CHIS 2024
Adult CATI Questionnaire
(Interviewer- administered)
Version 3.01
August 23, 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 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.
Lowercase text	On CATI, this text is read to the respondent.
Uppercase text	On CATI, this text is NOT read to the respondent.
If Needed statement	On CATI, this text is only read if interviewer deems it helpful for respondent.
Interviewer Note	On CATI, this serves as additional instruction for the interviewer and is not read at loud.
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 current question.
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 .... -7
- ⭘ DON'T KNOW... -8

DAY _____ [Range: 1-31]
YEAR _____ [Range: 1907-2005]

'QA24_G20'

AH44A

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?

[IF NEEDED, SAY**: "**THIS INCLUDES HEAD START, DAY CARE CENTERS, BEFORE- OR AFTER-SCHOOL CARE PROGRAMS, AND ANY BABY-SITTING ARRANGEMENTS.]

❍	YES 1	
❍	NO..2	**[GO TO 'QA24_A23']**
❍	REFUSED .... -7	**[GO TO 'QA24_A23']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_A23']**

'QA24_C37'

AC187

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

[INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE OR VAPE AROUND YOU", CODE AS 5]

❍	IN THE PAST WEEK 1	
❍	IN THE PAST TWO WEEKS 2	
❍	IN THE PAST MONTH.................................3	**[GO TO 'QA24_C42']**
❍	LONGER THAN A MONTH AGO, BUT WITHIN THE PAST YEAR...........................4	**[GO TO 'QA24_C42']**
❍	NO ONE HAS SMOKED TOBACCO OR VAPED AROUND ME WITHIN THE PAST YEAR 5	**[GO TO 'QA24_C42']**
❍	REFUSED .... -7	**[GO TO 'QA24_C42']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_C42']**

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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?

¿Cuál es su fecha de nacimiento?

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

DAY _____ [RANGE: 1-31]

YEAR _____ [RANGE: 1907-2004]

❍	REFUSED	-7
❍	DON'T KNOW	-8

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?

¿En qué mes y año nació?

AA1A

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

YEAR _____ [RANGE: 1907-2004]

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

'QA24_A3'   What is your age, please?

¿Me podría decir su edad por favor?

AA2

_____YEARS OF AGE   [RANGE: 0-120]

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

'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?

¿Tiene usted entre 18 y 29 años, entre 30 y 39 años, entre 40 y 44 años, entre 45 y 49 años, entre 50 y 64 años o tiene 65 años de edad o más?

AA2A

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

POST NOTE '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'**= -7 OR -8 (REF/DK), THEN USE **'QA24_A4'**;
ELSE USE ENUM.AGE

Gender Identity

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

¿Qué sexo le asignaron al nacer en el certificado de nacimiento original?

AD65E

- Female 2
  Femenino
- Male 1
  Masculino
- Don't know 3
  No lo sé
- Prefer not to answer...................................9
  Prefiero no responder
- Refused.. -3

'QA24_A6'   What is your current gender?

¿Cuál es su género actual?

AD66C

- Female 2   **[GO TO
  Femenino   'PN_QA24_A8']**
- Male 1   **[GO TO
  Masculino   'PN_QA24_A8']**
- Transgender...3   **[GO TO
  Transgénero   'PN_QA24_A8']**
- Non-binary...5   **[GO TO
  No binario   'PN_QA24_A8']**
- I use a different term: (___)..........................7
  Uso un término diferente (_____)
- Don't know 8   **[GO TO
  No lo sé   'PN_QA24_A8']**
- Prefer not to answer...................................9   **[GO TO
  Prefiero no responder   'PN_QA24_A8']**
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_A7':
IF **'QA24_A6'** = 07 (I USE A DIFFERENT TERM) CONTINUE;
ELSE SKIP TO **'QA24_A8'**

'QA24_A7'   What is your current gender identity?

¿Cuál es su género actual?

AD67B

- Specify: (_____)............. -3
  Especifique: (_____)
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_A8':

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_A8';**
ELSE SKIP to '**QA24_A9'**

'**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?

*Solo para confirmar, le asignaron el sexo {INSERT RESPONSE FROM '**QA24_A5'**} al nacer y ahora se describe como {INSERT RESPONSE FROM '**QA24_A6'**}. ¿Es esto correcto?*

AD68B

- ❍   YES 1
- ❍   NO 2   **[GO TO 'QA24_A7']**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE: ON SECOND ATTEMPT IF = 2, GO TO '**QA24_A7'** AND FLAG '**QA24_A8'** = 1

Ethnicity

'**QA24_A9'**   Are you Latino or Hispanic?

¿Es usted latino(a) o hispano(a)?

AA4

- ❍   YES 1
- ❍   NO 2   **[GO TO 'PN_QA24_A11']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA24_A11']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_A11']**

'**QA24_A10'**   And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

¿Y cuál es su ascendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño- y si usted tiene más de uno, dígamelos todos

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- ❑   MEXICAN/MEXICAN AMERICAN/ CHICANO..1
- ❑   SALVADORAN 4
- ❑   GUATEMALAN 5
- ❑   COSTA RICAN 6
- ❑   HONDURAN 7
- ❑   NICARAGUAN 8
- ❑   PANAMANIAN 9
- ❑   PUERTO RICAN 10
- ❑   CUBAN.. 11
- ❑   SPANISH-AMERICAN (FROM SPAIN) 12
- ❑   OTHER LATINO (SPECIFY: _____) .. 91
- ❍   REFUSED .... -7

❍   DON'T KNOW .... -8

Race

PROGRAMMING NOTE 'QA24_A11':
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR **'QA24_A11'**,
CONTINUE WITH **'PN_QA24_A14'**;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

DISPLAY INSTRUCTIONS:
IF **'QA24_A9'** = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";

'QA24_A11'   {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

{Me dijo que usted es latino(a) o hispano(a). Además,} por favor dígame cuál o cuáles de los siguientes usaría usted para describirse a sí mismo(a). ¿Se describiría a sí mismo/a como nativo/a de Hawái, de las islas del Pacífico, indio/a americano/a, nativo/a de Alaska, asiático/a, negro/a, afroamericano/a o blanco/a?

AA5A

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

- ❑ WHITE...1
- ❑ BLACK OR AFRICAN AMERICAN..............2 **[GO TO 'PN_QA24_A13']**
- ❑ ASIAN ....3 **[GO TO 'PN_QA24_A17']**
- ❑ AMERICAN INDIAN OR ALASKA NATIVE .4 **[GO TO 'PN_QA24_A14']**
- ❑ PACIFIC ISLANDER....................................5 **[GO TO 'PN_QA24_A18']**
- ❑ NATIVE HAWAIIAN ....6 **[GO TO 'PN_QA24_A19']**
- ❑ OTHER (SPECIFY:_____)...................... 91 **[GO TO 'PN_QA24_A19']**
- ❍ REFUSED .... -7 **[GO TO 'QA24_A21']**
- ❍ DON'T KNOW .... -8 **[GO TO 'QA24_A21']**

'QA24_A12'   What are your white origin or origins?

¿Cuál es el origen o cuáles son los orígenes de su raza blanca?

AA5H

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

Por ejemplo, alemán, irlandés, inglés, italiano, armenio, iraní, etc.

- ❍ (SPECIFY: _____) 1
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_A13':
IF 'QA24_A11' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QA24_A13';
ELSE GO TO 'PN_QA24_A14'

'QA24_A13'   What are your Black origin or origins?

¿Cuál es el origen o cuáles son los orígenes de su raza negra?

AA5I

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

Por ejemplo, afroamericano, nigeriano, etíope, jamaicano, haitiano, ghanés, etc.

- ○   (SPECIFY: _____) 1
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_A14':
IF 'QA24_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA24_A14';
ELSE GO TO 'PN_QA24_A17'

'QA24_A14'   You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

Dijo indio(a) americano(a) o nativo(a) de Alaska. ¿De qué tribu es descendiente?

AA5B

[CODE ALL THAT APPLY]

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

'QA24_A15'   Are you an enrolled member in a federally or state recognized tribe?

¿Es usted miembro inscrito en una tribu reconocida por el estado o el gobierno federal?

AA5C

- ○   YES 1
- ○   NO..2   **[GO TO 'PN_QA24_A17']**
- ○   REFUSED .... -7   **[GO TO 'PN_QA24_A17']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_QA24_A17']**

'QA24_A16'   Which tribe are you enrolled in?

¿En qué tribu está inscrito(a) usted?

AA5D

[CODE ALL THAT APPLY]

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

APACHE

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

BLACKFEET

❍   BLACKFOOT/BLACKFEET 4

CHEROKEE

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

CHOCTAW

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

NAVAJO

❍   NAVAJO (NOT SPECIFIED)..................... 11

POMO

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

PUEBLO

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

SIOUX

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

YAQUI

❍   PASCUA YAQUI TRIBE OF ARIZONA 23

❍   YAQUI (NOT SPECIFIED)........................ 24
❍   OTHER YAQUI (SPECIFY: _____) 25

OTHER

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

PROGRAMMING NOTE 'QA24_A17':
IF **'QA24_A11'** = 3 (ASIAN) CONTINUE WITH **'QA24_A17'**;
ELSE GO TO **'PN_QA24_A18'**

'QA24_A17'   You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

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

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'QA24_A18':
IF 'QA24_A11' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA24_A18';
ELSE GO TO 'PN_QA24_A19'

'QA24_A18'   You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

Usted dijo que es de una isla del Pacífico. ¿De qué grupo étnico específico es usted, tal como samoano, tongano o guameño? Si usted es de más de un grupo, dígamelos todos.

AA5E1

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'QA24_A19':
IF 'QA24_A9' = 1 (LATINO) AND ['QA24_A11' = 6 (NATIVE HAWAIIAN) OR 'QA24_A11' = 5 (OTHER PACIFIC ISLANDER) OR 'QA24_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA24_A11' = 3 (ASIAN) OR 'QA24_A11' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA24_A11' = 1 (WHITE) OR 'QA24_A11' = 91 (OTHER)], CONTINUE WITH 'QA24_A19';
ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA24_A11' , 'QA24_A17' , OR 'QA24_A18' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QA24_A19' ;
ELSE SKIP TO 'QA24_A21'

'QA24_A19'   You said that you are: {INSERT MULTIPLE RESPONSES FROM 'QA24_A10', 'QA24_A11', 'QA24_A17' AND 'QA24_A18'}.

Usted me dijo que es: {INSERT MULTIPLE RESPONSES FROM 'QA24_A10', 'QA24_A11', 'QA24_A17' AND 'QA24_A18'}.

AA5G

Do you identify with any one race in particular?

¿Se identifica usted con alguna raza en particular?

❍   YES 1
❍   NO..2   **[GO TO 'QA24_A21']**
❍   REFUSED .... -7   **[GO TO 'QA24_A21']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_A21']**

PROGRAMMING NOTE FOR 'QA24_A20':

IF **'QA24_A9'** = 1 (YES, LATINO) AND **'QA24_A10'** ≠ (-7 OR -8), DO NOT DISPLAY **'QA24_A20'** = 14 (LATINO);

IF **'QA24_A11'** = 5 (YES, OTHER PACIFIC ISLANDER) AND **'QA24_A18'** (1 TO 4) OR 91], DO NOT DISPLAY **'QA24_A20'** = 17 (OTHER PACIFIC ISLANDER);

IF **'QA24_A11'** = 3 AND **'QA24_A17'** = [(1 TO 17) OR 91], DO NOT DISPLAY **'QA24_A20'** = 19 (ASIAN)

'QA24_A20'   Which do you <u>most</u> identify with?

¿Con cuál se identifica usted más?

AA5F

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

- ❍ MEXICAN/MEXICAN AMERICAN/ CHICANO...1
- ❍ SALVADORAN 4
- ❍ GUATEMALAN 5
- ❍ COSTA RICAN 6
- ❍ HONDURAN 7
- ❍ NICARAGUAN 8
- ❍ PANAMANIAN 9
- ❍ PUERTO RICAN.............................. 10
- ❍ CUBAN... 11
- ❍ SPANISH-AMERICAN (FROM SPAIN).... 12
- ❍ LATINO, OTHER SPECIFY 13
- ❍ LATINO 14
- ❍ NATIVE HAWAIIAN 16
- ❍ OTHER PACIFIC ISLANDER 17
- ❍ AMERICAN INDIAN OR ALASKA NATIVE 18
- ❍ ASIAN 19
- ❍ BLACK OR AFRICAN AMERICAN.......... 20
- ❍ WHITE... 21
- ❍ RACE, OTHER SPECIFY 22
- ❍ BANGLADESHI 30
- ❍ BURMESE 31
- ❍ CAMBODIAN 32
- ❍ CHINESE 33
- ❍ FILIPINO 34
- ❍ HMONG 35
- ❍ INDIAN (INDIA).. 36
- ❍ INDONESIAN... 37
- ❍ JAPANESE 38
- ❍ KOREAN 39
- ❍ LAOTIAN 40
- ❍ MALAYSIAN... 41
- ❍ PAKISTANI 42
- ❍ SRI LANKAN.. 43
- ❍ TAIWANESE 44
- ❍ THAI... 45
- ❍ VIETNAMESE.. 46
- ❍ ASIAN, OTHER SPECIFY 49
- ❍ SAMOAN/AMERICAN SAMOAN.............. 50
- ❍ GUAMANIAN 51

❍   TONGAN.. 52
❍   FIJIAN 53
❍   PACIFIC ISLANDER, OTHER SPECIFY.. 55
❍   BOTH/ALL/MULTIRACIAL....................... 90
❍   NONE OF THESE................................... 95
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Language Spoken at Home

'QA24_A21'   What languages do you speak at home?

¿Qué idiomas habla usted en su hogar?

AH36

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

Additional Language Use

PROGRAMMING NOTE 'QA24_A22':
IF **'QA24_A21'** = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO
PROGRAMMING NOTE **'QA24_A24'**;

DISPLAY INSTRUCTIONS:
IF **'QA24_A21'** > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH
'QA24_A22' 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 **'QA24_A22'** ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME **'QA24_A22'**
WAS ASKED

'QA24_A22'   {Since you speak a language other than English at home, we are interested in your own
opinion of how well you speak English.} Would you say you speak English…

*{Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre
qué tan bien habla el inglés.}¿Diría usted que habla inglés…*

AH37

❍   Very well..1

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

Educational Attainment

'QA24_A23'   What is the highest grade of education you have completed and received credit for?

¿Cuál es el grado de educación más alto que usted ha completado y por el que ha recibido reconocimiento?

AH47

❍   NO FORMAL EDUCATION 30
❍   GRADE SCHOOL 2
❍   HIGH SCHOOL OR EQUIVALENT 3
❍   4-YEAR COLLEGE OR UNIVERSITY
❍   GRADUATE OR..4
          PROFESSIONAL SCHOOL.......................5
❍   2-YEAR JUNIOR OR
          COMMUNITY COLLEGE............................6
❍   VOCATIONAL, BUSINESS, OR
          TRADE SCHOOL.....................................7
❍   REFUSED .... -7
❍   DON'T KNOW (OUT OF RANGE)............. -8

 GRADE

❍   1ST GRADE..1
❍   2ND GRADE 2
❍   3RD GRADE 3
❍   4TH GRADE...4
❍   5TH GRADE...5
❍   6TH GRADE...6
❍   7TH GRADE...7
❍   8TH GRADE...8

HIGH

❍   9TH GRADE...9
❍   10TH GRADE... 10
❍   11TH GRADE... 11
❍   12TH GRADE... 12

COLLEGE

❍   1ST YEAR OF COLLEGE OR
          UNIVERSITY (FRESHMAN)...................13
❍   2ND YEAR OF COLLEGE OR
          UNIVERSITY (SOPHOMORE) 14
❍   3RD YEAR OF COLLEGE OR
          UNIVERSITY (JUNIOR)........................... 15
❍   4TH YEAR OF COLLEG
          OR UNIVERSITY (SENIOR)(BA/BS)........ 16
❍   5TH YEAR OF COLLEGE OR
          UNIVERSITY... 17

Graduate

❍   1ST YEAR OF GRADUATE OR
           PROFESSIONAL SCHOOL..................... 18
❍   2ND YEAR OF GRADUATE OR

	PROFESSIONAL SCHOOL (MA/MS) 19	
❍	3RD YEAR OF GRADUATE OR PROFESSIONAL SCHOOL......................20	
❍	MORE THAN 3 YEARS OF GRADUATE OR PROFESSIONAL SCHOOL (PHD) 21	

COMMUNITY

❍	1ST YEAR OF JUNIOR OR COMMUNITY COLLEGE.........................22
❍	2ND YEAR OF JUNIOR OR COMMUNITY COLLEGE (AA/AS)............23

BUSINESS

❍	1ST YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL 24
❍	2ND YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL...........25
❍	MORE THAN 2 YEARS OF VOCATIONAL BUSINESS, OR TRADE SCHOOL.....................................26

Marital Status

'QA24_A24'   Are you <u>now</u> married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

AH43

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

❍	MARRIED...1	
❍	LIVING WITH PARTNER.............................2	
❍	WIDOWED 3	**[GO TO 'PN_QA24_A28']**
❍	DIVORCED 4	**[GO TO 'PN_QA24_A28']**
❍	SEPARATED 5	**[GO TO 'PN_QA24_A28']**
❍	NEVER MARRIED 6	**[GO TO 'PN_QA24_A28']**
❍	REFUSED ....-7	**[GO TO 'PN_QA24_A28']**
❍	DON'T KNOW ....-8	**[GO TO 'PN_QA24_A28']**

Spouse/Partner

PROGRAMMING NOTE 'QA24_A25':

DISPLAY INSTRUCTIONS:
IF **'QA24_A24'** = 1, THEN DISPLAY "spouse";
IF **'QA24_A24'** = 2, THEN DISPLAY "partner";

'QA24_A25'   Is your {spouse/partner} also living in your household?

¿Vive su {esposo(a)/pareja} también en su casa?

AH44

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

'QA24_A26'   May I have your {spouse/partner}'s age and gender?

¿Podría darme el primer nombre y la edad de su {esposo(a)/pareja}?

SC11A

[ENTER SPOUSE'S/PARTNER'S AGE AND SEX]

SPOUSE/PARTNER AGE _____   **[SR: 18-120]**
SPOUSE/PARTNER SEX _____

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

PROGRAMMING NOTE 'QA24_A27':
IF 'WSC6' = -3 IN SCREENER, CONTINUE WITH **'QA24_A27'**; ELSE SKIP TO **'PN_QA24_A28'**

Adult Roster

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

Además de usted (y su cónyuge o compañero/a), ¿viven actualmente otros adultos, de 18 años o más, en este hogar?

PRE-ROSTER

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

PROGRAMMING NOTE 'QA24_A28':
IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE; ELSE GOTO **'QA24_B1'**

'QA24_A28'   How many children, age 11 and younger including babies, normally live in this household?

¿Cuántos niños de hasta 11 años, incluyendo bebés, viven usualmente en este hogar?

SC7B

❍   _____ CHILDREN UNDER 12
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA24_A29'   And how many adolescents age 12-17, normally live in this household?

¿Cuántos adolescentes de entre 12 y 17 años viven usualmente en este hogar?

SC8B

❍   _____ CHILDREN 12 -17
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA24_A29': SET KIDCNT = **'QA24_A28'** + **'QA24_A29'**

'QA24_A30'   {Let's start with the <u>oldest</u>} What is (the child's/this child's/the next child's} first name or initials?

Comencemos con el mayor} ¿Cómo se llama o cuáles son las iniciales (del menor/de este menor/del siguiente menor?

SC13A1

- ○   Name/ Initials given (SPECIFY) _____
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'QA24_A31'   What is (the child's/this child's) age?

¿Cuántos años tiene (el menor/este menor)?

SC13A2

- ○   _____ AGE
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_A32':
IF KIDCNT = 1 INSERT "the child's"
IF KIDCNT > 1 INSERT "this child's"

'QA24_A32'   What is {the child's/this child's} gender?

¿Cuál es el género {del menor/de este menor}?

GENDER6

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

PROGRAMMING NOTE 'QA24_A33':
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK **'QA24_A33'** FOR EACH ROSTER MEMBER WITHOUT AN AGE
NOTE **'QA24_A33'** IS PART OF THE CHILD ROSTER (IF **'QA24_A31'** = -7, -8. ASK **'QA24_A33'** IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)
(IF **'QA24_A31'** = -3 AND **'QA24_A30'** = -7, -8 AND **'QA24_A31'** = -7, -8 INSERT "the child"
AND DO NOT DISPLAY CHILD NAME/SEX)

'QA24_A33'   Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY) ...

¿Tiene {CHILD NAME/el menor}..

SC15A4

- ○   0 to 5 years old, or 1
- ○   6 to 11 years old, or 2
- ○   12 to 17 years old? 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_A34':

IF KIDCNT = 1 INSERT "the child"
IF KIDCNT > 1 INSERT "all the children"

'QA24_A34' Are you the parent or legal guardian of (the child/all the children) in your household?

¿Es usted el padre o tutor legal de (el niño / todos los niños) en su hogar?

SC14B4

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

> **PROGRAMMING NOTE 'QA24_A35'**:
> IF **'QA24_A34'** = 2 ASK **'QA24_A35'** FOR EACH CHILD IN THE ROSTER

'QA24_A35'   Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

¿Es usted el padre/la madre o el tutor de (CHILD NAME/AGE/SEX)?

SC14B

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

> **PROGRAMMING NOTE 'QA24_A36'**:
> IF NAME GIVEN AT **'QA24_A26'** INSERT **'QA24_A26'** 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_A36'   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?

¿Es {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) el padre/la madre o el tutor de (CHILD NAME/AGE/SEX)?

SC14C1

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

> **POST NOTE 'QA24_A36'**: IF **'QA24_A36'** = 1 AUTO POPULATE **'QA24_A37'** AS 'YES' FOR ALL CHILDREN IN HH

> **PROGRAMMING NOTE 'QA24_A37'**:
> IF **'QA24_A36'** = 2 ASK **'QA24_A37'** FOR EACH CHILD IN THE ROSTER

'QA24_A37'   Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

¿Es (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) el padre/la madre o el tutor de (PERSON NAME/AGE/SEX)?

SC14C2

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

> **PROGRAMMING NOTE 'QA24_A38':**
> IF **'QA24_A35'** = 1 THEN
> CHILD1CNT = COUNT OF CHILDREN IN **'QA24_A35'** AGED 0 TO 5 YRS
> CHILD2CNT = COUNT OF CHILDREN IN **'QA24_A35'** AGED 6 TO 11 YRS
> TEENCNT = COUNT OF CHILDREN IN **'QA24_A35'** AGED 12 TO 17 YRS
> # Child selection from only those with **'QA24_A35'**=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/CHILD2CNTELSE,FOR
> EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT)
> FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CHILD2CNT)
> SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB
> # Teen selection from only those with **'QA24_A35'** = 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_A38'   We have recorded 1 child 17 or younger in this household. Have we missed anyone aged 17 or younger who usually lives here but is temporarily away?

("He","Hemos")^ registrado a ('hkidHH')? "niño o niña de 17 años de edad o menor" : "niños de 17 años de edad o menores"^ en este hogar. ¿Nos faltó alguien de 17 años de edad o menor que normalmente vive aquí pero está fuera temporalmente?

SC13A

- ❍   NO, NO ONE MISSED.................................1
- ❍   YES 2   **[GOTO 'QA24_A30'_LOOP]**

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

> **POST NOTE 'QA24_A38':** 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_A39'   What is your relationship to {CHILD NAME/ AGE/SEX}?

¿Cuál es su relación con {CHILD NAME/AGE/SEX}?

SC17B

- ❍   MOTHER (BIRTH/ADOPTIVE/STEP) 1
- ❍   FATHER (BIRTH/ADOPTIVE/STEP)...........2
- ❍   SISTER (BIRTH/ADOPTIVE/STEP) 3
- ❍   BROTHER (BIRTH/ADOPTIVE/STEP) 4
- ❍   GRANDMOTHER 5
- ❍   GRANDFATHER...6
- ❍   AUNT 7
- ❍   UNCLE..8
- ❍   COUSIN 9
- ❍   OTHER RELATIVE 10
- ❍   NONRELATIVE.. 11
- ❍   REFUSED .... -7

❍   DON'T KNOW .... -8

POST NOTE 'QA24_A39': 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?

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

AB1

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

Asthma

'QA24_B2'   Has a doctor <u>ever</u> told you that you have asthma?

¿Le ha dicho un doctor alguna vez que usted tenía asma?

AB17B

- ○   YES 1
- ○   NO...2   **[GO TO 'PN_QA24_B9']**
- ○   REFUSED .... -7   **[GO TO 'PN_QA24_B9']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_QA24_B9']**

'QA24_B3'   Do you still have asthma?

¿Usted todavía tiene asma?

AB40

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

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

Durante los últimos 12 meses, ¿ha tenido un episodio de asma o un ataque de asma?

AB41

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

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

Durante los últimos 12 meses, ¿cuántos días de trabajo perdió debido al asma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS   **(0 - 365)**
- ○   REFUSED .... -7

   ❍   DON'T KNOW .... -8

'QA24_B6'   Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor?

¿Está tomando actualmente algún medicamento <u>diario</u> para controlar el asma que le haya sido dado o recetado por un médico?

AB18

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

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

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

'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?

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

AB43

   ❍   YES 1
   ❍   NO 2   **[GO TO 'PN_AB22']**
   ❍   REFUSED .... -7   **[GO TO 'PN_AB22']**
   ❍   DON'T KNOW .... -8   **[GO TO 'PN_AB22']**

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

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

AB98

[IF NEEDED, SAY: "THIS CAN BE AN ELECTRONIC OR HARD COPY."]

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

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

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 <u>ever </u>told you that you have diabetes or sugar diabetes?

{Sin contar los meses de embarazo, ¿le ha/ ¿Le ha} dicho un doctor alguna vez que tenía diabetes o diabetes de azúcar?

AB22

- ○   YES 1
- ○   NO...2   **[GO TO 'QA24_B16']**
- ○   BORDERLINE OR PRE-DIABETES............3   **[GO TO 'QA24_B16']**
- ○   REFUSED ....-7   **[GO TO 'QA24_B16']**
- ○   DON'T KNOW ....-8   **[GO TO 'QA24_B16']**

'QA24_B10'   Are you now taking insulin?

¿Está tomando insulina actualmente?

AB24

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

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

¿Toma usted actualmente píldoras antidiabéticas para bajar el nivel de azúcar en la sangre?

AB25

[IF NEEDED: **"**These are sometimes called oral agents or oral hypoglycemic agents."]

A estas píldoras a veces se les llama agentes orales o agentes hipoglucémicos orales

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

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

¿Alrededor de cuántas veces, durante los últimos 12 meses, ha revisado un médico u otro profesional de la salud si tiene hemoglobina A1c?

AB27

- ○   _____NUMBER OF TIMES   **[HR: 0-52]**
- ○   REFUSED……………………………………-7
- ○   DON'T KNOW ....-8

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

Durante los últimos 12 meses, ¿le ha dicho un médico, una enfermera o un profesional de la salud que su hemoglobina A1C es inferior al 9 %?

AB150

[IF NEEDED: 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%.]

El nivel normal está por debajo del 5,7 %; la prediabetes está entre el 5,7 y el 6,4 %; la diabetes está por encima del 6,5; y la diabetes no controlada supera el 9 %.

- ○   YES 1
- ○   NO..2

◯   DON'T KNOW 3
◯   REFUSED .... -7

'QA24_B14'   When was the last time you had an eye exam in which the pupils were dilated?

¿Cuándo fue la última vez que le hicieron un examen de los ojos en el que le dilataron las pupilas? Este examen causa que los ojos queden más sensibles a la luz brillante durante un período corto de tiempo

AB63

This would have made your eyes sensitive to bright light for a short time.

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

'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?

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

AB112

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

Hypertension

'QA24_B16'   Has a doctor <u>ever</u> told you that you have high blood pressure?

¿Le ha dicho alguna vez un doctor que usted tenía la presión arterial alta?

AB29

◯   YES 1
◯   NO..2   **[GO TO 'QA24_B20']**
◯   HIGH NORMAL/BORDERLINE/
                 PRE-HYPERTENSION 3   **[GO TO 'QA24_B20']**
◯   REFUSED .... -7   **[GO TO 'QA24_B20']**
◯   DON'T KNOW .... -8   **[GO TO 'QA24_B20']**

'QA24_B17'   Are you now taking any medications for high blood pressure?

¿Está tomando ahora algún medicamento para la hipertensión o presión alta?

AB30

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

'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)?

La última vez que un médico, una enfermera o un profesional de la salud le controló tomó la presión arterial en los últimos 12 meses, ¿estaba bajo control (menos de 140/90)?

AB152

❍ YES 1
❍ NO 2
❍ DON'T KNOW 3
❍ REFUSED .... -7

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

Durante los últimos 12 meses, ¿redujo la sal en su alimentación para ayudar a controlar su hipertensión o presión alta?

AB153

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

'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**)?

Durante los últimos 12 meses, ¿le ha dicho alguna vez un médico, una enfermera o un profesional de la salud que tenía el colesterol alto (el colesterol alto se define como un colesterol total superior a 240)?

AB154

❍ YES 1
❍ NO ....2 **[GO TO 'QA24_B22']**
❍ DON'T KNOW ....3 **[GO TO 'QA24_B22']**
❍ REFUSED .... -7 **[GO TO 'QA24_B22']**

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

La última vez que un médico, una enfermera o un profesional de la salud controló su colesterol, ¿estaba por debajo de 200?

AB155

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

Heart Disease

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

¿Le ha dicho un doctor alguna vez que tenía algún tipo de enfermedad del corazón?

AB34

❍ YES 1
❍ NO 2

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

'QA24_B23'   Has a doctor, nurse, or other health professional ever told you that you had a **stroke**?

¿Alguna vez un médico, una enfermera o un profesional de la salud le ha dicho que tuvo un derrame cerebral?

AB156

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

Section CV: COVID-19

'QA24_CV1'   Did you ever receive a positive test result for COVID-19?

¿Alguna vez dio positivo algún examen para detectar COVID-19?

CV5B

❍ YES 1	
❍ NO...2	**[GO TO 'QA24_CV4']**
❍ REFUSED .... -7	**[GO TO 'QA24_CV4']**
❍ DON'T KNOW .... -8	**[GO TO 'QA24_CV4']**

'QA24_CV2'   How did you get your positive test result for COVID-19?

¿Cómo obtuvo el resultado positivo de su prueba de COVID-19?

CV23

❍ From a clinic, hospital, lab or
    other testing site..1
❍ From a self-test kit 2
❍ From both a testing site and a self-test kit ...3
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

'QA24_CV3'   Long-lasting COVID-19 symptoms could include tiredness, shortness of breath, changes to taste or smell, finding it hard to concentrate, or any other symptoms that impact on everyday functioning. Did you experience any of these symptoms for 2 months or longer?

Los síntomas duraderos de COVID-19 pueden incluir cansancio, falta de aire, cambios en el gusto y el olfato, dificultades para concentrarse, o cualquier otro síntoma que afecte el funcionamiento diario. ¿Experimentó Tuvo alguno de estos síntomas por 2 meses o más?

CV15

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

'QA24_CV4'   Have you experienced any of the following situations because of the Coronavirus or COVID-19 pandemic?

¿Ha pasado por alguna de las siguientes situaciones debido a la pandemia del coronavirus o COVID-19?

CV7B

[CHECK ALL THAT APPLY]

❑ I've quit my regular job to take care
    of myself or a family member due to
    COVID-19 illness. 7
❑ I've had difficulty in obtaining childcare,
    or had an increase in childcare expenses ...8
❑ I've had financial difficulties with paying
    rent or mortgage 9
❑ I've been treated unfairly because of my
    race/ethnicity 11
❑ I have had financial difficulties with

❑   paying Covid-19 medical bills 14
❑   None of these.. 13
○   REFUSED .... -7
○   DON'T KNOW .... -8

'QA24_CV5'   Have you completed the primary vaccine series for COVID-19?

¿Ha completado la serie primaria de vacunas contra el COVID-19?

[IF NEEDED, SAY: Completed primary vaccine series means one of the following: Receiving two shots of the Pfizer or Moderna vaccine, a single shot of the Johnson & Johnson vaccine.]

Serie primaria de vacunas completada significa una de las siguientes opciones: Recibir dos inyecciones de la vacuna Pfizer o Moderna, una sola inyección de la vacuna Johnson & Johnson.

CV16A

○   YES 1
○   NO..2   **[GO TO 'QA24_CV7']**
○   REFUSED .... -7   **[GO TO 'QA24_CV7']**
○   DON'T KNOW .... -8   **[GO TO 'QA24_CV7']**

'QA24_CV6'   Have you received any additional doses or boosters after your primary vaccine series?

¿Ha recibido alguna dosis adicional o un refuerzo después de su serie primaria de vacunas?

CV16B

○   YES 1   **[GO TO 'QA24_CV8']**
○   NO..2   **[GO TO 'QA24_CV8']**
○   REFUSED .... -7   **[GO TO 'QA24_CV8']**
○   DON'T KNOW .... -8   **[GO TO 'QA24_CV8']**

'QA24_CV7'   What are the reasons why you have not completed the primary vaccine series for COVID-19?

¿Cuáles son las razones por las que no ha completado la serie primaria de vacunas para el COVID-19?

CV17

[CHECK ALL THAT APPLY]

❑   I AM WORRIED ABOUT SIDE EFFECTS...1
❑   I THINK THE VACCINE
       WAS DEVELOPED TOO QUICKLY 2
❑   I DON'T KNOW ENOUGH ABOUT
       THE VACCINE TO MAKE THE DECISION
       TO GET IT...3
❑   I THINK A VACCINE FOR COVID-19
       IS UNNECESSARY 4
❑   I DON'T BELIEVE IN VACCINES
       IN GENERAL 5
❑   I DO PLAN TO GET FULLY
       VACCINATED 6
❑   SOMETHING ELSE, (SPECIFY:____) 91
○   REFUSED .... -7
○   DON'T KNOW .... -8

'QA24_CV8'   If health guidelines recommend additional COVID-19 vaccine doses will you get them?

Si las pautas de salud recomiendan dosis adicionales de la vacuna COVID-19, ¿se las pondría?

CV24

- ○ YES 1   **[GO TO 'QA24_CV10']**
- ○ NO...2
- ○ REFUSED .... -7   **[GO TO 'QA24_CV10']**
- ○ DON'T KNOW... -8   **[GO TO 'QA24_CV10']**

'QA24_CV9'   What would make you more likely to get the additional COVID-19 vaccine doses?

¿Qué haría más probable que usted se pusiera las dosis adicionales de la vacuna de COVID-19?

CV25

- ○ _____ 91
- ○ I would not get them......................................2
- ○ Don't know 3
- ○ REFUSED .... -7

'QA24_CV10'   Do you have an N95, KN95 or KF94 mask?

¿Tiene una mascarilla N95, KN95 o KF94?

CV26

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

'QA24_CV11'   Can you get an N95, KN95, or KN94 mask if public health recommended it to protect you from COVID-19?

¿Puede conseguir una mascarilla N95, KN95 o KN94 si el departamento de salud pública la recomendara para que se proteja contra COVID-19?

CV27

- ○ Yes 1   **[GO TO 'SECTION C']**
- ○ No..2
- ○ I would not wear one....................................3   **[GO TO 'SECTION C']**
- ○ Don't know 4   **[GO TO 'SECTION C']**
- ○ REFUSED .... -7   **[GO TO 'SECTION C']**

'QA24_CV12'   Why are you not able to get an N95, KN95, or KF94 mask?

¿Por qué no puede conseguir una mascarilla N95, KN95 o KF94?

CV28

- ❑ They are too expensive................................1
- ❑ I don't know where to buy them/
     can't find them..2
- ○ Don't know 3
- ○ REFUSED .... -7

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 <u>free time</u>, 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)?

Las actividades físicas moderadas hacen que uno respire un poco más fuerte de lo normal. Piense en las actividades físicas moderadas que realiza en su tiempo libre, como caminar, montar bicicleta, bailar, nadar y trabajar en el jardín. Durante los últimos 7 días, ¿realizó alguna actividad física moderada por un total de 150 minutos (2,5 horas)?

AC212

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

Cigarette Use

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

En total, ¿ha fumado por lo menos 100 o más cigarrillos en toda su vida?

AE15

❍	YES	1	
❍	NO	2	**[GO TO 'PN_QA24_C5']**
❍	REFUSED	-7	**[GO TO 'PN_QA24_C5']**
❍	DON'T KNOW	-8	**[GO TO 'PN_QA24_C5']**

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

¿Fuma usted ahora cigarrillos todos los días, algunos días o nunca?

AE15A

❍	EVERY DAY	1	**[GO TO 'PN_QA24_C5']**
❍	SOME DAYS	2	**[GO TO 'PN_QA24_C5']**
❍	NOT AT ALL	3	
❍	REFUSED	-7	
❍	DON'T KNOW	-8	

PROGRAMMING NOTE 'QA24_C4':
IF **'QA24_C3'** = 3 THEN CONTINUE;
ELSE GOTO **'PN_QA24_C5'**

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

¿Cuánto tiempo ha pasado desde la última vez que fumó un cigarrillo, incluso una o dos inhalaciones?

AC173

[INTERVIEWER NOTE: IF R SAYS, "10 YEARS OR LONGER", CODE THIS AS 10 YEARS]

_____ AMOUNT OF TIME

[IF 'QA24_C4'> 30 DAYS OR > 5 WEEKS OR > 1 MONTH OR = -7, -8, GO TO 'PN_QA24_C11']

_____ UNIT OF TIME

❍   DAYS 1   **[HR: 0-365]**
❍   WEEKS 2   **[HR: 0-52]**
❍   MONTHS...3   **[HR: 0-12]**
❍   YEARS 4   **[HR: 0-AAGE]**
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA24_C5':
IF **'QA24_C2'** = 2, -7, -8 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?

Durante los últimos 30 días, ¿cuántos días fumó cigarrillos?

AC174

[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED", CODE THIS AS 0 DAYS]

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

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

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?

En promedio, ¿cuántos cigarrillos al día fuma usted actualmente?

AD32

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

__ NUMBER OF CIGARETTES   **[HR: 0-120]**

❍   REFUSED .... -7
❍   DON'T KNOW .... -8
Any answer, goto 'AC54B'

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?

          En los últimos 30 días, cuando fumó, ¿cuántos cigarrillos fumó al día?

AE16

          [IF NEEDED, SAY: "*If you did not smoke everyday in the past 30 days, consider the days you did smoke.*"

          Si no fumó todos los días durante los últimos 30 días, tenga en cuenta los días que sí fumó. Un paquete generalmente contiene 20 cigarrillos

          AND IF R SAYS "A PACK", CODE THIS AS 20 CIGARETTES]

                    __ NUMBER OF CIGARETTES   **[HR: 0-120]**

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

PROGRAMMING NOTE '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?

          {En los días en que fuma, cuánto/Cuántos} por lo general, qué tan pronto después de despertarse se fuma su primer cigarrillo?

AC54B

          [INTERVIEWER NOTE: IF R SAYS, "IMMEDIATELY", CODE THIS AS 0]
          [INTERVIEWER NOTE: IF R SAYS, "I DON'T SMOKE AFTER WAKING UP", CODE THIS AS 999]

                    _____ AMOUNT OF TIME   **[0-24 HOURS]**

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

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?

          ¿Alguno de los cigarrillos que fumaba tenía sabor a mentol?

AC175B

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

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

¿Qué edad tenía cuando fumó por primera vez todo un cigarrillo?

AC176

_____ AGE IN YEARS   **[HR: 1 THRU AAGE (OR 105 IF AAGE = -7, -8)]**

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

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?

¿Fumaba cigarrillos por esta época hace 12 meses?

AC177

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

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?

En los últimos 12 meses, ¿ha dejado usted de fumar por un día o más porque estaba tratando de dejar de fumar?

AC49

❍   YES 1
❍   NO..2   **[GO TO 'QA24_C14']**
❍   REFUSED .... -7   **[GO TO 'QA24_C14']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_C14']**

'QA24_C13'   I'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?

Nos gustaría preguntarle sobre el último intento que hizo para dejar de fumar. Durante ese intento, ¿cuánto tiempo pasó sin fumar un cigarrillo?

AC178

❍   _____ AMOUNT OF TIME
❍   _____ UNIT OF TIME

❍   DAYS 1   **[HR: 0-365]**
❍   WEEKS 2   **[HR: 0-52]**
❍   MONTHS...3   **[HR: 0-12]**
❍   YEARS 4   **[HR: 0-10]**
❍   REFUSED .... -7

◯   DON'T KNOW .... -8

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

En los últimos 12 meses, ¿le aconsejó un doctor u otro profesional de la salud que dejara de fumar?

AC77

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

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

¿Está pensando en dejar de fumar en los próximos seis meses?

AC50

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

E-cigarette Use

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

Alguna vez usó un cigarrillo electrónico u otro producto electrónico para vapear, aunque haya sido solamente una vez en su vida?

AC81C

Do not include products used only for marijuana.

No incluya productos que se usen solamente para marihuana.

- YES 1
- NO 2   **[GO TO 'QA24_C28']**
- REFUSED .... -7   **[GO TO 'QA24_C28']**
- DON'T KNOW .... -8   **[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?

Durante los últimos 30 días, ¿cuántos días usó un cigarrillo electrónico u otro producto electrónico para vapear?

AC82C

- _____ Number of days [HR: 0 - 30]
- REFUSED .... -7
- DON'T KNOW .... -8

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

¿Algunos de los cigarrillos electrónicos que usó tenían sabores como menta, fruta, caramelo o vino?

AC134

- YES 1

	NO	2	**[GO TO 'PN_QA24_C27']**
◯	REFUSED	.... -7	**[GO TO 'PN_QA24_C27']**
◯	DON'T KNOW	.... -8	**[GO TO 'PN_QA24_C27']**

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

AC179

¿Qué sabor usó en los cigarrillos electrónicos o vapeadores electrónicos? Era…

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

¿Con sabor a frutas (por ejemplo, cereza, uva, mango)?

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

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

AC180

¿Qué sabor usó en los cigarrillos electrónicos o vapeadores electrónicos? Era…

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

¿Con sabor a caramelos o dulces (por ejemplo, chocolate, vainilla)?

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

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

AC181

¿Qué sabor usó en los cigarrillos electrónicos o vapeadores electrónicos? Era…

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

¿Con sabor a alcohol o licor (por ejemplo, vino, crema rusa, bourbon de miel, coñac)?

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

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

AC182A

¿Qué sabor usó en los cigarrillos electrónicos o vapeadores electrónicos? Era…

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

¿Con sabor a menta (por ejemplo, hielo ártico, gaultería)?

◯	YES	1
◯	NO	2

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

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

¿Qué sabor usó en los cigarrillos electrónicos o vapeadores electrónicos? Era…

AC182B

Menthol flavored?

¿Con sabor a mentol?

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

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

¿Qué sabor usó en los cigarrillos electrónicos o vapeadores electrónicos? Era…

AC183

Tobacco flavored?

¿Con sabor a tabaco?

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

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

¿Qué sabor usó en los cigarrillos electrónicos o vapeadores electrónicos? Era…

AC184

Some other flavor?

