binisita ang opisina nang personal
- Called office 2
- Tumawag sa opisina
- Directly contacted eligibility worker 3
- Direktang nakipag-ugnayan sa isang tauhan na namamahala sa pagiging karapat-dapat
- Online 4
- Sa online
- Mail 5
- Mail
- Other (Specify: _____) 91
- Iba pa (Tukuyin: _____)
- REFUSED/DON'T KNOW..... -3

- 'QA24_L24'** How long did it take for the County representative to take care of your problem?

Gaano katagal inabot bago naasikaso ng kinatawan ng County ang iyong problema?

AL88

- A week or less 1
- Isang linggo o mas maiksi pa

- More than 1 week up to 2 weeks2
Mahigit sa 1 linggo hanggang sa 2 linggo
- More than 2 weeks up to a month3
Mahigit sa 2 linggo hanggang sa isang buwan
- More than a month4
Mahigit sa isang buwan
- REFUSED/DON'T KNOW..... -3

'QA24_L25' Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?

Ikaw ba ay lubos na sumasang-ayon, sumasang-ayon, walang pinapanigan, hindi sumasang-ayon, o Lubos na hindi sumasang-ayon sa sumusunod na pahayag?

AL89

The County representative was able to answer all of my questions.

Nasagot ng representatibo ng County ang lahat ng aking mga katanungan.

- Strongly agree.....1
Lubos na sumasang-ayon
- Agree.....2
Sumasang-ayon
- Neither agree nor disagree3
Hindi alinman sa sumasang-ayon o hindi sumasang-ayon
- Disagree.....4
Hindi sumasang-ayon
- Strongly disagree5
Malakas na hindi sumasang-ayon
- REFUSED/DON'T KNOW

'QA24_L26' The County representative treated me with dignity and respect.

Magalang ang pagtrato sa akin ng representatibo ng County.

AL90

- Strongly agree.....1
Lubos na sumasang-ayon
- Agree.....2
Sumasang-ayon
- Neither agree nor disagree3
Hindi alinman sa sumasang-ayon o hindi sumasang-ayon
- Disagree.....4
Hindi sumasang-ayon
- Strongly disagree5
Malakas na hindi sumasang-ayon
- REFUSED/DON'T KNOW..... -3

'QA24_L27' What areas should the County office consider improving?

Sa aling mga lugar and dapat isaalang-alang ng opisina ng County na kanilang dapat pagbutihin?

AL91

Check all that apply

- Reduce wait times.....1

- Bawasan ang oras ng paghahintay*
Spend more time with me2
- Mas tagalan ang panahon na ginugugol para sa akin*
Explain things so I can understand3
- Ipaliwanag ang mga bagay para maintindihan ko ang mga ito*
Tell me what the next steps are4
- Sabihin sa akin kung ano ang mga susunod na dapat gawin*
No improvement needed.....5
- Walang pagpapabuti na kinakailangang gawin*
Other (specify: _____) 91
- Iba Pa (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

'QA24_L28' How satisfied are you with the County office?

Gaano kalakas ang inyong kasiyahan sa opisina ng county?

AL92

- Very satisfied.....1
Talagang nasisiyahan
- Somewhat satisfied.....2
Medyo nasisiyahan
- Neither satisfied or dissatisfied3
Wala sa nasisiyahan o di nasisiyahan
- Dissatisfied.....4
Hindi nasisiyahan
- Very dissatisfied5
Talagang hindi nasisiyahan
- Not applicable6
Hindi naaangkop
- REFUSED/DON'T KNOW..... -3

'QA24_L29' Have you renewed your Medi-Cal in the last 12 months?

Ni-renew ba ninyo ang inyong Medi-Cal sa nakaraang 12 buwan?

AL93

- Yes1
Oo
 - No.....2
Hindi
 - REFUSED/DON'T KNOW..... -3
- [GO TO 'QA24_L32']**

'QA24_L30' When renewing your Medi-Cal, did you have any issues or problems?

Habang nire-renew ninyo ang inyong Medi-Cal, nakaranas ba kayo ng anumang issue o problema?

AL94

- Yes1
Oo
 - No.....2
Hindi
 - REFUSED/DON'T KNOW..... -3
- [GO TO 'QA24_L33']**

'QA24_L31' Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

Pansamantalang nawalan ba kayo ng coverage sa loob ng 1 hanggang sa 2 buwan, kumpletong nawalan ng coverage, o kinakailangang mag-apply na muli?

AL95

- Yes, lost coverage for 1-2 months1
- Yes, lost coverage2
- Yes, had to reapply3
- No.....4
- REFUSED/DON'T KNOW.....-3

'QA24_L32' Before you had Medi-Cal, what health coverage did you have?

Bago kayo nagkaroon ng coverage sa Medi-Cal, anong health coverage ang mayroon kayo?

AL96

- No insurance1 **[GO TO 'QA24_L35']**
- Walang insurance*
- Employer-based2 **[GO TO 'QA24_L35']**
- Mula sa employer*
- Private3 **[GO TO 'QA24_L35']**
- Pribado*
- Covered California4
- Covered California*
- Other5
- Iba pa*
- REFUSED/DON'T KNOW.....-3 **[GO TO 'QA24_L35']**

'QA24_L33' Did you have a problem changing to Medi-Cal?

Nakaranas ba kayo ng problema nung lumipat kayo sa Medi-Cal?

AL97

- Yes1
- Oo
- No.....2 **[GO TO 'QA24_L35']**
- Hindi
- REFUSED/DON'T KNOW.....-3 **[GO TO 'QA24_L35']**

'QA24_L34' What was the problem?

Anong klaseng problema?

AL98

*Check all that apply
I-check ang lahat ng naaangkop.*

- Had to pay premiums while waiting for Medi-Cal decision1
- Kinakailangang magbayad ng premium habang naghihintay ng desisyon sa Medi-Cal*
- Received conflicting eligibility notices2
- Nakatanggap ng magkakasalungat na paunawa tungkol sa pagiging kuwalipikado*
- Delay in receiving Medi-Cal3
- Naantala sa pagtanggap ng Medi-Cal*
- Could not see my provider4

- Hindi ko makita ang provider ko*
- Required to provide a lot of paperwork5
- Maraming mga papeles na kailangang kumpletuhin*
- Had to file an appeal6
- Kailangang mag-file ng appeal*
- REFUSED/DON'T KNOW..... -3

'QA24_L35' The Medi-Cal program sends written Notice of Actions to provide information about eligibility, and changes in status, level of benefits, or share of cost.

Nagpapadala ang Medi-Cal na programa ng mga nakasulat na Paunawa ng mga Aksyon o Notice of Actions upang makapagbigay ng impormasyon tungkol sa pagiging kuwalipikado, at pagbabago ng katayuan, antas ng mga benepisyo, o Bahagi ng Gastos o Share of Cost.

AL105

The Notice of Actions I have received in the past are:

Ang Paunawa ng mga Aksyon na natanggap ko sa nakaraan ay:

- Easy to read or understand.....1
- Madaling basahin o maunawaan*
- Difficult to read or understand2
- Mahirap basahin o maunawaan*
- Contain helpful information3
- Naglalaman ng nakatutulong na impormasyon*
- Does not contain helpful information4
- Hindi naglalaman ng nakatutulong na impormasyon*
- I never got a Notice of Actions5 [GO TO 'QA24_L37']
- Hindi ako kailanman nakatanggap ng Paunawa ng mga Aksyon*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_L37']

'QA24_L36' How can Notice of Actions be improved?

Paano mapapabuti ang Paunawa ng mga Aksyon?

AL106

- Reduce text.....1
- Bawasan ang Dami ng teksto*
- Simplify language/Reading level2
- Pasimplehin ang lengguwahe/antas ng Pagbabasa*
- Shorter paragraphs/sentences3
- Gawing mas maiksi ang mga talata/pangungusap*
- Send fewer notices4
- Magpadala ng mas kakaunting mga paunawa*
- Give me clear steps of what I need to do5
- Bigyan ako ng mga malinaw na hakbang ng kung ano ang kailangan kong gawin*
- No improvement needed.....6
- Walang kinakailangang pagpapabuti*
- REFUSED/DON'T KNOW..... -3

'QA24_L37' Were you able to update your contact information?

Nagawa mo bang i-update ang iyong contact information?

AL107

- | | | | |
|-----------------------|------------------------------------|----|--------------------|
| <input type="radio"/> | Yes | .1 | [GO TO 'QA24_L39'] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | .2 | |
| <input type="radio"/> | <i>Hindi</i> | | |
| <input type="radio"/> | Did not need to update..... | .3 | [GO TO 'QA24_L41'] |
| <input type="radio"/> | <i>Hindi kailangang mag-update</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA24_L41'] |

'QA24_L38' Why not?

Bakit hindi?

AL108

- | | | | |
|-----------------------|--|----|--|
| <input type="radio"/> | My changes did not update..... | .1 | |
| <input type="radio"/> | <i>Hindi nag-update ang aking mga pagbabago</i> | | |
| <input type="radio"/> | I don't know how to update my information . | .2 | |
| <input type="radio"/> | <i>Hindi ko alam kung paano i-update ang aking impormasyon</i> | | |
| <input type="radio"/> | Did not need to update..... | .3 | |
| <input type="radio"/> | <i>Hindi kailangang mag-update</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | |

PROGRAMMING NOTE 'QA24_L39':

IF 'QA24_L37' = 1, CONTINUE WITH 'QA24_L39';
ELSE SKIP TO 'QA24_L41'

'QA24_L39' Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

Pakisabi sa amin kung ikaw ay lubos na sumasang-ayon, sumasang-ayon, wala sa sumasang-ayon o di sumasang-ayon, hindi sumasang-ayon, o Lubos na hindi sumasang-ayon sa sumusunod na pahayag:

AL109

Updating my contact information was easy.

Madaling mai-update ang contact information ko.

- | | | | |
|-----------------------|---|----|--|
| <input type="radio"/> | Strongly agree..... | .1 | |
| <input type="radio"/> | <i>Lubos na sumasang-ayon</i> | | |
| <input type="radio"/> | Agree | .2 | |
| <input type="radio"/> | <i>Sumasang-ayon</i> | | |
| <input type="radio"/> | Neither agree nor disagree | .3 | |
| <input type="radio"/> | <i>Hindi alinman sa sumasang-ayon o hindi sumasang-ayon</i> | | |
| <input type="radio"/> | Disagree | .4 | |
| <input type="radio"/> | <i>Hindi sumasang-ayon</i> | | |
| <input type="radio"/> | Strongly disagree | .5 | |
| <input type="radio"/> | <i>Malakas na hindi sumasang-ayon</i> | | |
| <input type="radio"/> | REFUSED/DON'T KNOW | | |

'QA24_L40' How did you update your contact information?

Papaano mo in-update ang iyong contact information?

AL110

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | Visited office in person..... | 1 |
| <input type="checkbox"/> | <i>Bumisita nang personal sa isang opisina</i> | |
| <input type="checkbox"/> | Called county office..... | 2 |
| <input type="checkbox"/> | <i>Tumawag sa opisina ng county</i> | |
| <input type="checkbox"/> | Called health plan | 3 |
| <input type="checkbox"/> | <i>Tumawag sa health plan</i> | |
| <input type="checkbox"/> | Directly contacted eligibility worker..... | 4 |
| <input type="checkbox"/> | <i>Direktang nakipag-ugnayan sa manggagawa sa pagiging karapat-dapat</i> | |
| <input type="checkbox"/> | Online..... | 5 |
| <input type="checkbox"/> | <i>Sa online</i> | |
| <input type="checkbox"/> | Mail..... | 6 |
| <input type="checkbox"/> | <i>Sa koreo</i> | |
| <input type="checkbox"/> | Portal..... | 7 |
| <input type="checkbox"/> | <i>Sa portal</i> | |
| <input type="checkbox"/> | Other, specify: _____ | 91 |
| <input type="checkbox"/> | <i>Iba pa, tukuyin: _____</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

Public Charge Related

PROGRAMMING NOTE ‘QA24_L41’:

IF ‘QA24_G2’ ≠ 1,2, 9,22, OR 26, CONTINUE WITH ‘QA24_L41’;

ELSE SKIP TO ‘QA24_M1’

- ‘QA24_L41’** Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you, or a family member, from obtaining a green card or becoming a U.S. citizen?

Nagkaroon ba ng panahon na kung saan napagpasiyahan ninyo na huwag mag-apply para sa isa o mahigit pang mga hindi-perang benepisyong gobyerno, tulad ng Medi-Cal, food stamps, o tulong sa tirahan, dahil nag-aalala kayo na madi-disqualify kayo, o ang isang miyembro ng pamilya, sa pagtanggap ng green card o sa pagiging isang mamamayan ng U.S.?

AL99

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
- [GO TO ‘QA24_L43’]**

- ‘QA24_L42’** Did this happen in the last 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

AL104

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | <i>Oo</i> | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_L43' Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

Nagkaroon ba ng panahon na may humiling na inyong sabihin ang inyong Social Security Number o kaya magpakita ng katunayan ng inyong citizenship o legal na katayuan noong nagtangka kayong makatanggap ng mga medikal na serbisyo?

AL100

- Yes1
- Oo
- No.....2 **[GO TO 'QA24_L45']**
- Hindi
- REFUSED/DON'T KNOW.....-3 **[GO TO 'QA24_L45']**

'QA24_L44' Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

AL101

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

'QA24_L45' Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

Nagkaroon ba ng panahon na may humiling na inyong sabihin ang inyong Social Security Number o magpakita ng katunayan ng inyong citizenship o legal na katayuan noong nagtangka ninyong i-enroll ang inyong sarili o ang isang bata sa paaralan?

AL102

- Yes1
- Oo
- No.....2 **[GO TO 'QA24_M1']**
- Hindi
- REFUSED/DON'T KNOW.....-3 **[GO TO 'QA24_M1']**

'QA24_L46' Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

AL103

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW.....-3

Section M: Housing and Social Cohesion

Housing

'QA24_M1' Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

Nakatira ba kayo sa bahay, sa duplex, sa gusaling may 3 o higit pang unit, o sa mobile home?

AK23

A duplex is a building with 2 units.

Gusali na may dalawang unit ang duplex.

- House.....1
- Sa bahay
- Duplex2
- Sa duplex
- Building with 3 or more units3
- Sa gusali na may 3 o mahigit pang mga unit
- Mobile home.....4
- Sa mobile home
- REFUSED/DON'T KNOW..... -3

'QA24_M2' Do you own or rent your home?

Pag-aari ba ninyo o inuupahanang inyong bahay?

AK25

- Own.....1
- May-ari
- Rent.....2
- Inuupahan
- Other arrangement.....3
- Iba pa
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M3':

IF 'AAGE' >= 65 AND 'QA24_M2' = 1, CONTINUE
ELSE GO TO 'QA24_M4'

'QA24_M3' Are you currently paying off a mortgage or loan on this home?

Kasalukuyan ka bang nagbabayad ng mortgage o utang sa bahay na ito?

AM37

[INTERVIEWER NOTE: IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_M4' Did you live in this house or apartment one year ago?

Nakatira ka ba sa bahay o apartment na ito noong nakaraang taon?

AM204

- Yes1 [GO TO 'QA24_M6']

- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_M6']

'QA24_M5' In what zipcode did you live one year ago?

Sa anong zipcode ka nakatira noong nakaraang taon?

AM205

Specify: _____

Tukuyin: _____

- REFUSED/DON'T KNOW..... -3

'QA24_M6' How do you feel about your current housing situation?

Ano ang pakiramdam mo tungkol sa iyong kasalukuyang kalagayan ng pamamahay?

AM183

- Very stable1
- Napakatatac
- Fairly stable.....2
- Matatac
- Somewhat stable3
- Medyo matatac
- Fairly unstable.....4
- Hindi matatac
- Very unstable5
- Napaka-hindi matatac
- REFUSED/DON'T KNOW..... -3

'QA24_M7' Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

Mangyaring sabihin sa akin kung gaano kadalas kang personal na nag-aalala tungkol sa mga sumusunod - napakadalas, medyo madalas, Paminsan-minsan, o halos Hindi kailanman.

AM184

Struggling to keep up with your mortgage or rent payments

Nahihirapang makapagbayad ng mortgage o upa

- Very often.....1
- Napakadalas
- Somewhat often2
- Medyo madalas
- From time to time3
- Paminsan-minsan
- Almost never4
- Halos Hindi kailanman
- REFUSED/DON'T KNOW..... -3

'QA24_M8' People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?

Kung minsan ay nahihirapan ang mga tao na mabayaran ang kanilang upa o mortgage. Upang mabayaran ang iyong upa o mortgage, kinailangan mo bang gawin ang alinman sa mga sumusunod sa nakalipas na tatlong taon?

AM185*Check all that apply**I-check ang lahat ng naaangkop.*

- Take on an additional job or.....1
work more at their current job
- Kumuha ng karagdagang trabaho o higit pang magtrabaho sa kanilang kasalukuyang pinagtatrabahuan*
- Stop saving for retirement.....2
Itigil ang pag-iipon ng pera para sa pagreretiro
- Accumulate credit card debt3
Ipuuin ang utang sa credit card
- Cut back on health care4
Bawasan ang pangangalaga sa kalusugan
- Cut back on healthy, nutritious food5
Bawasan ang pagkain ng malulusog at masusustansyang mga pagkain
- Move to a neighborhood that they feel is less safe.....6
Lumipat sa isang kapitbahayan na sa palagay nila ay hindi gaanong ligtas
- Move to a place where the schools are not as good7
Lumipat sa isang lugar kung saan ang mga paaralan ay hindi kasing buti
- None of these/not sure.....8
Wala sa mga ito/hindi sigurado
- REFUSED/DON'T KNOW..... -3

'QA24_M9'

Think about your experiences with housing; for example, experiences while renting or buying a home, obtaining a mortgage, getting your landlord to make repairs, or interactions with your neighbors.

Pag-isipan ang iyong mga karanasan sa pabahay; halimbawa, mga karanasan sa pag-upa o pagbili ng bahay, pagkuha ng mortgage, paghiling sa may-ari ng bahay na gumawa ng mga pagkukumpuni sa ari-arian, o mga pakikipag-ugnayan sa iyong mga kapitbahay.

AM189

During the last two years, have you directly experienced discrimination or harassment related to housing?