¿Algún otro sabor?

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

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?

En los últimos 30 días, ¿ha dejado de usar cigarrillos electrónicos u otros productos electrónicos de vapeo durante un día o más porque estaba tratando de dejar de fumar?

AC214

❍   YES 1
❍   NO...2

❍   NOT APPLICABLE 3
❍   REFUSED...-7
❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA24_C27':
IF 'AC82C > 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…?

¿Planea dejar de usar cigarrillos electrónicos o vapeadores electrónicos para siempre…?

AC185

❍   In the next 30 days.....................................1
❍   In the next 3 months 2
❍   In the next 6 months 3
❍   In the next year 4
❍   Do not have a plan to quit 5
❍   REFUSED...-7
❍   DON'T KNOW ....-8

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

Durante los últimos 30 días, ¿cuántos días usó tabaco de mascar, tabaco para aspirar o snus?

AC135

❍   0 DAYS 1   **[GO TO 'QA24_C30']**
❍   1-2 DAYS 2
❍   3-5 DAYS 3
❍   6-9 DAYS 4
❍   10-19 DAYS 5
❍   20-29 DAYS 6
❍   30 DAYS 7
❍   REFUSED..-7   **[GO TO 'QA24_C30']**
❍   DON'T KNOW ....-8   **[GO TO 'QA24_C30']**

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

¿Algunos de los tabacos de mascar que usó tenían sabores como menta, fruta, caramelo o vino?

AC136

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

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

Durante los últimos 30 días, ¿cuántos días fumó cigarritos o puros pequeños?

AC137

❍   0 DAYS 1   **[GO TO 'QA24_C32']**
❍   1-2 DAYS 2
❍   3-5 DAYS 3
❍   6-9 DAYS 4

❍　10-19 DAYS 5
❍　20-29 DAYS 6
❍　30 DAYS 7
❍　REFUSED .... -7　　**[GO TO 'QA24_C32']**
❍　DON'T KNOW .... -8　　**[GO TO 'QA24_C32']**

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

¿Algunos de los cigarritos que fumó tenían sabores como menta, fruta, caramelo o vino?

AC138

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

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

Durante los últimos 30 días, ¿cuántos días fumó cigarros/puros?

AC139

❍　0 DAYS ....1　　**[GO TO 'QA24_C34']**
❍　1-2 DAYS 2
❍　3-5 DAYS 3
❍　6-9 DAYS 4
❍　10-19 DAYS 5
❍　20-29 DAYS 6
❍　30 DAYS 7
❍　REFUSED .... -7　　**[GO TO 'QA24_C34']**
❍　DON'T KNOW .... -8　　**[GO TO 'QA24_C34']**

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

¿Algunos de los cigarros/purosque fumó tenían sabores como menta, fruta, caramelo o vino?

AC140

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

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

Durante los últimos 30 días, ¿cuántos días usó una pipa de agua hooka?

AC141

❍　0 DAYS ....1　　**[GO TO 'QA24_C36']**
❍　1-2 DAYS 2
❍　3-5 DAYS 3
❍　6-9 DAYS 4
❍　10-19 DAYS 5
❍　20-29 DAYS 6
❍　30 DAYS 7
❍　REFUSED .... -7　　**[GO TO 'QA24_C36']**
❍　DON'T KNOW .... -8　　**[GO TO 'QA24_C36']**

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

AC142

¿Algunas de las hookas que fumó tenían sabores como menta, fruta, caramelo o vino?

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

PROGRAMMING NOTE 'QA24_C36':
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?

Cuando empezó a usar productos de tabaco, ¿empezó con un producto de tabaco con sabores, como los que tienen sabor a menta o mentol, frutas, dulces, o caramelos, o vino?

AC186

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

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

Durante el último año, ¿cuándo fue que otra persona fumó tabaco o vapeó cerca de usted en California?

AC187

[INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE OR VAPE AROUND YOU", CODE AS 5]

- ❍   IN THE PAST WEEK 1
- ❍   IN THE PAST TWO WEEKS 2
- ❍   IN THE PAST MONTH................................3   **[GO TO 'QA24_C42']**
- ❍   LONGER THAN A MONTH AGO, BUT
  WITHIN THE PAST YEAR..........................4   **[GO TO 'QA24_C42']**
- ❍   NO ONE HAS SMOKED TOBACCO OR
  VAPED AROUND ME WITHIN
  THE PAST YEAR 5   **[GO TO 'QA24_C42']**
- ❍   REFUSED .... -7   **[GO TO 'QA24_C42']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA24_C42']**

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

En las últimas dos semanas, ¿estuvo expuesto/a al humo de segunda mano o al vapor de un cigarrillo electrónico…

AC188

on the sidewalks?

en la calle?

- ❍   YES 1

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

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

En las últimas dos semanas, ¿estuvo expuesto/a al humo de segunda mano o al vapor de un cigarrillo electrónico…

AC189

Inside your home?

Dentro de su casa?

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

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

En las últimas dos semanas, ¿estuvo expuesto/a al humo de segunda mano o al vapor de un cigarrillo electrónico…

AC190

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

¿Dentro de su lugar de trabajo (no incluya lugar de trabajo en el hogar)? No trabajó en las últimas dos Semanas

❍   YES..1
❍   NO..2
❍   DID NOT WORK IN THE PAST
         TWO WEEKS...3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

En las últimas dos semanas, ¿estuvo expuesto/a al humo de segunda mano o al vapor de un cigarrillo electrónico…

AC191

At a public park or beach?

en un parque público o en la playa?

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

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.

Las preguntas que siguen son sobre la marihuana, también llamada cannabis o hierba, el hachís y otros productos que contienen tetrahidrocannabinol (THC). Hay muchos métodos para consumir estos productos, como fumarlos, vaporizarlos, untarlos, comerlos o beberlos.

AC115

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

¿Alguna vez ha probado la marihuana o el hachís aunque sea una sola vez?

[IF NEEDED: THC is the active ingredient in marijuana.]

❍	YES 1	
❍	NO..2	**[GO TO 'QA24_C57']**
❍	REFUSED .... -7	**[GO TO 'QA24_C57']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_C57']**

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

¿Cuánto tiempo ha pasado desde la última vez que consumió marihuana o hachís?

AC116

[INTERVIEWER NOTE: IF LESS THAN ONE DAY SINCE LAST USED MARIJUANA OR HASHISH, ENTER 0]

Si pasó menos de un día desde la última vez que consumió marihuana o hachís, ingrese 0

❍	DAYS [HR: 0-365].......................................1
❍	MONTHS [HR: 0-12] 2
❍	YEARS [0-99]..3
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

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?

Durante los últimos 30 días, ¿cuántos días consumió marihuana, hachís u otro producto con THC?

AC117

❍	0 DAYS 1	**[GO TO 'QA24_C57']**
❍	1-2 DAYS 2	
❍	3-5 DAYS 3	
❍	6-9 DAYS 4	
❍	10-19 DAYS 5	
❍	20-29 DAYS 6	
❍	30 DAYS 7	
❍	REFUSED .... -7	

❍   DON'T KNOW .... -8

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

¿Con qué frecuencia ha consumido tabaco y marihuana al mismo tiempo?

AC118

❍   USUALLY...1
❍   SOMETIMES..2
❍   NEVER...3
❍   REFUSED .... -7
❍   DON'T KNOW... -8

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

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

AC119

Smoke it in a joint, bong, or pipe?

¿La fumó en un cigarrillo, una pipa de vidrio o una pipa?

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

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

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

AC120

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

¿Fumó parte de o todo un cigarrillo de marihuana, que a veces se llama blunt?

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

'QA24_C48'   [During the past 30 days, how did you use marijuana?] Did you…

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

AC121

Eat it?

¿La comió?

[IF NEEDED SAY: FOR EXAMPLE, IN BROWNIES, CAKES, COOKIES OR CANDY]

Por ejemplo, en brownies, tortas, galletas o caramelos

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

'QA24_C49'   [During the past 30 days, how did you use marijuana?] Did you…

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

AC122

Drink it?

¿La bebió?

[IF NEEDED SAY: FOR EXAMPLE, IN TEA, COLA, ALCOHOL OR OTHER DRINKS]

Por ejemplo, en té, refrescos de cola, bebidas alcohólicas u otras bebidas

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

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

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

AC123

Vaporize it?

¿La vaporizó?

[IF NEEDED SAY: FOR EXAMPLE, IN AN E-CIGARETTE TYPE VAPORIZER]

Por ejemplo, en un vaporizador del tipo de un cigarrillo electrónico

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

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

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

AC124

Dab it?

¿Se la untó?

[IF NEEDED SAY: FOR EXAMPLE, USING BUTANE HASH OIL, WAX OR CONCENTRATES]

Por ejemplo, usando aceite de hachís, cera o concentrados

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

'QA24_C52'   [During the past 30 days, how did you use marijuana?] Did you…

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

AC125

Use it some other way?

¿La consumió de alguna otra manera?

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

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

¿Fue <u>alguna</u> de la marihuana que consumió en el último mes recomendada por un médico o por otro proveedor de atención médica?

AC126

❍   YES 1
❍   NO..2   **[GO TO 'QA24_C55']**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

¿Fue toda la marihuana que consumió en el último mes recomendada por un médico o por otro proveedor de atención médica?

AC127

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

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?

Durante los últimos 30 días, ¿de qué manera usó la marihuana o el cannabis más frecuentemente?

AC193

❍   SMOKE IT IN A JOINT, BONG, OR PIPE ...1
❍   SMOKE PART OR ALL OF A CIGAR
        WITH MARIJUANA IN IT 2
❍   EAT IT 3
❍   DRINK IT..4
❍   VAPORIZE IT...5
❍   DAB IT..6
❍   OTHER, SPECIFY: (_____).................... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

¿De dónde sacó la marihuana o el cannabis que usó en los últimos 30 días?

AC194

- ❑ LICENSED CANNABIS DISPENSARY 1
- ❑ VAPE OR SMOKE SHOP 2
- ❑ ANOTHER TYPE OF SHOP........................3
- ❑ CANNABIS DELIVERY SERVICE...............4
- ❑ WEBSITE 5
- ❑ POP-UP SHOP 6
- ❑ FAMILY OR FRIEND 7
- ❑ ANOTHER PERSON 8
- ❑ I GROW OR MAKE IT MYSELF 9
- ❑ OTHER, SPECIFY_____ 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

Durante el último año, ¿cuándo fue que otra persona fumó marihuana cerca de usted en California?

AC192

[INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE MARIJUANA AROUND YOU", CODE AS 5]

- ❍ IN THE PAST WEEK 1
- ❍ IN THE PAST TWO WEEKS 2
- ❍ IN THE PAST MONTH................................3
- ❍ LONGER THAN A MONTH AGO
  BUT WITHIN THE PAST YEAR...................4
- ❍ NO ONE HAS SMOKED MARIJUANA
  AROUND ME WITHIN THE PAST YEAR....5
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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.

El CBD, o cannabidiol, es una sustancia química que se encuentra tanto en la marihuana como en las plantas de cáñamo que muchas personas usan con fines medicinales. El CBD no droga al usuario.

AC195

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

¿ Probó alguna vez CBD en alguna forma, aunque hubiera sido solamente una vez?

- ❍ YES 1
- ❍ NO..2   **[GO TO 'QA24_C70']**
- ❍ REFUSED .... -7   **[GO TO 'QA24_C70']**
- ❍ DON'T KNOW .... -8   **[GO TO 'QA24_C70']**

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

AC196

¿Cuánto tiempo ha pasado desde la última vez que usó CBD en alguna forma?

[INTERVIEWER NOTE: IF LESS THAN ONE DAY SINCE LAST USED CBD, ENTER 0]

> ❍   DAYS [HR: 0-365] 1
> ❍   MONTHS [HR: 0-12] 2
> ❍   YEARS [0-99] 3
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

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?

Durante los últimos 30 días, ¿cuántos días usó CBD o productos de CBD?

AC197

> ❍   0 DAYS 1   **[GO TO 'QA24_C70']**
> ❍   1-2 DAYS 2
> ❍   3-5 DAYS 3
> ❍   6-9 DAYS 4
> ❍   10-19 DAYS 5
> ❍   20-29 DAYS 6
> ❍   30 DAYS 7
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

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

Durante los últimos 30 días, ¿cómo usó CBD? ¿Lo...

AC198

Take it orally?

¿ Lo usópor vía oral?

[FOR EXAMPLE, SUBLINGUAL TINCTURES, PILLS, CAPSULES, OR DROPS]

Por ejemplo, tinturas, píldoras, cápsulas o gotas sublinguales

> ❍   YES 1
> ❍   NO...2   **[GO TO 'QA24_C70']**
> ❍   REFUSED .... -7   **[GO TO 'QA24_C70']**
> ❍   DON'T KNOW .... -8   **[GO TO 'QA24_C70']**

'QA24_C62'   During the past 30 days, how did you use CBD? Did you…

AC199

Eat it?

¿Lo... comió en un alimento?

[FOR EXAMPLE, EDIBLES, LIKE COOKIES OR GUMMIES]

Por ejemplo, comestibles, como galletas o gomitas.

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

'QA24_C63'   During the past 30 days, how did you use CBD? Did you…

AC200

Drink it?

¿Lo... bebió?

[FOR EXAMPLE, IN A TEA OR SODA]

Por ejemplo, en un té o refresco

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

'QA24_C64'   During the past 30 days, how did you use CBD? Did you…

AC201

apply it on your skin?

¿Lo... aplicó en su piel?

[FOR EXAMPLE, IN A CREAM, LOTION, OR OIL THAT IS APPLIED TO THE SKIN.]

Por ejemplo, en una crema, loción o aceite que se aplica sobre la piel.

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

'QA24_C65'   During the past 30 days, how did you use CBD? Did you…

AC202

Smoke it?

¿Lo fuma?

[FOR EXAMPLE, IN A JOINT, BONG, CIGAR (BLUNT), OR PIPE]

Por ejemplo, en un porro, bong, cigarro (blunt) o pipa

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

'QA24_C66'   During the past 30 days, how did you use CBD? Did you…

AC203

vaporize it?

¿La vaporizó?

[FOR EXAMPLE, IN AN E-CIGARETTE TYPE VAPORIZER.]

Por ejemplo, en un vaporizador tipo cigarrillo electrónico

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

'QA24_C67'   During the past 30 days, how did you use CBD? Did you…

AC204

dab it?

¿Se la untó?

[FOR EXAMPLE, INHALING THE SMOKE MADE FROM HEATING CONCENTRATED CBD WAX, RESIN, OR OILS.]

Por ejemplo, inhalando el humo producido al calentar cera, resina o aceites de CBD concentrados.

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

'QA24_C68'   During the past 30 days, how did you use CBD? Did you…

AC205

use it some other way?

¿Lo... usó de otra manera?

- ❍   YES (SPECIFY:_____) 1
- ❍   NO..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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?

Durante los últimos 30 días, ¿de qué manera usó CBD más frecuentemente?

AC206

❍	TAKE IT ORALLY 1
❍	EAT IT 2
❍	DRINK IT...3
❍	APPLY IT ON YOUR SKIN 4
❍	SMOKE IT 5
❍	VAPORIZE IT..6
❍	DAB IT..7
❍	USE IT ANOTHER WAY.......................... 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

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

¿Ha consumido heroína en los últimos 12 meses?

AC128

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

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

¿Ha consumido metanfetaminas en los últimos 12 meses?

AC166

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

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.

Ejemplos de analgésicos o calmantes para el dolor recetados son Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® y metadona. ¿Ha usado analgésicos recetados en los últimos 12 meses? Incluya analgésicos recetados, ya sea que un doctor se los haya recetado o no.

AC215

❍	YES..1	
❍	NO...2	**[GO TO 'QA24_C78']**
❍	REFUSED .... -7	**[GO TO 'QA24_C78']**
❍	DON'T KNOW .... -8	**[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?

Piense en el analgésico o calmante para el dolor recetado que tomó en los últimos 12 meses. ¿Por qué tomó este analgésico recetado?

AC222

[CHECK ALL THAT APPLY]

❑   Dental work/dental pain 1
❑   Pain after surgery, not accident related 2
❑   Pain after an accident or injury 3
❑   Chronic pain, regardless of cause 4
❑   Recreational use 5
❑   Depression, anxiety, or stress.....................6
❑   To treat substance use disorder 7
❑   Addiction to painkillers 8
❑   Other (Specify) _____.......................91
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

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

Piense en el analgésico o calmante para el dolor recetado que tomó en los últimos 12 meses, ¿dónde lo consiguió?

AC217

[CHECK ALL THAT APPLY]

❑   A prescription from my doctor 1
❑   A prescription from someone else's doctor
    (a friend, a family friend) 2
❑   Not from a prescription (bought or received
    from elsewhere) 3
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

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?

En los últimos 12 meses,¿ha usado usted algún analgésico de venta bajo receta de una manera contraria a las indicaciones de su médico?

AC129

(IF NEEDED: EXAMPLES OF PRESCRIPTION PAINKILLERS ARE VICODIN®, OXYCONTIN®, NORCO®, HYDROCODONE, PERCOCET® AND METHADONE)

Por ejemplo, Vicodin, oxycontin, Norco, hidrocodona, Percocet y metadona.

❍   YES...1
❍   NO..2   **[GO TO 'QA24_C78']**
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

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

¿Obtuvo la(s) receta(s) de un solo médico o de más de un médico?

AC131

❍   ONE DOCTOR...1

❍   MORE THAN ONE DOCTOR 2
❍   DIDN'T GET IT FROM A DOCTOR 3
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

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

¿Para qué afección o afecciones ha tomado usted el medicamento?

AC133

[CHECK ALL THAT APPLY]

❑   DENTAL WORK/ DENTAL PAIN 1
❑   SURGERY, NOT ACCIDENT RELATED 2
❑   RECENT INJURY 3
❑   CHRONIC PAIN, REGARDLESS
          OF CAUSE..4
❑   OTHER (SPECIFY)_____ 91
❍   REFUSED .... -7
❍   DON'T KNOW...-8

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. 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.

En éstas preguntas, una bebida significa una lata o botella de cerveza; un refresco de fruta con vino o una copa de vino, champán o jerez; un trago de licor o una bebida mixta o cóctel.

AC207

❍   YES 1
❍   NO..2   **[GO TO 'QA24_C83']**
❍   REFUSED .... -7   **[GO TO 'QA24_C83']**
❍   DON'T KNOW ....-8   **[GO TO 'QA24_C83']**

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

¿Cuánto tiempo ha pasado desde la última vez que bebió una bebida alcohólica?

AC208

❍   WITHIN THE PAST 30 DAYS 1
❍   MORE THAN 30 DAYS AGO, BUT
          WITHIN THE PAST 12 MONTHS 2   **[GO TO 'QA24_C83']**
❍   MORE THAN 12 MONTHS AGO 3   **[GO TO 'QA24_C83']**
❍   REFUSED .... -7   **[GO TO 'QA24_C83']**
❍   DON'T KNOW ....-8   **[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?

Piense específicamente en los últimos 30 días, hasta el día de hoy inclusive. Durante los últimos 30 días, ¿cuántos días bebió una o más bebidas alcohólicas?

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.

En éstas preguntas, una bebida significa una lata o botella de cerveza; un refresco de fruta con vino o una copa de vino, champán o jerez; un trago de licor o una bebida mixta o cóctel.

❍   NUMBER OF DAYS....................................1   **[RANGE 1-30]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'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.

En los días que bebió durante los últimos 30 días, ¿cuántas bebidas tomó por lo general cada día? Cuente como bebida una lata o botella de cerveza; un refresco de fruta con vino o una copa de vino, champán o jerez; un trago de licor o una bebida mixta o cóctel.

AC210

❍   NUMBER OF DRINKS.................................1   **[SR: 1-20, HR: 0-99]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_C82':
IF **'QA24_A5'** = 2 THEN DISPLAY "4 or more";
ELSE IF **'QA24_A5'** = 1 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.

Durante los últimos 30 días, ¿cuántos días tomó {4/5} o más tragos en la misma ocasión? Por "ocasión", queremos decir al mismo tiempo o con un par de horas de diferencia.

AC211

❍   NUMBER OF DAYS....................................1   **[RANGE 0-30]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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.

Las apuestas son una actividad en la que apuesta (o hace una apuesta) sobre un resultado incierto. Pueden ser de diferente tipo, por ejemplo, juegos de casino, jugar a la lotería o los boletos para raspar, apostar en deportes, bingo, lotería y algunos juegos en línea como tragamonedas o cartas.

AC218

Have you gambled in the past 12 months?

¿Ha hecho apuestas en los últimos 12 meses?

❍   YES 1
❍   NO..2   **[GO TO 'QA24_GV1']**
❍   REFUSED .... -7   **[GO TO 'QA24_GV1']**

○   DON'T KNOW .... -8   **[GO TO 'QA24_GV1']**

PROGRAMMING NOTE AC219:
IF **'QA24_C83'** = 1 CONTINUE;
ELSE GOTO **'QA24_GV1'**

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

Durante los últimos 12 meses, ¿se ha sentido inquieto(a), irritable o ansioso(a) al tratar de dejar/reducir las apuestas?

[AC219]

[IF NEEDED READ**:** FOR EXAMPLE, PLAYING THE LOTTERY, BUYING SCRATCH OFFS, PLAYING BINGO, PLAYING CASINO GAMES, PLAYING SLOTS OR CARDS ON LINE, BETTING ON SPORTS]

Por ejemplo, jugar a la lotería, comprar boletos para raspar, jugar bingo, jugar juegos de casino, jugar tragamonedas o cartas en línea, apostar en deportes.

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

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

Durante los últimos 12 meses, ¿ha tratado usted de ocultarle a su familia o amigos cuánto apuesta?

[AC220]

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

'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?

Durante los últimos 12 meses, ¿tuvo tales problemas financieros causados por sus apuestas que tuvo que recibir ayuda de familiares, de amigos o de asistencia social para los gastos diarios?

[AC221]

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

Section GV: Gun Violence

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

¿Cuántas armas de fuego conserva dentro o alrededor de su casa?

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.

Incluye armas como pistolas, escopetas y rifles. Incluye las que se guardan en un garaje, un área de almacenamiento al aire libre o un vehículo motorizado. No incluyas las pistolas de perdigones, las pistolas de largada o las pistolas que no pueden disparar.

[IF NEEDED, SAY: "We are asking these in a health survey because of our interest in firearm-related injuries."]

Estamos haciendo estas preguntas en una encuesta de salud debido a nuestro interés en las lesiones relacionadas con armas de fuego.

_____ 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']

❍   REFUSED .... -7   **[GO TO 'QA24_GV5']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_GV5']**

'QA24_GV2'   How many of these firearms are handguns?

¿Cuántas de éstas armas de fuego son pistolas?

AGV2

_____Number of handguns [0-999]   **[IF 'QA24_GV2'> 1, GO TO 'QA24_GV4']**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA24_GV3'   Is that firearm a handgun?

¿Es un arma de fuego una pistola?

AGV3

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

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

¿Alguna de sus armas de fuego se mantiene cargada y desbloqueada?

AGV9

[IF NEEDED, SAY: UNLOCKED MEANS NOT USING A TRIGGER LOCK, CABLE LOCK, OR LOCK BOX OR CABINET/CONTAINER]

Desbloqueada significa que no se usa un seguro de gatillo, un candado de cable, una caja de seguridad o un gabinete/contenedor.

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

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?

Si quisiera un arma de fuego ¿Cree que podría conseguir una en 2 dias?

AGV8

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

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 centimeters"

Las preguntas que siguen son sobre su estatura y peso. ¿Cuánto mide usted sin zapatos?

AE17

[IF NEEDED, SAY: "ABOUT HOW TALL?"]

[IF NEEDED, SAY: *'¿Más o menos cuánto mide?'*]

- ❍   _____ FEET
- ❍   _____ INCHES
- ❍   _____ CENTIMETERS
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_D2':

DISPLAY INSTRUCTIONS:
IF **'QA24_A5'** = 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

{Cuando no está embarazada, ¿cuánto / ¿Cuánto} pesa sin zapatos? Puede responder en libras o kilogramos.

AE18

[IF NEEDED, SAY: "About how much?"]

[IF NEEDED, SAY: '*¿Más o menos cuánto*?']

- ❍   _____ POUNDS
- ❍   _____ KILOGRAMS
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Disability

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

¿Es usted ciego(a), sordo(a), o tiene algún problema grave con la vista u oído?

AD50

- ❍   Yes 1
- ❍   No..2   **[GO TO 'QA24_D5']**
- ❍   REFUSED .... -7   **[GO TO 'QA24_D5']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA24_D5']**

'QA24_D4'   Are you legally blind?

AL8

¿Es usted legalmente ciego(a)?

- ❍ Yes 1
- ❍ No 2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

Debido a una afección física, mental o emocional, ¿tiene {usted/él/ella/NAME} alguna dificultad grave para concentrarse, recordar o tomar decisiones?

AL10

- ❍ Yes 1
- ❍ No 2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_D6' Do you have difficulty dressing or bathing?

¿Tiene dificultades para vestirse o bañarse?

AL11

- ❍ Yes 1
- ❍ No 2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'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?

Debido a una afección física, mental o emocional, ¿tiene alguna dificultad para hacer actividades por su cuenta, como visitar un consultorio médico o hacer compras?

AL12

- ❍ Yes 1
- ❍ No 2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

Sexual Partners

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

Estamos haciendo algunas preguntas sobre las experiencias sexuales de las personas. Todas las respuestas se mantendrán privadas.

AD43B

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

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

___NUMBER OF PARTNERS **[HR: 0-99**,   **[IF 'QA24_D8'>=0 GO TO 'PN_QA24_D10']**

SR: 0-20]

- ❍ REFUSED .... -7   **[IF 'QA24_D8'>=0 GO TO 'PN_QA24_D9']**

  ❍   DON'T KNOW .... -8   **[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 <u>in the past 12 months</u>?

¿Podría darme un número aproximado?

AD44B

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

_____ NUMBER OF PARTNERS   **[HR: 0 - 99, SR: 0 - 20]**

OR

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

Sexual Orientation

```
PROGRAMMING NOTE 'QA24_D10':
IF 'QA24_D8' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR 'QA24_D9' =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}?

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

AD45B

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

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

¿Cuál de los siguientes representa mejor cómo piensa de sí mismo?

AD46C

❍   Lesbian or gay 2   **[GO TO**
          Lesbiana o gay   **PN_QA24_D13]**
❍   Straight, that is,
          not lesbian or gay...1   **[GO TO**
          Heterosexual, ni lesbiana ni gay   **PN_QA24_D13]**
❍   Bisexual or pansexual..................................6   **[GO TO**
          Bisexual o pansexual   **PN_QA24_D13]**
❍   I use a different term: (___).........................7
          Utilizo un término diferente (___)
❍   Don't know 8   **[GO TO**
          No lo sé   **PN_QA24_D13]**
❍   Prefer not to answer....................................9   **[GO TO**
          Prefiero no responder   **PN_QA24_D13]**
❍   REFUSED ....-7   **[GO TO**
                                                                       PN_QA24_D13]

'QA24_D12'   What term do you use?

          ¿Qué término usa?

AD86

          ❍   Specify: (_____)
          ❍   REFUSED .... -7
          ❍   DON'T KNOW .... -8

Registered Domestic Partner

PROGRAMMING NOTE 'QA24_D13':
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, -7, -8] OR [IF
'QA24_D8' ≠ 1] CONTINUE WITH **'QA24_D13'**;
ELSE GO TO **'QA24_D14'**

'QA24_D13'   Are you legally married to someone of the same sex?

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

AD60B

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

          *No incluya aquí a su pareja oficial (unión libre). Incluya matrimonios legales del mismo
          sexo que se llevaron a cabo en California o en otros estados de Estados Unidos.*

          ❍   YES 1   **[GO TO**
                                                                             'PN_QA24_D15']
          ❍   NO...2
          ❍   REFUSED .... -7
          ❍   DON'T KNOW .... -8

'QA24_D14'   Are you recognized by the state of California as a legally registered domestic partner to
          someone of the same sex?

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

AD61B

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

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_D14';
> ELSE IF ('QA24_A6' = 1 AND 'QA24_A5' = 2) OR ('QA24_A6' = 2 AND 'QA24_A5' = 1), THEN CONTINUE WITH 'QA24_D14';
> ELSE IF 'QA24_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA24_D15';
> ELSE IF 'QA24_A6' = 1 AND 'QA24_D11'= 2 OR 6, THEN CONTINUE WITH 'QA24_D15';
> ELSE SKIP TO 'QA24_D18';

'QA24_D15'   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®.
At any time in the past 30 days, have you taken PrEP or Truvada®?

Las personas que no tienen VIH pueden tomar una pastilla al día para reducir el riesgo de contraer VIH. Esto se denomina profilaxis previa a la exposición o PrEP por sus siglas en inglés. La pastilla también se llama Truvada®.

AD79

○	YES 1	**[GO TO 'QA24_D19']**
○	NO 2	
○	REFUSED ....-7	
○	DON'T KNOW ....-8	

'QA24_D16'   In the past 12 months, have you taken any PrEP or Truvada®?

¿En los últimos 12 meses tomó alguna PrEP o Truvada®?

AD80

○	YES 1	**[GO TO 'QA24_D19']**
○	NO 2	
○	REFUSED ....-7	
○	DON'T KNOW ....-8	

'QA24_D17'   Have you ever taken any PrEP or Truvada®?

¿Alguna vez ha tomado alguna PrEP o Truvada®?

AD81

○	YES 1	**[GO TO 'QA24_D19']**
○	NO 2	
○	REFUSED ....-7	
○	DON'T KNOW ....-8	

'QA24_D18'   Before today, have you ever heard of PrEP or Truvada®?

Antes de hoy, ¿había oído hablar de PrEP o Truvada®?

AD82

○	YES 1	
○	NO 2	

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

HIV Testing

'QA24_D19'   Have you ever been tested for HIV, the virus that causes AIDS?

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

AD83

- YES 1
- NO...2   **[GO TO 'QA24_D21']**
- REFUSED .... -7   **[GO TO 'QA24_D21']**
- DON'T KNOW .... -8   **[GO TO 'QA24_D21']**

'QA24_D20'   For your most recent HIV test, were you offered the test or did you ask for the test?

En cuanto a su prueba de VIH más reciente, ¿le ofrecieron hacerle la prueba o usted pidió que le hicieran la prueba?

AD84

- I WAS OFFERED THE TEST 1   **[GO TO 'QA24_F1']**
- I ASKED FOR THE TEST............................2   **[GO TO 'QA24_F1']**
- I WAS REQUIRED TO TAKE THE TEST....4
- I DON'T REMEMBER 3   **[GO TO 'QA24_F1']**
- OTHER (SPECIFY:_____) 91   **[GO TO 'QA24_F1']**
- REFUSED .... -7   **[GO TO 'QA24_F1']**
- DON'T KNOW .... -8   **[GO TO 'QA24_F1']**

'QA24_D21'   Were you ever offered an HIV test?

¿Alguna vez le ofrecieron hacerle una prueba de VIH?

AD85

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

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.

Las siguientes preguntas son acerca de cómo se ha sentido durante los últimos 30 días.

AJ29

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

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido nervioso(a)?

- ○   All of the time 1
- ○   Most of the time, ...2
- ○   Some of the time..3
- ○   A little of the time 4
- ○   None of the time...5
- ○   REFUSED .... -7
- ○   DON'T KNOW.. -8

'QA24_F2'   During the past 30 days, about how often did you feel hopeless- all of the time, most of the time, some of the time, a little of the time or none of the time?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido sin esperanzas?

AJ30

- ○   ALL..1
- ○   MOST...2
- ○   SOME...3
- ○   A LITTLE 4
- ○   NONE / NEVER 5
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'QA24_F3'   During the past 30 days, about how often did you feel restless or fidgety?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido inquieto(a) o intranquilo(a)?

AJ31

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

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

- ○   ALL..1
- ○   MOST...2
- ○   SOME...3
- ○   A LITTLE 4
- ○   NONE / NEVER 5
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'QA24_F4'   How often did you feel so depressed that nothing could cheer you up?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se tan deprimido(a) que nada le podía levantar el ánimo?

AJ32

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

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

      ❍   ALL 1
      ❍   MOST 2
      ❍   SOME 3
      ❍   A LITTLE 4
      ❍   NONE / NEVER 5
      ❍   REFUSED ....-7
      ❍   DON'T KNOW ....-8

'QA24_F5'   During the past 30 days, about how often did you feel that everything was an effort?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se que todo era un esfuerzo?

AJ33

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

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

      ❍   ALL 1
      ❍   MOST 2
      ❍   SOME 3
      ❍   A LITTLE 4
      ❍   NONE / NEVER 5
      ❍   REFUSED ....-7
      ❍   DON'T KNOW ....-8

'QA24_F6'   ... During the past 30 days, about how often did you feel worthless?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se no valía nada?

AJ34

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

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

      ❍   ALL 1
      ❍   MOST 2
      ❍   SOME 3
      ❍   A LITTLE 4
      ❍   NONE / NEVER 5
      ❍   REFUSED ....-7
      ❍   DON'T KNOW ....-8

Repeated K6

'QA24_F7'   Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

Por favor, dígame si o no. ¿Hubo algún mes en los últimos 12 meses en que se haya sentido así con más frecuencia que en los últimos 30 días?

AF62

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_F14']**
❍	REFUSED .... -7	**[GO TO 'QA24_F14']**
❍	DON'T KNOW .... -8	**[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. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

Las preguntas que siguen son acerca de ese mes en los últimos 12 meses cuando usted se sintió peor emocionalmente. Durante ese mismo mes, ¿con qué frecuencia se sintió nervioso(a)?

AF63

❍	ALL...1
❍	MOST...2
❍	SOME...3
❍	A LITTLE..4
❍	NONE / NEVER 5
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA24_F9'   During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

Durante ese mismo mes, ¿con qué frecuencia se ha sentido sin esperanzas?

AF64

❍	ALL...1
❍	MOST...2
❍	SOME...3
❍	A LITTLE..4
❍	NONE / NEVER 5
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA24_F10'   How often did you feel restless or fidgety?

Durante ese mismo mes, ¿con qué frecuencia se ha sentido inquieto(a) o intranquilo(a)?

AF65

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, LITTLE OF THE TIME, OR NONE OF THE TIME?"]

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

❍	ALL...1
❍	MOST...2

- SOME...3
- A LITTLE.......................................4
- NONE / NEVER 5
- REFUSED ....-7
- DON'T KNOW ....-8

'QA24_F11' How often did you feel so depressed that nothing could cheer you up?

Durante ese mismo mes, ¿con qué frecuencia se tan deprimido(a) que nada le podía levantar el ánimo?

AF66

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, LITTLE OF THE TIME, OR NONE OF THE TIME?"]

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

- ALL..1
- MOST..2
- SOME..3
- A LITTLE.......................................4
- NONE / NEVER 5
- REFUSED ....-7
- DON'T KNOW ....-8

'QA24_F12' How often did you feel that everything was an effort?

Durante ese mismo mes, ¿con qué frecuencia se todo era un esfuerzo?

AF67

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, LITTLE OF THE TIME, OR NONE OF THE TIME?"]

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

- ALL..1
- MOST..2
- SOME..3
- A LITTLE.......................................4
- NONE / NEVER 5
- REFUSED ....-7
- DON'T KNOW ....-8

'QA24_F13' How often did you feel worthless?

Durante ese mismo mes, ¿con qué frecuencia se no valía nada?

AF68

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, LITTLE OF THE TIME, OR NONE OF THE TIME?"]

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

- ALL..1
- MOST..2

○   SOME...3
○   A LITTLE 4
○   NONE / NEVER 5
○   REFUSED .... -7
○   DON'T KNOW .... -8

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.

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

| 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?

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en su desempeño en el trabajo?

| AF69B |

○   A LOT..1
○   SOME.. 2

❍   NOT AT ALL.. 3
❍   I DO NOT WORK 4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en las tareas o quehaceres de su casa?

AF70B

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

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

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en su vida social?

AF71B

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

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

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en las relaciones con sus amigos y su familia?

AF72B

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

'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?

Ahora piense en los últimos 12 meses. De los 365 días, ¿durante cuántos días le fue imposible o no fue capaz de trabajar o llevar a cabo sus actividades normales debido a que se sentía nervioso(a), deprimido(a) o estresado(a) emocionalmente?

AF73B

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

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?

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

AF81

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_F22']**
❍	REFUSED .... -7	**[GO TO 'QA24_F22']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_F22']**

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

¿Cubre su seguro tratamiento de problemas de salud mental, tal como visitas al psicólogo o al psiquiatra?

AJ1

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

'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?

En los últimos 12 meses, ¿ha visto a su doctor de atención primaria o doctor general para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

AF74

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

'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, <u>or</u> your use of alcohol or drugs?

En los últimos 12 meses, ¿ha visto a cualquier otro profesional, tal como un consejero, un psiquiatra o un trabajador social para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

AF75

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

PROGRAMMING NOTE '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?

Piense en sus problemas de salud mental, emociones, nervios o uso de alcohol o drogas en los últimos 12 meses. ¿Recibió atención en una consulta presencial, una consulta por video o una consulta telefónica?

AF114

[CHECK ALL THAT APPLY]

☐	IN-PERSON VISIT 1	**[GO TO 'QA24_F25']**
☐	VIDEO VISIT 2	**[GO TO 'QA24_F26']**
☐	TELEPHONE VISIT 3	**[GO TO 'QA24_F27']**
○	NO 4	**[GO TO 'PN_QA24_F28']**
○	REFUSED .... -7	**[GO TO 'PN_QA24_F28']**
○	DON'T KNOW .... -8	**[GO TO 'PN_QA24_F28']**

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

¿Qué tan satisfecho(a) estuvo con la atención que recibió a través de la consulta presencial?

AF115

○	Very satisfied.. 1	
	Muy satisfecho(a)	
○	Somewhat satisfied...................................... 2	
	Algo satisfecho(a)	
○	Somewhat dissatisfied 3	
	Algo insatisfecho(a)	
○	Very dissatisfied... 4	
	Muy insatisfecho(a)	
○	REFUSED .... -7	
○	DON'T KNOW .... -8	

'QA24_F26'　　How satisfied are you with the video visit?

¿Qué tan satisfecho(a) estuvo con atención que recibió a través de la consulta por video?

AF116

○	Very satisfied.. 1	
	Muy satisfecho(a)	
○	Somewhat satisfied...................................... 2	
	Algo satisfecho(a)	
○	Somewhat dissatisfied 3	
	Algo insatisfecho(a)	
○	Very dissatisfied... 4	
	Muy insatisfecho(a)	
○	REFUSED .... -7	
○	DON'T KNOW .... -8	

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

¿Qué tan satisfecho(a) estuvo con la atención que recibió a través de la consulta telefónica?

AF117

- ⃝ Very satisfied...1
  Muy satisfecho(a)
- ⃝ Somewhat satisfied......................................2
  Algo satisfecho(a)
- ⃝ Somewhat dissatisfied 3
  Algo insatisfecho(a)
- ⃝ Very dissatisfied..4
  Muy insatisfecho(a)
- ⃝ REFUSED .... -7
- ⃝ DON'T KNOW .... -8

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 <u>or</u> for an alcohol or drug problem?

¿Buscó usted ayuda para su salud mental o emocional, o por un problema de alcohol o drogas?

AF76

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

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}?

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

AF77

Do not count overnight hospital stays.

No cuente las veces que tuvo que pasar la noche en el hospital.

_____ NUMBER OF VISITS   **[HR: 0-365, SR:0-52]**
- ⃝ REFUSED .... -7
- ⃝ DON'T KNOW .... -8

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

¿Todavía está recibiendo tratamiento de alguno de estos proveedores debido a uno o más de estos problemas?

AF78

❍   YES 1   **[GO TO 'QA24_F33']**
❍   NO...2
❍   REFUSED .... -7   **[GO TO 'QA24_F33']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_F33']**

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

¿Terminó usted el completo tratamiento recomendado?

AF79

❍   YES 1   **[GO TO 'QA24_F33']**
❍   NO...2
❍   REFUSED .... -7   **[GO TO 'QA24_F33']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_F33']**

'QA24_F32'   What is the <u>main reason</u> you are no longer receiving treatment?

¿Cuál es el motivo principal por el que ya no está recibiendo tratamiento?

AF80

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

'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?

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

AJ5

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

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.

Una persona podría decidir no buscar ayuda de un profesional, aunque crea que posiblemente la necesita, por algunas razones que mencionamos a continuación. Dígame 'sí' o 'no' si piensa que cada una de estas razones explica por qué no vio usted a un professional.

AF82

You were concerned about the cost of treatment.

Le preocupaba el costo del tratamiento.

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

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

Se sentía incómodo(a) hablando con un profesional acerca de sus problemas personales.

AF83

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

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

Le preocupaba qué iba a pasar si alguien se enteraba de que tenía un problema.

AF84

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

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

Le fue muy difícil conseguir una cita.

AF85

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

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.

Los eventos potencialmente peligrosos relacionados con el clima están aumentando en California. Estos incluyen las olas de calor extremo, las inundaciones, los incendios forestales, el humo de incendios forestales y los cortes del suministro de electricidad por motivos de seguridad pública para evitar un incendio forestal.

AF110B

En los últimos dos años, ¿pasó usted o algún miembro de su hogar por alguno de estos eventos personalmente?... Ola de calor extremo?

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

'QA24_F39'   ….. Wildfire?

….. Incendio forestal

AF110C

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

'QA24_F40'   ….. Smoke from wildfire?

….. Humo de un incendio forestal

AF110D

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

'QA24_F41'   ….. Flood/rising sea levels/mudslide?

….. Inundación/aumento del nivel del mar/deslizamiento de lodo

AF110E

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

PROGRAMMING NOTE 'QA24_F42':

DISPLAY INSTRUCTIONS:
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 'AF112E' = 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?

¿Fue su salud física (o la salud física de los miembros de su hogar) dañada por algúno de estos eventos?

AF111B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- ❏   YES, FROM EXTREME HEAT WAVES 1
- ❏   YES, FROM FLOODING 2
- ❏   YES, FROM WILDFIRES............................3
- ❏   YES, FROM SMOKE FROM WILDFIRES...4
- ❍   NOT APPLICABLE 5
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_F43':

DISPLAY INSTRUCTIONS:
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
OR **'QA24_F40'** = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR
OR 'AF112E' = 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?

¿Fue su salud mental (o la salud mental de los miembros de su hogar) dañada por algúno de estos eventos?

AF112B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- ❏   Yes, from extreme heat waves 1
- ❏   Yes, from flooding 2
- ❏   Yes, from wildfires......................................3
- ❏   Yes, from smoke from wildfires....................4
- ❍   Not applicable 5
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_F44':
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?

Cuando experimentó humo de incendios forestales en su comunidad, ¿tuvo acceso a un espacio que tenía aire filtrado?

AF118

❑	Yes, my home 1
❑	Yes, a friend or neighbour's home 2
❑	Yes, a community cleaner air shelter...........3
❑	Yes, a commercial building (mall, movie theater, etc.) 4
○	No...5
○	Not applicable 6
○	REFUSED .... -7
○	DON'T KNOW... -8

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'QA24_G1':

DISPLAY INSTRUCTIONS:
IF CHILD INTERVIEW COMPLETED AND **'QA24_A39'** = 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_A39'** = 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.}

Ahora tengo algunas preguntas sobre usted. { Sus respuestas son confidenciales y no serán reportadas al Servicio de Inmigración.}

PROGRAMMING NOTE 'QA24_G2':
IF CHILD INTERVIEW COMPLETED AND **'QA24_A39'** = 1, MARK **'QA24_G2'** = 'CH11' AND GO TO **'QA24_G3'**;
IF CHILD INTERVIEW COMPLETED AND **'QA24_A39'** = 2, MARK **'QA24_G2'** = 'CH14' AND GO TO **'QA24_G3'**;
ELSE CONTINUE WITH **'QA24_G2'**;

'QA24_G2'   In what country were you born?

¿En qué país nació?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

❍ UNITED STATES	1
❍ AMERICAN SAMOA	2
❍ CANADA	3
❍ CHINA	4
❍ EL SALVADOR	5
❍ ENGLAND	6
❍ FRANCE	7
❍ GERMANY	8
❍ GUAM	9
❍ GUATEMALA	10
❍ HUNGARY	11
❍ INDIA	12
❍ IRAN	13
❍ IRELAND	14
❍ ITALY	15
❍ JAPAN	16
❍ KOREA	17
❍ MEXICO	18
❍ PHILIPPINES	19
❍ POLAND	20
❍ PORTUGAL	21
❍ PUERTO RICO	22

❍	RUSSIA	23
❍	TAIWAN	24
❍	VIETNAM	25
❍	VIRGIN ISLANDS	26
❍	OTHER (SPECIFY: _____)	91
❍	REFUSED	-7
❍	DON'T KNOW	-8

PROGRAMMING NOTE 'QA24_G3':

IF **'QA24_G2'** ≠ 1, (NOT BORN IN US) GO TO **'PN_QA24_G5'**;

'ELSE IF **'QA24_G2'** = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH **'QA24_G3'**;

IF CHILD INTERVIEW COMPLETED ['**QA24_A39'** = 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?

{Anteriormente, usted mencionó que nació en Estados Unidos}. ¿En qué país nació tu madre?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

❍	UNITED STATES	1
❍	AMERICAN SAMOA	2
❍	CANADA	3
❍	CHINA	4
❍	EL SALVADOR	5
❍	ENGLAND	6
❍	FRANCE	7
❍	GERMANY	8
❍	GUAM	9
❍	GUATEMALA	10
❍	HUNGARY	11
❍	INDIA	12
❍	IRAN	13
❍	IRELAND	14
❍	ITALY	15
❍	JAPAN	16
❍	KOREA	17
❍	MEXICO	18
❍	PHILIPPINES	19
❍	POLAND	20
❍	PORTUGAL	21
❍	PUERTO RICO	22
❍	RUSSIA	23
❍	TAIWAN	24
❍	VIETNAM	25
❍	VIRGIN ISLANDS	26
❍	OTHER (SPECIFY: _____)	91
❍	REFUSED	-7

    ❍   DON'T KNOW .... -8

'QA24_G4'   In what country was your father born?

¿En qué país nació su padre?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

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 [('QA24_A39' = 1 AND 'CH11A' = 1) OR ('QA24_A39' = 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?

¿Es usted ciudadano(a) de los Estados Unidos?

AH39

    ❍   YES 1
    ❍   NO 2

❍   APPLICATION PENDING............................3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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.

¿Es usted residente permanente con una tarjeta verde? Sus respuestas son confidenciales y no serán reportadas al Servicio de Inmigración.

AH40

[IF NEEDED, SAY: **"**PEOPLE USUALLY CALL THIS A "GREEN CARD" BUT THE COLOR CAN ALSO BE PINK, BLUE, OR WHITE.]

La gente normalmente le llama a esto La 'Tarjeta verde 'o Green Card pero también puede ser de color rosa, azul o blanca.

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

'QA24_G7'   About how many years have you lived in the United States?

Aproximadamente, ¿cuántos años ha vivido usted en los Estados Unidos?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS
_____ YEAR (FIRST CAME TO LIVE IN US)
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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?

¿Está actualmente en alguna de las siguiente situaciones: una visa de turista, una visa de estudiante, una visa o permiso de trabajo, u otro documento que le permita permanecer en los EE. UU. por una cantidad limitada de tiempo?

AG36B

[INTERVIEWER: CHECK FIRST MENTION.]
[INTERVIEWER: CIRCLE "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]

❍   TOURIST VISA 1
❍   STUDENT VISA...2
❍   WORK VISA OR PERMIT............................3

❍   DEFERRED ACTION FOR
       CHILDHOOD ARRIVALS OR "DACA".........4
❍   ANOTHER DOCUMENT WHICH
       PERMITS STAY FOR LIMITED TIME 6
❍   REFUGEE/ASYLUM STATUS....................8   **[GO TO 'QA24_G11']**
❍   OTHER (SPECIFY: _____)................ 91
❍   REFUSED .... -7   **[GO TO 'QA24_G11']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_G11']**

'QA24_G10'   Is this visa or document still valid or has it expired?

       ¿Esta visa o documento aún es válido/a o venció?

AG37B

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

Living with Parents

PROGRAMMING NOTE 'QA24_G11':
IF [AAGE < 30 OR **'QA24_A4'** = 1 (AGE 18-29)] AND [**'QA24_A25'** = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR **'QA24_A24'** = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) 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?

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

AH43A

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

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

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.

       Antes mencionó que, por lo menos, un adolescente de entre 12 y 17 años vive en su hogar. Nos gustaría entrevistar a \{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} para los fines de nuestro estudio. Esta es una encuesta en línea y solo le tomará alrededor de15 minutos completarla. Las respuestas de su \{hijo/hija} adolescente pueden ayudar a otros adolescentes en su comunidad y en todo el estado de California.

TP1

<u>As a token of our appreciation, we will send your teen a $10 gift card for completing the survey.</u>

<u>A modo de agradecimiento, le enviaremos a su hijo(a) adolescente una tarjeta de regalo de $10 por completar la encuesta.</u>

We will mail the survey information to your home with instructions on how your teen can complete the survey.

Le enviaremos por correo a su hogar toda la información sobre la encuesta, con las instrucciones sobre cómo debe completar la encuesta su hijo(a) adolescente.

1.   <u>Click here to see the types of questions we will ask</u>

[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.

Las preguntas de la encuesta para adolescentes son muy similares a las que usted está respondiendo, pero la encuesta es mucho más corta. Esta aborda una variedad de temas de salud que incluyen la salud general, la dieta, el ejercicio y otros hábitos saludables, así como también otros no saludables como fumar y usar alcohol y drogas. También incluye algunas preguntas sobre situaciones de abuso, violencia y comportamiento sexual. Hay algunas preguntas sobre pensamientos o intentos de suicidio, ya que consideramos que es un problema de salud muy serio. Proporcionamos asistencia e información de apoyo a cualquier adolescente que lo necesite.

Your teen can skip any question they want or stop the survey at any time.]

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} puede evitar responder cualquier pregunta que no desee contestar o finalizar la encuesta en cualquier momento.

2.   <u>Click here to learn about how we intend to contact your teen</u>

<u>Haga clic aquí para ver nuestra política de protección de privacidad.</u>

[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.]

Le enviaremos una carta a su hogar para que le entregue un sobre cerrado a su hijo(a) adolescente. Este sobre incluirá el enlace al estudio y su código de seguridad de acceso único. Si usted nos da su permiso, también necesitaremos un número de teléfono para tratar de completar la encuesta por teléfono en caso de que su hijo(a) adolescente no quiera completarla en el sitio web. El nombre y cualquier otra información de contacto de su hijo(a) adolescente se eliminarán de nuestros registros después de que finalice el estudio.

3.   Click here for our privacy protection policy

Haga clic aquí para ver nuestra política de protección de privacidad.

[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.]

Las respuestas de su {hijo/hija} adolescente, al igual que las suyas, se mantienen en estricta confidencialidad y se combinan con las respuestas de otros adolescentes con fines de la investigación exclusivamente. El nombre de su {hijo/hija} adolescente no se relacionará con sus respuestas. El nombre y cualquier otra información de contacto de su {hijo/hija} adolescente se eliminarán de nuestros registros después de que finalice el estudio. Para obtener más información sobre los derechos de los sujetos de investigación, comuníquese con la Oficina de Protección de Sujetos Humanos de Investigación al 1-310-825-8714.

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?

A modo de confirmación, ¿tenemos su permiso para comunicarnos con {él/ella} e {invitarlo/invitarla} a participar en la encuesta?

   ❍   Yes 1
   ❍   No..2
   ❍   REFUSED .... -7
   ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_G13':
IF **'QA24_G12'** = 2, -7, -8 SKIP TO **'QA24_G14'**;
ELSE CONTINUE WITH 'TP_1A';
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.}

Gracias. Las respuestas de su {hijo/hija} adolescente pueden ayudar a otros adolescentes en su comunidad y en todo el estado de California. Antes de comenzar, es necesario que le mostremos el siguiente texto.

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}

Las preguntas de la encuesta para adolescentes son muy similares a las que usted está respondiendo, pero la encuesta es mucho más corta. La encuesta aborda una variedad de temas de salud, incluyendo la salud general, la dieta, el ejercicio y otros hábitos saludables y no saludables como fumar, beber alcohol, consumir drogas, y comportamiento sexual. Hay algunas preguntas sobre pensamientos o intentos de suicidio, ya que consideramos que es un problema de salud muy serio. Proporcionamos asistencia e información de apoyo a cualquier adolescente que lo necesite.

{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.

Las respuestas de su {hijo/hija} adolescente, al igual que las suyas, se mantienen en estricta confidencialidad y se combinan con las respuestas de otros adolescentes con fines de la investigación exclusivamente. El nombre de su {hijo/hija} adolescente no se relacionará con sus respuestas. El nombre y cualquier otra información de contacto de su {hijo/hija} adolescente se eliminarán de nuestros registros después de que finalice el estudio.

For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

Para obtener más información sobre los derechos de los sujetos de investigación, comuníquese con la Oficina de Protección de Sujetos Humanos de Investigación al 1-310-825-8714.

To confirm, do we have your permission to contact {him/her} and ask {him/her} to participate in the survey?

A modo de confirmación, ¿tenemos su permiso para comunicarnos con \{él/ella} e \{invitarlo/invitarla} a participar en la encuesta?

- ❍ Yes 1
- ❍ No...2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_G14':
IF **'QA24_G12'**_A = 2, -7, -8 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} answers ….8714."
ELSE SKIP TO **'QA24_G15'**

'QA24_G14'   We understand that you would prefer that your teen not participate in the survey.

Entendemos que prefiere que su hijo(a) adolescente no participe en la encuesta.

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.}

Sin embargo, estos son problemas importantes de salud pública a los que se enfrenta California. Algunos padres deciden no permitirles a sus hijos adolescentes participar en la encuesta porque no se sienten cómodos con el hecho de que ellos respondan preguntas sobre drogas o comportamiento sexual. Si lo prefiere, podemos asegurarnos de no incluir las preguntas sobre drogas o comportamiento sexual en la entrevista.

{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.}

Las preguntas de la encuesta para adolescentes son muy similares a las que usted está respondiendo, pero la encuesta es mucho más corta. La encuesta aborda una variedad de temas de salud, incluyendo la salud general, la dieta, el ejercicio y otros hábitos saludables y no saludables como fumar, beber alcohol y consumir drogas. También incluye algunas preguntas sobre situaciones de abuso, violencia y comportamiento sexual. Hay algunas preguntas sobre pensamientos o intentos de suicidio, ya que consideramos que es un problema de salud muy serio. Proporcionamos asistencia e información de apoyo a cualquier adolescente que lo necesite.

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.

{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.}

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?

❍   Yes 1   **[GO TO 'QA24_G15']**
❍   Yes, if no questions on drugs.......................2   **[GO TO 'QA24_G15']**
❍   Yes, if no questions on sexual behavior 3   **[GO TO 'QA24_G15']**
❍   Yes, if no questions on drugs and
      sexual behavior 4   **[GO TO 'QA24_G15']**
❍   No...5   **[GO TO 'QA24_G18']**
❍   REFUSED .... -7   **[GO TO 'QA24_G18']**
❍   DON'T KNOW .... -8   **[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.

Gracias por permitir que su hijo(a) adolescente participe en este importante estudio. Para comunicarnos correctamente con su hijo(a) adolescente, proporcione el nombre y apellido de {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGssNATION}. Recuerde que el nombre su {hijo/hija} adolescente no se relacionará con sus respuestas.

TP_NAME

First name: _____
Nombre: _____

Last name: _____
Apellido: _____

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.

Si su hijo(a) adolescente no completa la encuesta en línea, le pedimos permiso para intentar comunicarnos con {él/ella} por teléfono para completar la encuesta por ese medio. Como es importante que nos comuniquemos con {ADOLESCENT'S FIRST NAME} para completar la encuesta, sería de mucha ayuda que nos proporcione su número de teléfono principal para que podamos ponernos en contacto. Eliminaremos este número de teléfono de nuestros registros cuando haya finalizado el estudio. Puede ser un número de teléfono fijo, residencial o celular.

Would you please provide a home, landline, or other cell phone number that we may call to contact {ADOLESCENT'S FIRST NAME}?\

¿Podría proporcionarnos un número de teléfono fijo, residencial o celular al que podamos llamar para comunicarnos con {ADOLESCENT'S FIRST NAME}?

__ __ __ - __ __ __ - __ __ __ __

- ○ Landline...1
- ○ Cell phone 2   **[GO TO 'QA24_G16']**
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

'QA24_G16'   Is the cell phone number you just provided your teen's personal phone number?

¿El número de teléfono que nos proporcionó es el número personal de su \{hijo/hija} adolescente?

TP2_CELL2

- ○ Yes...1
- ○ No...5
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

94

'QA24_G17'   Are you willing to let us send your teen a text message reminder to participate in the survey?

¿Nos da permiso para que le enviemos a su {hijo/hija} adolescente recordatorios por mensaje de texto para que participe en la encuesta?

TP3

❍   Yes 1   **[GO TO 'QA24_G19']**
❍   No...2   **[GO TO 'QA24_G19']**
❍   REFUSED .... -7   **[GO TO 'QA24_G19']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_G19']**

'QA24_G18'   We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

Entendemos que prefiere que su {hijo/hija} adolescente no participe de la encuesta. Gracias por su consideración.

TP6

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.

Gracias por permitir que su {hijo/hija} adolescente participe. Tenemos algunas preguntas más para usted.

TP_END

Paid Child care

PROGRAMMING NOTE 'QA24_G20':
ANY CHILDREN IN **'QA24_A38'** ARE AGE 13 OR LESS, CONTINUE WITH **'QA24_G20'**;
ELSE GO TO **'QA24_A23'**;
IF ANY CHILD IN ROSTER **'QA24_A38'** < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children under age 14";
IF **'QA24_A24'** = 1 (MARRIED) AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
ELSE IF **'QA24_A25'** = 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?

Durante el mes pasado, ¿pagó algún tipo de cuidado infantil por cualquier niño menor de 14 años mientras {usted o su esposo(a)/pareja/usted} trabajaba, iba a la escuela o buscaba empleo?

AH44A

[IF NEEDED, SAY**: "**THIS INCLUDES HEAD START, DAY CARE CENTERS, BEFORE- OR AFTER-SCHOOL CARE PROGRAMS, AND ANY BABY-SITTING ARRANGEMENTS.]

Esto incluye Head Start, guarderías infantiles, programas antes o después de la escuela y cualquier arreglo para que otra persona cuide a su niño(a) mediante un pago

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_A23']**
❍	REFUSED .... -7	**[GO TO 'QA24_A23']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_A23']**

'QA24_G21' In the past month, how much did you pay for all child care arrangements and programs?

Durante los últimos 30 días, ¿cuánto pagó en total por todos los arreglos y programas para cuidar niños?

AH44B

[IF NEEDED, SAY: "IF IT IS EASIER FOR YOU, YOU CAN TELL ME WHAT YOU PAID IN A <u>TYPICAL WEEK</u> LAST MONTH. YOU OR ANY OTHER ADULT IN YOUR HOUSEHOLD."]

Si le es más fácil, puede decirme lo que pagó usted o cualquier otro adulto en su hogar en una semana normal durante el mes pasado

❍	$___ AMOUNT LAST MONTH	**[HR: 0-8,000]**
❍	$__ AMOUNT IN TYPICAL WEEK	**[HR: 0-3,000]**
❍	NO PAYMENT IN LAST MONTH OR WEEK...................................3	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

Veteran Status

'QA24_G22' Did you ever serve on active duty in the Armed Forces of the United States?

¿Ha estado usted alguna vez en el servicio militar activo en las Fuerzas Armadas de los Estados Unidos?

AG22

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_G27']**
❍	REFUSED .... -7	**[GO TO 'QA24_G27']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_G27']**

'QA24_G23' When did you serve?

¿Cuándo estuvo en las Fuerzas Armadas?

AG23

❍	FROM _____
❍	TO_____
❍	STILL SERVING, OR

[CHECK ALL THAT APPLY]

❑	WORLD WAR II (SEPT 1940 TO JULY 1947) 1	
❑	KOREAN WAR (JUNE 1950 TO JAN 1955) 2	
❑	VIETNAM WAR (AUG 1964 TO APRIL 1975) 3	
❑	GULF WAR/	

                    OPERATION DESERT STORM

                    (1990 TO 1991)...4

❑   AFGHANISTAN/

                    OPERATION ENDURING FREEDOM

                    (2001 TO 2021)...5

❑   IRAQ WAR/

                    OPERATION IRAQI FREEDOM

                    (2003 TO 2021)...6

○   REFUSED .... -7

○   DON'T KNOW .... -8

'QA24_G24'   Altogether, how long did you serve?

En total, ¿cuánto tiempo estuvo en las Fuerzas Armadas?

AG24

❑   _____ YEARS

❑   _____MONTHS

○   REFUSED .... -7

○   DON'T KNOW .... -8

'QA24_G25'   Do you have a VA service-connected disability rating?

¿Tiene usted asignado un nivel de discapacidad asociado con el servicio del Departamento de Asuntos de los Veteranos de Estados Unidos?

AG31

○   YES 1

○   NO...2   **[GO TO 'QA24_G27']**

○   REFUSED .... -7   **[GO TO 'QA24_G27']**

○   DON'T KNOW .... -8   **[GO TO 'QA24_G27']**

'QA24_G26'   What is your service-connected disability rating?

¿El arma de fuego se guarda cargada?

AG32

○   0 PERCENT 1

○   10 OR 20 PERCENT 2

○   30 OR 40 PERCENT 3

○   50 OR 60 PERCENT 4

○   70 PERCENT OR HIGHER 5

○   REFUSED .... -7

○   DON'T KNOW .... -8

Employment

'QA24_G27'   Which of the following were you doing last week?

¿Cuál de las siguientes actividades hizo la semana pasada?

AK1

[IF NEEDED: IF R MENTIONS 'WORKING REMOTELY', CODE AS 'WORKING AT A JOB OR BUSINESS']

Si trabajó de manera remota desde su hogar, seleccione trabajar en un empleo o empresa.

○   Working at a job or business.........................1   **[GO TO**

                                                                    'PN_QA24_G31']

❍   With a job or business but not at work 2
❍   Looking for work, or 3
❍   Not working at a job or business?...............4
❍   REFUSED .... -7   **[GO TO
                                                                    'PN_QA24_G31']**
❍   DON'T KNOW .... -8   **[GO TO
                                                                    'PN_QA24_G31']**

'QA24_G28'   What is the main reason you did not work last week?

                   ¿Cuál es el motivo principal por el que no trabajó la semana pasada?

[AK2]

                   [IF NEEDED, SAY: "MAIN REASON IS THE MOST IMPORTANT REASON."]

                   El motivo principal es el motivo más importante.

❍   TAKING CARE OF HOUSE OR FAMILY 1
❍   ON PLANNED VACATION 2
❍   COULDN'T FIND A JOB 3
❍   GOING TO SCHOOL/STUDENT................4
❍   RETIRED 5   **[GO TO 'QA24_G30']**
❍   DISABLED 6   **[GO TO 'QA24_G30']**
❍   UNABLE TO WORK TEMPORARILY 7
❍   ON LAYOFF OR STRIKE 8
❍   ON FAMILY OR MATERNITY LEAVE.........9
❍   OFF SEASON 10
❍   SICK... 11
❍   OTHER... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA24_G29'   Do you usually work?

                   ¿Trabaja usted por lo general?

[AG10]

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

PROGRAMMING NOTE 'QA24_G30':
IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['**QA24_G29'** = 2 (DOES NOT USUALLY WORK) OR
'QA24_G28' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH **'QA24_G30'**;
ELSE GO TO **'PN_QA24_G31'**

'QA24_G30'   Are you receiving Social Security Disability Insurance or SSDI?

                   ¿Recibe usted Ingreso de Seguro Social por Incapacidad (o SSDI)?

[AL22]

❍   YES 1   **[GO TO
                                                                    'PN_QA24_G35']**
❍   NO...2   **[GO TO
                                                                    'PN_QA24_G35']**

◯   REFUSED .... -7   **[GO TO 'PN_QA24_G35']**

◯   DON'T KNOW .... -8   **[GO TO 'PN_QA24_G35']**

PROGRAMMING NOTE 'QA24_G31':
IF **'QA24_G27'** = 1, 2, -7, OR -8 (working, with job, don't know, or refused) 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?

En su trabajo <u>principal</u>, ¿trabaja usted para: una compañía privada, el gobierno,o trabaja por cuenta propia, o<u>está</u> trabajando sin recibir pago en un negocio o finca de la familia?

AK4

[IF NEEDED, SAY: "WHERE DID YOU WORK MOST HOURS?"]

Dónde trabajó <u>más</u> horas

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

PROGRAMMING NOTE 'QA24_G32':

DISPLAY INSTRUCTIONS:
IF **'QA24_G31'** = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G. BUDGET OFFICE, POLICE, ETC.]";
ELSE DISPLAY "WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?" AND
[IF NEEDED, SAY: WHAT DO THEY MAKE OR DO AT THIS BUSINESS?']

'QA24_G32'   {What kind of agency or department is this? / What kind of business or industry is this?}

{¿Qué clase de agencia o departamento es? / ¿Qué tipo de negocio o industria es?}

AK5

{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.]}

[IF NEEDED, SAY: "What do they make or do at this business?"]
[INTERVIEWER: ENTER DESCRIPTION]

¿Qué hacen o producen en este negocio?

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

'QA24_G33'   What is the main kind of work you do?

AK6

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

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

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?

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

AK8

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE]

Puede darnos un número aproximado.

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

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA24_G35':
IF **'QA24_A24'** = 1 (MARRIED) OR **'QA24_D13'**= 1 OR **'QA24_D14'** = 1, CONTINUE WITH **'QA24_G35'**;
IF **'QA24_A24'** = 1, THEN DISPLAY "spouse"; ELSE IF **'QA24_D13'** = 1 OR **'QA24_D14'** = 1, THEN DISPLAY "partner";
ELSE GO TO **'QA24_H1'**

'QA24_G35'   Which of the following was your {spouse/partner} doing last week?

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

AG8

- ❍   Working at a job or business........................1   **[GO TO 'QA24_G37']**
        Estaba trabajando en un empleo o negocio
- ❍   With a job or business but not at work.........2   **[GO TO 'QA24_G37']**
        Tenía empleo o negocio, pero no trabajé
- ❍   Looking for work...3
        Buscaba trabajo
- ❍   Not working at a job or business..................4
        No trabajó en un empleo o negocio
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA24_G36'   Does your {spouse/partner} usually work?

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

AG11

❍	YES 1		
❍	NO...2	**[GO TO 'QA24_H1']**
❍	LOOKING FOR WORK...............................3	**[GO TO 'QA24_H1']**
❍	REFUSED .... -7	**[GO TO 'QA24_H1']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_H1']**

'QA24_G37'   On your {spouse's/partner's} <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm?

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

AG9

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

Section H: Health Insurance

Usual Source of Care

'QA24_H1'   Is there a place that you usually go to when you are sick or need advice about your health?

¿Hay algún lugar al que usted va normalmente cuando está enfermo(a) o necesita consejos sobre su salud?

AH1

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

- YES 1
- NO 2   **[GO TO 'QA24_H3']**
- DOCTOR/MY DOCTOR 3   **[GO TO 'QA24_H3']**
- KAISER 4   **[GO TO 'QA24_H3']**
- MORE THAN ONE PLACE.........................5   **[GO TO 'QA24_H3']**
- REFUSED .... -7   **[GO TO 'QA24_H3']**
- DON'T KNOW .... -8   **[GO TO 'QA24_H3']**

PROGRAMMING NOTE 'QA24_H2':

DISPLAY INSTRUCTIONS:
IF **'QA24_H1'** = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
ELSE IF **'QA24_H1'** = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF **'QA24_H1'** = 4 (KAISER) CIRCLE "1" FOR CONTINUE WITH **'QA24_H2'**
AND GO TO **'QA24_H3'**

'QA24_H2'   {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

¿A qué tipo de lugar va usted con más frecuencia —el consultorio de un doctor, una clínica o clínica de hospital, {en} una sala de emergencias o en algún otro lugar?

AH3

- DOCTOR'S OFFICE/KAISER/
  OTHER HMO 1
- CLINIC/HEALTH CENTER/
  HOSPITAL CLINIC 2
- EMERGENCY ROOM.................................3
- SOME OTHER PLACE (SPECIFY: ____) 91
- NO ONE PLACE 92
- REFUSED .... -7
- DON'T KNOW .... -8

Emergency Room Visits

'QA24_H3'   During the past 12 months, did you visit a hospital emergency room for your own health?

Durante los últimos 12 meses, ¿fue a la sala de emergencias de un hospital debido a su propia salud?

AH12

- YES 1
- NO 2   **[GOTO 'QA24_H5']**

❍   REFUSED .... -7   **[GOTO 'QA24_H5']**
❍   DON'T KNOW .... -8   **[GOTO 'QA24_H5']**

'QA24_H4'   How many times did you do that?

¿Cuántas veces hizo eso?

AH95

[IF NEEDED, SAY: "DURING THE PAST 12 MONTHS, HOW MANY TIMES DID YOU VISIT A HOSPITAL EMERGENCY ROOM FOR YOUR OWN HEALTH?"].

[IF NEEDED, SAY: 'Durante los últimos 12 meses, ¿cuántas veces fue a la sala de emergencias de un hospital debido a su propia salud?']

_____NUMBER OF TIMES [HR: 0 - 200]
- REFUSED .... -7
- DON'T KNOW .... -8

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?

MediCARE es un programa de seguro de salud para personas de 65 años o más o personas con ciertas discapacidades. En este momento, ¿tiene usted cobertura de Medicare?