Sa nakaraang dalawang taon, direktang nakaranas ng diskriminasyon o ginugulo na may kaugnayan sa pabahay?

- Yes1
- Oo
- No.....2 [GO TO 'QA24_M12']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_M12']

'QA24_M10' Why do you think you were targeted for this discrimination or harassment?

Sa iyong palagay, ano ang dahilan kung bakit ka naging biktima ng diskriminasyon o ginugulo?

AM190

- Because of your ancestry, national origin or language1
Dahil sa iyong etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit
- Because of your race or skin color2
Dahil sa iyong lahi o kulay ng balat
- Because of your gender or sex, including gender identity3
Dahil sa iyong kasarian, kasama ang kasariang pinakakakilanlan
- Because of your sexual orientation.....4
Dahil sa iyong seksual na oryentasyon
- Because of your religion5
Dahil sa iyong relihiyon
- Because of your disability6
Dahil sa iyong kapansanan
- Because of your immigration status.....7
Dahil sa iyong katayuan sa imigrasyon
- Because you have children.....8
Dahil mayroon kang mga anak
- Because of some other reason: _____9
- Dahil sa iba pang dahilan:* _____
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M11':

IF MORE THAN ONE RESPONSE FROM 'QA24_M10', THEN CONTINUE WITH 'QA24_M11' WITH SELECTED CHOICES FROM 'QA24_M10' DISPLAYED;
ELSE SKIP TO 'QA24_M12'

'QA24_M11' What do you think is the MAIN reason you were targeted for this discrimination or harassment?

Sa iyong palagay, ano ang PANGUNAHING dahilan kung bakit ka naging biktima ng diskriminasyon o ginugulo?

AM191

- Because of your ancestry, national origin or language1
Dahil sa iyong etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit
- Because of your race or skin color2
Dahil sa iyong lahi o kulay ng balat
- Because of your gender or sex, including gender identity3
Dahil sa iyong kasarian, kasama ang kasariang pinakakakilanlan
- Because of your sexual orientation.....4
Dahil sa iyong seksual na oryentasyon
- Because of your religion5
Dahil sa iyong relihiyon
- Because of your disability6
Dahil sa iyong kapansanan
- Because of your immigration status.....7
Dahil sa iyong katayuan sa imigrasyon

- Because you have children.....8
Dahil mayroon kang mga anak
- Because of some other reason: _____9
Dahil sa iba pang dahilan: _____
- REFUSED/DON'T KNOW..... -3

'QA24_M12' In the past 2 years, did you or your household receive or use a Housing Choice Section 8 voucher?

Sa nakaraang 2 taon, ikaw ba o ang iyong sambahayan ay nakatanggap ng Housing Choice Section 8 voucher?

AM192

Housing Choice Section 8 vouchers are a form of government assistance with housing

Ang Housing Choice Section 8 na mga voucher ay isang uri ng tulong sa pabahay na nanggagaling sa gobyerno

- Yes1
- Oo
- No.....2 [GO TO 'QA24_M16']
- Hindi
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_M16']

'QA24_M13' Were you or your household...

Ikaw ba o ang iyong sambahayan ay...

AM193

Check all that apply

Piliin ang lahat ng naaangkop

- Unable to use your Housing voucher.....1
Hindi magamit ang iyong Housing voucher
- Denied housing because of your Housing voucher2
Tinanggihan ng pabahay dahil sa iyong Housing voucher
- Told by a landlord that they do not accept Housing vouchers, or3
Sinabihan ng may-ari ng bahay na hindi siya tumatanggap ng mga housing voucher, o
- None of these.....4
- Wala sa mga ito
- REFUSED/DON'T KNOW..... -3

Hate Incident

'QA24_M14'

The next questions are about hate incidents. Thinking about these incidents may be stressful. Your answers will be kept confidential. If any question upsets you, you don't have to answer it. At the end of this section, we will give you information about organizations that can provide resources and support.

Ang susunod na mga tanong ay tungkol sa mga insidente ng pagkapoot (hate incident). Ang pag-iisip tungkol sa mga insidente ito ay maaaring nakaka-stress. Ang iyong mga

sagot ay pananatilihing kumpidensyal. Kapag mayroong anumang tanong na makakapagpasama ng loob mo, hindi mo ito kailangang sagutin. Sa dulo ng seksyong ito, bibigyan ka namin ng impormasyon tungkol sa mga organisasyong maaaring magbigay ng mga mapagkukunan at suporta.

'QA24_M15' This set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain identities, characteristics or religious beliefs. You may or may not actually have these identities, characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to steal from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

Nakatuon ang grupo ng mga tanong na ito sa kung ikaw ay maaaring pinuntirya ng matinding galit pagkapoot dahil sa masamang palagay laban sa mga taong may partikular na pagkakilanlan, katangian o relihiyosong paniniwala. Maaaring mayroon o wala ka naman ganitong mga aktwal na mga pagkakilanlan, katangian, o relihiyosong paniniwala. Iba ito sa isang tao na pinupuntirya ka dahil sa ibang mga dahilan, tulad ng karaniwang pagkagalit o gusto kang pagnakawan. Ang mga insidente ng pagkapoot (hate incident) ay maaaring may kasama na pisikal na pang-aabuso, pang-aabuso sa pananalita, cyberbullying, pinsala sa ari-arian, o iba pa.

'QA24_M16' During the past 12 months, have you directly experienced a hate incident?

Sa nakaraang 12 buwan, direkta ka bang nakaranas ng isang insidente ng matinding galit o poot?

AM194

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
- [GO TO 'QA24_M33']**
- [GO TO 'QA24_M33']**

'QA24_M17' Did you experience..

Nakaranas ka ba ng..

AM195

Check all that apply

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Physical abuse or attack | 1 |
| <input type="checkbox"/> | <i>Pisikal na pang-aabuso o pag-atake</i> | |
| <input type="checkbox"/> | Verbal abuse or insults | 2 |
| <input type="checkbox"/> | <i>Pang-aabuso o mga pang-iinsulto sa pamamagitan ng pananalita</i> | |
| <input type="checkbox"/> | Cyberbullying | 3 |
| <input type="checkbox"/> | <i>Cyberbullying</i> | |
| <input type="checkbox"/> | Property damage, or | 4 |
| <input type="checkbox"/> | <i>Paninira ng ari-arian, o</i> | |
| <input type="checkbox"/> | Something else (Specify: _____) | 5 |
| <input type="checkbox"/> | <i>Iba pang bagay (Tukuyin: _____)</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_M18' Where did the incident or incidents take place?

Saan nangyari ang insidente?

AM196

Check all that apply

- At home.....1
- Sa bahay*
- At school2
- Sa paaralan*
- At work3
- Sa trabaho*
- At a store, 266heatre, gas station, or other business.....4
- Sa isang tindahan, teatro, gasolinahan, o iba pang negosyo*
- On the street or sidewalk5
- Sa kalye o bangketa*
- Online, or.....6
- Sa online, o*
- Somewhere else (Specify: _____).....7
- Sa iba pang bagay (Tukuyin: _____)*
- REFUSED/DON'T KNOW..... -3

'QA24_M19' Why do you think you were targeted?

Sa iyong palagay, ano ang dahilan kung bakit ka naging biktima ng insidente ng matinding poot?

AM197

- Because of your race or skin color1
- Dahil sa iyong lahi o kulay ng balat*
- Because of your sexual orientation.....2
- Dahil sa iyong seksuwal na oryentasyon*
- Because of your gender or sex,
including gender identity3
- Dahil sa iyong kasarian, kasama ang kasariang pinakakakilanlan*
- Because of your religion4
- Dahil sa iyong relihiyon*
- Because of your ancestry,
national origin, or language.....5
- Dahil sa iyong etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit*
- Because of your disability6
- Dahil sa iyong kapansanan*
- Because of your immigration status.....7
- Dahil sa iyong katayuan sa imigrasyon*
- Because of your age8
- Dahil sa iyong edad*
- Because of some other reason: _____9
- Dahil sa iba pang dahilan: _____*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M20':

IF MORE THAN ONE RESPONSE FROM 'QA24_M19', THEN CONTINUE WITH 'QA24_M20' WITH SELECTED CHOICES FROM 'QA24_M19' DISPLAYED;
ELSE SKIP TO 'QA24_M33'

'QA24_M20' What do you think is the MAIN reason you were targeted for a hate incident?

Sa iyong palagay, ano ang PANGUNAHING dahilan kung bakit ka naging biktima ng insidente ng matinding poot?

AM198

If you experienced more than one incident, please think about the most recent incident.

Kung nakaranas ka ng mahigit sa isang insidente, mangyaring pag-isipan ang pinaka-huling insidente

- Because of your race or skin color1
- Dahil sa iyong lahi o kulay ng balat*
- Because of your sexual orientation.....2
- Dahil sa iyong seksuwal na oryentasyon*
- Because of your gender or sex,
including gender identity3
- Dahil sa iyong kasarian, kasama ang
kasariang pinagkakakilanlan*
- Because of your religion4
- Dahil sa iyong relihiyon*
- Because of your ancestry,
national origin, or language.....5
- Dahil sa iyong etnikong pinanggalingan,
bansang pinagmulan, o wikang ginagamit*
- Because of your disability6
- Dahil sa iyong kapansanan*
- Because of your immigration status.....7
- Dahil sa iyong katayuan sa imigrasyon*
- Because of your age8
- Dahil sa iyong edad*
- Because of some other reason: _____....9
- Dahil sa iba pang dahilan:* _____
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M21':

IF 'QA24_M16' = 1, THEN CONTINUE;
ELSE SKIP TO 'QA24_M33';

'QA24_M21' During the past 12 months, how many hate incidents have you experienced?