AI1

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

- YES 1   **[GOTO 'QA24_H8']**
- NO..2
- REFUSED .... -7   **[GOTO 'QA24_H14']**
- DON'T KNOW .... -8   **[GOTO 'QA24_H14']**

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_H8'**

'QA24_H6'   Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

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

AI2

- CORRECT, NOT COVERED BY
  MEDICARE 1   **[GO TO 'PN _AI6']**
- NOT CORRECT, R IS COVERED BY
  MEDICARE 2   **[GO TO 'PN_QA24_H8']**
- AGE IS INCORRECT................................ 93
- REFUSED .... -7   **[GO TO 'PN _AI6']**
- DON'T KNOW .... -8   **[GO TO 'PN _AI6']**

POST NOTE 'QA24_H6': IF **'QA24_H6'** = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA24_H7'   What is your age, please?

¿Me podría decir su edad por favor?

| AI3 |

      _____ YEARS OF AGE   [HR: 18-105]   **[IF 'QA24_H7'>=0, GO TO 'PN_QA24_H15']**

❍   REFUSED .... -7   **[GO TO 'PN_QA24_H15']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H15']**

POST NOTE 'QA24_H7': AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = **'QA24_H7'**;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'QA24_H8': IF ARMCARE = 1, CONTINUE WITH **'QA24_H8'**;
ELSE GO TO **'PN_QA24_H14'**

'QA24_H8'   Is this a MediCARE Advantage Plan?

¿Es este un Plan MediCARE Advantage?

| AH123 |

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

Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B.

❍   YES 1   **[GO TO 'QA24_H10']**
❍   NO 2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA24_H8': IF **'QA24_H8'** = 1, SET ARMADV = 1

'QA24_H9'   Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

Algunas personas que reúnen los requisitos para MediCARE, también tienen un seguro privado que a veces se llama Medigap o póliza del seguro suplementario de Medicare. ¿Tiene usted este tipo de seguro de salud?

| AI4 |

[IF NEEDED, SAY: "THESE ARE POLICIES THAT COVER HEALTH CARE COSTS NOT COVERED BY MEDICARE ALONE.]

Estas son pólizas que cubren los costos de los servicios de salud que no están cubiertos por MediCARE solamente.

❍   YES 1
❍   NO...2   **[GO TO 'PN_QA24_H14']**
❍   REFUSED .... -7   **[GO TO 'PN_QA24_H14']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H14']**

POST NOTE FOR 'QA24_H9': IF **'QA24_H9'**= 1, SET ARSUPP= 1

PROGRAMMING NOTE 'QA24_H10':
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE **'QA24_H14'**;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'QA24_H10'   For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

Para el/la {plan MediCARE Advantage/póliza del seguro suplementario de MediCARE}, ¿usted se inscribió directamente, o lo obtuvo a través de su empleador actual, un empleador anterior, un sindicato, un negocio familiar, AARP o de alguna otra forma?

AH126

[IF NEEDED, SAY: "AARP STANDS FOR THE AMERICAN ASSOCIATION OF RETIRED PERSONS]

AARP son las siglas en inglés de Asociación Americana de Personas Retiradas.

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

'QA24_H11'   Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

¿Paga usted una parte o toda la prima o el costo de este plan de salud? No incluya el costo de ningún pago compartido o de deducibles que usted o su familia tengan que pagar.

AH53

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE

SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE
COVERAGE.]

*Los copagos son pagos parciales que usted hace para su atención médica cada vez que
va a un médico o usa el sistema de atención médica, mientras que un tercero paga su
cobertura de atención médica principal.*

[IF NEEDED, SAY: "A DEDUCTIBLE IS THE AMOUNT YOU PAY FOR MEDICAL CARE
BEFORE YOUR HEALTH PLAN STARTS PAYING."]

*Un deducible es el monto que usted paga por atención médica antes de que su plan de
salud comience a pagar.*

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR
HEALTH INSURANCE PLAN."]

La prima es el pago mensual por el costo de su plan de seguro de salud.

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

'QA24_H12'   Does anyone else, such as an employer, a union, or professional organization pay all or
some portion of the premium or cost for this health plan?

*¿Hay otras personas, tales como un empleador, un sindicato o una organización
profesional que paguen toda, o una parte de la prima o del costo de este plan de salud?*

AH54

     ❍   YES 1
     ❍   NO..2   **[GO TO 'PN_QA24_H14']**
     ❍   REFUSED .... -7   **[GO TO 'PN_QA24_H14']**
     ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H14']**

'QA24_H13'   Who is that?

¿Quién lo paga?

AH55

[IF NEEDED, SAY: "WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST
FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL
ORGANIZATION?"]

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

[CODE ALL THAT APPLY]

[PROBE: "ANY OTHERS?"]

[PROBE: '¿Alguien más?']

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

POST NOTE FOR 'QA24_H13': IF **'QA24_H13'** = 7, SET ARMCAL = 1;

MediCal Coverage

PROGRAMMING NOTE 'QA24_H14':
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

'QA24_H14'   {Is it correct that you are/Are you} covered by Medi-CAL?

{¿Es cierto que usted tiene / ¿Tiene usted} cobertura de Medi-CAL?

AI6

[IF NEEDED, SAY: " MEDI-CAL IS A HEALTH INSURANCE PROGRAM FOR LOW-INCOME INDIVIDUALS IN CALIFORNIA."]

Medi-Cal es un programa de seguro de salud para personas de bajos ingresos en California.

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

POST NOTE FOR 'QA24_H14': IF **'QA24_H14'** = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND **'QA24_H14'** = 2, SET ARMCAL = 0

Employer-Based Coverage

PROGRAMMING NOTE 'QA24_H15':

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_H15'   {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?

AI8

Además de la póliza del seguro suplementario de Medicare que me mencionó, /Además del plan Medicare Advantage que me mencionó, ¿tiene usted cobertura de <algún otro/un> plan de seguro de salud o HMO a través de un empleador o sindicato actual o anterior?

[IF NEEDED, SAY**:** "…either through your own or someone else's employment?"]

Ya sea a través de su propio empleo o de alguna otra persona

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

POST NOTE FOR 'QA24_H15': IF **'QA24_H15'** = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'QA24_H16':
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'AI11;
ELSE GO TO **'PN_QA24_H18'**

'QA24_H16'   Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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

AI11

[IF NEEDED, SAY: **"**DON'T INCLUDE A PLAN THAT PAYS ONLY FOR CERTAIN ILLNESSES SUCH AS CANCER OR STROKE, OR ONLY GIVES YOU 'EXTRA CASH' IF YOU ARE IN A HOSPITAL.**"**]

No incluya planes que pagan solamente por ciertas enfermedades, como cáncer o derrame cerebral, o que solamente le dan 'dinero extra' si está hospitalizado

- ○   YES 1
- ○   NO 2   **[GO TO 'PN_QA24_H18']**
- ○   REFUSED ....-7   **[GO TO 'PN_QA24_H18']**
- ○   DON'T KNOW ....-8   **[GO TO 'PN_QA24_H18']**

POST NOTE 'QA24_H16': IF **'QA24_H16'** = 1, SET ARDIRECT = 1 AND SET ARINSURE =1

PROGRAMMING NOTE 'QA24_H17':
IF ARDIRECT = 1, THEN CONTINUE WITH **'QA24_H17'**;
ELSE GO TO **'PN_QA24_H18'**

'QA24_H17'   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

¿Cómo compró este seguro de salud -- directamente a una compañía de seguro de salud o HMO o mediante Covered California?

| AH104 |

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

POST NOTE 'QA24_H17': IF **'QA24_H17'** = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA24_H18':
IF **'QA24_H15'** = 1 (EMPLOYER-BASED COVERAGE) OR **'QA24_H16'** = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH **'QA24_H18'**;
ELSE GO TO **'PN_QA24_H20'**

'QA24_H18'   Was this plan obtained in your own name or in the name of someone else?

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

| AI9 |

[IF NEEDED, SAY: "EVEN SOMEONE WHO DOES NOT LIVE IN THIS HOUSEHOLD."]

Aún de alguien que no viva en este hogar

❍   IN MY OWN NAME......................................1   **[GO TO 'PN_QA24_H20']**

❍   IN SOMEONE ELSE'S NAME 2
❍   REFUSED .... -7   **[GO TO 'PN_QA24_H20']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H20']**

POST NOTE 'QA24_H18': IF **'QA24_H15'** = 1 AND **'QA24_H18'** = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF **'QA24_H15'** = 1 AND **'QA24_H18'** = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF **'QA24_H16'** = 1 AND **'QA24_H18'** = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF **'QA24_H16'** = 1 AND **'QA24_H18'** = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
IF **'QA24_H16'** = 1 AND **'QA24_H18'** = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE =
PROGRAMMING NOTE **'QA24_H19'**: IF **'QA24_A24'** = 1 (MARRIED) OR **'QA24_D13'** = 1 OR
'QA24_D14'= 1OR IF **'QA24_G11'** = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR **'QA24_A4'** =1 (BETWEEN 18 AND 29)], CONTINUE WITH **'QA24_H19'** ;
ELSE GO TO PROGRAMMING NOTE **'QA24_H20'**;
IF **'QA24_A24'** = 1, THEN DISPLAY "spouse's name";

IF **'QA24_A24'** ≠ 1 AND (**'QA24_D13'**= 1 OR **'QA24_D14'**= 1), THEN DISPLAY "partner's name;

IF **'QA24_G11'**= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'QA24_H19':
IF **'QA24_A24'** = 1 (MARRIED) OR **'QA24_D13'** = 1 OR **'QA24_D14'** = 1OR IF **'QA24_G11'** = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR **'QA24_A4'**= 1 (BETWEEN 18 AND 29)], CONTINUE WITH **'QA24_H19'**;
ELSE GO TO PROGRAMMING NOTE **'QA24_H20'**;

IF **'QA24_A24'** = 1, THEN DISPLAY "spouse's name";

IF **'QA24_A24'** ≠ 1 AND (**'QA24_D13'** = 1 OR **'QA24_D14'** = 1), THEN DISPLAY "partner's name;

IF **'QA24_G11'** = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA24_H19'   Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

¿Está el plan a {nombre de su esposo(a),} '{nombre de su pareja,}' {nombre de uno de sus padres} o a nombre de otra persona?

AI9A

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

POST NOTE 'QA24_H19': IF **'QA24_H15'**= 1 AND **'QA24_H19'**= 1 SET AREMPSP= 1 AND AREMPOTH= 0 AND ARSAMESP = 1;
IF **'QA24_H17'** = 2 AND **'QA24_H19'** = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;
IF **'QA24_H15'** = 1 AND **'QA24_H19'** = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;
IF **'QA24_H16'** = 1 AND **'QA24_H19'** = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP = 1;
IF **'QA24_H16'** = 1 AND **'QA24_H19'** = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA24_H20':
IF **'QA24_H15'** = 1 (EMPLOYER-BASED COVERAGE) AND **'QA24_G34'**=< 5 (FIRM SIZE <=100), CONTINUE WITH **'QA24_H20'** 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_H21'**;

'QA24_H20'   How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

¿Cómo se inscribió {usted/él o ella} en este seguro de salud – mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AH105

[IF NEEDED, SAY**: "**SHOP IS THE SMALL BUSINESS HEALTH OPTIONS PROGRAM ADMINISTERED BY COVERED CALIFORNIA**"**]

SHOP son las siglas en inglés del Programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California.

❍	EMPLOYER	1
❍	UNION	2
❍	SHOP / COVERED CALIFORNIA	3
❍	OTHER (SPECIFY: _____)	92
❍	REFUSED	-7
❍	DON'T KNOW	-8

POST NOTE FOR 'QA24_H20': IF **'QA24_H20'** = 3, THEN SET ARHBEX = 1

> **PROGRAMMING NOTE 'QA24_H21':**
> IF ARHBEX = 1, THEN CONTINUE WITH **'QA24_H21'**;
> ELSE GO TO **'PN_QA24_H23'**;

'QA24_H21'   Was this a bronze, silver, gold or platinum plan?

           ¿Era un plan bronce, plata, oro o platino (bronze, silver, gold o platinum)?

AH106

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

> **PROGRAMMING NOTE 'QA24_H22':**
> IF **'QA24_H20'** = 3, THEN GO TO **'QA24_H23'**;
> ELSE CONTINUE WITH **'QA24_H22'**;

'QA24_H22'   Was there a subsidy or discount on the premium for this plan?

           ¿Había un subsidio o descuento en la prima de este plan?

AH107

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

> **PROGRAMMING NOTE 'QA24_H23':**
> IF **'QA24_H15'** = 1 (EMPLOYER-BASED COVERAGE) OR **'QA24_H16'** = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH **'QA24_H23'**;
> ELSE GO TO **'PN_QA24_H28'**

'QA24_H23'   Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

           ¿Paga usted una parte o el total de la prima o del costo de este plan de salud? No incluya el costo de ningún copago o deducible que haya tenido que pagar usted o su familia.

AH57

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.]

Los <u>copagos</u> son pagos parciales que usted hace para su atención médica cada vez que va a un médico o usa el sistema de atención médica, mientras que un tercero paga su cobertura de atención médica principal.

[IF NEEDED, SAY: "A <u>DEDUCTIBLE</u> IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

Un <u>deducible</u> es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar.

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

La <u>prima</u> es el pago mensual por el costo de su plan de seguro de salud.

❍	YES 1	
❍	NO...2	**[GO TO 'PN_QA24_H26']**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

'QA24_H24'   How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

¿Cuánto paga usted {su familia} al mes por su plan de seguro de salud {el plan de seguro de salud de su familia}? Un cálculo aproximado es suficiente

AH128

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay].

No incluya el costo de ningún copago o deducible que haya tenido que pagar usted o su familia.

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

Los <u>copagos</u> son pagos parciales que usted hace para su atención médica cada vez que va a un médico o usa el sistema de atención médica, mientras que un tercero paga su cobertura de atención médica principal.

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

Un <u>deducible</u> es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar.

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

La <u>prima</u> es el pago mensual por el costo de su plan de seguro de salud.

_____ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

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

'QA24_H25'   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

¿Hay otras personas, tales como un empleador, un sindicato o una organización profesional que pague toda o una parte de la prima o costo de este plan de salud?

AH58

❍	YES 1		
❍	NO...2	**[GO TO 'PN_QA24_H28']**
❍	REFUSED ....-7	**[GO TO 'PN_QA24_H28']**
❍	DON'T KNOW ....-8	**[GO TO 'PN_QA24_H28']**

PROGRAMMING NOTE 'QA24_H26':
IF **'QA24_H23'** = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

'QA24_H26'   Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

¿Quién, además de usted, paga una parte del costo de este plan, por ejemplo, su empleador, un sindicato o una organización professional?

AH56

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?]

[IF NEEDED, SAY:'*¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional?'*]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: '¿Alguien más?']

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

POST NOTE 'QA24_H26': IF **'QA24_H26'** = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF **'QA24_H26'** = 4 OR 5, THEN SET AREMPSP= 1;
IF **'QA24_H26'** = 6, THEN SET AROTHER= 1;

IF **'QA24_H26'** = 9, SET ARMCARE = 1 AND SET ARDIRECT= 0;
IF **'QA24_H26'** = 7, SET ARMCAL = 1 AND SET ARDIRECT= 0;
IF **'QA24_H26'** = 11, SET ARHBEX= 1;
IF **'QA24_H26'** = 91, THEN SET AROTHER= 1

'QA24_H27'   How much do they contribute to your plan each month?

¿Cuánto aportan a su plan cada mes?

AH129

_____ (AMOUNT)   **[HR:0-9997,SR:0-2000]**

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

PROGRAMMING NOTE 'QA24_H28':
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_H28'**;
ELSE GO TO PROGRAMMING NOTE **'QA24_H32'**

'QA24_H28'   Does your employer offer health insurance to any of its employees?

¿Ofrece su empleador seguro de salud a alguno de sus empleados?

AI13

○   YES 1
○   NO...2   **[GO TO 'PN_QA24_H32']**
○   REFUSED .... -7   **[GO TO 'PN_QA24_H32']**
○   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H32']**

'QA24_H29'   Are you eligible to be in this plan?

¿Reúne usted los requisitos para este plan?

AI14

○   YES 1
○   NO...2   **[GO TO 'PN_AI5A']**
○   REFUSED .... -7   **[GO TO 'PN_QA24_H32']**
○   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H32']**

'QA24_H30'   What is the one main reason why you aren't in this plan?

Cuál es la razón principal por la cual usted no está inscrito(a) en este plan?

AI15

○   Covered by another plan..............................1   **[GO TO 'PN_QA24_H32']**
○   Plan too expensive......................................2   **[GO TO 'PN_QA24_H32']**
○   Didn't like plan offered 3   **[GO TO 'PN_QA24_H32']**
○   Don't need or believe in health insurance....4   **[GO TO 'PN_QA24_H32']**
○   Other (Specify: _____)...........................91   **[GO TO 'PN_QA24_H32']**
○   REFUSED .... -7   **[GO TO 'PN_QA24_H32']**

◯   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H32']**

'QA24_H31'   What is the one main reason why you are not eligible for this plan?

Cuál es la razón principal por la cual usted no puede estar inscrito(a) en este plan?

AI15A

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

CHAMPUS/CHAMPVA, TRICARE, VA Coverage

PROGRAMMING NOTE 'QA24_H32':
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH **'QA24_H32'**;
ELSE GO TO **'PN_QA24_H33'**

'QA24_H32'   Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

¿Tiene usted cobertura de CHAMPUS/CHAMP-VA, TRICARE, VA o algún otro plan de salud para militares?

AI16

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

POST NOTE 'QA24_H32': IF **'QA24_H32'** = 1, SET ARMILIT= 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

PROGRAMMING NOTE 'QA24_H33':
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN,
MILITARY PLAN) CONTINUE WITH **'QA24_H33'**;
ELSE GO TO PROGRAMMING NOTE **'QA24_H34'**

'QA24_H33'   Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

¿Tiene usted cobertura de algún otro programa de salud del gobierno, como AIM, 'Mister MIP', el programa Family PACT, Healthy Kids u otro programa?

AI17

[IF NEEDED, SAY: **"**AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that

pays for contraception/reproductive health services for uninsured lower income women and men.]

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

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

POST NOTE 'QA24_H33': IF **'QA24_H33'**= 1, SET AROTHGOV= 1 AND SET ARINSURE = 1

Other Coverage

PROGRAMMING NOTE 'QA24_H34':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH **'QA24_H34'**;
ELSE GO TO PROGRAMMING NOTE **'QA24_H38'**

'QA24_H34'   Do you have any health insurance coverage through a plan that I missed?

¿Tiene usted alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

AI18

- ❍   YES 1
- ❍   NO..2   **[GO TO 'PN_QA24_H38']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA24_H38']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H38']**

'QA24_H35'   What type of health insurance do you have?

¿Qué tipo de seguro de salud tiene?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: *'¿Alguien más?'*]

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

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

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

POST NOTE 'QA24_H35': IF **'QA24_H35'**= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF **'QA24_H35'**= 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF **'QA24_H35'**= 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF **'QA24_H35'**= 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF **'QA24_H35'**= 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF **'QA24_H35'**= 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF **'QA24_H35'**= 8, SET ARIHS = 1;
IF **'QA24_H35'**= 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH =1;
IF **'QA24_H35'**= 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
IF **'QA24_H35'**= 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF **'QA24_H35'**= 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA24_H36':
IF **'QA24_H35'** = 1, 2, OR 3 CONTINUE WITH **'QA24_H36'**;
ELSE GO TO **'PN_QA24_H38'**

'QA24_H36'   Was this plan obtained in your own name or in the name of someone else?

¿Obtuvo este plan a su nombre o a nombre de otra persona?

AH59

[PROBE: "Even someone who does not live in this household?"]

[PROBE: '*Incluso alguien que no viva en esta casa.*']

○   IN MY OWN NAME.....................................1   **[GO TO
'PN_QA24_H38']**
○   IN SOMEONE ELSE'S NAME 2
○   REFUSED .... -7   **[GO TO
'PN_QA24_H38']**
○   DON'T KNOW .... -8   **[GO TO**

'PN_QA24_H38']

POST NOTE 'QA24_H36': IF ('**QA24_H35'** = 1 OR 2 OR KAI19 =11) AND '**QA24_H36'** = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('**QA24_H35'** = 3 OR 10) AND '**QA24_H36'** = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('**QA24_H35'** = 1 OR 2) AND ('**QA24_H36'** = 2, *-7, OR -8*), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF '**QA24_H35'** = 1 AND ('**QA24_H36'** = 2, *-7, OR -8*) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA24_H37':
IF **'QA24_A24'** = 1 (MARRIED) OR **'QA24_D13'**= 1 OR **'QA24_D14'**= 1 OR IF **'QA24_G11'**= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH **'QA24_H37'**;
ELSE GO TO PROGRAMMING NOTE **'QA24_H38'**;
IF **'QA24_A24'** = 1 THEN DISPLAY "spouse's name";

IF **'QA24_A24'** ≠ 1 AND (**'QA24_D13'**= 1 OR **'QA24_D14'**= 1), THEN DISPLAY "partner's name";

IF **'QA24_G11'** = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA24_H37'   Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

¿Está el plan a nombre de {spouse's name,} '{partner's name}' {parent's name} o a nombre de otra persona?

AH60

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

POST NOTE 'QA24_H37': IF **'QA24_H37'**= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF **'QA24_H37'**= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA24_H38':

IF ARIHS ≠ 1 AND **'QA24_A11'**= 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH **'QA24_H38'**;
ELSE GO TO 'PN_AI37 Intro'

'QA24_H38'   Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

¿Tiene usted cobertura del Servicio de Salud Indígena, el Programa de Salud Tribal o Clínica Indígena Urbana?

AI20

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

POST NOTE 'QA24_H38': IF 'QA24_H38' = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE 'QA24_H39':
IF ['QA24_A24' = 1 (MARRIED) OR 'QA24_D13' = 1 OR 'QA24_D14' = 1] AND 'QA24_A25' = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
IF 'QA24_A24' = 1, THEN DISPLAY "spouse";
ELSE IF 'QA24_D13' = 1 OR 'QA24_D14' = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE 'QA24_H61'

'QA24_H39'   These next questions are about the type of health insurance your {spouse/partner} may
have.

*Las siguientes preguntas son sobre el tipo de seguro de salud que pueda tener su
{esposo(a)/pareja}.*

AI37Intro

PROGRAMMING NOTE 'QA24_H40':
IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH 'QA24_H40' WITHOUT DISPLAY

ELSE IF ARMCARE = 1, CONTINUE WITH 'QA24_H40' AND DISPLAY "You said that you are covered
by Medicare." AND "also";
ELSE GO TO 'PN_QA24_H43'

'QA24_H40'   {You said that you are covered by Medicare.} Is (**SPOUSE/PARTNER**) {also} covered by
Medicare?

*{Usted dijo que tiene cobertura de Medicare.} ¿Tiene su {esposo(a)/pareja} cobertura de
Medicare {también}?}}*

AI37

❍   Yes 1
❍   No..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA24_H40': IF 'QA24_H40' = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA24_H41':
IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA24_H42'; DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA24_H41' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA24_H41' AND DISPLAY "You said
that you have a Medicare Advantage plan." AND "also";
IF 'QA24_A24'= 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF 'QA24_D13'= 1 OR 'QA24_D14'= 1THEN DISPLAY "partner's";

'QA24_H41'   {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also}
have a Medicare Advantage plan?

AH127

{Usted dijo que tiene un plan Medicare Advantage.} ¿Tiene su {esposo(a)/pareja} {también} un plan de Medicare Advantage?

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

Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B.

- ○   Yes 1
- ○   No..2
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

POST NOTE 'QA24_H41': IF **'QA24_H41'** = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA24_H42':
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE **'QA24_H43'**;

ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH **'QA24_H42'** WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH **'QA24_H42'** AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF **'QA24_A24'** = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF **'QA24_D13'** = 1 OR **'QA24_D14'** = 1THEN DISPLAY "partner";
ELSE GO TO **'PN_QA24_H43'**

'QA24_H42'   {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{Usted dijo que tiene una póliza del seguro suplementario de Medicare.} ¿Tiene su {esposo(a)/pareja} {también} una póliza del seguro suplementario de Medicare?

AI37A

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

POST NOTE 'QA24_H42': IF **'QA24_H42'** = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA24_H43': IF ARMCAL = 1, CONTINUE WITH **'QA24_H43'**;
DISPLAY "also" IF ARMCARE = 1;
ELSE GO TO **'PN_QA24_H44'**

'QA24_H43'   You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

Usted dijo que {también} tiene Medi-Cal. ¿Está su {esposo(a)/pareja} cubierto(a) también por Medi-Cal?

AI38

- ○   YES 1
- ○   NO..2
- ○   REFUSED .... -7

◯   DON'T KNOW .... -8

POST NOTE 'QA24_H43': IF **'QA24_H43'** = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA24_H44':
IF AREMPOWN = 1 AND ARHBEX ≠ 1, 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 insurance from <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?

Usted dijo que tiene seguro a través de su empleador o sindicato actual o antiguo. ¿Tiene su {esposo(a)/pareja} cobertura {también} del seguro que usted tiene a través de su empleador o sindicato?

AI40

◯   YES 1   **[GO TO 'PN_QA24_H47']**
◯   NO 2
◯   OTHER 3
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

POST NOTE 'QA24_H44': IF **'QA24_H44'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA24_H45':
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH **'QA24_H45'**;
IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE **'QA24_H46'**

'QA24_H45'   You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

Usted dijo que tiene seguro de salud mediante el programa SHOP de Covered California. ¿Tiene su {esposo(a)/pareja} {también} cobertura de este seguro de salud?

AH108

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

SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California.

◯   YES 1   **[GO T 'PN_QA24_H47']**
◯   NO 2
◯   OTHER 3
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

POST NOTE 'QA24_H45': IF **'QA24_H45'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1 AND SPHBEX= 1;

PROGRAMMING NOTE 'QA24_H46':
IF **'QA24_G35'** = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR **'QA24_G36'** = 1 (USUALLY WORKS), CONTINUE WITH **'QA24_H46'**;
IF AREMPSP = 1 AND **'QA24_A24'** = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (**'QA24_D13'** = 1 OR **'QA24_D14'** = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO **'PN_QA24_H47'**

'QA24_H46'   {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

{Usted dijo que tiene seguro a través del empleador o sindicato de su esposo(a)./Usted dijo que tiene seguro a través del empleador o sindicato de su pareja. ¿Tiene su {esposo(a)/pareja} {también} seguro de salud a través de su propio empleador?

AI40A

- ❍   YES 1
- ❍   NO..2
- ❍   OTHER 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE 'QA24_H46': IF **'QA24_H46'** = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 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 {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros. ¿Tiene su {esposo(a)/pareja} cobertura {también} de este plan?

AI41

- ❍   YES 1
- ❍   NO..2
- ❍   OTHER 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE 'QA24_H47': IF **'QA24_H47'**= 1, SET SPDIRECT= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA24_H48':

IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH **'QA24_H48'**;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO **'PN_QA24_H49'**

'QA24_H48'   You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

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

AH109

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

POST NOTE 'QA24_H48': IF **'QA24_H48'**= 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE 'QA24_H49':
IF ARMILIT = 1, CONTINUE WITH **'QA24_H49'**;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO **'PN_QA24_H50'**

'QA24_H49'   You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

Usted dijo que {también} tiene seguro de salud a través de CHAMPUS/CHAMPUS-VA, TRICARE, VA o algún otro tipo de seguro de salud para militares. ¿Tiene su {esposo(a)/pareja} cobertura de este plan también?

AI42

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

POST NOTE 'QA24_H49': IF **'QA24_H49'** = 1, SET SPMILIT = 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA24_H50':
IF AROTHGOV = 1, CONTINUE WITH **'QA24_H50'**;
IF **'QA24_H36'** = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO **'PN_QA24_H51'**

'QA24_H50'   You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

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

AI42A

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

POST NOTE 'QA24_H50': IF **'QA24_H50'**= 1, SET SPOTHGOV= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1

PROGRAMMING NOTE 'QA24_H51':
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

'QA24_H51'　　Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

¿Tiene su {esposo(a)/pareja} {algún} seguro de salud {a través de otra fuente}?

| AI46 |

❍　　YES 1
❍　　NO...2　**[GO TO 'PN_QA24_H53']**
❍　　REFUSED .... -7　**[GO TO 'PN_QA24_H57']**
❍　　DON'T KNOW .... -8　**[GO TO 'PN_QA24_H57']**

'QA24_H52'　　What type of health insurance does {he/she} have?

¿Qué tipo de seguro de salud tiene {él/ella}?

| AI47 |

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

[IF NEEDED, SAY: '*Tal como de un empleador actual o anterior, o comprado directamente de un plan de salud.*']

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

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

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: '*¿Algún otro?*']

❑　　THROUGH CURRENT OR
　　　FORMER EMPLOYER/UNION....................1
❑　　THROUGH SCHOOL,
　　　PROFESSIONAL ASSOCIATION, TRADE

	GROUP OR OTHER ORGANIZATION 2
❑	PURCHASED DIRECTLY FROM HEALTH PLAN 3
❑	MEDICARE 4
❑	MEDI-CAL 5
❑	CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
❑	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, OR URBAN INDIAN CLINIC 8
❑	COVERED CALIFORNIA......................... 10
❑	SHOP THROUGH COVERED CALIFORNIA.. 11
❑	OTHER GOVERNMENT HEALTH PLAN 91
❑	OTHER NON-GOVERNMENT HEALTH PLAN 92
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

POST NOTE 'QA24_H52': IF **'QA24_H52'** = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF **'QA24_H52'**= 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF **'QA24_H52'**= 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF **'QA24_H52'**= 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF **'QA24_H52'**= 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF **'QA24_H52'**= 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF **'QA24_H52'**= 8, SET SPIHS = 1;
IF **'QA24_H52'**= 10, SET SPHBEX = 1 AND SPDIRECT =1 AND SPINSURE = 1 AND SPDIROTH= 1;
IF **'QA24_H52'**= 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
IF **'QA24_H52'**= 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF **'QA24_H52'**= 92, *-7, OR -8*, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA24_H53':
IF SPINSURE ≠ 1, CONTINUE WITH **'QA24_H53'** ;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE **'QA24_H55'**;
ELSE GO TO PROGRAMMING NOTE **'QA24_H57'**

'QA24_H53'   You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

Usted dijo que su {esposo(a)/pareja} no tiene seguro de salud de ninguna fuente. ¿Correcto?

AI48

❍	YES...1	**[GO TO 'PN_QA24_H57']**
❍	NO..2	
❍	REFUSED .... -7	**[GO TO 'PN_QA24_H57']**
❍	DON'T KNOW... -8	**[GO TO 'PN_QA24_H57']**

'QA24_H54'   What type of health insurance does {he/she} have?

¿Qué tipo de seguro de salud tiene \{él/ella}?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: *'¿Algún otro?'*]

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

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

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

POST NOTE 'QA24_H54': IF **'QA24_H54'** = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF **'QA24_H54'** = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF **'QA24_H54'** = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF **'QA24_H54'** = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF **'QA24_H54'** = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF **'QA24_H54'** = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF **'QA24_H54'** = 8, SET SPIHS = 1;
IF **'QA24_H54'** = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;
IF **'QA24_H54'** = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;

IF **'QA24_H54'** = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF **'QA24_H54'** = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE 'QA24_H55':
IF **'QA24_H52'**= (1, 2, 3, 10, 11) OR **'QA24_H54'**= (1, 2, 3, 10, 11) THEN CONTINUE WITH
'QA24_H55';
IF **'QA24_A24'**= 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF **'QA24_D13'** = 1 OR **'QA24_D14'** = 1 THEN DISPLAY "partner's";
ELSE SKIP TO **'PN_QA24_H57'**

'QA24_H55'   Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

AH62

¿Este plan se obtuvo a nombre de su {esposo(a)/pareja}, o a nombre de otra persona?

[IF NEEDED, SAY: "Even someone who does not live in this household]

Puede incluir a alguien que no viva en este hogar.

- IN SPOUSE'S/PARTNER'S NAME..............1   **[GO TO 'PN_QA24_H57']**
- IN SOMEONE ELSE'S NAME 2
- REFUSED ....-7   **[GO TO 'PN_QA24_H57']**
- DON'T KNOW ....-8   **[GO TO 'PN_QA24_H57']**

POST NOTE 'QA24_H55': IF **'QA24_H55'**= 1 AND [**'QA24_H52'**= (1 OR 2) OR **'QA24_H54'**= (1 OR 2)],
SET SPEMPOW= 1 AND SPEMPOT = 0;
IF **'QA24_H55'** = 1 AND [**'QA24_H52'** = 3 OR **'QA24_H54'** = 3], SET KSPDIROW = 1;
IF **'QA24_H55'** = 1 AND [**'QA24_H52'** = 10 OR **'QA24_H54'** = 10], SET SPHBEX = 1 AND SPDIROW = 1;
IF **'QA24_H55'** = 1 AND [**'QA24_H52'** = 11 OR **'QA24_H54'** = 11], SET SPHBEX = 1 AND SPEMPOW = 1;
IF **'QA24_H55'** = 1 AND [**'QA24_H52'** = 11 OR **'QA24_H54'** = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA24_H56'   Is the plan in your name, parent's name, or someone else's name?

AH63

¿Está el plan a su nombre, a nombre de sus padres o a nombre de otra persona?

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

POST NOTE 'QA24_H56': IF **'QA24_H56'**= 1 AND [**'QA24_H52'**= (1 OR 2) OR **'QA24_H54'**= (1 OR 2)],
SET SPEMPAR= 1 AND SPEMPOT= 0 AND ARSAMES= 1;
IF **'QA24_H56'** = 1 AND [**'QA24_H52'** = 3 OR **'QA24_H54'** = 3], SET SPDIRAR= 1 AND ARSAMES= 1;
IF **'QA24_H56'**= 1 AND [**'QA24_H52'** = 10 OR **'QA24_H54'** = 10], SET SPHBEX = 1 AND SPDIRAR = 1
AND ARSAMES=1;

IF **'QA24_H56'**= 1 AND [**'QA24_H52'**= 11 OR **'QA24_H54'**= 11], SET SPHBEX= 1 AND SPEMPAR= 1 AND ARSAMES= 1;
IF **'QA24_H56'**= 2, SET SPARPAR= 1 AND SET SPEMPOT= 0;

PROGRAMMING NOTE 'QA24_H57':
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO **'QA24_H61'**;
ELSE IF [(**'QA24_G35'** =1 OR 2) OR(**'QA24_G36'**=1)] AND **'QA24_G37'**≠3 CONTINUE WITH **'QA24_H57'**;
IF **'QA24_A24'** = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF **'QA24_D13'** = 1 OR **'QA24_D14'**= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE **'QA24_H61'**

'QA24_H57'   Does your {spouse's/partner's} employer offer health insurance to any of its employees?

El empleador de su {esposo(a)/partner}, ¿ofrece seguro de salud a alguno de sus empleados?

AI43

- ❍   YES 1
- ❍   NO 2
- ❍   REFUSED .... -7   **[GO TO 'PN_QA24_H61']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H61']**

'QA24_H58'   Is {he/she} eligible to be in this plan?

El empleador de su {esposo(a)/partner}, ¿ofrece seguro de salud a alguno de sus empleados?

AI44

- ❍   YES 1
- ❍   NO 2   **[GO TO 'PN_QA24_H60']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA24_H61']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_H61']**

'QA24_H59'   What is the ONE main reason why {he/she} isn't in this plan?

¿Cuál es LA razón principal por la que {él/ella} no está inscrito(a) en este plan?

AI45

- ❍   COVERED BY ANOTHER PLAN 1   **[GO TO 'PN_QA24_H61']**
- ❍   PLAN TOO EXPENSIVE 2   **[GO TO 'PN_QA24_H61']**
- ❍   DIDN'T LIKE THE PLAN OFFERED 3   **[GO TO 'PN_QA24_H61']**
- ❍   DIDN'T NEED OR BELIEVE IN HEALTH INSURANCE.................................4   **[GO TO 'PN_QA24_H61']**
- ❍   OTHER (SPECIFY: _____) 91   **[GO TO 'PN_QA24_H61']**
- ❍   REFUSED .... -7   **[GO TO**

❍   DON'T KNOW .... -8

'QA24_H60'   What is the one main reason why {he/she} is not eligible for this plan?

¿Cuál es la razón principal por la que {él/ella} no está inscrito(a) en este plan?

AI45A

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

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'QA24_H61':

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 _AI25';

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_H83'**;
ELSE CONTINUE WITH **'QA24_H61'** DISPLAY;
IF ['**QA24_A24'** = 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_A24'** = 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_A24'** = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND
[(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 ″Next, I have some questions about your own main health plan.″; AND″;
IF ['**QA24_A24'** = 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 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_H61'   {Besides your MediCARE plan you told me about earlier, I have some questions about <u>your</u> other health plan./Next, I have some questions about <u>your</u> own main health plan.}

{Además del plan de MediCARE que me mencionó antes, tengo algunas preguntas sobre su otro plan de seguro de salud. /Ahora tengo algunas preguntas sobre su propio plan de salud principal.}

AI22C

Is your {Medi-Cal/other} health plan an HMO?

¿Es su {plan de salud Medi-Cal/otro plan de salud} una HMO?

[IF NEEDED, SAY: **"**<u>HMO</u> stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency**."**]

[IF NEEDED, SAY: '*<u>HMO</u> son las iniciales de Health Maintenance Organization (Organización para el Mantenimiento de la Salud). Con una HMO usted tiene que ir a los doctores y hospitales de la red de su plan. Si va fuera de la red, por logeneral no cubrirán esos gastos a menos que haya sido una emergencia médica.*']

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

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

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: '*Su plan de salud <u>principal</u>.*']

❍	YES 1	**[GO TO 'PN_QA24_H63']**
❍	NO..2	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

PROGRAMMING NOTE 'QA24_H62':
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO **'QA24_H63'**;
ELSE CONTINUE WITH **'QA24_H62'**;

'QA24_H62'   Is your health plan a PPO or EPO?

¿Es su plan de salud un PPO o un EPO?

AH122

[IF NEEDED, SAY: **"**<u>EPO</u> 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**.**]

[IF NEEDED, SAY: '*<u>EPO</u> son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe*

ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a doctores y especialistas directamente sin sin que lo(a) refiera su profesional de cuidado médico principal.]

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

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

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

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

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

PROGRAMMING NOTE 'QA24_H63':

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH **'QA24_H63'** AND DISPLAY "your main";

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH **'QA24_H63'** AND DISPLAY "this"

'QA24_H63'   What is the name of {your main/this} health plan?

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

AI22A

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

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

- ❍   ACCESS SENIOR HEALTHCARE 1
- ❍   AETNA 2
- ❍   AETNA GOLDEN MEDICARE....................3
- ❍   AIDS HEALTHCARE FOUNDATION, LA 4
- ❍   ALAMEDA ALLIANCE FOR HEALTH 5
- ❍   ALTAMED HEALTH SERVICES.............. 83
- ❍   ANTHEM BLUE CROSSOF CALIFORNIA...7
- ❍   ASPIRE HEALTH PLAN 8
- ❍   BLUE CROSS CALIFORNIACARE 9
- ❍   BLUE CROSS SENIOR SECURE............ 79
- ❍   BLUE SHIELD 65 PLUS 11
- ❍   BLUE SHIELD OF CALIFORNIA.............. 12
- ❍   BRAND NEW DAY

	(UNIVERSAL CARE) 13
❍	CALIFORNIA HEALTH AND WELLNESS PLAN 14
❍	CALIFORNIAKIDS (CALKIDS) 15
❍	CAL OPTIMA (CALOPTIMA ONE CARE) 16
❍	CALVIVA HEALTH.................................... 17
❍	CARE 1ST HEALTH PLAN...................... 18
❍	CAREMORE HEALTH PLAN.................... 19
❍	CENTER FOR ELDERS' INDEPENDENCE 21
❍	CEN CAL HEALTH 80
❍	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH........................ 22
❍	CENTRAL HEALTH PLAN........................ 23
❍	CHINESE COMMUNITY HEALTH PLAN 24
❍	CHOICE PHYSICIANS NETWORK.......... 25
❍	CIGNA HEALTHCARE 26
❍	CITIZENS CHOICE HEALTHPLAN 27
❍	COMMUNITY CARE HEALTH PLAN 28
❍	COMMUNITY HEALTH GROUP 29
❍	CONTRA COSTA HEALTH PLAN............ 81
❍	DAVITA HEALTHCARE PARTNERS PLAN 31
❍	EASY CHOICE HEALTH PLAN............... 32
❍	EPIC HEALTH PLAN 33
❍	GEM CARE HEALTH PLAN 34
❍	GOLD COAST HEALTH PLAN................. 35
❍	GOLDEN STATE MEDICARE HEALTH PLAN 36
❍	HEALTH NET... 38
❍	HEALTH NET SENIORITY PLUS............. 39
❍	HEALTH PLAN OF SAN JOAQUIN.......... 40
❍	HEALTH PLAN SAN JP AUTHORITY 41
❍	HERITAGE PROVIDER NETWORK 42
❍	HUMANA GOLD PLUS............................ 43
❍	HUMANA HEALTH PLAN........................ 44
❍	IEHP (INLAND EMPIRE HEALTH PLAN) 45
❍	INTER VALLEY HEALTH PLAN 46
❍	HEALTH ADVANTAGE............................ 82
❍	KAISER PERMANENTE........................... 47
❍	KAISER PERMANENTE SENIOR ADVANTAGE 48
❍	KERN FAMILY HEALTH CARE............... 49
❍	L.A. CARE HEALTH PLAN 50
❍	MD CARE.. 51
❍	MOLINA HEALTHCARE OF CALIFORNIA.. 54
❍	MONARCH HEALTH PLAN...................... 55
❍	ON LOK SENIOR HEALTH SERVICES................................ 56
❍	PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
❍	PIH HEALTH CARE SOLUTIONS............ 58

- ❍ PREMIER HEALTH PLAN
  SERVICES 59
- ❍ PRIMECARE MEDICAL NETWORK 60
- ❍ PROVIDENCE HEALTH NETWORK 61
- ❍ SCRIPPS HEALTH PLAN
  SERVICES 68
- ❍ SEASIDE HEALTH PLAN 69
- ❍ SAN FRANCISCO HEALTH PLAN 84
- ❍ SANTA CLARA FAMILY
  HEALTH PLAN 90
- ❍ SAN MATEO HEALTH COMMISION 86
- ❍ SANTA BARBARA 88
- ❍ SATELLITE HEALTH PLAN 92
- ❍ SCAN HEALTH PLAN 67
- ❍ SHARP HEALTH PLAN 70
- ❍ SUTTER HEALTH PLAN 71
- ❍ SUTTER SENIOR CARE 72
- ❍ UNITED HEALTHCARE 73
- ❍ UNITED HEALTHCARE SECURE
  HORIZON 74
- ❍ UNIVERSITY HEALTHCARE
  ADVANTAGE 75
- ❍ VALLEY HEALTH PLAN 76
- ❍ VENTURA COUNTY HEALTH
  CARE PLAN 77
- ❍ WESTERN HEALTH ADVANTAGE 78
- ❍ CHAMPUS/CHAMP-VA 93
- ❍ TRICARE/TRICARE FOR LIFE/
  TRICARE PRIME 87
- ❍ VA HEALTH CARE SERVICES 89
- ❍ MEDI-CAL 52
- ❍ MEDICARE 53
- ❍ OTHER (SPECIFY: _____) 85
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

POST NOTE 'QA24_H63': IF **'QA24_H63'**= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA24_H64':

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1

OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR

AROTHER ≠ 1) AND **'QA24_A24'**= 1 (MARRIED) OR **'QA24_D13'**= 1 OR **'QA24_D14'**= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA24_H64'   {Next, I have some questions about <u>your</u> own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

¿Su seguro cubre medicamentos recetados? Es decir, ¿tiene un plan que paga alguna parte de los costos?

| AI25 |

- ❍ YES 1
- ❍ NO 2

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

High Deductible Health Plans

PROGRAMMING NOTE 'QA24_H65':
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1
THEN CONTINUE WITH **'QA24_H65'**;
ELSE GO TO **'QA24_H70'**

'QA24_H65'   Does your health plan have a deductible that is more than $1,000?

¿Tiene su plan de salud un deducible de más de $1,000 dólares?

AH71

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

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

❍   YES 1
❍   NO...2
❍   YES, ONLY WHEN I
            GO OUT OF NETWORK 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA24_H66'   Does your health plan have a deductible <u>for all covered persons</u> that is more than
$2,000?

*¿Tiene su plan de salud un deducible de más de $2,000 dólares por todas las personas
que tienen cobertura?*

AH72

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

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

❍   YES 1
❍   NO...2
❍   YES, ONLY WHEN I
            GO OUT OF NETWORK 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_H67':
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_H67'**;
ELSE CONTINUE WITH **'QA24_H70'**

'QA24_H67'   Do you have a special account or fund you can use to pay for medical expenses?

¿Tiene alguna cuenta o un fondo especial que pueda utilizar para pagar gastos médicos?

AH73B

[IF NEEDED, SAY: **"**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).]

[IF NEEDED, SAY: '*Las cuentas también se conocen por nombres como Cuentas de Ahorro para la Salud (HSAs), Arreglos de Reembolsos por Salud (HRAs) y otras cuentas similares. Otras cuentas de este tipo pueden ser las Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios, y son diferentes de las cuentas Cuentas de gastos flexibles proporcionadas por el empleador. .'*]

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_H70']**
❍	REFUSED .... -7	**[GO TO 'QA24_H70']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_H70']**

'QA24_H68'   Do you have money in this account?

¿Tiene dinero en esa cuenta?

AH130

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_H70']**
❍	REFUSED .... -7	**[GO TO 'QA24_H70']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_H70']**

'QA24_H69'   How much money do you have in this account? Your best guess is fine.

¿Cuánto dinero tiene en esa cuenta? Un cálculo aproximado es suficiente?

AH131

_____ (AMOUNT)

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

Coverage over Past 12 Months

'QA24_H70'   Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

Pensando en su seguro de salud actual, ¿tuvo usted este mismo seguro todos los 12 meses en los últimos 12 meses?

AI31

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_H72']**
❍	REFUSED .... -7	**[GO TO 'QA24_H78']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_H73']**

'QA24_H71'   How long have you had your current health insurance?

¿Cuánto tiempo hace que tiene su seguro de salud actual?

AH132

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

❍   _____ Number of Years   **[IF 'QA24_H71' >=0, GO TO 'QA24_H76']**

❍   _____ Number of Months   **[IF 'QA24_H71' >=0, GO TO 'QA24_H76']**

❍   REFUSED .... -7   **[GO TO 'QA24_H76']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_H76']**

'QA24_H72'   Out of the last 12 months, how many months did you have your current health insurance plan?

De los últimos 12 meses, ¿cuántos meses tuvo usted su plan de seguro salud actual?

AH133

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

_____ NUMBER OF MONTHS

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

'QA24_H73'   During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

Durante los últimos 12 meses, cuando no tenía la cobertura del seguro de salud que tiene ahora, ¿tenía usted otro seguro de salud?

AI32

❍   YES 1
❍   NO 2   **[GO TO 'QA24_H76']**
❍   REFUSED .... -7   **[GO TO 'QA24_H76']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_H76']**

'QA24_H74'   Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

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

AI33

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: *'¿Alguien más?'*]

❑   MEDI-CAL 1
❑   OBTAINED THROUGH CURRENT
          OR FORMER EMPLOYER/UNION 3
❑   PURCHASED DIRECTLY 5
❑   PURCHASED THROUGH COVERED
          CALIFORNIA 6
❑   OTHER HEALTH PLAN 91

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

PROGRAMMING NOTE 'QA24_H75':
IF MORE THAN ONE RESPONSE FROM **'QA24_H74'**, THEN CONTINUE WITH **'QA24_H75'**;
ELSE GO TO **'QA24_H76'**

'QA24_H75'   Before your current plan, which health insurance did you have?

        Antes de su plan actual, ¿qué seguro de salud tenía?

AH134

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

PROGRAMMING NOTE 'QA24_H76':
IF **'QA24_H73'** ≠ 1 OR **'QA24_H70'** = 1, THEN CONTINUE WITH **'QA24_H76'**;
ELSE GO TO **'QA24_H77'**

'QA24_H76'   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?

        Antes de tener su plan actual, ¿tenía otro seguro de salud a través de Medi-CAL, un empleador, un plan que compró directamente en una compañía de seguros, un plan que compró a través de Covered California o algún otro plan?

AH135

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

No other health plan

PROGRAMMING NOTE 'QA24_H77':
IF **'QA24_H76'** = 95, THEN SKIP TO **'QA24_H78'**, ELSE CONTINUE.
IF ONLY ONE RESPONSE FROM **'QA24_H74'** THEN DISPLAY THAT RESPONSE
ELSE IF **'QA24_H75'** >0 DISPLAY RESPONSE FROM **'QA24_H75'**
ELSE IF **'QA24_H76'** >0 DISPLAY RESPONSE FROM **'QA24_H76'**
IF **'QA24_H74'** OR AH143 OR **'QA24_H76'**=1 DISPLAY "the MediCAL plan"
IF **'QA24_H74'** OR AH143 OR **'QA24_H76'**=3 DISPLAY "plan through current or former employer or union"
IF **'QA24_H74'** OR AH143 OR **'QA24_H76'**=5 DISPLAY "plan you purchased directly"

IF **'QA24_H74'** OR AH143 OR **'QA24_H76'**=6 DISPLAY "the Covered California plan"
IF **'QA24_H74'** OR AH143 OR **'QA24_H76'**=91 DISPLAY "the other health plan"

'QA24_H77'   How long did you have the {MediCAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

¿Cuánto tiempo tuvo \{el plan de medi-CAL/el plan de Covered California/otro plan de salud} {a través de su empleador o su sindicato actual o anterior/que compró directamente}?

AH136

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

- ❍ _____ NUMBER OF YEARS   **[IF>0 GOTO AH137]**
- ❍ _____ NUMBER OF MONTHS   **[IF>0 GOTO AH137]**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_H78'   During the past 12 months, did you change your health insurance plan?

Durante los últimos 12 meses, ¿cambió su cónyuge su plan de seguro médico?

AH137

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

Incluya cambios en el plan médico de la misma compañía de seguros médicos o de una compañía diferente.

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

PROGRAMMING NOTE 'QA24_H79':
IF **'QA24_H70'** = 2, -7, -8 OR **'QA24_H73'** = 1, -7, -8 THEN CONTINUE,
ELSE SKIP TO **'QA24_H80'**

'QA24_H79'   During the past 12 months, was there any time when you had no health insurance at all?

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

AI34

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

PROGRAMMING NOTE 'QA24_H80':
IF **'QA24_H79'** = 1 OR **'QA24_H73'** = 2, THEN CONTINUE WITH **'QA24_H80'**;
ELSE SKIP TO **'PN_QA24_H91'**.

'QA24_H80'   For how many months of the past 12 months did you have no health insurance at all?

¿Por cuántos meses durante los últimos 12 meses no tuvo usted ningún seguro de salud?

AI35

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

❍ ___NUMBER OF MONTHS [HR: 0-11]   **[IF 'QA24_H80'=0, GO TO 'PN_QA24_H91']**

❍ REFUSED .... -7   **[GO TO 'PN_QA24_H91']**

❍ DON'T KNOW .... -8   **[GO TO 'PN_QA24_H91']**

Reasons for Lack of Coverage

'QA24_H81'   What is the <u>one main</u> reason why you did not have any health insurance during those months?

¿Cuál es LA razón <u>principal</u> por la que usted no tuvo ningún seguro de salud durante esos meses?

AI36

❍ CAN'T AFFORD/TOO EXPENSIVE 1
❍ NOT ELIGIBLE DUE TO WORKING STATUSB CHANGED EMPLOYER/ LOST JOB..2   **[GO TO 'QA24_H82']**
❍ 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 .... -7
❍ DON'T KNOW .... -8

'QA24_H82'   Was this due to a lost job, reduction in hours, change in employer, or something else?

¿Se debió a una pérdida de trabajo, reducción de horas de trabajo, cambio de empleador o algo más?

AH140

❑ Lost job..1
❑ Reduction in hours 2
❑ Change in employe 3
❑ Something else (Specify:_____)........... 91
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

'QA24_H83'   During the time that you were uninsured, did you try to find health insurance on your own?

Mientras estuvo sin seguro, ¿trató de encontrar seguro de salud por su cuenta?

AH74

❍ YES..1   **[GO TO**

142

○	NO	2	**[GO TO 'PN_QA24_H91']**	**'PN_QA24_H91']**
○	REFUSED	-7	**[GO TO 'PN_QA24_H91']**	
○	DON'T KNOW	-8	**[GO TO 'PN_QA24_H91']**	

'QA24_H84'   What is the <u>one main</u> reason why you do not have any health insurance?

¿Cuál es EL motivo principal por el que usted no tiene seguro de salud?

AI24

[IF R SAYS NO NEED, PROBE WHY]

○	CAN'T AFFORD/TOO EXPENSIVE	1
○	NOT ELIGIBLE DUE TO WORKING STATUS CHANGED EMPLOYER/ LOST JOB	2 **[GO TO 'QA24_H85']**
○	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	-7
○	DON'T KNOW	-8

'QA24_H85'   Was this due to a lost job, reduction in hours, change in employer, or something else?

¿Se debió a una pérdida de trabajo, reducción de horas de trabajo, cambio de empleador o algo más?

AH141

❑	LOST JOB	1
❑	REDUCTION IN HOURS	2
❑	CHANGE IN EMPLOYE	3
❑	SOMETHING ELSE (SPECIFY:_____)	91
○	REFUSED	-7
○	DON'T KNOW	-8

'QA24_H86'   During the time that you have been uninsured, have you tried to find health insurance on your own?

Durante el tiempo que usted no ha tenido seguro, ¿ha tratado de encontrar seguro de salud por su cuenta?

AH75

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

'QA24_H87'   Were you covered by health insurance at any time during the past 12 months?

¿Tuvo cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

AI27

- ❍   YES 1   **[GO TO 'QA24_H89']**
- ❍   NO...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA24_H88'   How long has it been since you last had health insurance?

¿Cuánto tiempo hace desde la última vez que tuvo seguro de salud?

AI28

- ❍   MORE THAN 12 MONTHS AGO, BUT 1   **[GO TO 'PN_QA24_H91']**

       NOT MORE THAN 3 YEARS
- ❍   MORE THAN 3 YEARS 2   **[GO TO 'PN_QA24_H91']**
- ❍   NEVER HAD HEALTH INSURANCE 3   **[GO TO 'PN_QA24_H91']**
- ❍   REFUSED ....-7   **[GO TO 'PN_QA24_H91']**
- ❍   DON'T KNOW... -8   **[GO TO 'PN_QA24_H91']**

'QA24_H89'   For how many months out of the last 12 months did you have health insurance?

¿Por cuántos meses de los últimos 12 meses tuvo usted seguro de salud?

AI29

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

_____ MONTHS [HR: 0-12]   **[GO TO 'PN_QA24_H91']**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

'QA24_H90'   During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo en que tenía seguro de salud, ¿era el seguro que tenía Medi-CAL, Healthy Families, un plan que obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

AI30

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

(7 maximum responses)

- ❑   MEDI-CAL 1
- ❑   OBTAINED THROUGH CURRENT
       OR FORMER EMPLOYER/UNION 3

❑　　　PURCHASED DIRECTLY............................5
❑　　　PURCHASED THROUGH COVERED
　　　　CALIFORNIA..6
❑　　　OTHER HEALTH PLAN........................... 91
○　　　REFUSED .... -7
○　　　DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_H91':

IF ARINSURE ≠ 1 OR **'QA24_H74'**= 2 OR ARDIRECT= 1 OR **'QA24_H90'**= (5, 6) OR **'QA24_H74'**= (5, 6) OR ARHBEX =1 OR SPHBEX = 1;
THEN CONTINUE WITH **'QA24_H91'**;
ELSE GO TO **'PN_QA24_H108'**

'QA24_H91'　　In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

En los últimos 12 meses, ¿trató de comprar un plan de seguro de salud directamente a una compañía de seguros o HMO, o mediante Covered California?

AH103H

○　　　YES 1
○　　　NO...2　　**[GO TO 'PN_QA24_H108']**
○　　　REFUSED .... -7　　**[GO TO 'PN_QA24_H108']**
○　　　DON'T KNOW .... -8　　**[GO TO 'PN_QA24_H108']**

'QA24_H92'　　Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

¿Fue directamente a una compañía de seguros o HMO, o mediante Covered California, o tanto de una compañía de seguros como mediante Covered California?

AH110H

○　　　DIRECTLY FROM AN INSURANCE
　　　　COMPANY OR HMO 1
○　　　THROUGH COVERED CALIFORNIA 2
○　　　BOTH FROM AN INSURANCE
　　　　COMPANY THROUGH COVERED
　　　　CALIFORNIA..3
○　　　REFUSED .... -7　　**[GO TO 'QA24_H95']**
○　　　DON'T KNOW .... -8　　**[GO TO 'QA24_H95']**

PROGRAMMING NOTE 'QA24_H93':
IF **'QA24_H92'** = 1; THEN CONTINUE WITH **'QA24_H93'**;
IF **'QA24_H92'** = 3; THEN CONTINUE WITH **'QA24_H93'** AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE **'QA24_H97'**;

'QA24_H93'　　{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

{Primero, piense en su experiencia al intentar comprar un seguro directamente a una compañía de seguros o HMO.}

AH98H

How difficult was it to find a plan with the coverage you needed? Was it…

¿Cuánta dificultad tuvo para encontrar un plan con la cobertura que necesitaba?

- ○ Very difficult..1
- ○ Somewhat difficult.......................................2
- ○ Not too difficult 3
- ○ Not at all difficult...4
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

'QA24_H94'   How difficult was it to find a plan you could afford? Was it…

¿Cuánta dificultad tuvo para encontrar un plan que pudiera pagar?

AH99H

- ○ Very difficult..1
- ○ Somewhat difficult.......................................2
- ○ Not too difficult 3
- ○ Not at all difficult...4
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

'QA24_H95'   Did anyone help you find a health plan?

¿Le ayudó alguien a encontrar un plan de seguro de salud?

AH100H

- ○ Yes 1
- ○ No..2   **[GO TO 'PN_QA24_H97']**
- ○ REFUSED .... -7   **[GO TO 'PN_QA24_H97']**
- ○ DON'T KNOW .... -8   **[GO TO 'PN_QA24_H97']**

'QA24_H96'   Who helped you?

¿Quién le ayudó?

AH101H

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

PROGRAMMING NOTE 'QA24_H97':
IF **'QA24_H92'** = 2; THEN CONTINUE WITH **'QA24_H97'**;
IF **'QA24_H92'** = 3;
THEN CONTINUE WITH **'QA24_H97'** AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO **'PN_QA24_H91'**;

'QA24_H97'   {Now, think about your experience with Covered California.}

{Ahora, piense en su experiencia con Covered California.}

AH111H

How difficult was it to find a plan with the coverage you needed through Covered California? Was it…

¿Qué tan difícil fue encontrar un plan mediante Covered California con la cobertura que usted necesitaba?

- ❍ Very difficult..1
- ❍ Somewhat difficult.......................................2
- ❍ Not too difficult 3
- ❍ Not at all difficult..4
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_H98'   How difficult was it to find a plan you could afford? Was it…

¿Qué tan difícil fue encontrar un plan que pudiera pagar?

AH112H

- ❍ Very difficult..1
- ❍ Somewhat difficult.......................................2
- ❍ Not too difficult 3
- ❍ Not at all difficult..4
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_H99'   Did anyone help you find a health plan?

¿Le ayudó alguien a encontrar un plan de salud?

AH113H

- ❍ YES 1
- ❍ NO...2   **[GO TO 'PN_QA24_H101']**
- ❍ REFUSED .... -7   **[GO TO 'PN_QA24_H101']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_QA24_H101']**

'QA24_H100'   Who helped you?

¿Quién le ayudó?

AH114H

- ❍ BROKER 1
- ❍ FAMILY MEMBER / FRIEND.......................2
- ❍ INTERNET 3
- ❍ CERTIFIED ENROLLMENT COUNSELLOR 4
- ❍ OTHER (SPECIFY: _____) 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_H101'   Did you have all the information you felt you needed to make a good decision on a health plan?

¿Tenía toda la información que usted creyó que necesitaba para tomar una buena decisión respecto a un plan de salud?

AH115H

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

PROGRAMMING NOTE 'QA24_H102':
IF **'QA24_A22'** > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH **'QA24_H102'**;
ELSE GO TO **'QA24_H103'**;

'QA24_H102' Were you able to get information about your health plan options in your language?

¿Pudo obtener información en su idioma acerca de sus opciones de plan de salud?

AH116H

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

'QA24_H103' Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿fue el costo del plan que seleccionó muy importante, algo importante o nada importante?

AH117H

- ❍ VERY IMPORTANT 1
- ❍ SOMEWHAT IMPORTANT.........................2
- ❍ NOT IMPORTANT 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_H104' Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿recibir atención de un doctor en particular fue muy importante, algo importante o nada importante?

AH118H

- ❍ VERY IMPORTANT 1
- ❍ SOMEWHAT IMPORTANT.........................2
- ❍ NOT IMPORTANT 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_H105' Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿obtener atención de un hospital en particular fue muy importante, algo importante o nada importante?

AH119H

- ❍ VERY IMPORTANT 1
- ❍ SOMEWHAT IMPORTANT.........................2
- ❍ NOT IMPORTANT 3

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

'QA24_H106'   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿la opción de doctores en la red del plan fue muy importante, algo importante o nada importante?

AH120H

❍   VERY IMPORTANT 1
❍   SOMEWHAT IMPORTANT.........................2
❍   NOT IMPORTANT 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_H107':
IF **'QA24_H21'** = 1 THEN DISPLAY "Bronze"
ELSE IF **'QA24_H21'** = 2 THEN DISPLAY "Silver"
ELSE IF **'QA24_H21'** = 3 THEN DISPLAY "Gold"
ELSE IF **'QA24_H21'** = 4 THEN DISPLAY "Platinum"
ELSE IF **'QA24_H21'** = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY;

'QA24_H107'   Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

Finalmente, ¿cuál fue la razón <u>más</u> importante al seleccionar su plan {Bronce/Plata/Oro/Platino / Cobertura mínima}?

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?

¿Fue el costo, el poder obtener atención de un doctor en particular, el poder ir a un hospital en particular, la opción de profesionales de la salud en la red de su plan o fue otra razón?

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

PROGRAMMING NOTE 'QA24_H108':
IF ARINSURE = 1, CONTINUE WITH **'QA24_H108'**;
ELSE SKIP TO **'QA24_H109'**;

'QA24_H108'   Overall, how satisfied are you with your current health insurance plan? Are you…

En general, ¿qué tan satisfecho(a) está usted con su plan de seguro salud actual?

AH139

❍   Very satisfied...1
❍   Somewhat satisfied.....................................2
❍   Somewhat dissatisfied 3

❍   Very dissatisfied 4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Hospitalizations

'QA24_H109'   During the past 12 months, were you a patient in a hospital overnight or longer?

Durante los últimos 12 meses, ¿fue usted paciente en un hospital durante la noche o por más tiempo?

AH14

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

Medical Debt

> **PROGRAMMING NOTE 'QA24_H110':**
> IF ARMCAL = 1 OR ARINSURE ≠ 1, SKIP TO **'QA24_H112'**;
> ELSE IF **'QA24_H75'** = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your current health plan", AND CONTINUE WITH **'QA24_H110'**

'QA24_H110'   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?

{Las preguntas que siguen son sobre su plan de salud actual.} ¿Mientras tenía su plan de salud actual, alcanzó el límite de lo que su compañía de seguros pagaría?

AH79B

[IF NEEDED, SAY: "EVER for your current health plan."]

[IF NEEDED, SAY: 'alguna vez lo alcanzó con su plan de salud actual.']

❍   YES 1
❍   NO...2   **[GO TO 'QA24_H112']**
❍   REFUSED .... -7   **[GO TO 'QA24_H112']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_H112']**

'QA24_H111'   Did this happen in the past 12 months?

¿Esto sucedió en los últimos 12 meses?

AH80B

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

'QA24_H112'   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?

En los últimos 12 meses, ¿tuvo problemas para pagar o no pudo pagar facturas médicas, ya sea para usted o para cualquier miembro de su hogar?

AH81B

[IF NEEDED, SAY: "Dental bills should be included."]

Deben incluirse las facturas por atención dental.

- ❍   YES 1
- ❍   NO..2   **[GO TO 'PN_QA24_I1']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA24_I1']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_I1']**

'QA24_H113'   What is the total amount of medical bills?

¿Cuál es el monto total de las facturas médicas?

AH83B

[IF NEEDED, SAY: "*The bills can be from earlier years as well as this year.*"]

Las facturas pueden ser de años anteriores y también de este año.

- ❍   LESS THAN $1,000 1
- ❍ $1,000 TO LESS THAN $2,000 2
- ❍ $2,000 TO LESS THAN $4,000 3
- ❍ $4,000 TO LESS THAN $8,000 4
- ❍ $8,000 OR MORE 5
- ❍   NONE...6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA24_H114'   Were you or your family member uninsured at the time care was provided?

¿Usted o el miembro de su familia no tenía seguro en el momento en que recibió atención?

AH84B

- ❍   YES 1
- ❍   NO..2
- ❍   MORE THAN ONE PERSON WITH
         MEDICAL BILL PROBLEMS,
         SOME UNINSURED AND
         SOME INSURED 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA24_H115'   Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

Debido a estas facturas médicas, ¿no pudo pagar necesidades básicas como alimentos, calefacción o la renta?

AH85B

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

'QA24_H116'   Because of these medical bills, did you take on credit card debt?

Debido a estas facturas médicas, ¿contrajo una deuda con la tarjeta de crédito?

AH86B

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

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 ≠ 1, GO TO PROGRAMMING NOTE **'QA24_I2'**;

ELSE CONTINUE WITH **'QA24_I1'**

'QA24_I1'   Does (CHILD) have the same <u>health </u>insurance as you?

¿Tiene (CHILD) el mismo seguro de salud que tiene usted?

| CF10A |

    ❍   YES 1   **[GO TO 'QA24_I18']**
    ❍   NO...2
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

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}?

¿Tiene <CHILD> el mismo seguro que tiene su {esposo(a)/pareja}?

MA1

❍   YES 1   **[GO TO 'QA24_I18']**
❍   NO 2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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 CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1IF **'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 CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'QA24_I3'   Is {he/she} currently covered by Medi-CAL?

¿Está {él/ella} cubierto(a) actualmente por Medi-CAL?

CF1

[IF NEEDED, SAY: "Medi-Cal is a health insurance program for low-income individuals in California]

Medi-Cal es un programa de seguro de salud para personas de bajos ingresos en California.

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

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?

¿Está cubierto(a) (CHILD) por un plan de seguro de salud o HMO a través del empleo o sindicato suyo o de alguna otra persona?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

❍	YES 1	
❍	NO...2	**[GO TO 'PN_QA24_I6']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_I6']**
❍	DON'T KNOW .... -8	**[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?

¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AI90

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

SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California.

❍	EMPLOYER 1
❍	UNION..2
❍	SHOP / COVERED CALIFORNIA 3
❍	OTHER (SPECIFY: _____) 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

POST NOTE FOR 'QA24_I5': IF **'QA24_I5'**= 3, THEN SET CHHBEX= 1

Private Coverage (Child)

PROGRAMMING NOTE 'QA24_I6':
IF CHINSURE = 1 THEN GO TO AI93;
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?

¿Tiene (CHILD) cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

CF4

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

No incluya planes que solamente pagan por ciertas enfermedades como cáncer o derrame cerebral o que solamente le dan 'dinero extra' si está hospitalizado

❍	YES 1		
❍	NO..2	**[GO TO 'PN_QA24_I12']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_I12']**
❍	DON'T KNOW .... -8	**[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 **'PN_QA24_I8'**

'QA24_I7'   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

¿Cómo compró este seguro de salud – directamente a una compañía de seguro de salud o HMO, o mediante Covered California?

AI91

- ❍   INSURANCE COMPANY OR HMO.............1
- ❍   COVERED CALIFORNIA............................2
- ❍   OTHER (SPECIFY: _____)................ 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE FOR '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 **'PN_QA24_I9'**;

'QA24_I8'   Was there a subsidy or discount on the premium for this plan?

Había un subsidio o descuento en la prima de este plan?

AI93

❍	YES 1		
❍	NO..2	**[GO TO 'PN_QA24_I12']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_I12']**
❍	DON'T KNOW .... -8	

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.

¿Paga usted una parte o toda la prima o el costo del plan de salud de (CHILD)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

AI54

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay]*.*

No incluya el costo de ningún copago o deducible que haya tenido que pagar usted o su familia.

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

Los <u>copagos</u> son pagos parciales que usted hace para su atención médica cada vez que va a un médico o usa el sistema de atención médica, mientras que un tercero paga su cobertura de atención médica principal.

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

Un <u>deducible</u> es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar.

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

La <u>prima</u> es el pago mensual por el costo de su plan de seguro de salud.

○	YES 1	
○	NO..2	**[GO TO 'PN_QA24_I12']**
○	REFUSED -7	**[GO TO 'PN_QA24_I12']**
○	DON'T KNOW .... -8	

'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?

¿Hay alguien más, tal como un empleador, un sindicato, o una organización profesional que pague toda o una parte de la prima o del costo del plan de salud de (CHILD)?

AI50

○	YES 1	
○	NO..2	**[GO TO 'PN_QA24_I12']**
○	REFUSED .... -7	**[GO TO 'PN_QA24_I12']**
○	DON'T KNOW .... -8	

'QA24_I11'   Who else pays all or some portion of the cost for (CHILD)'s health plan?

¿Quién más paga por todo o por una parte del costo del plan de salud de (CHILD)?

157

AI51

[CODE ALL THAT APPLY]

❑   YOUR CURRENT EMPLOYER 1
❑   YOUR FORMER EMPLOYER 2
❑   UNION...3
❑   SPOUSE'S/PARTNER'S
    CURRENT EMPLOYER 4
❑   SPOUSE'S/PARTNER'S
    FORMER EMPLOYER 5
❑   PROFESSIONAL/FRATERNAL
    ORGANIZATION..6
❑   MEDICAID/MEDI-CAL ASSISTANCE 7
❑   COVERED CALIFORNIA......................... 10
❑   OTHER.. 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE '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?

*¿Está {él/ella} cubierto(a) por CHAMPUS/CHAMP VA, TRICARE, VA o algún otro plan
de salud para militares?*

CF6

❍   YES 1   **[GO TO
    'PN_QA24_I18']**
❍   NO..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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?

*¿Tiene cobertura {él/ella} de algún otro programa de salud del gobierno tal como AIM,
'Mister MIP', Healthy Kids u otro programa?*

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP
means Major Risk Medical Insurance Program."]

*AIM significa Acceso para Niños y Madres; 'Mister MIP' o 'MRMIP' significa Programa de
Seguro Médico de Alto Riesgo.*

❍   AIM...1   **[GO TO 'PN_QA24_I18']**

❍   MRMIP 2   **[GO TO 'PN_QA24_I18']**

❍   Healthy Kids 3   **[GO TO 'PN_QA24_I18']**

❍   No other plan..4

❍   Something else (Specify: _____) 91   **[GO TO 'PN_QA24_I18']**

❍   REFUSED .... -7

❍   DON'T KNOW.. -8

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?

¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

CF8

❍   YES 1

❍   NO...2   **[GO TO 'PN_QA24_I17']**

❍   REFUSED .... -7   **[GO TO 'PN_QA24_I17']**

❍   DON'T KNOW.. -8   **[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?

¿Qué tipo de seguro de salud tiene {él/ella}? ¿Es éste a través de Medi-Cal, un empleador o sindicato, o de alguna otra fuente?

CF9

CHECK ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: '¿Algún otro?']

❑   THROUGH CURRENT OR FORMER EMPLOYER/UNION...................1

❑   THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION 2

❑   PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE)...3

❑   MEDICARE 4

❑   MEDI-CAL 5

❑   CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER

❑   MILITARY CARE 6
❑   INDIAN HEALTH SERVICE
    TRIBAL HEALTH PROGRAM, URBAN
    INDIAN CLINIC 8
❑   COVERED CALIFORNIA......................... 10
❑   SHOP THROUGH COVERED
    CALIFORNIA.. 11
❑   OTHER GOVERNMENT HEALTH
    PLAN.. 91
❑   OTHER NON-GOVERNMENT
    HEALTH PLAN 92
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE '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'**= -7 OR -8, 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 **'PN_QA24_I17'**

'QA24_I16'   Just to verify, you said that (CHILD) gets health insurance through Medicare?

    Sólo para verificar, ¿usted dijo que (CHILD) tiene seguro de salud a través de Medicare?

| CF9VER |

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

PROGRAMMING NOTE 'QA24_I17':
IF CHINSURE ≠ 1 CONTINUE WITH **'QA24_I17'**;
ELSE GO TO **'QA24_I18'**;

'QA24_I17'   What is the <u>one</u> main reason why (CHILD) is not enrolled in the Medi-CAL program?

    ¿Cuál es <u>la</u> razón principal por la cual (CHILD) no está inscrito(a) en el programa Medi-Cal?

| CF1A |

❍   PAPERWORK TOO DIFFICULT 1
❍   DO NOT KNOW IF ELIGIBLE.....................2
❍   INCOME TOO HIGH, NOT ELIGIBLE 3

- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 4
- DO NOT BELIEVE IN HEALTH INSURANCE 6
- DO NOT NEED INSURANCE BECAUSE SHE/HE IS HEALTHY 7
- ALREADY HAVE INSURANCE 8
- DID NOT KNOW ABOUT IT 9
- DO NOT LIKE OR WANT WELFARE....... 10
- OTHER (SPECIFY: _____) 91
- REFUSED .... -7
- DON'T KNOW .... -8

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?

¿Es el plan de salud principal de (CHILD) un HMO, que significa 'Organización para el Mantenimiento de la Salud?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]

HMO en español quiere decir Organización para el Mantenimiento de laSalud. Con una HMO, {él/ella} tiene que ir a los doctores y hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a menos que se trate de una emergencia médica.

- YES 1   **[GO TO 'QA24_I20']**
- NO 2
- REFUSED .... -7
- DON'T KNOW .... -8

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?

¿Es el plan de (CHILD) una PPO o una EPO?

AI115

[IF NEEDED, SAY: **"**EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider**.**]

**[IF NEEDED, SAY: '*EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia.*

***Usted puede tener acceso a doctores y especialistas directamente sin sin que lo(a) refiera su profesional de cuidado médico principal.*]**

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

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

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

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

'QA24_I20'   What is the name of (CHILD)'s main health plan?

¿Cómo se llama el plan de salud principal de (CHILD)?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: '¿Tiene (CHILD) una tarjeta del seguro u otro documento con el nombre del plan?']

- ❍ ACCESS SENIOR HEALTHCARE 1
- ❍ AETNA 2
- ❍ AETNA GOLDEN MEDICARE 3
- ❍ AIDS HEALTHCARE FOUNDATION, LA 4
- ❍ ALAMEDA ALLIANCE FOR HEALTH 5
- ❍ ALTAMED HEALTH SERVICES 83
- ❍ ANTHEM BLUE CROSSOF CALIFORNIA .. 7
- ❍ ASPIRE HEALTH PLAN 8
- ❍ BLUE CROSS CALIFORNIACARE 9
- ❍ BLUE CROSS SENIOR SECURE7 9
- ❍ BLUE SHIELD 65 PLUS 11
- ❍ BLUE SHIELD OF CALIFORNIA 12
- ❍ BRAND NEW DAY (UNIVERSAL CARE). 13
- ❍ CALIFORNIA HEALTH AND WELLNESS PLAN 14
- ❍ CALIFORNIAKIDS (CALKIDS) 15
- ❍ CAL OPTIMA (CALOPTIMA ONE CARE) 16
- ❍ CALVIVA HEALTH 17
- ❍ CARE 1ST HEALTH PLAN 18
- ❍ CAREMORE HEALTH PLAN 19
- ❍ CENTER FOR ELDERS' INDEPENDENCE 21

❍　　CEN CAL HEALTH 80
❍　　CENTRAL CALIFORNIA ALLIANCE
　　　FOR HEALTH 22
❍　　CENTRAL HEALTH PLAN....................... 23
❍　　CHINESE COMMUNITY HEALTH PLAN . 24
❍　　CHOICE PHYSICIANS NETWORK.......... 25
❍　　CIGNA HEALTHCARE 26
❍　　CITIZENS CHOICE HEALTHPLAN 27
❍　　COMMUNITY CARE HEALTH PLAN 28
❍　　COMMUNITY HEALTH GROUP 29
❍　　CONTRA COSTA HEALTH PLAN........... 81
❍　　DAVITA HEALTHCARE
　　　PARTNERS PLAN 31
❍　　EASY CHOICE HEALTH PLAN............... 32
❍　　EPIC HEALTH PLAN 33
❍　　GEM CARE HEALTH PLAN 34
❍　　GOLD COAST HEALTH PLAN................. 35
❍　　GOLDEN STATE MEDICARE
　　　HEALTH PLAN 36
❍　　HEALTH NET.. 38
❍　　HEALTH NET SENIORITY PLUS............ 39
❍　　HEALTH PLAN OF SAN JOAQUIN......... 40
❍　　HEALTH PLAN SAN JP AUTHORITY 41
❍　　HERITAGE PROVIDER NETWORK 42
❍　　HUMANA GOLD PLUS............................ 43
❍　　HUMANA HEALTH PLAN........................ 44
❍　　IEHP (INLAND EMPIRE HEALTH PLAN) 45
❍　　INTER VALLEY HEALTH PLAN 46
❍　　HEALTH ADVANTAGE............................ 82
❍　　KAISER PERMANENTE........................... 47
❍　　KAISER PERMANENTE
　　　SENIOR ADVANTAGE 48
❍　　KERN FAMILY HEALTH CARE............... 49
❍　　L.A. CARE HEALTH PLAN 50
❍　　MD CARE.. 51
❍　　MOLINA HEALTHCARE OF
　　　CALIFORNIA.. 54
❍　　MONARCH HEALTH PLAN...................... 55
❍　　ON LOK SENIOR HEALTH SERVICES ... 56
❍　　PARTNERSHIP HEALTHPLAN
　　　OF CALIFORNIA 57
❍　　PIH HEALTH CARE SOLUTIONS............ 58
❍　　PREMIER HEALTH PLAN SERVICES..... 59
❍　　PRIMECARE MEDICAL NETWORK 60
❍　　PROVIDENCE HEALTH NETWORK 61
❍　　SCRIPPS HEALTH PLAN SERVICES 68
❍　　SEASIDE HEALTH PLAN........................ 69
❍　　SAN FRANCISCO HEALTH PLAN........... 84
❍　　SANTA CLARA FAMILY HEALTH
　　　PLAN.. 90
❍　　SAN MATEO HEALTH COMMISION 86
❍　　SANTA BARBARA................................... 88
❍　　SATELLITE HEALTH PLAN 92
❍　　SCAN HEALTH PLAN 67
❍　　SHARP HEALTH PLAN 70

❍   SUTTER HEALTH PLAN 71
❍   SUTTER SENIOR CARE.......................... 72
❍   UNITED HEALTHCARE 73
❍   UNITED HEALTHCARE SECURE
         HORIZON.. 74
❍   UNIVERSITY HEALTHCARE
         ADVANTAGE 75
❍   VALLEY HEALTH PLAN.......................... 76
❍   VENTURA COUNTY HEALTH
         CARE PLAN.. 77
❍   WESTERN HEALTH ADVANTAGE 78
❍   CHAMPUS/CHAMP-VA 93
❍   TRICARE/TRICARE FOR LIFE/
         TRICARE PRIME................................... 87
❍   VA HEALTH CARE SERVICES............... 89
❍   MEDI-CAL 52
❍   MEDICARE 53
❍   OTHER (SPECIFY: _____) 85
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA24_I20': IF **'QA24_I20'** = 93, 87, OR 89 THEN SET CHMILIT=1

'QA24_I21'   Is (CHILD) covered for prescription drugs?

                     ¿Tiene (CHILD) cobertura para medicinas recetadas?

CF14

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

High Deductible Health Plans (Child)

PROGRAMMING NOTE *FOR* 'QA24_I22':
IF (ARINSURE ≠ 1 OR **'QA24_I1'** ≠ 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?

                     ¿Tiene el plan de salud de (CHILD) un deducible de más de $1,000 dólares?

AI79

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

**[IF NEEDED, SAY '*El deducible es la cantidad que usted tiene que pagar antes de
que su plan empiece a pagar por su atención médica.*']**

❍   YES 1
❍   NO...2
❍   YES, BUT ONLY WHEN WE GO OUT
         OF NETWORK...3

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

'QA24_I23'   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

¿Tiene el plan de salud de <CHILD> un deducible de más de $2,000 dólares por todas las personas que tienen cobertura?

| AI80 |

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

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

○   YES 1
○   NO...2
○   YES, BUT ONLY WHEN WE GO OUT
         OF NETWORK 3
○   REFUSED .... -7
○   DON'T KNOW .... -8

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?

¿Tiene usted una cuenta o un fondo especial que puede utilizar para pagar gastos médicos?

| AI81 |

[IF NEEDED, SAY: **"**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]

Estas cuentas se conocen a veces como Cuentas de ahorro para la salud (HSA) o Cuentas de reembolsos por salud (HRA). Otras cuentas similares son las Cuentas personales para gastos médicos, Fondos personales para gastos médicos, Fondos de beneficios o Cuentas de gastos flexibles proporcionadas por un empleador.

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

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 <u>one main</u> reason (CHILD) does not have any health insurance?

CF18

¿Cuál es la razón principal por la cual (CHILD) no tiene ningún seguro de salud?

- ❍ Can't afford/Too expensive 1
  No puede pagarlo/demasiado costoso
  - ❍ Not eligible due to working status/ 2
  Changed employer/Lost job
  No es elegible debido su situación laboral/cambió de empleador/perdió el trabajo
  - ❍ Not eligible due to health or 3
  other problems
  No es elegible debido a su salud u otros problemas
  - ❍ Not eligible due to citizenship/ 4
  immigration status
  No es elegible debido a la ciudadanía/situación migratoria
  - ❍ Family situation changed 5
  Cambió su situación familiar
  - ❍ Don't believe in insurance...........................6
  No cree en los seguros
  - ❍ Did not have insurance while switching 7
  insurance companies
  No tenía seguro mientras cambiaba de compañía de seguros
  - ❍ Can get health care for free/
  Pay for own care 8
  Puede acceder a atención médica de forma gratuita/pagar su atención médica
  - ❍ Other (Specify: _____)................ 91
  Otra (Especifique: _____)
  - ❍ REFUSED .... -7
  - ❍ DON'T KNOW .... -8

Coverage over Past 12 Months (Child)

'QA24_I26'　　Was (CHILD) covered by health insurance at any time during the past 12 months?

Tuvo (CHILD) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

CF20

- ❍ YES ....1　　**[GO TO 'QA24_I28']**
- ❍ NO..2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_I27'　　How long has it been since (CHILD) last had health insurance?

¿Cuánto tiempo hace desde la última vez que (CHILD) tuvo seguro de salud?

CF21

- ❍ MORE THAN 12 MONTHS, BUT
  NOT MORE THAN 3 YEARS AGO ....1　　**[GO TO 'PN_IA10A]**
- ❍ MORE THAN 3 YEARS AGO ....2　　**[GO TO 'PN_IA10A]**
- ❍ NEVER HAD HEALTH INSURANCE
  COVERAGE..3　　**[GO TO 'PN_IA10A]**
- ❍ REFUSED .... -7　　**[GO TO 'PN_IA10A]**
- ❍ DON'T KNOW .... -8　　**[GO TO 'PN_IA10A]**

'QA24_I28'   For how many of the last 12 months did {he/she} have health insurance?

¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

            _____MONTHS [HR: 0-12]   **[GO TO 'PN_QA24_I36']**

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

'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?

Durante ese tiempo cuando <CHILD> tenía seguro de salud, ¿era su seguro Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

CF23

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: *'¿Alguien más?'*]

(7 maximum responses)

      ❑   Medi-Cal...1   **[GO TO**
              Medi-Cal   **'PN_QA24_I36']**
      ❑   Through current or former employer/union ..3   **[GO TO**
                                                             'PN_QA24_I36']
              Lo obtuvo a través de su empleador o sindicato actual o anterior
      ❑   Purchased directly 5   **[GO TO**
              Lo compró directamente   **'PN_QA24_I36']**
      ❑   Covered California 6   **[GO TO**
              Lo compró a través de Covered California   **'PN_QA24_I36']**
      ❑   Other health plan 91   **[GO TO**
               Otro plan de salud   **'PN_QA24_I36']**

      ❍   REFUSED .... -7   **[GO TO**
                                                         'PN_QA24_I36']
      ❍   DON'T KNOW .... -8   **[GO TO**
                                                         'PN_QA24_I36']

'QA24_I30'   Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (CHILD) este mismo seguro TODOS los 12 meses en los últimos 12 meses?

CF24

      ❍   YES 1   **[GO TO**

- NO..2
- HAD SAME INSURANCE SINCE BIRTH
  (FOR CHILDREN LESS THAN ONE
  YEAR OLD)..3
- REFUSED .... -7
- DON'T KNOW .... -8

'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?

Cuando {él/ella} no tuvo cobertura de su seguro de salud actual, ¿tuvo {él/ella} algún otro seguro de salud?

CF25

- YES 1   **[GO TO 'QA24_I33']**
- NO..2
- REFUSED .... -7   **[GO TO 'QA24_I33']**
- DON'T KNOW .... -8   **[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?

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

CF26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: *'¿Alguien más?']

(7 maximum responses)

- MEDI-CAL 1
- THROUGH CURRENT OR
  FORMER EMPLOYER/UNION....................4
- PURCHASED DIRECTLY............................5
- COVERED CALIFORNIA............................6
- OTHER HEALTH PLAN............................ 91
- REFUSED .... -7
- DON'T KNOW .... -8

'QA24_I33'   During the past 12 months, was there any time when {he/she} had no health insurance at all?

Durante los últimos 12 meses, ¿hubo un momento en que {él/ella} no tuvo ningún seguro de salud?

CF27

- YES 1
- NO..2   **[GO TO 'PN_QA24_I36']**
- REFUSED .... -7   **[GO TO 'PN_QA24_I36']**

     ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_I36']**

'QA24_I34'   For how many of the past 12 months did {he/she} have no health insurance?

¿Durante cuántos meses de los últimos 12 meses no tuvo {él/ella} seguro de salud?

CF28

[IF < 1 MONTH, ENTER '1']

     _____ MONTHS   [RANGE: 1-12]
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

'QA24_I35'   [What is the <u>one main</u> reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

¿Cuál fue EL motivo PRINCIPAL por el que (CHILD) no tuvo ningún seguro de salud durante ese tiempo?

CF29

[IF R SAYS, "No need," PROBE WHY]

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

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

¿Tiene (TEEN) el mismo seguro que tiene {usted/ADULT RESPONSE NAME}?

IA10A

     ❍   YES 1   **[GO TO 'QA24_I54']**
     ❍   NO...2
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

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?

    ¿Tiene (TEEN) el mismo seguro que tiene su esposo(a)?

MA5

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

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 SPOTHER= 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)?

¿Tiene (TEEN) el mismo seguro que tiene (CHILD)?

MA6

- ❍   YES 1   **[GO TO 'QA24_I66']**
- ❍   NO...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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?

¿Tiene {él/ella} cobertura de Medi-CAL?

IA1

[IF NEEDED, SAY: Medi-Cal is a health insurance program for low-income individuals in California]

[IF NEEDED, SAY: '*Medi-Cal es un programa de seguro de salud para personas de bajos ingresos en California.***']**

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

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?

¿Tiene (TEEN) cobertura de un plan de seguro de salud o HMO a través del empleador o sindicato suyo o de otra persona?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

- ❍   YES 1
- ❍   NO...2   **[GO TO 'QA24_I42']**
- ❍   REFUSED .... -7   **[GO TO 'QA24_I42']**
- ❍   DON'T KNOW .... -8   **[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?

¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

AI94

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

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

    ❍   EMPLOYER 1
    ❍   UNION...2
    ❍   SHOP / COVERED CALIFORNIA 3
    ❍   OTHER (SPECIFY: _____) 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

POST NOTE FOR '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?

¿Tiene (TEEN) cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

IA4

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

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

    ❍   YES 1
    ❍   NO..2   **[GO TO 'QA24_I48']**
    ❍   REFUSED .... -7   **[GO TO 'QA24_I48']**
    ❍   DON'T KNOW .... -8   **[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?

*¿Cómo compró este seguro de salud – directamente a una compañía de seguro de salud
o HMO, o mediante Covered California?*

AI95

- INSURANCE COMPANY OR HMO.............1
- COVERED CALIFORNIA............................2
- OTHER (SPECIFY: _____) 91
- REFUSED .... -7
- DON'T KNOW .... -8

POST NOTE FOR 'QA24_I43': 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?

¿Había un subsidio o descuento en la prima de este plan?

AI97

- YES 1
- NO...2   **[GO TO 'QA24_I48']**
- REFUSED .... -7   **[GO TO 'QA24_I48']**
- DON'T KNOW .... -8

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.

*¿Paga usted una parte o toda la prima o el costo del plan de salud de (TEEN)? No
incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan
que pagar.*

AI55

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

*Los <u>copagos</u> son pagos parciales que usted hace para su atención médica cada vez que
va a un médico o usa el sistema de atención médica, mientras que un tercero paga su
cobertura de atención médica principal.*

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

Un <u>deducible</u> es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar.

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

La <u>prima</u> es el pago mensual por el costo de su plan de seguro de salud.

❍	YES 1		
❍	NO...2	**[GO TO 'QA24_I48']**
❍	REFUSED .... -7	**[GO TO 'QA24_I48']**
❍	DON'T KNOW .... -8	

'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?

¿Hay alguien más, tal como un empleador, un sindicato o una organización profesional que pague toda o parte de la prima o del costo del plan de salud de (TEEN)?

AI52

❍	YES 1	
❍	NO...2	**[GO TO 'PN_QA24_I48']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_I48']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA24_I48']**

'QA24_I47'   Who else pays all or some portion of the cost for (TEEN)'s health plan?

¿Quién más paga todo o una parte del costo del plan de salud de (TEEN)?

AI53

[CODE ALL THAT APPLY]

❑	CURRENT EMPLOYER 1
❑	FORMER EMPLOYER 2
❑	UNION...3
❑	SPOUSE'S/PARTNER'S CURRENT EMPLOYER 4
❑	SPOUSE'S/PARTNER'S FORMER EMPLOYER 5
❑	PROFESSIONAL/FRATERNAL ORGANIZATION..6
❑	MEDICAID/MEDI-CAL ASSISTANCE 7
❑	COVERED CALIFORNIA......................... 10
❑	OTHER... 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

POST NOTE '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?

¿Tiene {él/ella} cobertura de CHAMPUS/CHAMP VA, Tricare, VA o algún otro plan de salud para militares?

| IA6 |

❍	YES 1	**[GO TO 'PN_QA24_I54']**
❍	NO...2	**[GO TO 'PN_QA24_I48']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_I48']**
❍	DON'T KNOW .... -8	

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?

¿Tiene cobertura {él/ella} de algún otro programa de salud del gobierno tal como AIM, 'Mister MIP', Family PACT, Healthy Kids u otro programa?

| IA7 |

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

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

❍	AIM...1	**[GO TO 'PN_QA24_I54']**
❍	MISTER MIP/MRMIP 2	**[GO TO 'PN_QA24_I54']**
❍	Family PACT 3	**[GO TO 'PN_QA24_I54']**
❍	HEALTHY KIDS 4	**[GO TO 'PN_QA24_I54']**
❍	NO OTHER PLAN..5	
❍	SOMETHING ELSE (SPECIFY: ___)........91	**[GO TO 'PN_QA24_I54']**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

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?

¿Tiene {él/ella} alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

IA8

❍	YES 1	
❍	NO...2	**[GO TO 'PN_QA24_I54']**
❍	REFUSED ....-7	**[GO TO 'PN_QA24_I54']**
❍	DON'T KNOW ....-8	**[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?

¿Qué tipo de seguro de salud tiene {él/ella}? ¿Lo recibe a través de Medi-CAL, un empleador o sindicato, o de otra fuente?

IA9

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

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

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: '¿Alguien más?']

❑	THROUGH CURRENT OR FORMER EMPLOYER/UNION....................1	