*Sa nakalipas na 12 buwan, ilang mga insidente ng pagkapoot (hate incident) ang
naranasan mo?*

AM206

- | | |
|----------------------|-------------------------------------|
| <input type="text"/> | Number of hate incidents |
| <input type="text"/> | <i>Bilang ng mga insidente</i> |
| <input type="text"/> | <i>ng pagkapoot (hate incident)</i> |
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M22':

DISPLAY INSTRUCTIONS:

IF 'QA24_M21' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA24_M22' During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207

Select all that apply

- You experienced negative effects on your mental health, such as feeling sad, stressed, anxious, or depressed1
- Ikaw ay nakaranas ng mga negatibong epekto sa iyong kalagayan ng pag-iisip, tulad ng pakiramdam ng pagkamalungkot, stress, pagkabalisa, o depresyon*
- You experienced negative effects on your physical health2
- Nakaranas ka ng mga negatibong epekto sa iyong pisikal na kalusugan*
- You changed your behavior, such as changing schools, jobs, transportation, or where you shop3
- Binago mo ang iyong kinagagawian, tulad ng pagpapalit ng paaralan, trabaho, transportasyon o kung saan ka namimili*
- You had to take time off from work4
- Kinailangan mong magpahinga sa trabaho*
- You had to take time off from school5
- Kinailangan mong tumigil muna sa pag-aaral*
- Other (please specify: _____) 91
- Iba Pa (Tukuyin: _____)*
- None of these 92
- Wala sa mga ito*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_M23':

IF 'QA24_M22' = 4 (took time off from work), THEN CONTINUE;
ELSE GO TO 'QA24_M24';

DISPLAY INSTRUCTIONS:

IF 'QA24_M21' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA24_M23' During the past 12 months, about how many days did you take off from work because you experienced {these/the} hate incident{s}?

Sa nakalipas na 12 buwan, mga ilang araw ka nagpahinga sa trabaho dahil nakaranas ka \{ng/nitong\} mga insidente ng pagkapoot (hate incident)?

AM208

_____ Number of days (HR: 0-365)
_____ Bilang ng mga araw (HR: 0-365)

- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_M24':

IF 'QA24_M22' = 5 (took time off from school), THEN CONTINUE;

ELSE GO TO ‘QA24_M25’;

DISPLAY INSTRUCTIONS:

IF ‘QA24_M37’ > 1, THEN DISPLAY “these” and “incidents”,
ELSE DISPLAY “the” and “incident”.

- ‘QA24_M24’** During the past 12 months, about how many days did you take off from school because you experienced {these/the} hate incident{s}?

Sa nakalipas na 12 buwan, mga ilang araw ka huminto muna sa pag-aaral dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM209

- Number of days (HR: 0-365)
 Bilang ng mga araw (HR: 0-365)
 REFUSED/DON’T KNOW..... -3

PROGRAMMING NOTE ‘QA24_M25’:

DISPLAY INSTRUCTIONS:

IF ‘QA24_M21’ > 1, THEN DISPLAY “these” and “incidents”,
ELSE DISPLAY “the” and “incident”.

- ‘QA24_M25’** During the past 12 months, were there any medical expenses for you or members of your household because you experienced the hate incident{s}?

Sa nakalipas na labindalawang buwan, mayroon bang anumang gastos sa pagpapagamot para sa iyo o sa mga miyembro ng iyong sambahayan dahil naranasan mo ang (mga) insidente ng pagkapoot (hate incident)?

AM210

*Include mental and physical healthcare expenses.
Isama ang mga gastos sa mental at pisikal na healthcare*

- Yes1
 Oo
 No.....2
 Hindi
 REFUSED/DON’T KNOW..... -3

PROGRAMMING NOTE ‘QA24_M26’:

IF ‘QA24_M17’= 4, THEN CONTINUE;
ELSE GO TO ‘AM212’;

DISPLAY INSTRUCTIONS:

IF ‘QA24_M21’ > 1, THEN DISPLAY “these” and “incidents”,
ELSE DISPLAY “the” and “incident”.

- ‘QA24_M26’** During the past 12 months, did you or members of your household have any damage to property or belongings that resulted from the hate incident{s}?

Sa nakalipas na labindalawang buwan, nagkaroon ka ba o mga miyembro ng iyong sambahayan ng anumang pinsala sa ari-arian o mga gamit na nagresulta mula sa (mga) insidente ng pagkapoot (hate incident)?

AM211

- Yes1
 Oo
 No.....2

- Hindi*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M27':**DISPLAY INSTRUCTIONS:**

IF 'QA24_M21' > 1, THEN DISPLAY "most severe".

'QA24_M27' After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?

Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?

AM214*Select all that apply*

- Counseling, therapy, or other type of mental health support1
- Pagpapayo, terapiya, o iba pang uri ng suporta sa kalagayan ng pag-iisip*
- Medical care for a physical injury or symptom.....2
- Panganganagang medikal para sa isang pisikal na pinsala o sintomas*
- Time off from school3
- Huminto muna sa pag-aaral*
- Time off from work4
- Nagpahinga sa trabaho*
- Financial assistance.....5
- Tulong pinansyal*
- Protection for you or your family's physical safety6
- Proteksyon para sa pisikal na kaligtasan mo o ng inyong pamilya*
- Help reporting to or working with the police or other law enforcement7
- Tulong sa pag-uulat sa o pakikipagtulungan sa pulisia o iba pang nagpapatupad ng batas*
- Legal assistance8
- Legal na tulong*
- Interpretation or other types of language services9
- Interpretasyon o iba pang uri ng serbisyo sa wika*
- Other (please specify: _____) 91
- Iba pa (pakinikoy: _____)*
- Received no help or support..... 10
- Walang natanggap na tulong o suporta*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M28':**DISPLAY INSTRUCTIONS:**

IF 'QA24_M21' > 1, THEN DISPLAY "most severe"

- 'QA24_M28' Was there any kind of help or support that you felt you needed but did not receive after you experienced the {most severe} hate incident?

Mayroon bang anumang uri ng tulong o suporta na sa tingin mo ay kailangan mo ngunit hindi mo natanggap pagkatapos mong maranasan ang \{pinakamalubhang\} insidente ng pagkapoot (hate incident)?

AM215

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M29':

IF 'QA24_M28' = 1, THEN CONTINUE;

DISPLAY INSTRUCTIONS:DISPLAY ONLY UNCHECKED CATEGORIES FROM 'QA24_M27';
ELSE GO TO 'QA24_M31';

- 'QA24_M29' What help or support did you feel you needed but did not receive?

Anong tulong o suporta ang pakiramdam mong kinailangan mo ngunit hindi mo natanggap?

AM216

Select all that apply

- Counseling, therapy, or other type of mental health support1
Pagpapayo, terapiya, o iba pang uri ng suporta sa kalagayan ng pag-iisip
- Medical care for a physical injury or symptom.....2
Pangangalagang medikal para sa isang pisikal na pinsala o sintomas
- Time off from school3
Huminto muna sa pag-aaral
- Time off from work4
Nagpahinga sa trabaho
- Financial assistance.....5
Tulong pinansyal
- Protection for you or your family's physical safety6
Proteksyon para sa pisikal na kaligtasan mo o ng inyong pamilya
- Help reporting to or working with the police or other law enforcement7
Tulong sa pag-uulat sa o pakikipagtulungan sa pulisia o iba pang nagpapatupad ng batas
- Legal assistance8

- Legal na tulong*
- Interpretation or other types of language services 9
- Interpretasyon o iba pang uri ng serbisyo sa wika*
- Other (please specify: _____) 91
- Iba pa (pakitukoy: _____)*
- Received no help or support 10
- Walang natanggap na tulong o suporta*
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA24_M30':

IF MULTIPLE RESPONSES FROM 'QA24_M29', THEN CONTINUE

DISPLAY INSTRUCTIONS:

DISPLAY ONLY SELECTED OPTIONS FROM 'QA24_M29'

ELSE GO TO 'QA24_M33';

'QA24_M30' Which of these did you feel you needed the most?

*Alin sa mga ito ang naramdaman mong pinakakailangan mo?***AM217**

- Counseling, therapy, or other type of mental health support 1
- Pagpapayo, terapiya, o iba pang uri ng suporta sa kalagayan ng pag-iisip*
- Medical care for a physical injury or symptom 2
- Pangangalagang medikal para sa isang pisikal na pinsala o sintomas*
- Time off from school 3
- Huminto muna sa pag-aaral*
- Time off from work 4
- Nagpahinga sa trabaho*
- Financial assistance 5
- Tulong pinansyal*
- Protection for you or your family's physical safety 6
- Proteksyon para sa pisikal na kaligtasan mo o ng inyong pamilya*
- Help reporting to or working with the police or other law enforcement 7
- Tulong sa pag-uulat sa o pakikipagtulungan sa pulisia o iba pang nagpapatupad ng batas*
- Legal assistance 8
- Legal na tulong*
- Interpretation or other types of language services 9
- Interpretasyon o iba pang uri ng serbisyo sa wika*
- Other (please specify: _____) 91
- Iba pa (pakitukoy: _____)*
- REFUSED/DON'T KNOW -3

'QA24_M31' Was the offender of the {most severe} incident a stranger, someone you knew by sight only, someone you knew but not well, or someone you knew well?