❑	THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION 2	
❑	PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE) 3	
❑	MEDICARE 4	
❑	MEDI-CAL 5	
❑	CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE..7	
❑	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC 8	
❑	COVERED CALIFORNIA.......................... 10	
❑	SHOP THROUGH	

	COVERED CALIFORNIA........................... 11
❑	OTHER GOVERNMENT HEALTH PLAN.. 91
❑	OTHER NON-GOVERNMENT HEALTH PLAN.. 92
○	REFUSED .... -7
○	DON'T KNOW .... -8

POST NOTE '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?

Solo para verificar, ¿usted dijo que (TEEN) tiene seguro de salud a través de Medicare?

IA9VER

○	YES 1
○	NO 2	**[GO TO 'PN_QA24_I54']**
○	REFUSED .... -7	**[GO TO 'PN_QA24_I54']**
○	DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_I53':
IF TEINSURE ≠ 1 CONTINUE WITH **'QA24_I53'**;
ELSE GO TO **'QA24_I54'**;

'QA24_I53'   What is the <u>one</u> main reason why (TEEN) is not enrolled in the Medi-CAL program?

Cuál es <u>LA</u> razón principal por la cual (TEEN) no está inscrito(a) en el Programa Medi-Cal?

IA1A

❑	PAPERWORK TOO DIFFICULT 1
❑	DO NOT KNOW IF ELIGIBLE.....................2
❑	INCOME TOO HIGH, NOT ELIGIBLE 3
❑	NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS......4
❑	DO NOT BELIEVE IN HEALTH INSURANCE 6
❑	DO NOT NEED INSURANCE BECAUSE

<div style="text-align: right;">

❑   SHE/HE IS HEALTHY..................................7
❑   ALREADY HAVE INSURANCE 8
❑   DID NOT KNOW ABOUT IT 9
❑   DO NOT LIKE OR WANT WELFARE....... 10
❑   OTHER (SPECIFY: _____) 91
❍   REFUSED .... -7
❍   DON'T KNOW.. -8

</div>

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA24_I54':
IF **'QA24_I36'** = 1 AND ARMCARE = 1, THEN **'QA24_I54'**= **'QA24_H62'** AND **'QA24_I56'**= **'QA24_H64'** AND **'QA24_I57'**= **'QA24_H65'** 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?

¿Es el plan de salud principal de (TEEN) un HMO, que quiere decir Organización para el Mantenimiento de la Salud?

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF NEEDED, SAY: '*HMO* son las iniciales de Health Maintenance Organization (Organización para el Mantenimiento de la Salud). Con una HMO usted tiene que ir a los doctores y hospitales de la red de su plan. Si va fuera de la red, por logeneral no cubrirán esos gastos a menos que haya sido una emergencia médica.']

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: 'El plan de salud principal.']

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

❍   YES 1   **[GO TO 'QA24_I56']**
❍   NO...2
❍   REFUSED .... -7
❍   DON'T KNOW.. -8

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?

¿Es el plan de (TEEN) una PPO o una EPO?

AI116

[IF NEEDED, SAY: **"**EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider**.**]

[IF NEEDED, SAY: '*EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a doctores y especialistas directamente sin sin que lo(a) refiera su profesional de cuidado médico principal.*]

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

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

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: 'El plan de salud principal.']

- ❍ PPO 1
- ❍ EPO 2
- ❍ Other (Specify: _____) 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_I56'   What is the name of (TEEN)'s main health plan?

¿Cómo se llama el plan de salud principal de (TEEN)?

MA7

- ❍ ACCESS SENIOR HEALTHCARE 1
- ❍ AETNA 2
- ❍ AETNA GOLDEN MEDICARE 3
- ❍ AIDS HEALTHCARE FOUNDATION, LA 4
- ❍ ALAMEDA ALLIANCE FOR HEALTH 5
- ❍ ALTAMED HEALTH SERVICES 83
- ❍ ANTHEM BLUE CROSSOF CALIFORNIA..7
- ❍ ASPIRE HEALTH PLAN 8
- ❍ BLUE CROSS CALIFORNIACARE 9
- ❍ BLUE CROSS SENIOR SECURE7 9
- ❍ BLUE SHIELD 65 PLUS 11
- ❍ BLUE SHIELD OF CALIFORNIA 12
- ❍ BRAND NEW DAY (UNIVERSAL CARE). 13
- ❍ CALIFORNIA HEALTH AND
     WELLNESS PLAN 14
- ❍ CALIFORNIAKIDS (CALKIDS) 15
- ❍ CAL OPTIMA (CALOPTIMA ONE CARE) 16
- ❍ CALVIVA HEALTH.................................... 17
- ❍ CARE 1ST HEALTH PLAN....................... 18

❍   CAREMORE HEALTH PLAN.................... 19
❍   CENTER FOR ELDERS'
      INDEPENDENCE 21
❍   CEN CAL HEALTH 80
❍   CENTRAL CALIFORNIA ALLIANCE
      FOR HEALTH 22
❍   CENTRAL HEALTH PLAN........................ 23
❍   CHINESE COMMUNITY HEALTH PLAN . 24
❍   CHOICE PHYSICIANS NETWORK.......... 25
❍   CIGNA HEALTHCARE 26
❍   CITIZENS CHOICE HEALTHPLAN 27
❍   COMMUNITY CARE HEALTH PLAN 28
❍   COMMUNITY HEALTH GROUP 29
❍   CONTRA COSTA HEALTH PLAN........... 81
❍   DAVITA HEALTHCARE
      PARTNERS PLAN 31
❍   EASY CHOICE HEALTH PLAN............... 32
❍   EPIC HEALTH PLAN 33
❍   GEM CARE HEALTH PLAN 34
❍   GOLD COAST HEALTH PLAN
❍   GOLDEN STATE MEDICARE 35
      HEALTH PLAN 36
❍   HEALTH NET.. 38
❍   HEALTH NET SENIORITY PLUS............. 39
❍   HEALTH PLAN OF SAN JOAQUIN.......... 40
❍   HEALTH PLAN SAN JP AUTHORITY...... 41
❍   HERITAGE PROVIDER NETWORK 42
❍   HUMANA GOLD PLUS............................ 43
❍   HUMANA HEALTH PLAN........................ 44
❍   IEHP (INLAND EMPIRE HEALTH PLAN) 45
❍   INTER VALLEY HEALTH PLAN 46
❍   HEALTH ADVANTAGE............................. 82
❍   KAISER PERMANENTE........................... 47
❍   KAISER PERMANENTE
      SENIOR ADVANTAGE 48
❍   KERN FAMILY HEALTH CARE............... 49
❍   L.A. CARE HEALTH PLAN 50
❍   MD CARE... 51
❍   MOLINA HEALTHCARE OF
      CALIFORNIA... 54
❍   MONARCH HEALTH PLAN...................... 55
❍   ON LOK SENIOR HEALTH SERVICES ... 56
❍   PARTNERSHIP HEALTHPLAN
      OF CALIFORNIA 57
❍   PIH HEALTH CARE SOLUTIONS............ 58
❍   PREMIER HEALTH PLAN SERVICES..... 59
❍   PRIMECARE MEDICAL NETWORK 60
❍   PROVIDENCE HEALTH NETWORK 61
❍   SCRIPPS HEALTH PLAN SERVICES 68
❍   SEASIDE HEALTH PLAN........................ 69
❍   SAN FRANCISCO HEALTH PLAN........... 84
❍   SANTA CLARA FAMILY HEALTH
      PLAN.. 90
❍   SAN MATEO HEALTH COMMISION 86
❍   SANTA BARBARA................................... 88

❍   SATELLITE HEALTH PLAN 92
❍   SCAN HEALTH PLAN 67
❍   SHARP HEALTH PLAN 70
❍   SUTTER HEALTH PLAN 71
❍   SUTTER SENIOR CARE 72
❍   UNITED HEALTHCARE 73
❍   UNITED HEALTHCARE SECURE
       HORIZON... 74
❍   UNIVERSITY HEALTHCARE
       ADVANTAGE 75
❍   VALLEY HEALTH PLAN 76
❍   VENTURA COUNTY HEALTH
       CARE PLAN.. 77
❍   WESTERN HEALTH ADVANTAGE 78
❍   CHAMPUS/CHAMP-VA 93
❍   TRICARE/TRICARE FOR LIFE/
       TRICARE PRIME 87
❍   VA HEALTH CARE SERVICES................ 89
❍   MEDI-CAL 52
❍   MEDICARE 53
❍   OTHER (SPECIFY: _____) 85
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA24_I56': IF **'QA24_I56'** = 93, 87, OR 89 THEN SET TEMILIT=1

'QA24_I57'   Is (TEEN) covered for prescription drugs?

¿Tiene (TEEN) cobertura para medicinas recetadas?

IA14

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

High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR '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?

¿Tiene el plan de salud de (TEEN) un deducible de más de $1,000 dólares?

AI82

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

*El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a
pagar por su atención médica*

❍   YES 1

    ❍   NO...2
    ❍   YES, ONLY WHEN GO OUT OF
             NETWORK 3
    ❍   REFUSED.. -7
    ❍   DON'T KNOW... -8

'QA24_I59' Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

¿Tiene el plan de salud de (TEEN) un deducible de más de $2,000 dólares por todas las personas que tienen cobertura?

| AI83 |

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

El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.

    ❍   YES...1
    ❍   NO...2
    ❍   YES, ONLY WHEN GO OUT OF
             NETWORK 3
    ❍   REFUSED.. -7
    ❍   DON'T KNOW... -8

PROGRAMMING NOTE 'AI84:
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?

¿Tiene usted una cuenta o un fondo especial que pueda utilizar para pagar los gastos médicos de (TEEN)?

| AI84 |

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) 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)."]

Estas cuentas se conocen a veces como Cuentas de ahorro para la salud (HSA) o Cuentas de reembolsos por salud (HRA). Otras cuentas similares son las Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios. No incluya las Cuentas de gastos flexibles proporcionadas por un empleador.

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

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 <u>one main</u> reason (TEEN) does not have any health insurance?

¿Cuál es el motivo principal por el que <TEEN> no tiene seguro de salud?

IA18

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

Coverage over Past 12 months (Teen)

'QA24_I62'   Was (TEEN) covered by health insurance at any time during the past 12 months?

¿Tuvo (TEEN) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

IA20

- ⭘   YES 1   **[GO TO 'QA24_I64']**
- ⭘   NO...2
- ⭘   REFUSED .... -7
- ⭘   DON'T KNOW .... -8

'QA24_I63'   How long has it been since (TEEN) last had health insurance?

¿Cuánto tiempo hace desde la última vez que (TEEN) tuvo seguro de salud?

IA21

- ⭘   MORE THAN 12 MONTHS, BUT 1 NO MORE THAN 3 YEARS AGO................1   **[GO TO 'PN_QA24_J1']**
- ⭘   2 MORE THAN 3 YEARS AGO 2   **[GO TO 'PN_QA24_J1']**
- ⭘   3 NEVER HAD HEALTH INSURANCE COVERAGE 3   **[GO TO 'PN_QA24_J1']**
- ⭘   REFUSED .... -7   **[GO TO 'PN_QA24_J1']**
- ⭘   DON'T KNOW .... -8   **[GO TO 'PN_QA24_J1']**

'QA24_I64'   For how many of the last 12 months did {he/she} have health insurance?

¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____MONTHS [HR: 0-12] **[IF 'QA24_I64'=0, GO TO 'PN_QA24_J1']**

❍   REFUSED .... -7   **[GO TO 'PN_QA24_J1']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_J1']**

'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?

Durante ese tiempo cuando (TEEN) tenía seguro de salud, ¿era su seguro Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

IA23

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: *'¿Alguien más?'*]

❑	MEDICAL THROUGH CURRENT OR FORMER.......................................1	**[GO TO 'PN_QA24_J1']**
❑	EMPLOYER/UNION 3	**[GO TO 'PN_QA24_J1']**
❑	PURCHASED DIRECTLY............................5	**[GO TO 'PN_QA24_J1']**
❑	COVERED CALIFORNIA............................6	**[GO TO 'PN_QA24_J1']**
❑	OTHER HEALTH PLAN..............................91	**[GO TO 'PN_QA24_J1']**
○	REFUSED .... -7	**[GO TO 'PN_QA24_J1']**
○	DON'T KNOW .... -8	**[GO TO 'PN_QA24_J1']**

'QA24_I66' Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for <u>all</u> of the past 12 months?

Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (TEEN) este mismo seguro de salud TODO el tiempo en los últimos 12 meses?

IA24

○	YES 1	**[GO TO 'PN_QA24_J1']**
○	NO..2	
○	REFUSED .... -7	
○	DON'T KNOW .... -8	

'QA24_I67' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

Cuando {él/ella} no tenía cobertura de su actual seguro de salud, ¿tuvo {él/ella} algún otro seguro de salud?

IA25

○	YES 1	
○	NO..2	**[GO TO 'QA24_I69']**
○	REFUSED .... -7	**[GO TO 'QA24_I69']**
○	DON'T KNOW .... -8	**[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?

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

IA26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: *'¿Alguien más?']*

(7 maximum responses)

  ❑ MEDI-CAL 1
  ❑ THROUGH CURRENT OR
    FORMER EMPLOYER/UNION...................4
  ❑ PURCHASED DIRECTLY............................5
  ❑ COVERED CALIFORNIA............................6
  ❑ OTHER HEALTH PLAN........................... 91
  ❍ REFUSED ....-7
  ❍ DON'T KNOW ....-8

'QA24_I69'   During the past 12 months, was there any time when {he/she} had no health insurance at all?

Durante los últimos 12 meses, ¿hubo algún momento en el que {él/ella} no tuvo ningún seguro de salud?

IA27

  ❍ YES 1
  ❍ NO...2 **[GO TO 'PN_QA24_J1']**
  ❍ REFUSED ....-7 **[GO TO 'PN_QA24_J1']**
  ❍ DON'T KNOW ....-8 **[GO TO 'PN_QA24_J1']**

'QA24_I70'   For how many of the past 12 months did {he/she} have no health insurance?

¿Durante cuántos de los últimos 12 meses no tuvo {él/ella} seguro de salud?

IA28

[IF < 1 MONTH, ENTER '1']

  _____MONTHS [RANGE: 1-12]
  ❍ REFUSED .... -7
  ❍ DON'T KNOW .... -8

'QA24_I71'   What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

¿Cuál es <u>la</u> razón <u>principal</u> por la que (TEEN) no tuvo ningún seguro de salud durante el tiempo en que {él/ella} no tuvo cobertura?

IA29

[IF R SAYS, "No need," PROBE WHY]

- ❍ 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 .... -7
- ❍ DON'T KNOW.. -8

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA24_I72':
IF NO TEEN SELECTED, GO TO SECTION J;
IF 'AD65D'= 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65D'= 2 (FEMALE AT BIRTH), DISPLAY "father";
IF 'AD65D'= -7/-8 (REFUSED/DON'T KNOW) AND **'QA24_A26'** 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?

¿En qué país nació {la madre/el padre} de (TEEN)?

AI56

- ❍ United States...1
- ❍ American Samoa 2
- ❍ Canada..3
- ❍ China...4
- ❍ Guam 9
- ❍ Japan 16
- ❍ Korea... 17
- ❍ Mexico... 18
- ❍ Philippines... 19
- ❍ Puerto Rico 22
- ❍ Vietnam 25
- ❍ Virgin Islands... 26
- ❍ Other (Specify: _____)............ 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW.. -8

PROGRAMMING NOTE 'QA24_I73':

IF 'AD65D' = 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65D' = 2 (FEMALE AT BIRTH), DISPLAY "father"
IF 'AD65D' = -7/-8 (REFUSED/DON'T KNOW) AND **'QA24_A26'** Sex =1 DISPLAY "father" OR If
'QA24_A26' =2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'QA24_I73'   Does (TEEN)'s {mother/father} now live in the U.S.?

¿Vive ahora {la madre/el padre} de (TEEN) en los Estados Unidos?

AI57

- ❍   Yes 1
- ❍   No...2
- ❍   Mother/Father/Other parent} deceased 3
- ❍   {Mother/Father/Other parent} never
            lived in U.S. 4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_I74':
IF 'AD65D' = 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65D' = 2 (FEMALE AT BIRTH), DISPLAY "father";
IF 'AD65D' = -7/-8 (REFUSED/DON'T KNOW) AND **'QA24_A26'** Sex =1 DISPLAY "father" OR If
'QA24_A26' =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?

¿{Es/Era} {la madre/el padre} de (TEEN) ciudadano(a) de los Estados Unidos?

AI58

- ❍   Yes 1
- ❍   No...2
- ❍   Application pending.....................................3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_I75':
IF **'QA24_I74'** = 1 SKIP TO **'PN_QA24_I76'** IF **'QA24_A5'** = 1 (MALE AT BIRTH), DISPLAY "mother"; IF
'AD65E = 2 (FEMALE AT BIRTH), DISPLAY "father"; IF **'QA24_A5'** = -7/-8 (REFUSED/DON'T KNOW)
AND **'QA24_A26'** Sex =2 DISPLAY "father" OR If **'QA24_A26'** =21DISPLAY "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.

*¿{Es/Era} {la madre/el padre} de (TEEN) residente permanente con tarjeta verde? La
gente la llama normalmente tarjeta verde o 'Green Card', pero puede ser también de
color rosa, azul o blanco.*

AI59

- ❍   Yes 1
- ❍   No...2

○   Application pending......................................3
○   REFUSED .... -7
○   DON'T KNOW .... -8

'QA24_I76'   About how many years has (TEEN)'s {mother/father} lived in the United States?

¿Cuántos años aproximadamente ha vivido {la madre/el padre} de (TEEN) en los Estados Unidos?

AI60

_____ 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 .... -7
○   DON'T KNOW .... -8

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 <u>you</u> receive. During the past 12 months, how many times have you seen a medical doctor?

Ahora, voy a preguntar acerca de la atención médica que usted recibe. Durante los últimos 12 meses, ¿cuántas veces ha visto usted a un doctor?

AH5

_____ TIMES [HR: 0-365] **[IF 'QA24_J1' > 0 GOTO 'PN_QA24_J3']**

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

PROGRAMMING NOTE 'QA24_J2':
IF **'QA24_J1'** = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH **'QA24_J2'**;
ELSE GO TO **'PN_QA24_J3'**

'QA24_J2' About how long has it been since you last saw a doctor about your own health?

Más o menos, ¿hace cuánto tiempo fue la última vez que vio a un doctor para su propia salud?

AH6

○ ONE YEAR AGO OR LESS.........................0
○ MORE THAN 1 UP TO 2 YEARS AGO 1
○ MORE THAN 2 UP TO 5 YEARS AGO 2
○ MORE THAN 5 YEARS AGO 3
○ NEVER...4 **[GO TO 'QA24_J4']**
○ REFUSED .... -7
○ DON'T KNOW .... -8

'QA24_J3' About how long has it been since you last saw a doctor or medical provider for a <u>routine check-up</u>?

Aproximadamente, ¿hace cuánto tiempo fue la última vez que vio a un doctor o a otro proveedor de atención médica para hacerse un examen <u>físico de rutina</u>?

AJ114

[IF NEEDED, SAY**:** A ROUTINE CHECK-UP IS A VISIT NOT FOR AN ILLNESS OR PROBLEM. THIS VISIT MAY INCLUDE QUESTIONS ABOUT HEALTH BEHAVIORS SUCH AS SMOKING.]

[IF NEEDED: *Un examen físico de rutina es una visita que no se debe a una enfermedad o un problema. En esa visita pueden hacerle preguntas acerca de comportamientos de salud tal como el fumar.*]

○ ONE YEAR AGO OR LESS.........................0
○ MORE THAN 1 UP TO 2 YEARS AGO 1

❍   MORE THAN 2 UP TO 5 YEARS AGO 2
❍   MORE THAN 5 YEARS AGO 3
❍   NEVER..4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA24_J4'   In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

¿Durante los últimos 6 meses,con qué frecuencia fue fácil obtener la atención, las pruebas o los tratamientos que necesitaba?

AJ218

❍   Never..1
❍   Sometimes 2
❍   Usually 3
❍   Always...4
❍   Not applicable 5
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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?

¿Durante los últimos 6 meses, con qué frecuencia fue fácil obtener la atención, las pruebas o los tratamientos que [(nombre de adolecente) necesitaba?

AJ219

❍   Never..1
❍   Sometimes 2
❍   Usually 3
❍   Always...4
❍   Not applicable 5
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA24_J6'   During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

Durante los últimos 12 meses, ¿alrededor de cuántos días se ausentó de un empleo o empresa por enfermedad, lesión o discapacidad?

AJ115

[IF NEEDED: "DO NOT INCLUDE FAMILY OR MATERNITY/PATERNITY LEAVE."]

[IF NEEDED: *'No incluya permisos familiares o de maternidad/paternidad'*]

_____ DAYS (0 - 365)

❍   DID NOT HAVE JOB IN PAST
        12 MONTHS..1
❍   REFUSED .... -7
❍   DON'T KNOW .... -8
❍   Other (specify)....................................... 996

Personal Doctor

PROGRAMMING NOTE 'QA24_J7':
IF **'QA24_H1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH **'QA24_J7'**;
ELSE GO TO **'PN_QA24_J8'**

'QA24_J7'   Do you have a personal doctor or medical provider who is your main provider?

¿Tiene usted un doctor de cabecera o un proveedor de atención médica como proveedor principal?

AJ77

[IF NEEDED, SAY: "THIS CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A PHYSICIAN ASSISTANT, A NURSE, OR OTHER HEALTH PROVIDER."]

[IF NEEDED SAY: '*Puede ser un médico general, un médico especialista, un asistente médico, una enfermera u otro proveedor de salud.*']

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

PROGRAMMING NOTE 'QA24_J8':
IF ARINSURE = 1 OR **'QA24_H1'** = 1,3,4, OR 5 (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?

En los últimos 12 meses, ¿trató de hacer una cita para ver a su doctor o proveedor de atención médica en dos días a más tardar porque usted estaba enfermo(a) o lesionado(a)?

AJ102

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]

[IF NEEDED, SAY: 'No incluya cuidado de urgencia o idas a la sala de emergencias. Solo estoy preguntando sobre citas.']

- ❍   YES 1
- ❍   NO...2   **[GO TO 'PN_QA24_J10']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA24_J10']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_J10']**

'QA24_J9'   How often were you able to get an appointment within two days? Would you say…

¿Con qué frecuencia consiguió hacer una cita dentro de los próximos dos días? ¿Diría que...

AJ103

- ❍   Never...1
- ❍   Sometimes 2
- ❍   Usually 3
- ❍   Always..4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Care Coordination

PROGRAMMING NOTE 'QA24_J10':
IF **'QA24_H1'** = 1, 3, 4, OR 5 (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?

¿Hay alguien en el consultorio o clínica de su doctor que le ayude a coordinar el cuidado de su salud con otros médicos o servicios, como pruebas o tratamientos?

AJ80

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

Tele-Medical Care

'QA24_J11'   During the past 12 months, did your <u>usual medical provider</u> <u>offer</u> telephone or video appointments?

Durante los últimos 12 meses, ¿le<u> ofreció</u> su proveedor médico habitual citas telefónicas o por video?

AJ220

- ❍   Yes 1
- ❍   No..2   **[GO TO 'QA24_J14']**
- ❍   REFUSED .... -8   **[GO TO 'QA24_J14']**
- ❍   Don't know 3   **[GO TO 'QA24_J14']**

'QA24_J12'   What options did your medical provider offer?

¿Qué opciones le ofreció su proveedor médico?

AJ221

(SELECT ALL THAT APPLY)

- ❑   In-person appointments 1
- ❑   Telephone appointments 2
- ❑   Video appointments 3
- ❍   REFUSED .... -7   **[GO TO 'QA24_J14']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA24_J14']**

'QA24_J13'   How satisfied are you with the availability of telephone or video health care from your providers?

¿Qué tan satisfecho(a) está con la disponibilidad de atención médica por teléfono o por video de sus proveedores?

AJ222

- ○   Very satisfied.....................................1
- ○   Somewhat satisfied...................................2
- ○   Neither satisfied nor dissatisfied 3
- ○   Somewhat dissatisfied 4
- ○   Very dissatisfied.......................................5
- ○   REFUSED .... -7   **[GO TO 'QA24_J14']**
- ○   DON'T KNOW .... -8   **[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?

Durante los últimos 12 meses, ¿recibió atención de un médico o profesional de la salud a través de una conversación telefónica o por video en lugar de una visita al consultorio?

AJ202

- ○   Yes 1
- ○   No...2   **[GO TO 'QA24_J28']**
- ○   REFUSED .... -8   **[GO TO 'QA24_J28']**
- ○   DON'T KNOW 3   **[GO TO 'QA24_J28']**

'QA24_J15'   What was this care for?

¿Para qué fue este cuidado?

AJ203

- ❑   Primary Care 1   **[GO TO 'QA24_J18']**
- ❑   Dental Care 2   **[GO TO 'QA24_J18']**
- ❑   Mental Health 3   **[GO TO 'QA24_J18']**
- ❑   Family Planning 4
- ❑   Other speciality care 5   **[GO TO 'QA24_J18']**
- ❑   Other: _____ 91   **[GO TO 'QA24_J18']**
- ○   REFUSED .... -7   **[GO TO 'QA24_J18']**
- ○   DON'T KNOW .... -8   **[GO TO 'QA24_J18']**

'QA24_J16'   Where did you receive your family planning service?

¿Dónde recibió su servicio de planificación familiar?

AJ223

- ❑   Private Doctor's Office 1
- ❑   HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.) 2
- ❑   Hospital or Hospital Clinic 3
- ❑   Planned Parenthood 4
- ❑   County Health Department 5
- ❑   Family Planning Clinic.................................6
- ❑   Community Clinic 7
- ❑   School or School-Based Clinic....................8
- ❑   Tribal Health Clinic/Urban Indian Health Program/Clinic 9

     ❑   Pharmacy 10
     ❑   Some other place (Specify: _____) 11
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

'QA24_J17'   Was the appointment via telephone or video?

            ¿La cita fue por teléfono o fue por video?

AJ224

     ❍   Yes, a telephone visit 1
     ❍   Yes, a video visit 2
     ❍   Both...3
     ❍   No..4
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

'QA24_J18'   Think about your telephone or video health care experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?

            Piense en sus experiencias de atención médica por teléfono o por video en los últimos 12 meses. ¿Qué tan satisfecho(a) está de que su proveedor de atención médica haya abordado sus inquietudes de salud?

AJ225

     ❍   Very satisfied 1
     ❍   Satisfied..2
     ❍   Slightly satisfied..3
     ❍   Not satisfied at all 4
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

'QA24_J19'   Think about your most recent telephone or video health care experience. Would you have preferred an in-person visit?

            Piense en su experiencia de atención médica por teléfono o por video más reciente. ¿Hubiera preferido una consulta presencial?

AJ226

     ❍   Yes...1
     ❍   No..2
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_J20':
IF **'QA24_J15'** = 2, CONTINUE;
ELSE GOTO **'PN_QA24_J21'**

'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….

            Piense en su consulta por video más reciente con su proveedor de salud dental. ¿Cómo calificaría la experiencia en comparación con una consulta presencial? ¿Diría que la consulta por video fue…?

AJ227

     ❍   Much worse...1
     ❍   Somewhat worse 2

❍   About the Same 3
❍   Somewhat better...4
❍   Much better 5
❍   I did not have a video visit...........................6
❍   REFUSED .... -7
❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA24_J21':
IF **'QA24_J15'** = 3, CONTINUE;
ELSE GOTO **'PN_QA24_J22'**

'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….

Piense en su consulta por video más reciente con su proveedor de salud mental. ¿Cómo calificaría la experiencia en comparación con una consulta presencial? ¿Diría que la consulta por video fue…?

AJ228

❍   Much worse...1
❍   Somewhat worse 2
❍   About the Same 3
❍   Somewhat better...4
❍   Much better 5
❍   I did not have a video visit...........................6
❍   REFUSED .... -7
❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA24_J22':
IF **'QA24_J15'** = 1, CONTINUE;
ELSE GOTO **'PN_QA24_J23'**

'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….

Piense en su consulta por video más reciente con su proveedor de atención primaria. ¿Cómo calificaría la experiencia en comparación con una consulta presencial? ¿Diría que la consulta por video fue…?

AJ229

❍   Much worse...1
❍   Somewhat worse 2
❍   About the Same 3
❍   Somewhat better...4
❍   Much better 5
❍   I did not have a video visit...........................6
❍   REFUSED .... -7
❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA24_J23':
IF **'QA24_J15'** = 2, CONTINUE;
ELSE GOTO **'PN_QA24_J24'**

'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….

Piense en su consulta telefónica más reciente con su proveedor de salud dental. ¿Cómo calificaría la experiencia en comparación con una consulta presencial? ¿Diría que la consulta por video fue…?

AJ230

- ❍   Much worse...1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better...4
- ❍   Much better 5
- ❍   I did not have a video visit...........................6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_J24':
IF **'QA24_J15'** = 3, CONTINUE;
ELSE GOTO **'PN_QA24_J25'**

'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….

Piense en su consulta telefónica más reciente con su proveedor de salud mental. ¿Cómo calificaría la experiencia en comparación con una consulta presencial? ¿Diría que la consulta por video fue…?

AJ231

- ❍   Much worse...1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better...4
- ❍   Much better 5
- ❍   I did not have a telephone visit 6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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….

Piense en su consulta telefónica más reciente con su proveedor de atención primaria. ¿Cómo calificaría la experiencia en comparación con una consulta presencial? ¿Diría que la consulta por video fue…?

AJ232

- ❍   Much worse...1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better...4
- ❍   Much better 5

○   I did not have a telephone visit 6
○   REFUSED .... -7
○   DON'T KNOW .... -8

'QA24_J26'   Did you have any problems with a telephone or video appointment?

¿Tuvo algún problema con una cita telefónica o por video?

AJ233

○   Yes 1
○   No..2
○   REFUSED .... -7
○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_J27':
IF **'QA24_J26'** = 1 THEN CONTINUE;
ELSE GO TO **'PN_QA24_J28'**

'QA24_J27'   What problems did you experience?

¿Qué problemas experimentó?

AJ234

❑   Bad internet/network connection 1
❑   Couldn't download the telehealth app..........2
❑   Audio/Video was not working.......................3
❑   No privacy during the
       telehealth appointment.................................4
❑   The doctor/nurse did not speak
       my language/understand my language........5
❑   Other:_____ 91
○   REFUSED .... -7
○   DON'T KNOW .... -8

Communication Problems with a Doctor

PROGRAMMING NOTE 'QA24_J28':
IF **'QA24_A22'** >= 2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH **'QA24_J28'**;
ELSE GO TO **'PN_QA24_J33'**

'QA24_J28'   The last time you saw a doctor, did you have a hard time understanding the doctor?

La última vez que vio a un doctor, ¿tuvo dificultad para entender lo que el doctor decía?

AJ8B

○   Yes 1   **[GO TO 'QA24_J30']**
○   No..2
○   REFUSED .... -7   **[GO TO 'PN_QA24_J33']**
○   DON'T KNOW .... -8   **[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_A21'** > 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 **'QA24_J29'** WAS ASKED;

'QA24_J29'   In what language did the doctor speak to you?

¿En qué idioma habló con usted su doctor?

AJ50

❍	ENGLISH 1	**[GO TO 'QA24_J31']**
❍	SPANISH 2	**[GO TO 'PN_QA24_J33']**
❍	CANTONESE..3	**[GO TO 'PN_QA24_J33']**
❍	VIETNAMESE 4	**[GO TO 'PN_QA24_J33']**
❍	TAGALOG...5	**[GO TO 'PN_QA24_J33']**
❍	MANDARIN 6	**[GO TO 'PN_QA24_J33']**
❍	KOREAN 7	**[GO TO 'PN_QA24_J33']**
❍	ASIAN INDIAN LANGUAGES.....................8	**[GO TO 'PN_QA24_J33']**
❍	RUSSIAN 9	**[GO TO 'PN_QA24_J33']**
❍	OTHER (SPECIFY:_____).......................91	**[GO TO 'PN_QA24_J33']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_J33']**
❍	DON'T KNOW.. -8	**[GO TO 'PN_QA24_J33']**

'QA24_J30'   Was this because you and the doctor spoke different languages?

¿Se debió esto a que usted y su doctor hablan diferentes idiomas?

AJ9

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

'QA24_J31'   Did you need someone to help you understand the doctor?

¿Necesitó ayuda de otra persona para comprender al doctor?

AJ10

❍	YES..1	
❍	NO..2	**[GO TO 'PN_QA24_J33']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_J33']**
❍	DON'T KNOW.. -8	**[GO TO 'PN_QA24_J33']**

'QA24_J32'   Who was this person who helped you understand the doctor?

AJ11

¿Quién fue esta persona que le ayudó a entender al doctor?

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

- ❍ MINOR CHILD (UNDER AGE 18) 1
- ❍ AN ADULT FAMILY MEMBER OR FRIEND OF MINE.......................................2
- ❍ NON-MEDICAL OFFICE STAFF 3
- ❍ MEDICAL STAFF INCLUDING NURSES/DOCTORS 4
- ❍ PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) 5
- ❍ OTHER (PATIENTS, SOMEONE ELSE).....6
- ❍ DID NOT HAVE SOMEONE TO HELP 7
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_J33':
IF **'QA24_A22'** = 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?

En California, usted tiene derecho a obtener gratis la ayuda de un intérprete durante sus visitas al doctor. ¿Sabía esto antes de hoy?

AJ105

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

Delays in Care

'QA24_J34'   During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

Durante los últimos 12 meses, ¿tuvo usted que demorar la compra o no comprar algún medicamento que un doctor le recetó?

AH16

- ❍ YES 1
- ❍ NO..2   **[GO TO 'PN_QA24_J39']**
- ❍ REFUSED .... -7   **[GO TO 'PN_QA24_J39']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_QA24_J39']**

'QA24_J35'   Did you get the medicine that a doctor prescribed for you eventually?

¿Obtuvo finalmente el medicamento que le recetó un médico?

AJ251

❍   Yes 1
❍   No..2
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

'QA24_J36'   During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

Durante los últimos 12 meses, ¿por qué retrasó o no recibió un medicamento que le recetó un médico?

AJ252

[CHECK ALL THAT APPLY]

❑   Medication not in stock 1
❑   Insurance approval issue 2
❑   Delays in communication with provider
     or pharmacy 3
❑   Concerns with side effects or interactions
     with other medications 4
❑   Didn't want or thought
     I didn't need prescription............................5
❑   Too hard to track all my medications 6
❑   I forgot or lost prescription 7
❑   I didn't have time..8
❑   I have no insurance.....................................9
❑   Too expensive.. 10
❑   Other (Specify: _____)............... 91
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA24_J37':
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 <u>one</u> main reason why you delayed the medicine that a doctor prescribed for you?

What was the <u>one</u> main reason why you delayed the medicine that a doctor prescribed for you?

AJ253

❍   Medication not in stock 1
❍   Insurance approval issue 2
❍   Delays in communication with provider
     or pharmacy 3
❍   Concerns with side effects or interactions
     with other medications 4
❍   Didn't want or thought
     I didn't need prescription............................5
❍   Too hard to track all my medications 6
❍   I forgot or lost prescription 7
❍   I didn't have time..8
❍   I have no insurance.....................................9
❍   Too expensive.. 10
❍   Other (Specify: _____)............... 91

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

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?

¿Mientras tenía su plan de seguro actual se demoró en tomar un medicamento o no lo tomó?

AJ176

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

'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?

Durante los últimos 12 meses, ¿tardó en recibir, o quedó sin recibir alguna otra atención médica que usted consideraba necesaria, — como ver un doctor, un especialista u otro profesional de la salud?

AH22

❍   YES 1
❍   NO..2   **[GO TO 'QA24_J44']**
❍   REFUSED .... -7   **[GO TO 'QA24_J44']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_J44']**

'QA24_J40'   Did you get the care eventually?

¿Recibió los cuidados finalmente?

AJ129

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

'QA24_J41'   During the past 12 months, why did you delay or did not get the care you felt you needed?

Durante los últimos 12 meses, ¿por qué se retrasó o no recibió la atención que creía que necesitaba?

AJ254

[SELECT ALL THAT APPLY]

❑   Couldn't get appointment 1
❑   My insurance was not accepted...................2
❑   My insurance did not cover 3
❑   Language understanding problems 4
❑   Transportation problems 5
❑   Hours were not convenient 6
❑   There was no child care for
          children at home 7
❑   I forgot or lost referral.................................8

❑   I didn't have time to go................................9
❑   Too expensive.. 10
❑   I have no insurance................................. 11
❑   Other (Specify: _____)............... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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 <u>one</u> main reason why you delayed getting the care you felt you needed?

¿Cuál fue <u>la</u> razón principal por la que se demoró en obtener el cuidado que usted creyó que necesitaba?

AJ131B

❍   Couldn't get appointment 1
❍   My insurance was not accepted...................2
❍   My insurance did not cover 3
❍   Language understanding problems 4
❍   Transportation problems 5
❍   Hours were not convenient 6
❍   There was no child care for
           children at home 7
❍   I forgot or lost referral.................................8
❍   I didn't have time to go................................9
❍   Too expensive.. 10
❍   I have no insurance................................. 11
❍   Other (Specify: _____)............... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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?

¿Mientras tenía su plan de seguro actual se demoró en recibir o no recibió otra atención médica que consideró que necesitaba?

AJ177

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

'QA24_J44'   Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

Los especialistas son doctores como los cirujanos, médicos del corazón, de las alergias, de la piel y otros doctores que se especializan en un área de atención médica.

AJ136

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

En los últimos 12 meses, ¿pensó usted o un doctor que necesitaba ir a un especialista?

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

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?

En los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un doctor especialista que lo(a) viera?

AJ137

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

'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?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no lo(a) iban a aceptar como paciente nuevo(a)?

AJ138

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

PROGRAMMING NOTE '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?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no aceptarían su seguro de salud principal?

AJ139

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

'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?

Ahora piense en los doctores generales. Durante los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un doctor general que lo(a) viera?

AJ133

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

'QA24_J49'   During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no lo(a) iban a aceptar como paciente nuevo(a)?

AJ134

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

PROGRAMMING NOTE '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?

Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no iban a aceptar su principal seguro de salud?

AJ135

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

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'**= 1 (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 -7, -8 (MALE, TRANSGENDER, NON-BINARY, REFUSED OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them."

'QA24_J51'   These next questions may be relevant to you because you were assigned female at birth.

Las siguientes preguntas son sobre la salud de la mujer.

AD13

To your knowledge, are you <u>now</u> pregnant?

Que usted sepa, ¿está embarazada actualmente?

❍	YES 1	**[GO TO 'QA24_J53']**
❍	NO...2	
❍	NOT APPLICABLE 3	
❍	REFUSED ....-7	

○   DON'T KNOW ....-8

Family Planning

┌──┐
│ **PROGRAMMING NOTE 'QA24_J52':**   │
│ IF AGE IS BETWEEN 18 AND 44 YEARS AND **'QA24_A5'** = 2 (FEMALE AT BIRTH) WITH **'QA24_D10'** │
│ = 1 (MALE SEXUAL PARTNER) THEN CONTINUE   │
│ 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…

¿Cuál de las siguientes frases describe mejor sus planes de embarazo? ¿Diría que...?

AJ169

○   I do not plan to get pregnant within
the next 12 months 1
No tiene planeado quedar embarazada en los próximos 12 meses
○   I am not sexually active...............................2
No está sexualmente activa
○   I am planning to get pregnant within
the next 12 months 3
Tiene planeado quedar embarazada en los próximos 12 meses
○   I am currently pregnant 4
Actualmente está embarazada
○   I am not able to get pregnant   5   **[GO TO 'PN_QA24_J61']**
I No puedo quedar embarazada
○   REFUSED ....-7   **[GO TO 'PN_QA24_J61']**
○   DON'T KNOW...-8   **[GO TO 'PN_QA24_J61']**

'QA24_J53'   During the past 12 months, did you become pregnant with an unintended pregnancy?

En los últimos 12 meses, ¿tuvo un embarazo no deseado?

AJ235

○   YES..1
○   NO..2
○   NOT APPLICABLE 3
○   REFUSED ....-7
○   DON'T KNOW...-8

'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).

Durante los últimos 12 meses, ¿algún doctor, proveedor médico o consejero de planificación familiar le habló sobre el control de la natalidad? Esto incluye un DIU o un implante (esa cosa en el brazo).

AJ236

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

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, -3 (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 -7, -8 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.

Durante los últimos 12 meses, ¿usó usted o su{s} pareja{s} sexual{es} masculina{s} un método anticonceptivo para prevenir el embarazo? Esto incluye la esterilización masculina o femenina.

AF40C

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

[IF NEEDED, SAY: '*La esterilización puede ser ligarse las trompas o amarrarse los tubos, hacerse vasectomía o hacerse una operación para no tener hijos.*']

❍	YES 1		
❍	NO...2	**[GO TO 'PN_QA24_J60']**	
❍	NOT MALE PARTNER 3	**[GO TO 'PN_QA24_J61']**	
❍	REFUSED .... -7	**[GO TO 'PN_QA24_J61']**	
❍	DON'T KNOW .... -8	**[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 -7, -8 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?

Durante los últimos 12 meses, ¿cuál método o métodos anticonceptivos PRINCIPALES usóusted o su pareja masculina?

AJ237

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: '¿Alguien más?']

- ❍ TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED)...............1
- ❍ VASECTOMY (MALE STERILIZATION) 2
- ❍ IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.) 3
- ❍ IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM)...4
- ❍ BIRTH CONTROL PILLS............................5   **[GO TO 'QA24_J58']**
- ❍ OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING) 6   **[GO TO 'QA24_J58']**
- ❍ CONDOMS (MALE OR FEMALE) 7   **[GO TO 'QA24_J58']**
- ❍ PHEXXI (BIRTH CONTROL GEL)..............8   **[GO TO 'QA24_J58']**
- ❍ OTHER (SPECIFY: _____) 91   **[GO TO 'QA24_J58']**
- ❍ REFUSED..-7   **[GO TO 'PN_QA24_J61']**
- ❍ DON'T KNOW..-8   **[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', ELSE SKIP TO **'QA24_J58'**

'QA24_J57'   "Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?"

¿Se hizo usted o su pareja masculina a {una ligadura de trompas, una vasectomía, o se puso un DIU o un implante} en los últimos 12 meses?

AJ238

- ❍ Yes 1
- ❍ No...2   **[GO TO 'PN_QA24_J61']**
- ❍ REFUSED ....-7   **[GO TO 'PN_QA24_J61']**
- ❍ DON'T KNOW ....-8   **[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 <u>MAIN</u> birth control method or prescription?"
IF **'QA24_D8'** > 1 OR -7, -8 AND **'QA24_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your male partner(s) get your <u>MAIN</u> birth control method or prescription?";

'QA24_J58'   During the past 12 months, where did you or your male partner{s} get your <u>MAIN</u> birth control method or prescription?

Durante los últimos 12 meses, ¿dónde consiguió usted o su pareja masculina su receta o método anticonceptivo principal?

AJ239

- ❍ PRIVATE DOCTOR'S OFFICE....................1
- ❍ HMO FACILITY (KAISER ANTHEM BLUE CROSS HEALTH NET, UNITED HEALTHCARE, ETC.)...................2
- ❍ HOSPITAL OR HOSPITAL CLINIC 3
- ❍ PLANNED PARENTHOOD........................4
- ❍ COUNTY HEALTH DEPARTMENT.............5
- ❍ FAMILY PLANNING CLINIC.......................6
- ❍ COMMUNITY CLINIC 7
- ❍ SCHOOL OR SCHOOL-BASED CLINIC.....8
- ❍ NATIVE AMERICAN HEALTH CENTER/ CLINIC 9
- ❍ PHARMACY... 10
- ❍ SOME OTHER PLACE (SPECIFY: __)... 91
- ❍ REFUSED.. -7
- ❍ DON'T KNOW.. -8

'QA24_J59'   During the past 12 months, did you receive your main birth control method through a video or telephone visit?

Durante los últimos 12 meses, ¿recibió su receta o método principal de anticonceptivos a través de una consulta telefónica o de una consulta por video?

AJ240

- ❍ Yes, over a video visit 1
- ❍ Yes, over a telephone visit..........................2
- ❍ No...3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW.. -8

PROGRAMMING NOTE AJ170B':
'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 <u>main</u> reason you and your male partner did <u>not</u> use birth control in the past 12 months?"
IF **'QA24_D8'** >1 OR -8 AND **'QA24_D9'** = 3,4,5,6 OR > 1 DISPLAY "What is the <u>main</u> reason you and your male partners did <u>not</u> use birth control in the past 12 months?";

'QA24_J60'   What is the <u>main</u> reason you and your male partner{s} did <u>not</u> use birth control in the past 12 months?

¿Cuál es la razón PRINCIPAL por la que usted y su pareja masculina no usaron métodos anticonceptivos en los últimos 12 meses?

AJ170B

- ❍ TRYING TO GET PREGNANT/ WANT A BABY 1
- ❍ HAVEN'T FOUND A METHOD I LIKE.........2

- COST 3
- HAVEN'T HAD TIME TO GO IN FOR
  BIRTH CONTROL......................................4
- NO TRANSPORTATION 5
- DON'T KNOW WHERE TO GET IT............6
- DON'T BELIEVE IN BIRTH CONTROL.......7
- WORRIED ABOUT SIDE EFFECTS AND/
  OR HEALTH RISKS..................................8
- PARTNER WON'T LET ME 9
- FORGET TO USE BIRTH CONTROL 10
- FEEL UNCOMFORTABLE ASKING
  FOR BIRTH CONTROL/TALKING ABOUT
  BIRTH CONTROL.................................... 11
- REFUSED ....-7   **[GO TO 'PN_QA24_J61']**
- DON'T KNOW ....-8   **[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, BOTH MALE AND FEMALE) THEN CONTINUE;
IF AGE > 54 YEARS THEN GO TO **'PN_QA24_J68'**

'QA24_J61'   During the past 12 months, has a doctor, medical provider, or family planning counsellor
talked to you about birth control such as male condoms or vasectomy?

*Durante los últimos 12 meses, ¿le ha hablado un doctor, un proveedor médico o un
asesor de planificación familiar sobre métodos anticonceptivos, como preservativos
masculinos o vasectomía?*

AJ241

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

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 -7, 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.

*Durante los últimos 12 meses, ¿usó usted o su pareja femenina un método
anticonceptivo para prevenir el embarazo? Esto incluye la esterilización masculina o
femenina.*

AJ242

[IF NEEDED, SAY: STERILIZATION INCLUDES HAVING YOUR PARTNER'S TUBES
TIED, GETTING A VASECTOMY, OR HAVING AN OPERATION SO YOU CANNOT
HAVE CHILDREN.]

La esterilización incluye ligar las trompas de su pareja, someterse a una vasectomía o someterse a una operación para que no pueda tener hijos.

❍	Yes 1	
❍	No...2	**[GO TO 'PN_QA24_J67']**
❍	No female partner 3	**[GO TO 'PN_QA24_J68']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_J68']**
❍	DON'T KNOW...-8	**[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 <u>MAIN</u> birth control method did you or your female partner use?"
IF **'QA24_D8'** > 1 OR -8 AND **'QA24_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which <u>MAIN</u> birth control method did you or your female partners use?";

'QA24_J63'   During the past 12 months, which <u>MAIN</u> birth control method did you or your female partner{s} use?

Durante los últimos 12 meses, ¿cuál método anticonceptivos PRINCIPALES usó usted o su pareja femenina?

AJ243

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: '¿Alguien más?']