Ang may sala ba ng (pinakamalubhang) insidente ay isang taong hindi mo kilala, isang taong nakikita mo lang pero hindi kilala, isang taong kilala mo ngunit hindi lubos na kakilala, o isang taong lubos mong kakilala?

AM218

If more than one offender, select all that apply

- Stranger1
- Isang taong hindi mo kilala*
- Someone you knew by sight only2
- Isang taong nakikita mo lang pero hindi kilala*
- Someone you knew but not well3
- Isang taong kilala mo ngunit hindi lubos na kakilala*
- Someone you knew well4
- Isang taong lubos mong kakilala*
- I don't know or I didn't see5
- Hindi ko alam o hindi ko nakita*
- REFUSED -3

'QA24_M32' Who was the offender of the {most severe} hate incident?

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219

If more than one offender, select all that apply

- A friend or family member1
- Isang kaibigan o kapamilya*
- Your classmate2
- Iyong kamag-aryl*
- Your co-worker3
- Iyong katrabaho*
- A customer at your workplace4
- Isang customer sa iyong pinagtatrabahuan*
- A customer at a business you visited5
- Isang customer sa isang negosyo na binisita mo*
- An employee at a business you visited6
- Isang empleyado sa isang negosyo na binisita mo*
- Someone on-line7
- Isang tao sa online*
- A caregiver8
- Isang tagapag-alaga*
- Someone on public transportation9
- Isang taong nakasakay sa pampublikong transportasyon*
- Other (please specify: _____) 91
- Iba pa (pakinabang: _____)*
- I don't know or I didn't see 10
- Hindi ko alam o hindi ko nakita*
- REFUSED -3

'QA24_M33' During the past 12 months, have you witnessed another person experiencing a hate incident?

Sa nakaraang 12 buwan, may nasaksihan ka bang isang tao na naging biktima ng isang insidente ng matinding poot?

AM199

- | | | |
|-----------------------|-------------------------|-----------------------|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | [GO TO 'QA24_M42'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 [GO TO 'QA24_M42'] |

'QA24_M34' Did you witness...

May nasaksihan ka bang...

AM200

(Check all that apply)

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Physical abuse or attack | 1 |
| <input type="checkbox"/> | <i>Pisikal na pang-aabuso o pag-atake</i> | |
| <input type="checkbox"/> | Verbal abuse or insults | 2 |
| <input type="checkbox"/> | <i>Pang-aabuso o mga pang-iinsulto sa pamamagitan ng pananalita</i> | |
| <input type="checkbox"/> | Cyberbullying | 3 |
| <input type="checkbox"/> | <i>Cyberbullying</i> | |
| <input type="checkbox"/> | Property damage, or | 4 |
| <input type="checkbox"/> | <i>Paninira ng ari-arian, o</i> | |
| <input type="checkbox"/> | Something else (Specify: _____) | 5 |
| <input type="checkbox"/> | <i>Iba pang bagay (Tukuyin: _____)</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_M35' Where did the incident take place?

Saan nangyari ang insidente?

AM201

(Check all that apply)

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | At home | 1 |
| <input type="checkbox"/> | <i>Sa bahay</i> | |
| <input type="checkbox"/> | At school | 2 |
| <input type="checkbox"/> | <i>Sa paaralan</i> | |
| <input type="checkbox"/> | At work | 3 |
| <input type="checkbox"/> | <i>Sa trabaho</i> | |
| <input type="checkbox"/> | At a store, 274heatre, gas station, or other business..... | 4 |
| <input type="checkbox"/> | <i>Sa isang tindahan, teatro, gasolinahan, o iba pang negosyo</i> | |
| <input type="checkbox"/> | On the street or sidewalk | 5 |
| <input type="checkbox"/> | <i>Sa kalye o bangketa</i> | |
| <input type="checkbox"/> | Online, or..... | 6 |
| <input type="checkbox"/> | <i>Sa online, o</i> | |
| <input type="checkbox"/> | Somewhere else (Specify: _____) | 7 |
| <input type="checkbox"/> | <i>Sa iba pang bagay (Tukuyin: _____)</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_M36' Why do you think the person was targeted for a hate incident?

Sa iyong palagay, ano ang dahilan kung bakit naging biktima ang taong iyon ng insidente ng matinding poot?

AM202

Check all that apply

- Because of your race or skin color1
Dahil sa iyong lahi o kulay ng balat
- Because of your sexual orientation.....2
Dahil sa iyong seksuwal na oryentasyon
- Because of your gender or sex,
including gender identity3
*Dahil sa iyong kasarian, kasama ang
kasariang pinakakakilanlan*
- Because of your religion4
Dahil sa iyong relihiyon
- Because of your ancestry,
national origin, or language.....5
*Dahil sa iyong etnikong pinanggalingan,
bansang pinagmulan, o wikang ginagamit*
- Because of your disability6
Dahil sa iyong kapansanan
- Because of your immigration status.....7
Dahil sa iyong katayuan sa imigrasyon
- Because of your age8
Dahil sa iyong edad
- Because of some other reason: _____9
Dahil sa iba pang dahilan: _____
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M37':

IF MORE THAN ONE RESPONSE FROM 'QA24_M36', THEN CONTINUE WITH 'QA24_M37' WITH SELECTED CHOICES FROM 'QA24_M36' DISPLAYED;
ELSE SKIP TO 'QA24_M37'

'QA24_M37' What do you think is the MAIN reason that person was the target for a hate incident?

AM203

If you witnessed more than one incident, please think about the most recent incident.

- Because of your race or skin color1
Dahil sa iyong lahi o kulay ng balat
- Because of your sexual orientation.....2
Dahil sa iyong seksuwal na oryentasyon
- Because of your gender or sex,
including gender identity3
*Dahil sa iyong kasarian, kasama ang
kasariang pinakakakilanlan*
- Because of your religion4
Dahil sa iyong relihiyon
- Because of your ancestry,
national origin, or language.....5

- Dahil sa iyong etnikong pinanggalingan, bansang pinagmularan, o wikang ginagamit*
- Because of your disability6
- Dahil sa iyong kapansanan*
- Because of your immigration status.....7
- Dahil sa iyong katayuan sa imigrasyon*
- Because of your age8
- Dahil sa iyong edad*
- Because of some other reason: _____9
- Dahil sa iba pang dahilan:* _____
- REFUSED/DON'T KNOW.....-3

PROGRAMMING NOTE 'QA24_M38':

IF 'QA24_M33' = 1, THEN CONTINUE;
ELSE SKIP TO NEXT TOPIC;

'QA24_M38' During the past 12 months, how many hate incidents have you witnessed?

Sa nakalipas na 12 buwan, ilang insidente ng pagkapoot (hate incident) ang nasaksihan mo?

AM220

- _____ Number of hate incidents
 _____ *Bilang ng mga insidente ng pagkapoot (hate incident) (1-96)*
 REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_M39':**DISPLAY INSTRUCTIONS:**

IF 'QA24_M38' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA24_M39' During the past 12 months, were there any medical expenses for you or members of your household because you witnessed the hate incident{s}?

Sa nakalipas na labindalawang buwan, mayroon bang anumang gastos sa pagpapagamot para sa iyo o sa mga miyembro ng iyong sambahanan dahil nasaksihan ninyo ang (mga) insidente ng pagkapoot (hate incident)?

AM224

Include mental and physical healthcare expenses.
Isama ang mga gastos sa mental at pisikal na healthcare

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_M40' Was the offender of the {most severe} incident a stranger to the victim, someone the victim knew by sight only, someone the victim knew but not well, or someone the victim knew well?

Ang may sala ba ng (pinakamalubhang) insidente ay isang taong hindi kilala ng biktima, isang taong nakikita lang ng biktima pero hindi kilala, isang taong kilala ng biktima ngunit hindi gaanong lubos kakilala, o isang taong lubos na kakilala ng biktima?

AM231

*If more than one offender, select all that apply
Kung higit sa isang may sala, piliin ang lahat na naaangkop*

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Stranger to the victim1 |
| <input type="checkbox"/> | <i>Isang taong hindi kilala ng biktima</i> |
| <input type="checkbox"/> | Someone the victim knew by sight only2 |
| <input type="checkbox"/> | <i>Isang taong nakikita lang ng biktima pero hindi kilala</i> |
| <input type="checkbox"/> | Someone the victim knew but not well.....3 |
| <input type="checkbox"/> | <i>Isang taong kilala ng biktima ngunit hindi lubos na kakilala</i> |
| <input type="checkbox"/> | Someone the victim knew well.....4 |
| <input type="checkbox"/> | <i>Isang taong lubos na kakilala ng biktima</i> |
| <input type="checkbox"/> | I don't know or I didn't see5 |
| <input type="checkbox"/> | <i>Hindi ko alam o hindi ko nakita</i> |
| <input type="radio"/> | REFUSED -3 |

PROGRAMMING NOTE 'QA24_M41':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'QA24_M16', 'QA24_M33'.

'QA24_M41'

If you would like mental or emotional support, help is available 24 hours a day at the toll-free number 855-845-7415. If you prefer, you can remain anonymous. You can also visit www.mentalhealthsf.org/warm-line/.

Kung gusto mo ng mental o emosyonal na suporta, may taong handang tumulong nang 24 oras sa isang araw sa toll-free na numero na 855-845-7415. Kung gusto mo, maaari kang manatiling hindi kilala. Maaari ka ring pumunta sa www.mentalhealthsf.org/peer-run-warmline

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit www.CAvsHATE.org or call 833-866-4283. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement contact your local police department, or call 911.

Kung gusto mong mag-ulat ng insidente ng pagkapoot (hate incident) o kumonekta sa mga mapagkukunan, kabilang ang mga serbisyo sa kalusugan ng isip at mga serbisyon legal, pumunta sa www.CAvsHATE.org o tumawag sa 833-866-4283. Ang California vs Hate ay hindi kaakibat sa nagpapatupad ng batas, at maaari kang mag-ulat nang hindi nagpapakilala. Kung gusto mong mag-ulat ng isang krimen sa pagkapoot sa tagapagtupad ng batas makipag-ugnayan sa iyong lokal na departamento ng pulisya o tumawag sa 911.

PROGRAMMING NOTE 'QA24_M42':

IF 'QA24_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS \leq 400% FPL,
THEN CONTINUE WITH 'QA24_M42'
ELSE GO TO 'QA24_M43'

- 'QA24_M42'** Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

Mayroon bang sinuman sa opisina o clinika ng inyong doktor o healthcare provider na tumutulong sa inyo na maikonekta ang inyong pamilya sa mga serbisyon naka-base sa komunidad na inyong maaaring kinakailangan, tulad ng tulong sa pamamahay, tulong sa pagkain, o suportang panlipunan?

AJ178

- Yes 1
- No 2
- REFUSED/DON'T KNOW -3

Encounters with Police

'QA24_M43' Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

Maaaring magkaroon ng mga nakasasamang epekto sa kalusugan ng katawan at kaisipan ng isang tao ang mahihirap na mga karanasan sa buhay, kahit tapos na ang mga karanasan ang iyon. Halimbawa, ang mga engkuwentro sa pulis o ang sistema ng korte.

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

Sa kasalukuyan, maraming iba't ibang mga kadadahilan kung bakit ang mga tao ay madalas na pinahihinto ng mga pulis.

- 0 1
- 1 2
- 2 3
- 3 4
- 4 5
- 5 or more 6
- 5 o mahigit pa
- REFUSED/DON'T KNOW -3

Social Cohesion

'QA24_M44' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sangayon sa mga sumusunod na pahayag.

AM19

People in my neighborhood are willing to help each other.

Handang tumulong sa isa't-isa ang mga tao sa aking kapitbahayan.

Do you strongly agree, agree, disagree, or strongly disagree?

- Strongly Agree 1
- Malakas na sumasang-ayon
- Agree 2
- Sumasang-ayon
- Disagree 3
- Hindi sumasang-ayon
- Strongly Disagree 4
- Malakas na hindi sumasang-ayon

REFUSED/DON'T KNOW..... -3

'QA24_M45' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di sangayon sa mga sumusunod na pahayag.

AM20

People in this neighborhood generally do not get along with each other.

Hindi nagkakasundo nang Mabuti sa isa't-isa ang mga tao sa kapitbahayang ito.

Do you strongly agree, agree, disagree, or strongly disagree?

- Strongly Agree1
- Malakas na sumasang-ayon*
- Agree.....2
- Sumasang-ayon*
- Disagree.....3
- Hindi sumasang-ayon*
- Strongly Disagree4
- Malakas na hindi sumasang-ayon*
- REFUSED/DON'T KNOW..... -3

'QA24_M46' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di sangayon sa mga sumusunod na pahayag.

AM21

People in this neighborhood can be trusted.

Mapagkakatiwalaan ang mga tao sa kapitbahayang ito.

Do you strongly agree, agree, disagree, or strongly disagree?

- Strongly Agree1
- Malakas na sumasang-ayon*
- Agree.....2
- Sumasang-ayon*
- Disagree.....3
- Hindi sumasang-ayon*
- Strongly Disagree4
- Malakas na hindi sumasang-ayon*
- REFUSED/DON'T KNOW..... -3

Safety

'QA24_M47' Do you feel safe in your neighborhood...

Panatag ba ang pakiramdam ninyo sa inyong kapitbahayan...

AK28

- All of the time1
- Palagi*
- Most of the time2
- Kadalasan*
- Some of the time, or.....3

- Paminsan-minsan*
- None of the time.....4
- Hindi kailanman*
- REFUSED/DON'T KNOW..... -3

Civic Engagement

'QA24_M48' In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

Sa nakaraang 12 buwan, nag-boluntaryo ba kayo na magsaayos o mamuno sa mga gawain upang makatulong sa paglutas ng mga problema sa inyong komunidad?

AM39

- Yes1
- Oo*
- No.....2
- Hindi*
- REFUSED/DON'T KNOW..... -3

'QA24_M49' Do you think you could contact an elected official or someone else in government who represents your community?

Sa palagay ba ninyo ay mako-contact ninyo ang isang inihalal na opisyal o sinumang Iba Pang nasa gobyerno na nagrerepresenta ng inyong komunidad?

AM45

- Definitely could not.....1
- Siguradong hindi*
- Probably could not2
- Malamang na hindi*
- Maybe could.....3
- Posibleng maaari*
- Probably could4
- Malamang na maaari*
- Definitely could.....5
- Siguradong oo*
- REFUSED/DON'T KNOW..... -3

'QA24_M50' In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

Sa nakaraang 12 buwan, kayo ba ay naging aktibong miyembro ng anumang grupo na nagtatangkang maimpluwensiyan ang patakaran pampubliko o gobyerno, hindi kabilang ang isang pulitikong partido?

AM48

- Yes1
- Oo*
- No.....2 [GO TO 'QA24_M1']
- Hindi*
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA24_M1']

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'QA24_P1':

IF 'QA24_G5' = 1 (CITIZEN) OR 'QA24_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA24_P1';
ELSE GO TO 'QA24_P3'

'QA24_P1' How often do you vote in presidential elections?

Gaano ka kadalas bumoto sa mga eleksyon para sa presidente?

AP73

- Always.....1
- Palagi*
- Sometimes, or2
- Paminsan-minsan, o*
- Never?.....3
- Hindi kailanman?*
- REFUSED/DON'T KNOW..... -3

'QA24_P2' How often do you vote in state elections, such as for Governor or state proposition?

Gaano ka kadalas bumoto sa mga eleksyon ng estado, gaya ng para sa Governor o posisyon sa estado?

AP74

- Always.....1
- Palagi*
- Sometimes, or2
- Paminsan-minsan, o*
- Never?.....3
- Hindi kailanman?*
- REFUSED/DON'T KNOW..... -3

'QA24_P3' How often do you vote in local elections, such as for Mayor or school board?

Gaano ka kadalas bumoto sa mga lokal na eleksyon, gaya ng para sa Mayor o lupon ng paaralan?

AP75

- Always.....1
- Palagi*
- Sometimes, or2
- Paminsan-minsan, o*
- Never?.....3
- Hindi kailanman?*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_P4':

IF 'QA24_P1' or 'QA24_P2' or 'QA24_P3' = 2 OR 3, CONTINUE WITH 'QA24_P4';
 ELSE SKIP TO 'QA24_S1'

'QA24_P4' For the most recent election that you did not vote in, what is the main reason why you did not vote?

Para sa pinaka-kamakailan lang na eleksyon na hindi kayo bumoto, ano ang pangunahing dahilan kung bakit hindi kayo bumoto?

AP80

- I dislike politics1
- Ayoko sa politika
- Voting has little to do with the way real decisions are made.....2
- Ang botohan ay may walang kaugnayan sa paraan kung paano ginagawa ang mga totoong pagpapasya*
- I did not like any of the candidates on the ballot.....3
- Hindi ko nagustuhan ang sinuman sa mga kandidato sa balota*
- My one vote is not going to affect how things turn out4
- Ang aking isang boto ay hindi makakaapekto sa kung paano ang mangyayari sa mga bagay-bagay*
- I was not informed enough about the candidates or issues to make a good decision5
- Hindi ako nabigyan ng sapat na kaalaman tungkol sa mga kandidato o sa mga isyu upang makagawa ng isang Mabuting desisyon*
- I did not see a difference between the candidates or parties.....6
- Wala akong nakitang pagkakaiba sa pagitan ng mga kandidato o ng mga partido*
- I was not interested in what is happening in government.....7
- Hindi ako interesado sa kung anong nangyayari sa gobyerno*
- I just did not think about doing it8
- Hindi ko lang naisipang gawin ito*
- I forgot.....9
- Nakalimutan ko*
- I had to work.....10
- Kailangan kong magtrabaho*
- I did not have transportation11
- Wala akong transportasyon*
- Other (Specify: _____) 91
- Iba Pa (Tukuyin: _____)*
- REFUSED -7

Section Q: Adverse Childhood Experiences

ACEs Screener

'QA24_Q1' Adverse Childhood Experiences are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

Ang Masasamang Karanasan sa Pagkabata ay nakaka-stress o nakaka-trauma na mga kaganapan na naranasan mula sa pagsilang hanggang edad na 18 at nauugnay sa mga kategorya ng pang-aabuso sa bata, pagpapabaya, at/o mga kahirapan sa sambahayan. Maaaring magsagawa ng mga pagtatasa ng Masasamang Karanasan sa Pagkabata ang mga propesyonal sa medisina, kabilang ang mga doktor, nurse practitioner, komadrona, psychologist, at iba pa.