❍	TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED)................1	
❍	VASECTOMY (MALE STERILIZATION) 2	
❍	IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.) 3	
❍	IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM)..4	
❍	BIRTH CONTROL PILLS............................5	**[GO TO 'QA24_J65']**
❍	OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING) 6	**[GO TO 'QA24_J65']**
❍	CONDOMS (MALE OR FEMALE) 7	**[GO TO 'QA24_J65']**
❍	PHEXXI (BIRTH CONTROL GEL)..............8	**[GO TO 'QA24_J65']**
❍	OTHER (SPECIFY: _____) 91	**[GO TO 'QA24_J65']**
❍	REFUSED ....-7	**[GO TO 'PN_QA24_J68']**
❍	DON'T KNOW...-8	**[GO TO 'PN_QA24_J68']**

PROGRAMMING NOTE 'QA24_J64':

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?

¿Usted o su pareja recibieron {una ligadura de trompas, una vasectomía, se puso un DIU o un implante} en los últimos 12 meses?

AJ244

❍	Yes 1	
❍	No..2	**[GO TO 'PN_QA24_J68']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_J68']**
❍	DON'T KNOW .... -8	**[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 <u>MAIN</u> birth control method or prescription?"
IF **'QA24_D8'** > 1 OR -8 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 <u>MAIN</u> birth control method or prescription?";

'QA24_J65'   During the past 12 months, where did you or your female partner{s} get your <u>MAIN</u> birth control method or prescription?

Durante los últimos 12 meses, ¿dónde consiguieron usted o su pareja femenina su receta o método principal anticonceptivo?

AJ245

❍	PRIVATE DOCTOR'S OFFICE....................1
❍	HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.)...................2
❍	HOSPITAL OR HOSPITAL CLINIC 3
❍	PLANNED PARENTHOOD.........................4
❍	COUNTY HEALTH DEPARTMENT.............5
❍	FAMILY PLANNING CLINIC.......................6
❍	COMMUNITY CLINIC 7
❍	SCHOOL OR SCHOOL-BASED CLINIC.....8
❍	NATIVE AMERICAN HEALTH CENTER/ CLINIC 9
❍	PHARMACY.. 10
❍	SOME OTHER PLACE (SPECIFY: __).... 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA24_J66'   During the past 12 months, did you receive your main birth control method through a video or telephone visit?

During the past 12 months, did you receive your main birth control method or prescription through a video or telephone visit?

AJ246

- ❍ Yes, over a video visit 1
- ❍ Yes, over a telephone visit..........................2
- ❍ No...3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_J67':
'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 -7, -8 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?

¿Cuál es la razón PRINCIPAL por la que usted y su pareja femenina no usaron anticonceptivos en los últimos 12 meses?

AJ175B

- ❍ TRYING TO GET PREGNANT/
  WANT A BABY 1
- ❍ HAVEN'T FOUND A METHOD I LIKE.........2
- ❍ COST 3
- ❍ HAVEN'T HAD TIME TO GO IN
  FOR BIRTH CONTROL 4
- ❍ NO TRANSPORTATION 5
- ❍ DON'T KNOW WHERE TO GET IT............6
- ❍ DON'T BELIEVE IN BIRTH CONTROL.......7
- ❍ WORRIED ABOUT SIDE EFFECTS AND/
  OR HEALTH RISKS....................................8
- ❍ PARTNER WON'T LET ME 9
- ❍ FORGET TO USE BIRTH CONTROL 10
- ❍ FEEL UNCOMFORTABLE ASKING FOR/
  TALKING ABOUT BIRTH CONTROL....... 11
- ❍ OTHER (SPECIFY: _____) 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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 TO **'PN_QA24_J70'**;

'QA24_J68'   During the past 2 years, have you had a mammogram?

AJ206

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

- ◯ Yes ....1 **[GO TO 'PN_QA24_J70']**

- ◯ No...2
- ◯ REFUSED .... -7 **[GO TO 'PN_QA24_J70']**

- ◯ DON'T KNOW .... -8 **[GO TO 'PN_QA24_J70']**

'QA24_J69'   What is the <u>one</u> most important reason why you have not had a mammogram in the past 2 years?

AJ207

- ◯ No reason/never thought about it 1
- ◯ Didn't know I needed this type of test 2
- ◯ Doctor didn't tell me I needed it 3
- ◯ Haven't had any problems 4
- ◯ Put it off/laziness...5
- ◯ Too expensive/no insurance 6
- ◯ Too painful, unpleasant, embarrassing........7
- ◯ Too young 8
- ◯ Don't have a doctor 9
- ◯ Transportation problem............................. 10
- ◯ Competing priorities (work, childcare, caregiving) 11
- ◯ REFUSED .... -7
- ◯ DON'T KNOW .... -8

Dental Health

'QA24_J70'   About how long has it been since <u>you visited</u> a dentist or dental clinic? Include hygienists and all types of dental specialists.

¿Cómo cuánto tiempo ha pasado desde la última vez que usted fue a un dentista o a una clínica dental? Incluya higienistas y todo tipo de especialistas dentales.

AG1

- ◯ HAVE NEVER VISITED...............................0 **[GO TO 'QA24_J74']**
- ◯ 6 MONTHS AGO OR LESS..........................1
- ◯ MORE THAN 6 MONTHS, AND UP TO 1 YEAR 2
- ◯ MORE THAN 1 YEAR, AND UP TO 2 YEARS AGO 3
- ◯ MORE THAN 2 YEARS, AND UP TO 5 YEARS AGO 4
- ◯ MORE THAN 5 YEARS AGO 5
- ◯ REFUSED .... -7 **[GO TO 'QA24_J74']**
- ◯ DON'T KNOW .... -8 **[GO TO 'QA24_J74']**

PROGRAMMING NOTE 'QA24_J71':
IF **'QA24_J70'** = 1-5, THEN CONTINUE;
ELSE GO TO **'QA24_J74'**

'QA24_J71'   Was it for a routine checkup or cleaning, or was it for a specific problem?

AJ167 *¿Fue para un examen o limpieza de rutina o fue por un problema específico?*

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

PROGRAMMING NOTE 'AJ247': IF 'AG1'= 1, 2 THEN CONTINUE
ELSE GO TO 'AG3'

'QA24_J72' How many times have you received a dental service within the last 12 months?

¿Cuántas veces ha recibido un servicio dental en los últimos 12 meses?

AJ247

- ❍ NONE...1   **[GO TO 'QA24_J74']**
- ❍ ONCE...2
- ❍ TWICE..3
- ❍ THREE TIMES 4
- ❍ FOUR TIMES 5
- ❍ FIVE TIMES OR MORE 6
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8   **[GO TO 'QA24_J74']**

'QA24_J73' Where did you receive the dental service?

¿Dónde recibió el servicio dental

AJ248B

- ❑ Free health/dental event 1
  Evento de salud/dental gratuito
- ❑ Dentist office 2
  Entorno de consultorio/clínica del dentista
- ❑ Hospital 3
  Hospital
- ❑ Other 4
  Otra
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_J74' Do you now have any type of insurance that pays for part or all of your dental care?

¿Tiene usted actualmente algún tipo de seguro que pague por parte o toda la atención dental que usted recibe?

AG3

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

'QA24_J75' Where did you receive educational information about oral health or preventive dental care?

AJ249B

- ❍ Have not received
  any educational information 1   **[GO TO**

❑	From dental office 2	**[GO TO 'PN_QA24_J77']**
❑	From school of my child 3	**[GO TO 'PN_QA24_J77']**
❑	From social media.......................................4	**[GO TO 'PN_QA24_J77']**
❑	From family or friends 5	**[GO TO 'PN_QA24_J77']**
❑	From Smile, California™ website................6	**[GO TO 'PN_QA24_J77']**
❑	From other sources.....................................7	**[GO TO 'PN_QA24_J77']**
❑	From other online sources 8	**[GO TO 'PN_QA24_J77']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_J77']**
❍	DON'T KNOW.. -8	**[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?

¿Cuál es la razón principal por la que {nunca/no} visitó a un dentista en los últimos 12 meses?

AJ250

❍	Not applicable 1
❍	No reason to go/No problem........................2
❍	Could not find a dentist 3
❍	Could not afford/no insurance.....................4
❍	Other(s)_____ 5
❍	REFUSED .... -7
❍	DON'T KNOW.. -8

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?

¿Tiene ahora algún tipo de seguro que pague parte o la totalidad de la atención dental de (ADOLESCENTE)?

MA10

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

'QA24_J78'   This next question is about dental health.

La siguiente pregunta es sobre salud dental.

MTF14B

About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

¿Aproximadamente cuánto tiempo ha pasado desde que (nombre del adolescente) visitó a un proveedor dental? (por ejemplo, higienistas dentales y dentistas)

- ❍ HAVE NEVER VISITED..............................0 **[GO TO 'QA24_J82']**
- ❍ 6 MONTHS AGO OR LESS........................1
- ❍ MORE THAN 6 MONTHS, AND UP TO 1 YEAR 2
- ❍ MORE THAN 1 YEAR, AND UP TO 2 YEARS AGO...3 **[GO TO 'QA24_J82']**
- ❍ MORE THAN 2 YEARS, AND UP TO 5 YEARS AGO...4 **[GO TO 'QA24_J82']**
- ❍ MORE THAN 5 YEARS AGO ....5 **[GO TO 'QA24_J82']**
- ❍ REFUSED ....-7 **[GO TO 'QA24_J82']**
- ❍ DON'T KNOW..-8 **[GO TO 'QA24_J82']**

PROGRAMMING NOTE 'MTH64': IF 'MTF14B'= 1, 2 THEN CONTINUE ELSE GO TO 'MTH67'

'QA24_J79' How many times has (teen's name) received a dental service within the last 12 months?

¿Cuántas veces ha recibido (nombre del adolescente) un servicio dental en los últimos 12 meses?

MTH64

- ❍ NONE...1 **[GO TO 'QA24_J81']**
- ❍ ONCE..2
- ❍ TWICE...3
- ❍ THREE TIMES 4
- ❍ FOUR TIMES 5
- ❍ FIVE TIMES OR MORE 6
- ❍ REFUSED ....-7 **[GO TO 'QA24_J81']**
- ❍ DON'T KNOW..-8 **[GO TO 'QA24_J81']**

'QA24_J80' Where did (teen's name) receive the dental service in the last 12 months?

¿Dónde recibió (nombre del adolescente) el servicio dental?

MTH65B

[CHECK ALL THAT APPLY]

- ❑ Free health/dental event 1
- ❑ Dentist office 2
- ❑ Hospital 3
- ❑ Other 4
- ❍ REFUSED ....-7
- ❍ DON'T KNOW...-8

'QA24_J81' Where did (TEEN) receive educational information about oral health or preventive dental care in the last 12 months?

¿Dónde recibió (nombre del adolescente) información educativa sobre la salud bucal o el cuidado dental preventivo en los últimos 12 meses?

MTH66B

❍ Have not received
   any educational information 1
❑ From dental office 2
❑ From school of my child 3
❑ From social media......................................4
❑ From family or friends 5
❑ From Smile, California™ website................6
❑ From other sources 7
❑ From other online sources 8
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

'QA24_J82'   What is the main reason (teen's name) has not visited a dentist in the last 12 months?

¿Cuál es la razón principal por la que (nombre del adolescente) no ha consultado a un dentista en los últimos 12 meses?

MTH67

❍ Not applicable 1
❍ No reason to go/No problem.......................2
❍ Could not find a dentist 3
❍ Could not afford/no insurance....................4
❍ Other(s)_____ 91
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

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?

Las siguientes preguntas son acerca de situaciones que le hayan sucedido al recibir atención médica. ¿Hubo alguna ocasión cuando pudo haber obtenido mejor atención médica si hubiera sido de otra raza o de otro grupo étnico?

DMC8

❍ YES 1
❍ NO...2   **[GO TO 'PN_QA24_J85']**
❍ REFUSED .... -7   **[GO TO 'PN_QA24_J85']**
❍ DON'T KNOW .... -8   **[GO TO 'PN_QA24_J85']**

'QA24_J84'   Think about the last time this happened. How long ago was that?

Piense en la última vez que esto ocurrió. ¿Hace cuánto tiempo sucedió eso?

DMC9

❍ A YEAR AGO OR LESS 1
❍ MORE THAN 1 UP TO 2 YEARS AGO 2
❍ MORE THAN 2 UP TO 3 YEARS AGO 3
❍ MORE THAN 3 UP TO 5 YEARS AGO 4
❍ MORE THAN 5 UP TO 10 YEARS AGO 5
❍ MORE THAN 10 UP TO 20 YEARS AGO ...6
❍ MORE THAN 20 YEARS AGO 7
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

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.

Algunas personas ayudan a familiares o amigos que tienen una discapacidad o enfermedad grave o crónica. Esto puede incluir ayudar con actividades que ya no pueden hacer por sí mismos.

'QA24_J86'   During the past 12 months, did you provide any such help to a family member or friend?}}

Durante los últimos 12 meses, ¿ofreció alguna ayuda de este tipo a un familiar o amigo?

| AJ87 |

[IF NEEDED, SAY: **"**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."]

Esto puede incluir ayuda con baños, medicamentos, tareas domésticas, pagar facturas, llevarlos a consultas médicas o al supermercado, coordinar servicios médicos y de asistencia, o simplemente visitarlos para ver cómo están.

	YES 1	
❍	NO...2	**[GO TO 'PN_QA24_K1']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_K1']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA24_K1']**

'QA24_J87'   For the next set of questions, please think about the person for whom you provided the most care.

Piense en la persona a la que cuidó más.

| AJ101B |

Do you currently provide care for this person?

Actualmente, ¿brinda cuidado a esta persona?

❍	Yes 1
❍	No...2
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

PROGRAMMING NOTE '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.

¿Qué edad tiene esta persona? Un número aproximado está bien.
En el momento en que le brindó el cuidado, ¿qué edad tenía esta persona?

AJ201

_____ Age [HR: 0-110]
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA24_J89'   What is this person's relationship to you?

¿Cuál es la relación de esta persona con usted?

AJ90

- ❍   HUSBAND...1
- ❍   WIFE 2
- ❍   SPOUSE/PARTNER 3
- ❍   FATHER/FATHER-IN-LAW 4
- ❍   MOTHER/MOTHER-IN-LAW 5
- ❍   BROTHER/BROTHER-IN-LAW 6
- ❍   SISTER/SISTER-IN-LAW 7
- ❍   GRANDFATHER..8
- ❍   GRANDMOTHER 9
- ❍   SON/SON-IN-LAW.....................................10
- ❍   DAUGHTER/DAUGHTER-IN-LAW............11
- ❍   OTHER RELATIVE 12
- ❍   FRIEND/NEIGHBOR 13
- ❍   OTHER NON-RELATIVE...........................14
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_J90':

DISPLAY INSTRUCTIONS:
IF **'QA24_J87'** = 1 THEN DISPLAY "do"; ELSE DISPLAY "did";
IF **'QA24_J89'** = -7, -8 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}?

En una semana típica, ¿cuántas horas {pasa/pasó} ayudando a su {AJ90/familiar/amigo}?

AJ93

_____ Hours [HR: 0-125]
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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 **'QA24_J89'**?

¿Le {pagan/pagaron} por alguna de las horas que {ayuda/ayudó} a su {AJ90}?

AJ191

[IF NEEDED, SAY: This could be payment from a public program, family member, or directly from the care recipient.]

Esto podría ser el pago de parte de un programa público, un miembro de la familia o directamente del beneficiario del cuidado.

> ❍ Yes 1
> ❍ No..2
> ❍ REFUSED .... -7
> ❍ DON'T KNOW .... -8

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?

¿Cuánto estrés financiero diría que {es/era} para usted cuidar de su {AJ90}?

AJ193

> ❍ Extremely stressful.......................................1
> ❍ Somewhat stressful......................................2
> ❍ A little stressful 3
> ❍ Not at all stressful 4
> ❍ REFUSED .... -7
> ❍ DON'T KNOW .... -8

'QA24_J93'   During the past 12 months, did your {AJ90} live…

Durante los últimos 12 meses, ¿vivió su {AJ90}...

AJ91B

[CHECK ALL THAT APPLY]

> ❑ Alone 1
> ❑ With you 2
> ❑ With some other family member 3
> ❑ In a nursing home 4
> ❑ In an assisted-living facility..............................5
> ❑ In some other living situation............................6
> ❍ REFUSED .... -7
> ❍ DON'T KNOW .... -8

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?

{¿Qué/en el momento en que brindó atención, qué} discapacidades o enfermedades {tiene/tenía} {él/ella/él o ella} que {requiere/requirió} su ayuda?

AJ194

[CHECK ALL THAT APPLY]

❑ Alzheimer's, confusion, dementia,
forgetfulness..1
Alzheimer, confusión, demencia, olvido
❑ Arthritis 2
Artritis
❑ Back problems 3
Problemas de espalda
❑ Broken bones...4
Huesos rotos
❑ Cancer...5
Cáncer
❑ Diabetes 6
Diabetes
❑ Feeble, unsteady, falling 7
Débil, inestable, sufre caídas
❑ Lung disease, emphysema, COPD 8
Enfermedad pulmonar, enfisema, EPOC
❑ Mental illness, emotional illness,
depression..9
Enfermedad mental, enfermedad emocional, depresión
❑ Mobility problem, can't get around 10
Problema de movilidad, no se puede trasladar
❑ Old age, aging... 11
Vejez, envejecimiento
❑ Stroke... 12
Derrame cerebral
❑ Surgery, wounds 13
Cirugía, heridas
❑ Other (Specify:_____)............... 91
Otra opción (*especifique*: _____)
○ REFUSED .... -7
○ DON'T KNOW .... -8

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 {AJ90}?

{¿Tiene todo el apoyo y los servicios que necesita para cuidar de su {AJ90}?

AJ197

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

'QA24_J96'   During the past 12 months, have you experienced any physical health problems due to providing care to your {AJ90}?

Durante los últimos 12 meses, ¿ha tenido usted mismo algún problema de salud física debido al cuidado de su {AJ90}?

AJ199A

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

'QA24_J97'   During the past 12 months, have you experienced any mental health problems due to providing care to your {AJ90}?

Durante los últimos 12 meses, ¿ha tenido usted mismo algún problema de salud mental debido al cuidado de su {AJ90}?

AJ199B

- ❍ Yes 1
- ❍ No...2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA24_J98'   Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

¿Ha cambiado su situación laboral debido a la ayuda que le brinda a su {AJ90}, como un cambio de puesto de trabajo, reducción de la cantidad de horas de trabajo, renuncia o jubilación?

AJ200

[CHECK ALL THAT APPLY]

- ❑ No change in job status 1
  Sin cambios en el estado del trabajo
- ❑ Changed job...2
  Cambió de trabajo
- ❑ Took a second job/
  Increased hours with current job.................3
  Tomó un segundo trabajo/Aumentó las horas con el trabajo actual
- ❑ Reduced number of work hour....................4
  Redujo la cantidad de horas de trabajo
- ❑ Temporary leave of absence 5
  Licencia temporal
- ❑ Quit job..6
  Renunció al trabajo
- ❑ Retired/retired early 7
  Jubilado/se retiró anticipadamente
- ❑ Received paid family leave 8
  Recibió una licencia familiar paga
- ❑ I don't work...9
  No trabajo
- ❑ Other (Specify:_____)............ 91
  Otra opción (especifique:_____)
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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 BUISNESS 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 <u>usually</u> work at <u>all</u> jobs or businesses?

¿Cuántas horas a la semana trabaja usted normalmente en todos sus empleos o negocios?

| AK3 |

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

　　　　　　　　_____ HOURS　　　　　**[HR: 0-95]**
　○　　REFUSED .... -7
　○　　DON'T KNOW .... -8

'QA24_K2'　　How long have you worked at your <u>main</u> job?

¿Cuánto tiempo ha trabajado usted en su trabajo <u>principal</u>?

| AK7 |

[IF NEEDED, SAY: "THAT IS, FOR YOUR <u>CURRENT </u>EMPLOYER."]*.*

Es decir en su empleo <u>actual</u>

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

　　❑　　_____MONTHS　　　　**[HR: 0-12]**
　　❑　　_____YEARS　　　　　**[HR: 0-50]**
　　○　　REFUSED .... -7
　　○　　DON'T KNOW .... -8

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 <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

¿Cuál es su mejor cálculo de todas las ganancias suyas el <u>mes pasado</u> antes de impuestos y de otras deducciones de todos los trabajos y negocios incluyendo sueldos por hora, salarios, propinas y comisiones?

| AK10 |

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

　　　　　　$_____ AMOUNT　　　　**[HR: 0-999995]**
　○　　REFUSED .... -7
　○　　DON'T KNOW .... -8

PROGRAMMING NOTE '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_A24'** = 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_D13'** = 1 OR **'QA24_D14'** = 1), THEN DISPLAY "The next question is about your partner's employment."

IF **'QA24_A24'** = 1 THEN DISPLAY "spouse";

ELSE IF **'QA24_D13'** = 1 OR **'QA24_D14'** = 1THEN 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?

¿Cuántas horas a la semana trabaja normalmente su {esposo(a)} en todos los empleos o negocios que tiene?

| AK20 |

○   _____HOURS   **[HR: 0-95]**
○   REFUSED .... -7
○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_K5':

IF **'QA24_K4'** ≠ 0 CONTINUE WITH **'QA24_K5'**;

IF **'QA24_A24'** = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF **'QA24_D13'** = 1 OR **'QA24_D14'** = 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?

¿Cuánto calcula que ganó su {esposo(a)/pareja} el mes pasado antes de los impuestos y otras deducciones en todos los empleos y negocios que tiene, incluyendo sueldo por horas, salarios, propinas y comisiones?

| AK10A |

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

$_____AMOUNT   **[HR: 0-999995]**
○   REFUSED .... -7
○   DON'T KNOW .... -8

'QA24_K6'   What is your best estimate of your household's total annual income from all sources before taxes in 2022?

¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de impuestos en el 2021?

| AK22 |

[IF NEEDED, SAY: "INCLUDE MONEY FROM JOBS, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE AND SO FORTH. ALSO INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT AND ANY OTHER MONEY INCOME."]

Incluya dinero de trabajos, seguro social, jubilación, pagos por desempleo, asistencia pública y fuentes similares. También incluya ingresos por intereses, dividendos, ingreso neto de negocios, finca o rancho o alquiler, y cualquier otro ingreso de dinero.

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

	$_____ AMOUNT	**[HR: 0-999995]**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_K8']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA24_K8']**

'QA24_K7'   PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?

He anotado que los ingresos de su hogar son (AMOUNT). ¿Es esto correcto?

AK22A

❍	YES 1	**[GO TO PN 'QA24_K14']**
❍	NO..2	**[GO TO 'QA24_K6']**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

PROGAMMING NOTE 'QA24_K8':
IF **'QA24_K6'** = -7 OR -8 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 <u>household's annual</u> income from all sources <u>before taxes</u> is more than $20,000 per year or is it less?...

No necesitamos saber exactamente, ¿pero podría decirme si el ingreso <u>anual de su hogar</u> de todas las fuentes <u>antes de impuestos</u> es…

AK11

❍	MORE 1	**[GO TO 'QA24_K10']**
❍	EQUAL TO $20K OR LESS........................2	
❍	REFUSED .... -7	**[GO TO 'PN_QA24_K14']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_ AK17']**

'QA24_K9'   Is it …

¿Es …

AK12

❍	$5,000 or less 1	**[GO TO 'PN_QA24_K14']**
❍	$5,001 to $10,000 2	**[GO TO 'PN_QA24_K14']**
❍	$10,001 to $15,000 3	**[GO TO 'PN_QA24_K14']**
❍	$15,001 to 20,000 4	**[GO TO**

			**'PN_QA24_K14']
○	REFUSED-...7		[GO TO 'PN_QA24_K14']
○	DON'T KNOW ....-8		[GO TO 'PN_QA24_K14']

'QA24_K10'   Is it more or less than $70,000 per year

¿Es …

AK13

○	MORE 1	[GO TO 'QA24_K12']
○	EQUAL TO $70K OR LESS........................2	
○	REFUSED ....-7	[GO TO 'PN_QA24_K14']
○	DON'T KNOW ....-8	[GO TO 'PN_QA24_K14']

'QA24_K11'   Is it …

¿Es …

AK14

○	$20,001 to $30,000 1	[GO TO 'PN_QA24_K14']
○	$30,001 to $40,000 2	[GO TO 'PN_QA24_K14']
○	$40,001 to $50,000 3	[GO TO 'PN_QA24_K14']
○	$50,001 to $60,000 4	[GO TO 'PN_QA24_K14']
○	$60,001 to $70,000 5	[GO TO 'PN_QA24_K14']
○	REFUSED ....-7	[GO TO 'PN_QA24_K14']
○	DON'T KNOW ....-8	[GO TO 'PN_QA24_K14']

'QA24_K12'   Is it more or less than $135,000 per year?

¿Es …

AK15

○	MORE 1	[GO TO 'PN_QA24_K14']
○	EQUAL TO $70K OR LESS........................2	
○	REFUSED ....-7	[GO TO 'PN_QA24_K14']
○	DON'T KNOW ....-8	[GO TO 'PN_QA24_K14']

'QA24_K13'   Is it …

¿Es …

AK16

○	$70,001 to $80,000 1
○	$80,001 to $90,000 2
○	$90,001 to $100,000 3
○	$100,001 to $135,000 4

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

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?

Incluyéndose usted mismo(a), ¿cuántas de las personas que viven en su hogar son mantenidas por el ingreso total de su hogar?

AK17

_____ NUMBER OF PEOPLE   **[HR: 1-20]**

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

PROGRAMMING NOTE '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?

¿Cuántas de estas {INSERT NUMBER FROM QA11_K15} personas son niños menores de 18 años de edad?

AK18

❍	__ NUMBER OF CHILDREN (UNDER AGE18) **[HR: 0-20]**	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

'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?

¿Hay alguna persona que viva en los Estados Unidos pero que no vive actualmente en su casa y que dependa de los ingresos de su hogar?

AK32

❍	YES 1	
❍	NO..2	**[GO TO 'QA24_K18']**
❍	REFUSED .... -7	**[GO TO 'QA24_K18']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_K18']**

'QA24_K17'   How many?

¿Cuántas?

AK33

_____ NUMBER OF PEOPLE   **[HR: 1-20]**

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

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?

Una nueva ley de California aprobada en 2020 proporciona hasta 8 semanas de licencia familiar y médica paga para trabajadores elegibles al 60-70% de sus ingresos semanales, hasta un máximo de $1,300 por semana?

AK136

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

'QA24_K19'   In the past 5 years, have you taken a <u>paid</u> 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?

En los últimos 5 años, ¿usted ha tomado una licencia <u>pagada</u> de más de dos semanas del trabajo debido a una condición de salud grave o a la de un familiar o por la llegada de un recién nacido, un niño recién adoptado o de crianza?

AK137

❍   YES 1
❍   NO 2   **[GO TO 'PN_QA24_K21']**
❍   REFUSED .... -7   **[GO TO 'PN_QA24_K21']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_QA24_K21']**

'QA24_K20'   What were the reasons you took a leave from work?

¿Cuáles fueron las razones por las que se ausentó del trabajo?

AK138

[CHECK ALL THAT APPLY]

❑   OWN HEALTH 1
❑   FAMILY MEMBER'S HEALTH 2
❑   ARRIVAL OF NEWBORN
        NEWLY ADOPTED CHILD, OR
        FOSTER CHILD 3
❑   OTHER (SPECIFY:_____) 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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?

¿Cuáles fueron las razones por las que no se ausentó del trabajo por razones familiares o de salud en los últimos 5 años?

AK139

[CHECK ALL THAT APPLY]

- ❑   FEAR OF LOSING JOB 1
- ❑   FEAR OF HURTING CHANGES OF
         JOB ADVANCEMENT 2
- ❑   COULD NOT AFFORD TO
         GO ON LEAVE 3
- ❑   EMPLOYER DENIED REQUEST
         FOR LEAVE 4
- ❑   NOT ELIGIBLE FOR LEAVE 5
- ❑   DIDN'T KNOW ABOUT LEAVE
         PROGRAM...6
- ❑   PROCESS TO APPLY FOR LEAVE
         TOO COMPLICATED 7
- ❑   USED OTHER AVAILABLE
         LEAVE OPTIONS (E.G., VACATION OR
         SICK LEAVE)..8
- ❑   DID NOT NEED TO TAKE LEAVE 9
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

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"

'QA24_K22'   These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Las siguientes preguntas son acerca de los alimentos que se han consumido en su hogar en los últimos 12 meses y si a ustedes les alcanzó el dinero para comprar comida.

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:

{Voy a leer/Le vamos a mostrar} dos comentarios que la gente ha hecho sobre su situación en cuanto a la comida. Para cada una, por favor {dígame/indique} si lo que yo digo es algo que fue cierto frecuentemente, fue cierto algunas veces o no, nunca fue cierto en su hogar en los últimos 12 meses. El primer comentario es:

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

"Los alimentos que {yo compré/nosotros compramos} no duraron, y {yo no tenía/nosotros no teníamos} dinero para comprar más."

Was that ...

¿Fue esto cierto...?

- ❍ Often true 1
  Generalmente así
- ❍ Sometimes true...2
  A veces así
- ❍ Never true 3
  Nunca así
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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.'

El segundo comentario es: {Yo no pude/Nosotros no pudimos} costear comidas balanceadas.

AM2

Was that ...

¿Fue esto cierto...?

- ❍ Often true 1
  Generalmente así
- ❍ Sometimes true...2
  A veces así
- ❍ Never true 3
  Nunca así
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'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?

En los últimos 12 meses, ¿usted u otros adultos de su hogar disminuyeron alguna vez la porción de sus comidas o se saltaron comidas porque no había suficiente dinero para comprar comida?

AM3

- ❍ YES 1
- ❍ NO...2   **[GO TO 'QA24_K26']**
- ❍ REFUSED .... -7   **[GO TO 'QA24_K26']**
- ❍ DON'T KNOW .... -8   **[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?

¿Con qué frecuencia pasó esto -- Casi todos los meses, algunos meses pero no todos los meses, sólo 1 o 2 meses?

AM3A

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

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?

En los últimos 12 meses, ¿comió alguna vez menos de lo que sentía que debía comer porque no había suficiente dinero para comprar alimentos?

AM4

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

'QA24_K27'   In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

En los últimos 12 meses, ¿tuvo hambre alguna vez pero no comió porque no tenía dinero para comprar suficientes alimentos?

AM5

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

Dietary Intake

PROGRAMMING NOTE 'QA24_K28':
IF HOUSEHOLD INCOME IS ≤ 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.

Ahora piense en los alimentos que comió o bebió durante el último mes, es decir, los últimos 30 días, incluyendo comidas y refrigerios o snacks.

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.

Durante el último mes, ¿cuántas veces comió fruta? No incluya los jugos. Puede decirme por día, por semana o por mes.

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE."]

Un número aproximado está bien

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

_____TIMES

- PER DAY 1   **[HR: 0-20; SR: 0-9]**
- PER WEEK] 2   **[HR: 0-70; SR: 0-29]**
- PER MONTH...3   **[HR: 0-210; SR: 0-149]**
- REFUSED .... -7
- DON'T KNOW .... -8

'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.

Durante el mes pasado, ¿cuántas veces comió verduras, como por ejemplo, ensalada de hojas verdes, frijoles verdes o papas? No incluya papas fritas o frijoles secos cocidos tal como frijoles refritos, frijoles horneados o sopa de frijoles.

AE7B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

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

Otras verduras incluyen tomates, zanahorias, cebollas o brócoli.

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

El arroz no es una verdura.

_____TIMES

- PER DAY [HR: 0-20; SR: 0-9].......................1
- PER WEEK [HR: 0-70; SR: 0-29] 2
- PER MONTH [HR: 0-210; SR: 0-149]..........3
- REFUSED .... -7
- DON'T KNOW .... -8

'QA24_K30'   During the past month, how <u>often</u> did you drink sweetened fruit drinks, sports, or energy drinks?

Durante el último mes, ¿con qué <u>frecuencia</u> consumió bebidas azucaradas de frutas, deportivas o energéticas?

AC46B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

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

Algunos ejemplos incluyen limonada, Gatorade, Snapple o Red Bull.

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED

SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____TIMES

- PER DAY 1   **[HR: 0-20; SR: 0-9]**
- PER WEEK 2   **[HR: 0-70; SR: 0-29]**
- PER MONTH...3   **[HR: 0-210; SR: 0-149]**
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_K31':
IF CAGE ≥ 2 YEARS AND HOUSEHOLD INCOME IS ≤ 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?

Ahora le voy a hacer preguntas acerca de los alimentos que su comió ayer, incluyendo comidas y bocadillos o snacks. Ayer, ¿cuántas porciones de fruta, como una manzana o un plátano, comió {he/she}?

CC13B

[IF NEEDED, SAY: SERVINGS ARE SELF-DEFINED. A SERVING IS THE CHILD'S REGULAR PORTION OF THIS FOOD.]

Cada persona define sus porciones. Una porción es la cantidad regular de este alimento que consume su niñ.

_____ Servings   **[HR: 0-20; SR 0-9]**
_____ *porción(porciones)*
- REFUSED .... -7
- DON'T KNOW .... -8

'QA24_K32'   Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

Ayer, ¿cuántas porciones de vegetales como ensalada verde, ejotes/judías verdes/vainas, o papas, comió {he/she} ayer? No incluya las papas fritas.

CC31B

_____ Servings   **[HR: 0-20; SR 0-4]**
_____ *porción(porciones)*
- REFUSED .... -7
- DON'T KNOW .... -8

'QA24_K33'   Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

Ayer, ¿cuántos vasos o latas de bebidas endulzadas de frutas, deportivas o energéticas consumió su hijo/a?

CC50B

Such as lemonade, Gatorade, Snapple, or Red Bull.

Tales como limonada, Gatorade, Snapple o Red Bull.

             _____ Glasses, cans or bottles   **[HR 0-15; SR 0-7]**
             _____*vasos, latas o botellas*

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

Section L: Public Program Participation

PROGRAMMING NOTE 'QA24_L1':
IF HOUSEHOLD INCOME IS ≤ 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL
CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE ≠ 1))] CONTINUE
WITH 'SECTION L';
ELSE GO TO **'PN_QA24_L41'**

'QA24_L1'   Are you now receiving TANF or CalWORKs?

¿Está usted recibiendo ahora TANF o CalWORKS?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and
CalWORKs means California Work Opportunities and Responsibilities to Kids. Both
replaced AFDC, California's old welfare entitlement program.]

**[IF NEEDED, SAY: '*TANF quiere decir Asistencia Temporaria a Familias
Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad
hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el
antiguo programa de bienestar social en California.*']**

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

PROGRAMMING NOTE '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?

¿Está <TEEN> recibiendo actualmente TANF o CalWORKS?

IAP1

[IF NEEDED, SAY: "TANF MEANS TEMPORARY ASSISTANCE TO NEEDY FAMILIES;
AND CALWORKS MEANS CALIFORNIA WORK OPPORTUNITIES AND
RESPONSIBILITIES TO KIDS. BOTH REPLACED AFDC, CALIFORNIA'S OLD
WELFARE ENTITLEMENT PROGRAM."]

**[IF NEEDED, SAY: '*TANF quiere decir Asistencia Temporaria a Familias
Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad
hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el
antiguo programa de bienestar social en California.*']**

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

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?

¿Está (CHILD) actualmente en TANF o CalWORKS?

CE11

[IF NEEDED, SAY: TANF MEANS 'TEMPORARY ASSISTANCE TO NEEDY FAMILIES,"
AND CALWORKS MEANS 'CALIFORNIA WORK OPPORTUNITIES AND
RESPONSIBILITIES TO KIDS.' BOTH REPLACED AFDC, CALIFORNIA'S OLD
WELFARE ENTITLEMENT PROGRAM.]

**[IF NEEDED, SAY: '*TANF quiere decir Asistencia Temporaria a Familias
Necesitadas; CalWORKS significa Oportunidades de Trabajo y Responsabilidad
hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el
antiguo programa de bienestar social en California.*']**

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

'QA24_L4'   Are you receiving Food Stamp benefits, also known as CalFresh?

*¿Recibe usted Food Stamps o Estampillas para Comida, lo que se conoce también como
CalFresh?*

AL5

[IF NEEDED, SAY: "YOU RECEIVE BENEFITS THROUGH AN EBT CARD." EBT
STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD AND IS ALSO KNOWN AS
THE GOLDEN STATE ADVANTAGE CARD]

**[IF NEEDED, SAY: '*Usted recibe beneficios a través de una tarjeta EBT. EBT son
las iniciales en inglés de Transferencia Electrónica de Beneficios y también se
conoce como la tarjeta Golden State Advantage.*']**

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

PROGRAMMING NOTE '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?

*¿Recibe (TEEN) Food Stamps o Estampillas para Comida, lo que se conoce también
como CalFresh?*

IAP2

[IF NEEDED, SAY**:** YOU MAY RECEIVE BENEFITS AS STAMPS OR THROUGH AN
EBT CARD. EBT STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD, AND IS
ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

**[IF NEEDED, SAY: '*Usted recibe beneficios a través de una tarjeta EBT. EBT son
las iniciales en inglés de Transferencia Electrónica de Beneficios y también se
conoce como la tarjeta Golden State Advantage.*']**

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

PROGRAMMING NOTE 'QA24_L6':
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?

¿Recibe (CHILD) Food Stamps o Estampillas para Comida, lo que se conoce también como CalFresh?

CE11A

[IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS THROUGH AN ELECTRONIC BENEFIT TRANSFER (EBT) CARD, ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

[IF NEEDED, SAY: '*Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage.*']

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

Supplemental Security Income

'QA24_L7'   Are you receiving Supplemental Security Income (SSI)?

¿Recibe usted SSI?

AL6

[IF NEEDED, SAY: "SSI MEANS SUPPLEMENTAL SECURITY INCOME. THIS IS DIFFERENT FROM SOCIAL SECURITY"]

[IF NEEDED, SAY: '*SSI significa Ingreso Suplementario de Seguridad. Es distinto al Seguro Social.*']

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

WIC

PROGRAMMING NOTE 'QA24_L8':
IF 'AD65D' = 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?

¿Usted está inscrita en el WIC?

AL7

[IF NEEDED, SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN."]

[IF NEEDED, SAY: '*WIC es el Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños.*']

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

PROGRAMMING NOTE '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?

¿Está (CHILD) actualmente recibiendo WIC?

CE11C

[IF NEEDED, SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN."]

[IF NEEDED, SAY: '*WIC es el Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños.*']

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

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_A24'** = 1 (MARRIED) OR **'QA24_D13'** = 1 OR **'QA24_D14'** = 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}?

AL9B

❍   YES 1   **[GO TO 'PN_QA24_L12']**

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

PROGRAMMING NOTE 'QA24_L11':
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 $ 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_A24'** = 1 (MARRIED) OR **'QA24_D13'** = 1 OR **'QA24_D14'** = 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}?

Sin contar el valor de alguna casa o automóvil que es posible que usted posea, ¿diría usted que {sus bienes/ los bienes de su familia}, es decir, todo su dinero en efectivo, ahorros, inversiones, y muebles juntos valen más de {PROPERTY LIMIT}?

AL9C

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

Child Support

PROGRAMMING NOTE 'QA24_L12':

DISPLAY INSTRUCTIONS:

IF **'QA24_A24'** = 1 (MARRIED) AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [**'QA24_A24'** = 2 (LIVING WITH PARTNER) OR **'QA24_D13'** = 1 OR **'QA24_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA24_A25'** = 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 <u>last month</u> for child support?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el <u>mes pasado</u> por pensión alimenticia o manutención infantil?

AL15B

❍   YES 1
❍   NO...2   **[GO TO 'PN_QA24_L14']**
❍   REFUSED .... -7   **[GO TO 'PN_QA24_L14']**
❍   DON'T KNOW.. -8   **[GO TO 'PN_QA24_L14']**

PROGRAMMING NOTE 'QA24_L13':

DISPLAY INSTRUCTIONS:
IF **'QA24_A24'** = 1 (MARRIED) AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [**'QA24_A24'** = 2 (LIVING WITH PARTNER) OR **'QA24_D13'** = 1 OR **QA24_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA24_A25'** = 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 <u>last month</u> {for both you and your spouse/partner}?

¿Cuál fue la cantidad total {combinada} que usted {y su esposo(a)/y su pareja} (recibió/recibieron) el <u>mes pasado</u> por pensión alimenticia o manutención infantil?

AL16B

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

$_____ AMOUNT   **[000001-999995]**
❍   REFUSED .... -7
❍   DON'T KNOW.. -8

PROGRAMMING NOTE 'QA24_L14':

DISPLAY INSTRUCTIONS:
IF **'QA24_A24'** = 1 (MARRIED) AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [**'QA24_A24'** = 2 (LIVING WITH PARTNER) OR **'QA24_D13'** = 1 OR **'QA24_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA24_A25'** = 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 <u>last month</u>?

¿Pagó {usted o su pareja o ustedes dos/usted o su esposo(a) o ustedes dos/usted} alguna pensión alimenticia o manutención infantil el <u>mes pasado</u>?

AL17

❍	YES, RESPONDENT PAID 1	
❍	YES, SPOUSE/PARTNER PAID 2	
❍	YES, BOTH PAID 3	
❍	NO..4	**[GO TO 'PN_AL32]**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_L16']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA24_L16']**

PROGRAMMING NOTE 'QA24_L15':

DISPLAY INSTRUCTIONS:
IF **'QA24_A24'** = 1 (MARRIED) AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF ['QA24_A24' = 2 (LIVING WITH PARTNER) OR **'QA24_D13'** = 1 OR **'QA24_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA24_A25'** = 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 <u>last month</u>?

¿Cuál fue la cantidad total que {usted o su esposo(a) o ustedes dos/usted o su pareja o ustedes dos/usted} pagó/pagaron en pensión alimenticia o manutención infantil el mes pasado?

AL18

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

_____ AMOUNT   **[000001-999995]**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

Worker's Compensation

PROGRAMMING NOTE 'QA24_L16':
IF **'QA24_A24'** = 1 (MARRIED) AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF ['QA24_A24' = 2 (LIVING WITH PARTNER) OR **'QA24_D13'** = 1 OR **'QA24_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA24_A25'** = 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 <u>last month</u> for workers compensation?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero <u>el mes pasado</u> como compensación por accidentes de trabajo?

AL32

❍	YES...1	
❍	NO..2	**[GO TO 'PN_QA24_L18']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_L18']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA24_L18']**

PROGRAMMING NOTE 'QA24_L17':

DISPLAY INSTRUCTIONS:
IF **'QA24_A24'** = 1 (MARRIED) AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF ['**QA24_A24'** = 2 (LIVING WITH PARTNER) OR **'QA24_D13'**= 1 OR **'QA24_D14'**= 1 (LEGAL SAME-SEX COUPLE)] AND **'QA24_A25'** = 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 <u>last month</u>?

¿Cuál fue la cantidad total {combinada} que recibió usted {y su esposo(a)/y su pareja} como compensación por accidentes de trabajo <u>el mes pasado</u>?

AL33

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

_____ AMOUNT		**[000001-999995]**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

Social Security/Pension Payments

PROGRAMMING NOTE 'QA24_L18':
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND **'QA24_A24'**= 1 (MARRIED) AND **'QA24_A25'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH **'QA24_L18'** AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND **'QA24_A25'** = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH **'QA24_L18'** AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 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 <u>last month</u>?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} pagos de Seguro Social o de Pensión el <u>mes pasado</u>?

AL18A

❍	YES...1	
❍	NO..2	**[GO TO 'PN_QA24_L20']**
❍	REFUSED .... -7	**[GO TO 'PN_QA24_L20']**
❍	DON'T KNOW .... -8	**[GO TO**

'PN_QA24_L20']

PROGRAMMING NOTE 'QA24_L19':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND **'QA24_A24'**= 1 (MARRIED) AND **'QA24_A25'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND **'QA24_A25'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, DISPLAY "you";

'QA24_L19' What was the total amount {you} received <u>last month </u>from Social Security and Pensions {for both you and your spouse/partner}?

¿Cuál fue la cantidad total de dinero que recibió del Seguro Social y Pensiones <u>el mes pasado</u>?

AL18B

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

_____AMOUNT **[000001-999995]**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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 <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

¿Cuál es <u>el</u> motivo principal por el que no está inscrito(a) en elprograma <u>Medi-Cal</u>?

AL19
- ❍ PAPERWORK TOO DIFFICULT 1
- ❍ DO NOT KNOW IF ELIGIBLE......................2
- ❍ INCOME TOO HIGH, NOT ELIGIBLE 3
- ❍ NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS......4
- ❍ DO NOT BELIEVE IN HEALTH INSURANCE 6
- ❍ DO NOT NEED INSURANCE BECAUSE HEALTHY 7
- ❍ ALREADY HAVE INSURANCE 8
- ❍ DID NOT KNOW ABOUT IT 9
- ❍ DO NOT LIKE / WANT WELFARE 10
- ❍ OTHER (SPECIFY: _____) 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

Medi-Cal Eligibility

PROGRAMMING NOTE 'QA24_L21':

DISPLAY INSTRUCTIONS:

IF **'QA24_H75'** = 1 OR **'QA24_H76'** = 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_H74'** = 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?}

*Anteriormente dijo que tenía Medi-Cal. ¿Cuánto tiempo tuvo Medi-Cal?/ Anteriormente
dijo que tiene Medi-Cal. ¿Por cuánto tiempo ha tenido Medi-Cal?*

AL40

_____ YEARS
_____ MONTHS
- REFUSED .... -7
- DON'T KNOW .... -8

'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?

*Durante los últimos 12 meses, la última vez que se comunicó con la oficina del condado
con respecto a sus beneficios de Medi-Cal, ¿cuánto tiempo tuvo que esperar para poder
hablar con un representante?*

AL86

- 5 MINUTES OR LESS 1
- MORE THAN 5 MINUTES, UP TO
  15 MINUTES 2
- MORE THAN 15, UPS TO
  30 MINUTES 3
- MORE THAN 30 MINUTES 4
- NEVER CONTACTED THE COUNTY
  OFFICE 5   **[GO TO 'QA24_L27']**
- REFUSED .... -7   **[GO TO 'QA24_L27']**
- DON'T KNOW .... -8   **[GO TO 'QA24_L27']**

'QA24_L23'   Most recently, how did you contact the County office?

*¿Cómo se puso en contacto con la oficina del condado durante la comunicación más
reciente?*

AL87

- VISITED OFFICE IN PERSON 1
- CALLED OFFICE 2
- DIRECTLY CONTACTED ELIGIBILITY
  WORKER 3
- ONLINE 4
- MAIL 5
- OTHER (SPECIFY: _____) 91
- REFUSED .... -7
- DON'T KNOW .... -8

'QA24_L24'   How long did it take for the County representative to take care of your problem?

¿Cuánto tiempo tardó el representante del condado en resolver su problema?

AL88

❍   A WEEK OR LESS 1
❍   MORE THAN 1 WEEK UP TO
       2 WEEKS 2
❍   MORE THAN 2 WEEKS UP TO
       A MONTH...3
❍   MORE THAN A MONTH.............................4
❍   REFUSED.. -7
❍   DON'T KNOW .... -8

'QA24_L25'   Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:

AL89

The County representative was able to answer all of my questions. Do you…

El representante del condado pudo responder todas mis preguntas.

❍   Strongly agree...1
❍   Agree..2
❍   Neither agree nor disagree 3
❍   Disagree..4
❍   Strongly disagree 5
❍   REFUSED.. -7
❍   DON'T KNOW .... -8

'QA24_L26'   The County representative treated me with dignity and respect.

El representante del condado me trató con dignidad y respeto.