'QA24_Q2' Have you heard the term Adverse Childhood Experiences or ACEs before?

Narinig mo na ba ang katawagang Adverse Childhood Experiences (Masasamang Karansan sa Pagkabata) o mga ACE?

AQ28

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | Don't know | 3 |
| <input type="radio"/> | Hindi alam | |
| <input type="radio"/> | REFUSED | -3 |

Past ACEs assessment

'QA24_Q3' Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

Nakapagtapos ka na ba ang isang pagsusuri ng iyong sariling kasaysayan ng Masamang Karanasan sa Pagkabata (Adverse Childhood Experiences) na may kasamang medikal na propesyonal sa kalusugan o medikal na propesyonal sa kalusugang pangkaisipan?

AQ23

- | | | | |
|-----------------------|------------------|----|-------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO 'QA24_Q5'] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | Don't know | 3 | [GO TO 'QA24_Q5'] |
| <input type="radio"/> | Hindi alam | | |
| <input type="radio"/> | REFUSED | -3 | [GO TO 'QA24_Q5'] |

'QA24_Q4' When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

Noong pinag-aralan ng iyong provider ang iyong mga sagot sa ACE screener, nakipag-usap ba siya sa iyo tungkol sa iyong mga kalakasan, katatagan o positibong mga karanasan sa iyong buhay?

AQ29

- | | | |
|-----------------------|-----------|---|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |

- No.....2
- Hindi
- Don't know3
- Hindi alam
- REFUSED -3

PROGRAMMING NOTE 'QA24_Q5':

IF SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'PN_QA24_Q6'

- 'QA24_Q5'** Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

Nakagawa ka ba ng isang pagtataasa tungkol sa Masasamang mga Karanasan sa Pagkabata ni (TEEN) sa medikal na kalusugan o sa kalusugan ng kaisipan?

AQ24

- Yes1
- Oo
- No.....2
- Hindi
- Don't know3
- Hindi alam
- REFUSED -3

PROGRAMMING NOTE 'QA24_Q6':

IF SELECTED CHILD, CONTINUE;
ELSE SKIP TO 'QA24_Q7'

- 'QA24_Q6'** Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences with a medical health or mental health professional?

Nakagawa ka ba ng isang pagtataasa tungkol sa Masasamang mga Karanasan sa Pagkabata ni (CHILD) sa medikal na kalusugan o sa kalusugan ng pag-iisip?

AQ25

- Yes1
- Oo
- No.....2
- Hindi
- Don't know3
- Hindi alam
- REFUSED -3

- 'QA24_Q7'** The following questions are about events that might have happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Ang mga sumusunod na katanungan ay tungkol sa mga kaganapan na maaaring nangyari sa iyong pagkabata. Bibigyan kami ng impormasyong ito ng pagkakataon na mas maunawaan ang mga problema na maaaring mangyari nang maaga sa buhay, at maaaring makatulong sa iba sa hinaharap. Ito ay isang sensitibong usapin at maaaring hindi maging kumportable ang ibang tao sa mga katanungang ito. Tandaan po lamang na maaari mong laktawan ang anumang tanong na hindi mo ninanais na sagutin. Tinutukoy

ng lahat ng mga tanong ang saklaw ng panahon na kung saan kulang ka pa sa 18 taong gulang.

'QA24_Q8' Before you were 18 years of age..

Noong hindi ka pa 18 taong gulang..

AQ1

Did you live with anyone who was depressed, mentally ill, or suicidal?

May nakasama ka ba sa bahay na na-depress, may kapansanan sa kaisipan, o nagpakamatay?

- Yes1
- Oo
- No.....2
- Hindi
- Don't know
- Hindi alam
- REFUSED -3

'QA24_Q9' Did you live with anyone who was a problem drinker or alcoholic?

May nakasama ka ba sa bahay na naging problema na mang-iinom o lasinggero?

AQ2

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED -3

'QA24_Q10' Did you live with anyone who used illegal street drugs or who abused prescription medications?

May nakasama ka ba sa bahay na gumamit ng mga ilegal na droga o nang-abuso ng mga inireresetang gamot?

AQ3

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED -3

'QA24_Q11' Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

May nakasama ka ba sa bahay na nagsilbi o nasentensiahan na magsilbi sa isang bilangguan, kulungan, o Iba Pang koreksyonal na pasilidad?

AQ4

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED -3

'QA24_Q12' Before you were 18 years of age..

Noong hindi ka pa 18 taong gulang..

AQ5

Were your parents separated or divorced?

Naghwalay ba o nagdiborsyo ang iyong mga magulang?

- Yes1
- Oo
- No.....2
- Hindi
- Parent not married3
- REFUSED/DON'T KNOW..... -3

'QA24_Q13' Before you were 18 years of age..

Noong hindi ka pa 18 taong gulang..

AQ6

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

Gaano kadalas nagsampalan, naghampasan, nagsipaan, nagsuntukan o nagbubugbugan ang iyong mga magulang o mga tao na may sapat na gulang sa inyong bahay?

- Never.....1
- Hindi kailanman
- Once.....2
- Isang beses
- More than once3
- Mahigit sa isang beses
- REFUSED/DON'T KNOW..... -3

'QA24_Q14' How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.

Bago sumapit ang 18 taong gulang, gaano kadalas kang hinampas, binugbog, sinipa, o pisikal na sinaktan sa anumang paraan ng isang magulang o ng isang tao na may sapat na gulang sa inyong bahay? Huwag isama ang pamamalo.

AQ7

- Never.....1
- Hindi kailanman
- Once.....2
- Isang beses
- More than once3
- Mahigit sa isang beses
- REFUSED/DON'T KNOW..... -3

'QA24_Q15' How often did a parent or adult in your home ever swear at you, insult you, or put you down?

Gaano kadalas kang isinumpa, ininsulto o hinamak ng isang magulang o ng isang tao na may sapat na gulang sa inyong bahay?

AQ8

- Never.....1
- Hindi kailanman

- Once.....2
- Isang beses*
- More than once3
- Mahigit sa isang beses*
- REFUSED/DON'T KNOW..... -3

'QA24_Q16' How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

Gaano kadalas kang hinipo sa isang seksual na pamamaraan ng sinuman na nakatatanda sa iyo ng 5 taon o mahigit pa, o ng isang tao na may sapat na gulang?

AQ9

- Never.....1
- Hindi kailanman*
- Once.....2
- Isang beses*
- More than once3
- Mahigit sa isang beses*
- REFUSED/DON'T KNOW..... -3

'QA24_Q17' How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

Gaano kadalas kang himik ng sinuman na nakatatanda sa iyo ng 5 taon o mahigit pa, o ng isang tao na may sapat na gulang na hipuin sila sa isang seksual na pamamaraan?

AQ10

- Never.....1
- Hindi kailanman*
- Once.....2
- Isang beses*
- More than once3
- Mahigit sa isang beses*
- REFUSED/DON'T KNOW..... -3

'QA24_Q18' How often did anyone at least 5 years older than you or an adult, force you to have sex?

Gaano kadalas kang pinuwersa ng sinuman na nakatatanda sa iyo ng 5 taon o mahigit pa, o ng isang tao na may sapat na gulang na makipagtalik?

AQ11

- Never.....1
- Hindi kailanman*
- Once.....2
- Isang beses*
- More than once3
- Mahigit sa isang beses*
- REFUSED/DON'T KNOW..... -3

'QA24_Q19' Before you were 18 years of age..

Noong hindi ka pa 18 taong gulang..

AQ12

Were you ever the victim of violence or witness any violence in your neighborhood?

Naging biktima ka ba kailanman ng karahasan o nakasaksi ng anumang karahasan sa iyong kapitbahayan?

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_Q20' Were you ever treated or judged unfairly because of your race or ethnic group?

Itinuring ka ba o hinusgahan ka nang hindi makatarungan dahil sa iyong lahi o pangkat etniko?

AQ13

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_Q21' Did you ever live with a parent or guardian who died?

May nakasama ka ba sa bahay na isang magulang o tagapag-alaga na namatay?

AQ14

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_Q22' Before you were 18 years of age..

Noong hindi ka pa 18 taong gulang..

AQ15

How often was it very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing? Would you say very often, somewhat often, not very often, or never?

*Gaano kadalas na napakahirap makaraos sa kita ng inyong pamilya, halimbawa, mahirap makakuha ng mga pangunahing kailangan sa buhay tulad ng pagkain o tirahan?
Masasabi mo bang madalas, medyo madalas, hindi gaanong madalas, o Hindi kailanman?*

- Very often.....1
- Somewhat often
- Not very often.....3
- Never.....4
- REFUSED/DON'T KNOW..... -3

'QA24_Q23' For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say..

*Sa karamihan ng iyong kabataan, mayroon bang isang taong may sapat na gulang sa iyong sambahayan na nagbibigay sa iyo ng pakiramdam na ikaw ay ligtas at protektado?
Masasabi mo bang..*

AQ30

- Never.....1

- Hindi kailanman
- A little of the time2
- Sa kaunting panahon*
- Some of the time3
- Sa mga ilang panahon*
- Most of the time4
- Kadalasan*
- All of the time5
- Sa lahat ng panahon*
- REFUSED/DON'T KNOW..... -3

'QA24_Q24' For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say..

Sa kabuan ng iyong kabataan, mayroon bang isang taong may sapat na gulang sa iyong sambahayan na malakas na nagtatangkang siguraduhin na ang lahat ng iyong mga pangangailangan ay nakakamit? Masasabi mo bang..

AQ31

- Never.....1
- Hindi kailanman
- A little of the time2
- Sa kaunting panahon*
- Some of the time3
- Sa mga ilang panahon*
- Most of the time4
- Kadalasan*
- All of the time5
- Sa lahat ng panahon*
- REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA24_Q25':

DISPLAY INSTRUCTIONS:

IF [(‘QA24_Q16’ OR ‘QA24_Q17’ OR ‘QA24_Q18’) = -3 OR (‘QA24_Q16’ OR ‘QA24_Q17’ OR ‘QA24_Q18’) >1], DISPLAY RAINN RESOURCE AND (IF ‘QA24_Q14’= 1 OR ‘QA24_Q14’= -3), DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;
ELSE SKIP TO ‘QA24_S1’

‘QA24_Q25’

RAINN Resource: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

Nauunawaan namin na maaaring magpaalala ng nakaraang karanasan ang paksang ito na maaaring naising pag-usapan ng ilang tao. Kung gusto mo o may kakilala kang gustong makipag-usap sa isang sinanay na counselor, pakitawagan ang 1-800-656-HOPE (4673) o pakibisita ang website na ito: www.rainn.org.

National Domestic Violence hotline: We have a tollfree number if you'd like to talk about these issues. Someone is available 24 hours a day to provide information. The number is 1-800-799-7233 or TTY 1-800-787-3224. This is the national domestic violence hotline.

Mayroon kaming isang toll free na numero kung nais mong pag-usapan ang mga problemang ito. May isang taong nakahandang makipag-usap 24 na oras sa isang araw upang magbigay ng impormasyon. Ang numero ay 1-800-799-7233 o TTY 1-800-787-3224. Ito ang hotline ng national domestic violence.

Section S: Suicide Ideation and Attempts

Suicide Ideation and Attempts

'QA24_S1' The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Ang susunod na bahagi ay tungkol sa mga iniisip na pananakit sa sarili. Sa uulitin, kung may anumang tanong na nakakagulo sa inyo, hindi ninyo kailangang sagutin iyon.

AF86

Have you ever seriously thought about committing suicide?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan na magpakamatay?

- | | | |
|-----------------------|-------------------------|--------------------|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
| | | [GO TO 'PN_AM10B'] |

'QA24_S2' Have you seriously thought about committing suicide at any time in the past 12 months?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan ang pagpapakamatay nitong nakaraang 12 buwan?

AF87

- | | | |
|-----------------------|-------------------------|-------------------|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |
| | | [GO TO 'QA24_S4'] |

'QA24_S3' Have you seriously thought about committing suicide at any time in the past 2 months?

May pagkakataon bang seryoso ninyong pinag-isipan ang pagpapakamatay kailanman nitong nakaraang 2 buwan?

AF91

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

'QA24_S4' Have you ever attempted suicide?

Nagtangka na ba kayong magpakamatay kailanman?

AF88

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | <i>Hindi</i> | |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 |

PROGRAMMING NOTE 'QA24_S5':

IF 'QA24_S2' = (2, -3) AND 'QA24_S4'= (2, -3) THEN GO TO 'QA24_S6';
 IF 'QA24_S3' = (2, -3) AND 'QA24_S4'= (2, -3) THEN GO TO 'QA24_S6';
 IF 'QA24_S3' = 1 AND 'QA24_S4'= (2, -3) THEN GO TO 'QA24_S6';
 ELSE CONTINUE WITH 'QA24_S5'

'QA24_S5' Have you attempted suicide at any time in the past 12 months?

Nagtangka na ba kayong magpakamatay kailanman nitong nakaraang 12 buwan?

AF89

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED/DON'T KNOW..... -3

'QA24_S6' You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week.
 You can also visit 988lifeline.org to chat online or find information about getting help.

Maaari kang tumawag sa 988 upang makipag-usap sa isang tao tungkol sa iyong mga pag-iisip o pagtatangkang magpakamatay. Ang 988 ay isang libre at lihim na serbisyon maaaring gamitin nang 24 na oras kada araw, pitong araw kada linggo. Maaari ka ring pumunta sa 988lifeline.org para makapag-chat sa online o makahanap ng impormasyon tungkol sa paghingi ng tulong.

Follow-Up Survey Permission

PROGRAMMING NOTE 'AM10B':

IF ('QA24_D4' OR 'QA24_D5' OR 'QA24_D6'= 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";
ELSE DISPLAY "JUST A FINAL QUESTION";

- 'AM10B'** Just a {couple of} final question{s} and then we are done.
Please provide your name and telephone number so that we may call you if we have additional questions.

May {mga ilang/mga} huling tanong na lang po at tapos na tayo. Pakibigay lang po ng inyong pangalan at numero ng telepono para maaari namin kayong matawagan kung saka-sakali mang mayroon kaming Iba Pang karagdagang mga katanungan.

AM10B

First Name: _____
Pangalan: _____

Last Name: _____
Apelyido: _____

Phone Number: _____
Numero ng Telefono: _____

PROGRAMMING NOTE 'LTSS_A':

IF ('QA24_D4' OR 'QA24_D5' OR 'QA24_D6'= 1), THEN CONTINUE;
ELSE GO TO 'PN_CLOSE2'

- 'LTSS_A'** Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid \$25. This other survey is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands.

LTSS_A

Would you like to participate in this survey?

Base sa iyong mga sagot, nais naming magtanong sa iyo ng ilan pang mga katanungan. Inaabot ng 15 minuto ang bagong survey na ito, at babayaran ka ng \$25. Itong iba pang survey ay para sa mga taong nakararanas ng kahirapan sa mga pang-araw-araw na aktibidad sa pamumuhay (hal., pananamit, paliligo, paglalakad, o paggawa ng mga gawain).

Nais mo bang lumahok sa survey na ito?

- Yes1
- No.....2
- REFUSED/DON'T KNOW..... -3

[GO TO LTSS SURVEY]
[GO TO 'LTSS RECON2']

'LTSS_RECON2' Would you like to participate in this survey at a later date?

Nais mo bang lumahok sa survey na ito kalaunan?

LTSS_RECON2

- YES1
- NO2

[GO TO 'PN_SUICIDE

- | | | |
|---------------------------------------|----|-----------------------------------|
| <input type="radio"/> REFUSED | -7 | RESOURCE2'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'PN_SUICIDE
RESOURCE2'] |
| | | [GO TO 'PN_SUICIDE
RESOURCE2'] |

PROGRAMMING NOTE 'LTSS_FOLLOW_UP':

IF ('QA24_D4' OR 'QA24_D5' OR 'QA24_D6'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP';
 ELSE GO TO 'PN_SUICIDE RESOURCE2'

'LTSS_FOLLOW_UP'**LTSS_FOLLOW_UP**

Please provide your name and telephone number so that we may call you if we have additional questions.

Pakibigay lang po ng inyong pangalan at numero ng telepono para maaari namin kayong matawagan kung saka-sakali mang mayroon kaming Iba Pang karagdagang mga katanungan

First Name: _____ Last Name: _____

Pangalan: _____ Apelyido: _____

Phone Number: _____

Numero ng Telefono: _____

PROGRAMMING NOTE 'SUICIDE RESOURCE2':

[‘QA24_S3’ = 1 OR (‘QA24_S3’ = 2, -3 AND ‘QA24_S5’ = 1), THEN CONTINUE WITH 'SUICIDE RESOURCE 2';
 ELSE GO TO 'PN_CLOSE2'

'SUICIDE RESOURCE2'

Again, you can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help.

Sa uulitin, kung inyong ninanais makipag-usap sa isang tao tungkol sa mga pag-iisip o mga pagtatangka na magpakamatay, may tao na handang makipag-usap, 24 oras sa bawat araw na makapagbibigay ng impormasyong makakatulong sa inyo. Mayroon ba kayong panulat? Ang toll-free number ay 1-800-273-TALK (8255)

'CLOSE2'

Thank you. We really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

Salamat sa oras na inilaan mo at sa iyong pakikipagtulungan. Nakatulong ka sa isang napakamahalagang survey tungkol sa kalusugan. Kung mayroon kang anumang tanong, maaari kang makipag-

*usap kay Dr. Ponce, ang nangungulo sa pagsusuri. Maaaring
matawagan si Dr. Ponce nang toll-free sa 1-866-275-2447. Salamat.
Good-bye.*