AL90

❍   Strongly agree...1
❍   Agree..2
❍   Neither agree nor disagree 3
❍   Disagree..4
❍   Strongly disagree 5
❍   REFUSED.. -7
❍   DON'T KNOW .... -8

'QA24_L27'   What areas should the County office consider improving?

¿Qué áreas debería de pensar en mejorar la oficina del condado?

AL91

[CHECK ALL THAT APPLY]

❑   Reduce wait times.......................................1
❑   Spend more time with me 2
❑   Explain things so I can understand.............3
❑   Tell me what the next steps are 4
❑   No improvement needed..............................5
❑   Other (specify:_____) 91
❍   REFUSED.. -7
❍   DON'T KNOW .... -8

'QA24_L28'   How satisfied are you with the County office? Would you say…

AL92

¿Qué tan \{satisfecho/satisfecha} está con la oficina del condado? ¿Diría que está...?

- ❍ Very satisfied..1
- ❍ Somewhat satisfied.......................................2
- ❍ Neither satisfied or dissatisfied 3
- ❍ Dissatisfied..4
- ❍ Very dissatisfied...5
- ❍ Not applicable 6
- ❍ REFUSED ....-7
- ❍ DON'T KNOW ....-8

'QA24_L29'   Have you renewed your Medi-Cal in the last 12 months?

¿Ha renovado su Medi-Cal durante los últimos 12 meses?

AL93

- ❍ YES 1
- ❍ NO..2   **[GO TO 'QA24_L32']**
- ❍ REFUSED ....-7   **[GO TO 'QA24_L32']**
- ❍ DON'T KNOW ....-8   **[GO TO 'QA24_L32']**

'QA24_L30'   When renewing your Medi-Cal, did you have any issues or problems?

Cuando renovó su Medi-Cal, ¿tuvo algún problema?

AL94

- ❍ YES 1   **[GO TO 'QA24_L33']**
- ❍ NO..2
- ❍ REFUSED ....-7
- ❍ DON'T KNOW ....-8

'QA24_L31'   Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

¿Perdió la cobertura de manera temporal durante uno o dos meses, la perdió por completo o tuvo que volver a solicitarla?

AL95

- ❍ YES, LOST COVERAGE FOR
  1-2 MONTHS 1
- ❍ YES, LOST COVERAGE 2
- ❍ YES, HAD TO REAPPLY.............................3
- ❍ NO..4
- ❍ REFUSED ....-7
- ❍ DON'T KNOW ....-8

'QA24_L32'   Before you had Medi-Cal, what health coverage did you have?

Antes de tener la cobertura de Medi-Cal, ¿qué cobertura de salud tenía?

AL96

- ❍ No insurance..1   **[GO TO 'QA24_L35']**
- ❍ Employer-based...2   **[GO TO 'QA24_L35']**
- ❍ Private 3   **[GO TO 'QA24_L35']**
- ❍ Covered California 4
- ❍ Other 5
- ❍ REFUSED ....-7   **[GO TO 'QA24_L35']**

❍	DON'T KNOW ....-8	**[GO TO 'QA24_L35']**

'QA24_L33'   Did you have a problem changing to Medi-Cal?

¿Tuvo algún problema en cambiar a Medi-Cal?

AL97

❍	YES 1	
❍	NO...2	**[GO TO 'QA24_L35']**
❍	REFUSED .... -7	**[GO TO 'QA24_L35']**
❍	DON'T KNOW ....-8	**[GO TO 'QA24_L35']**

'QA24_L34'   What was the problem?

¿Qué tipo de problema?

AL98

[CHECK ALL THAT APPLY]

❑	Had to pay premiums while waiting for Medi-Cal decision 1
	Tuve que pagar primas mientras esperaba la decisión de Medi-Cal
❑	Received conflicting eligibility notices 2
	Recibí avisos de elegibilidad opuestos
❑	Delay in receiving Medi-Cal 3
	Demora para recibir Medi-Cal
❑	Could not see my provider 4
	No pude ver a mi proveedor
❑	Required to provide a lot of paperwork 5
	Necesité mucho papeleo
❑	Had to file an appeal 6
	Tuve que presentar una petición de revisión
❍	REFUSED .... -7
❍	DON'T KNOW ....-8

Public Charge Related

'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.

El programa Medi-Cal envía un Aviso de Acciones por escrito para proporcionar información sobre la elegibilidad y los cambios en el estado, el nivel de beneficios o el costo compartido.

AL105

The Notice of Actions I have received in the past are:

Los avisos de acciones que he recibido en el pasado son:

❑	Easy to read or understand...........................1	
❑	Difficult to read or understand.....................2	
❑	Contain helpful information 3	
❑	Does not contain helpful information 4	
❍	I never got a Notice of Actions.....................5	**[GO TO 'QA24_L37']**
❍	REFUSED .... -7	**[GO TO 'QA24_L37']**
❍	DON'T KNOW ....-8	**[GO TO 'QA24_L37']**

'QA24_L36'   How can Notice of Actions be improved?

¿Cómo se puede mejorar el aviso de acciones?

AL106

❏   Reduce text...1
❏   Simplify language/Reading level.................2
❏   Shorter paragraphs/sentences....................3
❏   Send fewer notices 4
❏   Give me clear steps of what I need to do 5
❍   No improvement needed............................6
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

'QA24_L37'   Were you able to update your contact information?

¿Pudo actualizar su información de contacto?

AL107

❍   Yes...1   **[GO TO 'QA24_L39']**
❍   No...2
❍   Did not need to update...............................3   **[GO TO 'QA24_L41']**
❍   REFUSED ....-7   **[GO TO 'QA24_L41']**
❍   DON'T KNOW ....-8   **[GO TO 'QA24_L41']**

'QA24_L38'   Why not?

¿Por qué no?

AL108

❍   My changes did not update..........................1
❍   I don't know how to update my information .2
❍   Did not need to update...............................3
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

'QA24_L39'   Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

Díganos si está totalmente de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o en total desacuerdo con la siguiente declaración:

AL109

Updating my contact information was easy.

Fue fácil actualizar mi información de contacto.

❍   Strongly agree..1
❍   Agree...2
❍   Neither agree nor disagree 3
❍   Disagree...4
❍   Strongly disagree 5
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

'QA24_L40'   How did you update your contact information?

¿Cómo actualizó su información de contacto?

AL110

❑	Visited office in person	1
❑	Called county office	2
❑	Called health plan	3
❑	Directly contacted eligibility worker	4
❑	Online	5
❑	Mail	6
❑	Portal	7
❑	Other, specify: (_____)	91
○	REFUSED	-7
○	DON'T KNOW	-8

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?

¿Alguna vez decidió no solicitar uno o más beneficios gubernamentales no monetarios, como Medi-Cal, cupones alimenticios o subsidios de vivienda, porque le preocupaba que tal acción {lo/la} descalificaría a usted, o a un miembro de su familia, para obtener una tarjeta verde o convertirse en ciudadano estadounidense?

AL99

○	YES	1	
○	NO	2	**[GO TO 'QA24_L43']**
○	REFUSED	-7	**[GO TO 'QA24_L43']**
○	DON'T KNOW	-8	**[GO TO 'QA24_L43']**

'QA24_L42'   Did this happen in the last 12 months?

¿Ocurrió esto durante los últimos 12 meses?

AL104

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

'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?

¿Se le pidió alguna vez que proporcionara su número del Seguro Social o presentar un comprobante de su situación legal o de ciudadanía?

AL100

○	YES	1	
○	NO	2	**[GO TO 'QA24_L45']**
○	REFUSED	-7	**[GO TO 'QA24_L45']**
○	DON'T KNOW	-8	**[GO TO 'QA24_L45']**

'QA24_L44'   Did this happen in the past 12 months?

¿Ocurrió esto durante los últimos 12 meses?

AL101

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

'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?

¿Se le pidió alguna vez que proporcionara su número del Seguro Social o presentara un comprobante de su situación legal o ciudadanía cuando intentó inscribirse usted o a un(a) hijo(a) en la escuela?

AL102

- ❍ YES 1
- ❍ NO...2 **[GO TO 'QA24_M1']**
- ❍ REFUSED .... -7 **[GO TO 'QA24_M1']**
- ❍ DON'T KNOW .... -8 **[GO TO 'QA24_M1']**

'QA24_L46' Did this happen in the past 12 months?

¿Ocurrió esto durante los últimos 12 meses?

AL103

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

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?/

¿Vive usted en una casa, un dúplex, un edificio con 3 o más unidades, o en una casa móvil?

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

Un dúplex es un edificio con 2 unidades.

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

'QA24_M2'   Do you own or rent your home?

¿Es usted propietario de su casa o la alquila?

AK25

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

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?

您目前是否正在償還此房屋的按揭或貸款？

AM37

[INTERVIEWER NOTE: IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

[如果配偶/伴侶正在還款，請編碼為「是」]

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

'QA24_M4'   Did you live in this house or apartment one year ago?

¿Vivía usted en esta casa o apartamento hace un año?

AM204

- ❍   Yes 1   **[GO TO 'QA24_M5']**
- ❍   No..2
- ❍   REFUSED .... -7   **[GO TO 'QA24_M5']**

◯   DON'T KNOW .... -8   **[GO TO 'QA24_M5']**

'QA24_M5'   In what zipcode did you live one year ago?

¿En qué código postal vivía hace un año?

AM205

Specify:_____
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

'QA24_M6'   How do you feel about your current housing situation – do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, very unstable and insecure?

¿Cómo se siente con respecto a su situación actual de vivienda - Muy estable, Bastante estable, Algo estable, Bastante inestable, Muy inestable?

AM183

◯   VERY STABLE AND SECURE.....................1
◯   FAIRLY STABLE AND SECURE, ...2
◯   JUST SOMEWHAT STABLE AND SECURE 3
◯   FAIRLY UNSTABLE AND INSECURE, OR..4
◯   VERY UNSTABLE AND INSECURE?.........5
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

'QA24_M7'   Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

Por favor, dígame con qué frecuencia se preocupa personalmente por lo siguiente: con mucha frecuencia, con algo de frecuencia, de vez en cuando o casi nunca.

AM184

Struggling to keep up with your mortgage or rent payments

Tiene dificultades para mantenerse al día con los pagos de su hipoteca o alquiler

◯   VERY OFTEN 1
◯   SOMEWHAT OFTEN..................................2
◯   FROM TIME TO TIME 3
◯   ALMOST NEVER 4
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

'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?

Las personas a veces tienen dificultades para pagar el alquiler o la hipoteca. Para pagar el alquiler o la hipoteca, ¿ha tenido que hacer algo de lo siguiente en los últimos tres años?

AM185

[CHECK ALL THAT APPLY]

❑   Take on an additional job or.........................1
work more at their current job

Asumir un trabajo adicional o trabajar más en su trabajo actual

❑ Stop saving for retirement.............................2
Dejar de ahorrar para la jubilación

❑ Accumulate credit card debt 3
Acumular deuda de tarjeta de crédito

❑ Cut back on health care 4
Reducir el cuidado de la salud

❑ Cut back on healthy, nutritious food 5
Reducir el uso de alimentos saludables y nutritivos

❑ Move to a neighborhood that
they feel is less safe......................................6
Mudarse a un vecindario que sientan que es menos seguro

❑ Move to a place where the schools
are not as good 7
Mudarse a un lugar donde las escuelas no sean tan buenas

○ None of these/not sure.................................8
Ninguna de las opciones anteriores/no estoy seguro

○ REFUSED .... -7

○ DON'T KNOW .... -8

'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.

Teniendo en cuenta sus experiencias con la vivienda; por ejemplo, experiencias al alquilar o comprar una casa, obtener una hipoteca, pedirle al propietario que haga reparaciones o interactuar con sus vecinos.

AM189

During the last two years, do you think your directly experienced discrimination or harassment related to housing?

Durante los últimos dos años, ¿ha experimentado discriminación o acoso de forma directa relacionado con la vivienda?

○ Yes..1
○ No..2   **[GO TO 'QA24_M11']**
○ REFUSED .... -7   **[GO TO 'QA24_M11']**
○ DON'T KNOW .... -8   **[GO TO 'QA24_M11']**

'QA24_M10'   Why do you think you were targeted for this discrimination or harassment?

¿Por qué cree que fue blanco de esta discriminación o acoso?

AM190

❑ Because of your ancestry, national origin
or language 1
❑ Because of your race or skin color 2
❑ Because of your gender or sex, including
gender identity 3
❑ Because of your sexual orientation..............4
❑ Because of your religion 5
❑ Because of your disability 6
❑ Because of your immigration status.............7
❑ Because you have children..........................8
❑ Because of some other reason: _____....9

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

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?

¿Cuál cree que es la razón PRINCIPAL por la que fue blanco de esta discriminación o acoso?

AM191

❍   Because of your ancestry, national origin
        or language 1
❍   Because of your race or skin color 2
❍   Because of your gender or sex,
        including gender identity 3
❍   Because of your sexual orientation..............4
❍   Because of your religion 5
❍   Because of your disability 6
❍   Because of your immigration status.............7
❍   Because you have children.........................8
❍   Because of some other reason:_____...9
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA24_M12'   <u>In the past 2 years</u>, did you or your household receive or use a Housing Choice Section 8 voucher?

En los últimos 2 años, ¿usted o su familia recibieron un cupón de la Sección 8 de Elección de Vivienda?

AM192

[IF NEEDED: HOUSING CHOICE SECTION 8 VOUCHERS ARE A FORM OF GOVERNMENT ASSISTANCE WITH HOUSING]

[IF NEEDED: Los cupones de la Sección 8 de Elección de Vivienda son una forma de asistencia del gobierno con la vivienda]

❍   Yes...1
❍   No...2   **[GO TO 'QA24_M15']**
❍   REFUSED .... -7   **[GO TO 'QA24_M15']**
❍   DON'T KNOW .... -8   **[GO TO 'QA24_M15']**

'QA24_M13'   Were you or your household…

¿Usted o su familia...

AM193

[CHECK ALL THAT APPLY]

❑   Unable to use your Housing voucher...........1
        No pudo utilizar su cupón de vivienda
❑   Denied housing because of your

Housing voucher 2
Le negaron vivienda por causa de su cupón de vivienda

❑ Told by a landlord that they do not
accept Housing vouchers, or 3
Un arrendador le dijo que no acepta cupones de vivienda, o

❍ None of these...4
Ninguna de las opciones anteriores

❍ REFUSED .... -7

❍ DON'T KNOW .... -8

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.

Las siguientes preguntas son sobre incidentes de odio. Pensar en estos incidentes puede ser estresante. Todas sus respuestas se mantendán condidenciales. Si alguna pregunta le incomoda, no tiene que responderla. Al final de esta sección, le daremos información sobre organizaciones que pueden brindarle recursos y apoyo.

'AM194INTRO' This next set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain characteristics or religious beliefs. You may or may not actually have these characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to get something from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

Introducción al incidente de odio: el siguiente conjunto de preguntas tiene el propósito de saber si puede haber sido blanco de odio debido a los prejuicios hacia las personas que tienen ciertas características o creencias religiosas. Usted puede o no tener estas características o creencias religiosas. Es diferente a que alguien le ataque por otros motivos, como por estar enojado o querer conseguir algo de usted.

'QA24_M16' During the past 12 months, do you think you directly experienced a hate incident?

Durante los últimos 12 meses, ¿ha experimentado un incidente de odio de manera directa?

AM194

❍ YES 1
❍ NO...2 **[GO TO 'QA24_M20']**
❍ REFUSED ....8 **[GO TO 'QA24_M20']**
❍ DON'T KNOW ....9 **[GO TO 'QA24_M20']**

'QA24_M17' Did you experience..

¿Pasó por alguna de las siguientes situaciones?

AM195

[SELECT ALL THAT APPLY]

❑　　Physical abuse or attack 1
Abuso físico o ataque

❑　　Verbal abuse or insults 2
Abuso verbal o insultos

❑　　Cyberbullying 3
Ciberacoso o acoso por Internet

❑　　Property damage, or 4
Daños a la propiedad

❑　　Something else (Specify:_____)...............5
Algo más

❍　　REFUSED .... -7

❍　　DON'T KNOW .... -8

'QA24_M18'　Where did the incident or incidences take place?

Seleccione todas las opciones que correspondan

AM196

[SELECT ALL THAT APPLY]

❑　　At home...1
En casa

❑　　At school 2
En la escuela

❑　　At work 3
En el trabajo

❑　　At a store, theater, gas station, or
other business...4
En una tienda, teatro, gasolinera u otro negocio

❑　　On the street or sidewalk 5
En la calle o acera

❑　　Online, or..6
En línea, o

❑　　Somewhere else (Specify:_____).............7
En otro lugar (especifique:_____)

❍　　REFUSED .... -7

❍　　DON'T KNOW .... -8

'QA24_M19'　Why do you think you were targeted?

¿Por qué cree que fue blanco de un incidente de odio?

AM197

❑　　Because of your race or skin color 1

❑　　Because of your sexual orientation.............2

❑　　Because of your gender or sex,
including gender identity 3

❑　　Because of your religion 4

❑　　Because of your ancestry,
national origin, or language.........................5

❑　　Because of your disability 6

❑　　Because of your immigration status.............7

❑　　Because of your age 8

❑　　Because of some other reason: _____....9

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

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_M21'**

'QA24_M20'   What do you think is the MAIN reason you were targeted for a hate incident?

AM198   ¿Cuál cree que es la razón PRINCIPAL por la que fue blanco de un incidente de odio?

[IF NEEDED, SAY: IF YOU EXPERIENCED MORE THAN ONE INCIDENT, PLEASE
THINK ABOUT THE MOST RECENT INCIDENT]

[**IF NEEDED**: Si experimentó más de un incidente, piense en el incidente más reciente]

❍   Because of your race or skin color 1
❍   Because of your sexual orientation..............2
❍   Because of your gender or sex,
           including gender identity 3
❍   Because of your religion 4
❍   Because of your ancestry,
           national origin, or language.........................5
❍   Because of your disability 6
❍   Because of your immigration status.............7
❍   Because of your age 8
❍   Because of some other reason: _____....9
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_M21':
IF **'QA24_M16'** = 1, THEN CONTINUE;
ELSE SKIP TO **'QA24_M58'**;

'QA24_M21'   During the past 12 months, how many hate incidents have you experienced?

AM206   *Durante los últimos 12 meses, ¿cuántos incidentes de odio ha sufrido?*

                   _____NUMBER OF HATE INCIDENTS
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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}?

           *Durante los últimos doce meses, ¿ha tenido algo de lo siguiente debido a que sufrió este
           (estos) incidente(s) de odio?*

AM207A

Did you experience negative effects on your mental health such as feeling sad, stressed, anxious or depressed?

¿Tuvo efectos negativos en su salud mental, como sentirse triste, estresado(a), ansioso(a) o deprimido(a)?

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

'QA24_M23'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Durante los últimos doce meses, ¿ha tenido algo de lo siguiente debido a que sufrió este (estos) incidente(s) de odio?

AM207B

Did you experience negative effects on your physical health?

Tuvo usted efectos negativos en su salud física?

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

'QA24_M24'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Durante los últimos doce meses, ¿ha tenido algo de lo siguiente debido a que sufrió este (estos) incidente(s) de odio?

AM207C

Did you change your behavior, such as changing schools, jobs, transportation or where you shopped?

¿Cambió usted su comportamiento, como cambiar de escuela, de trabajo, de transporte o de lugar de compras?

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

'QA24_M25'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Durante los últimos doce meses, ¿ha tenido algo de lo siguiente debido a que sufrió este (estos) incidente(s) de odio?

AM207D

Did you have to take time off from work?

Usted tuvo que ausentarse del trabajo?

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

'QA24_M26'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Durante los últimos doce meses, ¿ha tenido algo de lo siguiente debido a que sufrió este (estos) incidente(s) de odio?

AM207E

Did you have to take time off from school?

Tuvo que tomarse un tiempo libre de la escuela?

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

'QA24_M27'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Durante los últimos doce meses, ¿ha tenido algo de lo siguiente debido a que sufrió este (estos) incidente(s) de odio?

AM207F

Did anything else happen to you?

Le pa pasó algo más?

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

'QA24_M28'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Durante los últimos doce meses, ¿ha tenido algo de lo siguiente debido a que sufrió este (estos) incidente(s) de odio?

AM207F_OS

What else happened?

¿Qué más le pasó?

_____
(Por favor, especifique):
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_M29':
IF **'QA24_M25'** = 1 (took time off from work), THEN CONTINUE;
ELSE GO TO **'QA24_M30'**;

DISPLAY INSTRUCTIONS:
IF **'QA24_M21'** > 1, THEN DISPLAY "these" and "incidents",

ELSE DISPLAY "the" and "incident".

'QA24_M29'   During the past 12 months, about how many days did you take off from work because you experienced {these/the} hate incident{s}?

Durante los últimos 12 meses, ¿aproximadamente cuántos días se ausentó del trabajo porque sufrió \{el/estos} incidents(s) de odio?

AM208

_____Number of days (HR: 0-365)

_____ 日數
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

DISPLAY INSTRUCTIONS:
IF **'QA24_M21'** > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA24_M30'   During the past 12 months, about how many days did you take off from school because you experienced {these/the} hate incident{s}?

Durante los últimos 12 meses, ¿aproximadamente cuántos días faltó a la escuela porque sufrió (el/estos) Incidente(s) de odio?

AM209

_____ Number of days (HR: 0-365)

_____ 日數
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_M31':

DISPLAY INSTRUCTIONS:
IF **'QA24_M21'** > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA24_M31'   During the past 12 months, were there any medical expenses for you or members of your household because you experienced the hate incident{s}?

Durante los últimos 12 meses, ¿hubo algún gasto médico para usted o los miembros de su hogar debido a que sufrió el(los) incidente(s) de odio?

AM210

[IF NEEDED: Include mental and physical healthcare expenses.]

[IF NEEDED: Incluir gastos de atención médica física y mental]

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

PROGRAMMING NOTE 'QA24_M32':
IF **'QA24_M17'** = 4, THEN CONTINUE;
ELSE GO TO **'QA24_M33'**;

DISPLAY INSTRUCTIONS:

IF **'QA24_M21'** > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA24_M32'   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}?

*Durante los últimos doce meses, ¿usted o miembros de su hogar sufrieron algún daño a
la propiedad o pertenencias como resultado del (de los) incidente(s) de odio?*

AM211

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

PROGRAMMING NOTE **'QA24_M33'**:

DISPLAY INSTRUCTIONS:
IF **'QA24_M21'** > 1, THEN DISPLAY "most severe".

'QA24_M33'   After you experienced the {most severe} hate incident within the past 12 months, what
help or support did you receive?

*Después de haber sufrido el incidente de odio (el más grave) en los últimos 12 meses,
¿qué ayuda o apoyo recibió?*

AM214A

Did you receive counselling, therapy, or other type of mental health support?

¿Recibió consejería, terapia u otro tipo de apoyo de salud mental?

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

'QA24_M34'   [After you experienced the {most severe} hate incident within the past 12 months, what
help or support did you receive?]

AM214B

Did you receive medical care for a physical injury or symptom?

Atención médica por una lesión o síntoma físico

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

'QA24_M35'   [After you experienced the {most severe} hate incident within the past 12 months, what
help or support did you receive?]

AM214C

Did you take time off from school?

¿Se tomó tiempo libre de la escuela?

- ❍   YES 1
- ❍   NO 2

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

'QA24_M36'

[After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214D

Did you receive time off from work?

¿Recibió tiempo libre del trabajo?

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

'QA24_M37'

[After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214E

Did you receive financial assistance?

¿Recibió asistencia financiera?

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

'QA24_M38'

[After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214F

Did you receive protection for you or your family's physical safety?

¿Recibió protección para su seguridad física o la de su familia?

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

'QA24_M39'

[After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214G

Did you receive help reporting to or working with the police or other law enforcement?

¿Recibió ayuda para informar o trabajar con la policía u otras autoridades encargadas de hacer cumplir la ley?

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

'QA24_M40'

[After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214H

Did you receive legal assistance?

¿Recibió asistencia jurídica?

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

'QA24_M41'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214I

Did you receive help with interpretation or other types of language services?

¿Recibió ayuda con interpretación u otros tipos de servicios lingüísticos o de traducción?

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

'QA24_M42'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214J

Did you receive any other help or support?

¿Recibió alguna otra ayuda o apoyo?

◯   YES 1
◯   NO..2   **[GO TO 'PN_QA24_M44']**
◯   REFUSED .... -7   **[GO TO 'PN_QA24_M44']**
◯   DON'T KNOW .... -8   **[GO TO 'PN_QA24_M44']**

'QA24_M43'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214J_OS

What other help or support did you receive?

¿Qué otra ayuda o apoyo recibió?

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

PROGRAMMING NOTE 'QA24_M44':

DISPLAY INSTRUCTIONS:
IF **'QA24_M21'** > 1, THEN DISPLAY "most severe"

'QA24_M44'   Was there any kind of help or support that you <u>felt you needed but did not receive</u> after you experienced the {most severe} hate incident?

¿Hubo algún tipo de ayuda o apoyo que sintió que necesitaba pero que no recibió después de sufrir el incidente de odio \{más grave}?

AM215

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

PROGRAMMING NOTE 'QA24_M45':
IF **'QA24_M44'** = 1, THEN CONTINUE;

DISPLAY INSTRUCTIONS:
DISPLAY ONLY UNCHECKED CATEGORIES FROM **'QA24_M33'** TO **'QA24_M43'**;
ELSE GO TO **'QA24_M47'**;

'QA24_M45'   What help or support did you <u>feel you needed but did not receive</u>?

Qué ayuda o apoyo sintió que necesitaba pero no recibió?

AM216

SELECT ALL THAT APPLY

    ❑   COUNSELING, THERAPY, OR OTHER
             TYPE OF MENTAL HEALTH SUPPORT 1
    ❑   MEDICAL CARE FOR A PHYSICAL
             INJURY OR SYMPTOM 2
    ❑   TIME OFF FROM SCHOOL 3
    ❑   TIME OFF FROM WORK 4
    ❑   FINANCIAL ASSISTANCE 5
    ❑   PROTECTION FOR YOU OR YOUR
             FAMILY'S PHYSICAL SAFETY 6
    ❑   HELP REPORTING TO OR WORKING
             WITH THE POLICE OR OTHER LAW
             ENFORCEMENT 7
    ❑   LEGAL ASSISTANCE 8
    ❑   INTERPRETATION OR OTHER TYPES OF
             LANGUAGE SERVICES 9
    ❑   OTHER (PLEASE SPECIFY: _____) 91
    ❍   NONE OF THE ABOVE 10
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_M46':
IF MULTIPLE RESPONSES FROM **'QA24_M45'**, THEN CONTINUE

DISPLAY INSTRUCTIONS:
READ OUT ONLY SELECTED OPTIONS FROM **'QA24_M45'**

ELSE GO TO **'QA24_M59'**;

'QA24_M46'   Which of these did you feel you needed the most?

Cuál de los siguientes sintió que necesitaba más?

AM217

- Counseling, therapy, or other type of mental health support 1
  Consejería, terapia u otro tipo de apoyo de salud mental
- Medical care for a physical injury or symptom..2
  Atención médica por una lesión o síntoma físico
- Time off from school 3
  Tiempo libre de la escuela
- Time off from work 4
  Tiempo libre del trabajo
- Financial assistance....................................5
  Asistencia financiera
- Protection for you or your family's physical safety 6
  Protección para su seguridad física o la de su familia
- Help reporting to or working with the police or other law enforcement 7
  Ayuda para informar o trabajar con la policía u otras autoridades encargadas de hacer cumplir la ley
- Legal assistance 8
  Asistencia legal
  Interpretation or other types of language services 9
  Interpretación u otros tipos de servicios lingüísticos o de traducción
- {OTHER SPECIFY FROM 'AM216'}......... 91
  Otra opción
- REFUSED .... -7
- DON'T KNOW.. -8

'QA24_M47'   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?

¿La persona que causó el incidente (el más grave) era una persona desconocida, alguien a quien conocía sólo de vista, alguien a quien conocía pero no bien, o alguien a quien conocía bien?

AM218

[IF NEEDED: If more than one offender, select all that apply]

[IF NEEDED: Si fue más de una persona, seleccione todas las opciones que correspondan.]

- ❑ STRANGER 1
- ❑ SOMEONE YOU KNEW BY SIGHT ONLY .2
- ❑ SOMEONE YOU KNEW BUT NOT WELL ..3
- ❑ SOMEONE YOU KNEW WELL 4
- ❑ I DON'T KNOW OR I DIDN'T SEE 5
- ❍ REFUSED .... -7

'QA24_M48'   Without providing names or other identifying information, who was the offender of the {most severe} hate incident?

Sin proporcionar nombres u otra información de identificación, ¿quién fue el autor del incidente de odio {más grave}?

AM219A

Was it a friend or family member?

Un amigo o familiar

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

'QA24_M49'

AM219B

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

Was it your classmate?

Su(s) compañero(s) de clase

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

'QA24_M50'

AM219C

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

Was it your coworker?

Su(s) compañero(s) de trabajo

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

'QA24_M51'

AM219D

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

Was it a customer at your workplace?

Un cliente en su lugar de trabajo

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

'QA24_M52'

AM219E

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

A customer at a business you visited?

Un cliente en una empresa que visitó

◯   YES 1
◯   NO...2

	REFUSED	-7
	DON'T KNOW	-8

'QA24_M53'

AM219F

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

An employee at a business you visited?

Un empleado en una empresa que visitó

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

'QA24_M54'

AM219G

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

Someone on-line?

Alguien en línea

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

'QA24_M55'

AM219H

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

A caregiver?

Un cuidador

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

'QA24_M56'

AM219I

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

Someone on public transportation?

Alguien en transporte público

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

'QA24_M57'

AM219J

[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

Anyone else?

¿Alguien más?

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

'QA24_M58'　[Without providing names or other identifying information, who was the offender of the {most severe} hate incident?]

AM219J_OS

　　　　　　_____

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

'QA24_M59'　During the past 12 months, have you witnessed another person experiencing a hate incident?

Durante los últimos 12 meses, ¿ha visto a otra persona experimentar un incidente de odio?

AM199

- ❍　YES 1
- ❍　NO..2　**[GO TO 'PN_QA24_M66']**
- ❍　REFUSED .... -7　**[GO TO 'PN_QA24_M66']**
- ❍　DON'T KNOW .... -8　**[GO TO 'PN_QA24_M66']**

'QA24_M60'　Did you witness…

¿Fue testigo de…

AM200

[SELECT ALL THAT APPLY]

- ❑　Physical abuse or attack 1
  Abuso físico o ataque
- ❑　Verbal abuse or insults 2
  Abuso verbal o insultos
- ❑　Cyberbullying 3
  Ciberacoso o acoso por Internet
- ❑　Property damage, or 4
  Daños a la propiedad
- ❑　Something else (Specify:_____)...............5
  Algo más
- ❍　REFUSED .... -7
- ❍　DON'T KNOW .... -8

'QA24_M61'　Where did the incident take place?

¿Dónde ocurrió el incidente?

AM201

[SELECT ALL THAT APPLY]

❑   At home..1
En casa

❑   At school 2
En la escuela

❑   At work 3
En el trabajo

❑   At a store, theater, gas station, or
other business...4
En una tienda, teatro, gasolinera u otro negocio

❑   On the street or sidewalk 5
En la calle o acera

❑   Online, or..6
En línea, o

❑   Somewhere else (Specify:_____)..............7
En otro lugar (especifique:_____)

○   REFUSED .... -7

○   DON'T KNOW .... -8

'QA24_M62'   Why do you think the person was targeted for a hate incident?

¿Por qué cree que la persona fue objeto de un incidente de odio?

AM202

[SELECT ALL THAT APPLY]

❑   Because of their race or skin color 1
Por su raza o color de piel

❑   Because of their sexual orientation.............2
Por su orientación sexual

❑   Because of their gender or sex,
including gender identity 3
Por su género o sexo, incluida la identidad de género

❑   Because of their religion 4
Por su religión

❑   Because of their ancestry, national origin,
or language 5
Por su ascendencia, origen nacional o idioma

❑   Because of their disability 6
Por su discapacidad

❑   Because of their immigration status.............7
Por su estatus migratorio

❑   Because of their age 8
Por su edad

❑   Because of some other reason: _____....9
Por alguna otra razón: _____

○   REFUSED .... -7

○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_M63':
IF MORE THAN ONE RESPONSE FROM **'QA24_M62'**, THEN CONTINUE WITH **'QA24_M63'**WITH
SELECTED CHOICES FROM **'QA24_M62'** DISPLAYED;
ELSE SKIP TO **'QA24_M64'**

'QA24_M63'   What do you think is the MAIN reason that person was the target for a hate incident?

¿Cuál cree que es la razón PRINCIPAL por la que esa persona fue objeto de un incidente de odio?

AM203

[IF NEEDED, SAY: IF YOU WITNESSED MORE THAN ONE INCIDENT, PLEASE THINK ABOUT THE MOST RECENT INCIDENT.]

Si fue testigo de más de un incidente, piense en el incidente más reciente

- ⚪ Because of their race or skin color 1
- ⚪ Because of their sexual orientation..............2
- ⚪ Because of their gender or sex, including gender identity 3
- ⚪ Because of their religion 4
- ⚪ Because of their ancestry, national origin, or language.........................5
- ⚪ Because of their disability 6
- ⚪ Because of their immigration status............7
- ⚪ Because of their age 8
- ⚪ Because of some other reason: _____....9
- ⚪ REFUSED .... -7
- ⚪ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA24_M64':
IF **'QA24_M59'** = 1, THEN CONTINUE;
ELSE SKIP TO **'PN_QA24_M67'**

'QA24_M64'   During the past 12 months, how many hate incidents have you witnessed?

Durante los últimos 12 meses, ¿de cuántos incidentes de odio ha sido testigo?

AM220

_____ Number of hate incidents
_____仇恨事件數量 (1-96)
- ⚪ REFUSED/DON'T KNOW.......................... -3

PROGRAMMING NOTE 'QA24_M65':

DISPLAY INSTRUCTIONS:
IF **'QA24_M64'** > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA24_M65'   During the past 12 months, were there any medical expenses for you or members of your household because you witnessed the hate incident{s}?

Durante los últimos doce meses, ¿hubo algún gasto médico para usted o los miembros de su hogar porque fue testigo del(de los) incidente(s) de odio?

AM224

Include mental and physical healthcare expenses.

[IF NEEDED:*Incluir gastos de atención de salud física y mentall.*]

- ⚪ YES 1
- ⚪ NO..2
- ⚪ REFUSED .... -7

      ⚪   DON'T KNOW .... -3

'QA24_M66'   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?

               ¿Era la persona que causó el incidente (el más grave) una persona desconocida para la víctima, alguien que la víctima conocía sólo de vista, alguien que la víctima conocía pero no bien, o alguien que la víctima conocía bien?

AM231

               If more than one offender, select all that apply

      ❑   STRANGER TO THE VICTIM......................1
      ❑   SOMEONE THE VICTIM KNEW
               BY SIGHT ONLY 2
      ❑   SOMEONE THE VICTIM KNEW
               BUT NOT WELL 3
      ❑   SOMEONE THE VICTIM KNEW WELL 4
      ❑   I DON'T KNOW OR I DIDN'T SEE 5
      ⚪   REFUSED .... -8

PROGRAMMING NOTE 'QA24_M67':
TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO **'QA24_M16'**, **'QA24_M59'**.

'QA24_M67'

      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/

      Si desea apoyo mental o emocional, alguien está disponible para asistirle las 24 horas del día en el número gratuito 855-845-7415. Si lo prefiere, puede permanecer en el anonimato. También puede visitar 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, Monday to Friday from 9 a.m. to 6 p.m. 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 immediately or you are in present danger, please call 911.

      Si desea denunciar un incidente de odio o comunicarse con los recursos disponibles, incluidos servicios legales y de salud mental, visite www.CAvsHATE.org/ o llame al 833-866-4283. California vs Hate no está afiliado a las autoridades policiales y usted puede denunciar de forma anónima. Si desea denunciar un delito de odio a las autoridades, comuníquese con el departamento de policía local o llame al 911.

PROGRAMMING NOTE 'QA24_M68':
IF **'QA24_H1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH **'QA24_M68'**
ELSE GO TO **'QA24_M69'**

'QA24_M68'   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?

¿Hay alguien en el consultorio o en la clínica de su médico o de su proveedor de atención médica que ayude a su familia a ponerse en contacto con los servicios comunitarios que pueda necesitar, como asistencia para la vivienda, ayuda alimenticia o apoyo social?

AJ178

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

Encounters with Police

'QA24_M69'   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.

Las experiencias de vida difíciles pueden tener efectos dañinos en la salud física y mental de una persona, incluso después de que esas experiencias hayan pasado. Por ejemplo, encuentros con la policía o el sistema judicial.

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?

Hoy en día, la policía suele detener a las personas por muchas razones diferentes. En los últimos tres años, ¿cuántas veces lo ha detenido la policía?

- ❍   0 1
- ❍   1 2
- ❍   2 3
- ❍   3 4
- ❍   4 5
- ❍   5 OR MORE 6
        5 o más
- ❍   REFUSED.. -7
- ❍   DON'T KNOW .... -8

Social Cohesion

'QA24_M70'   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:

AM19

People in my neighborhood are willing to help each other.

La gente en mi vecindario está dispuesta a ayudarse unos a otros.

[IF NEEDED, SAY**: "**DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"]

[IF NEEDED, SAY: '*Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo*?']

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

'QA24_M71'   People in this neighborhood generally do <u>not</u> get along with each other.

Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:

AM20

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

[IF NEEDED, SAY: '*Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo*?']

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

'QA24_M72'   People in this neighborhood can be trusted.

Uno puede confiar en la gente de este vecindario

AM21

[IF NEEDED, SAY: **"**DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

[IF NEEDED, SAY: '*Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo*?']

[DO NOT PROBE A 'DON'T KNOW' RESPONSE]

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

Safety

'QA24_M73'   Do you feel safe in your neighborhood…

AK28

¿Se siente seguro(a) en su vecindario...

- ❍ All of the time...1
- ❍ Most of the time 2
- ❍ Some of the time, or 3
- ❍ None of the time 4
- ❍ REFUSED .... -7
- ❍ DON'T KNOW.. -8

Civic Engagement

'QA24_M74'   In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

Durante los últimos 12 meses, ¿ha hecho algún trabajo voluntario o servicio a la comunidad por el que no ha recibido ningún pago?

AM39

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

'QA24_M75'   Do you think you could contact an elected official or someone else in government who represents your community?

¿Considera que se podría comunicar con un funcionario electo u otra persona del gobierno que represente a su comunidad?

AM45

- ❍   Definitely could not.......................................1
- ❍   Probably could not 2
- ❍   Maybe could..3
- ❍   Probably could 4
- ❍   Definitely could..5
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA24_M76'   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?

Durante los últimos 12 meses, ¿ha sido miembro activo de algún grupo que intente influir en el gobierno o las políticas públicas, excepto un partido político?

AM48

- ❍   YES 1
- ❍   NO...2   **[GO TO 'QA24_M1']**
- ❍   REFUSED .... -7   **[GO TO 'QA24_M1']**
- ❍   DON'T KNOW .... -8   **[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?

¿Con qué frecuencia vota usted en las elecciones presidenciales?

AP73

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

'QA24_P2'   How often do you vote in state elections, such as for Governor or state proposition?

¿Con qué frecuencia vota usted en las elecciones estatales, por ejemplo en las elecciones para gobernador o para una propuesta estatal?

AP74

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

'QA24_P3'   How often do you vote in local elections, such as for Mayor or school board?

¿Con qué frecuencia vota usted en las elecciones locales, por ejemplo en las elecciones para alcalde o para la junta escolar?

AP75

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

> **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 <u>not</u> vote in, what is the <u>main</u> reason why you did not vote?

Para las elecciones más recientes en las que <u>no votó</u>, ¿cuál es el <u>principal</u> motivo por el que no lo hizo?

AP80

❍	I dislike politics 1
❍	Voting has little to do with the way real decisions are made......................................2
❍	I did not like any of the candidates on the ballot..3
❍	My one vote is not going to affect how things turn out 4
❍	I was not informed enough about the candidates or issues to make a good decision 5
❍	I did not see a difference between the candidates or parties.............................6
❍	I was not interested in what is happening in government........................7
❍	I just did not think about doing it 8
❍	I forgot 9
❍	I had to work.. 10
❍	I did not have transportation 11
❍	Other (Specify:_____)......................... 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

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.

Las experiencias adversas de la infancia son los eventos estresantes o traumáticos que pasan desde el nacimiento hasta los 18 años y se relacionan con categorías de abuso, negligencia y/o retos domésticos de menores. Los profesionales de la salud, incluidos médicos, enfermeras, parteras, psicólogos y otros, pueden realizar evaluaciones de ACE.

'QA24_Q2'   Have you heard the term Adverse Childhood Experiences or ACEs before?

¿Ha completado alguna vez una Evaluación de su propio historial de Experiencias adversas de la infancia con un profesional médico o de salud mental?

AQ28

○ Yes 1
        Si
○ No...2
        No
○ Don't know 3
        No lo sé
○ REFUSED .... -7

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?

¿Ha completado alguna vez una evaluación de su propia historia de Experiencias Adversas en la Infancia con un profesional doctor o de salud mental?

AQ23

○ Yes 1
○ No...2   **[GO TO 'PN_QA24_Q5']**
○ Don't know 3   **[GO TO 'PN_QA24_Q5']**
○ REFUSED .... -7   **[GO TO 'PN_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?

Cuando su proveedor revisó sus respuestas a la Evaluación de ACE, ¿habló sobre sus fortalezas, su resiliencia o sus experiencias positivas en su vida?

AQ29

○ Yes 1
○ No...2
○ Don't know 3
○ REFUSED .... -7

PROGRAMMING NOTE 'QA24_Q5':
IF SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'PN_ AQ25'

'QA24_Q5'   Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

¿Ha completado alguna vez una Evaluación de las Experiencias adversas de la infancia de (ADOLESCENTE) con un profesional médico o de salud mental?

AQ24

- ❍   Yes 1
- ❍   No...2
- ❍   Don't know 3
- ❍   REFUSED .... -7

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.

¿Ha completado alguna vez una Evaluación de las Experiencias adversas de la infancia de (NIÑO/A) con un profesional médico o de salud mental?

AQ25

- ❍   Yes 1
  Si
- ❍   No...2
  No
- ❍   Don't know 3
  No lo sé
- ❍   REFUSED .... -7

'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.

Las siguientes preguntas son sobre eventos que podrían haber ocurrido durante su niñez. Esta información nos permitirá comprender mejor los problemas que pueden ocurrir temprano en la vida y puede ayudar a otros en el futuro. Éste es un tema delicado y algunas personas pueden sentirse incómodas con éstas preguntas.. Pero al final de la sección, hay un número de teléfono de una organización que puede proporcionar información y hacer referencias para estos problemas.

'QA24_Q8'   Before you were 18 years of age...

Antes de los 18 años de edad...

AQ1

Did you live with anyone who was depressed, mentally ill, or suicidal?

¿Vivió con alguien que estaba deprimido/a, era enfermo/a mental o suicida?

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

'QA24_Q9'   [Before you were 18 years of age...]

AQ2   *Antes de los 18 años de edad...*

Did you live with anyone who was a problem drinker or alcoholic?

¿Vivió con alguien que era un/a bebedora problemática o era alcohólico/a?

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

'QA24_Q10'   [Before you were 18 years of age...]

AQ3   *Antes de los 18 años de edad...*

Did you live with anyone who used illegal street drugs or who abused prescription medications?

¿Vivió con alguien que usaba drogas ilegales o que abusaba de medicamentos recetados?

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

'QA24_Q11'   [Before you were 18 years of age...]

AQ4   *Antes de los 18 años de edad...*

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

¿Vivió con alguien que cumplió una condena o fue condenado a cumplir una condena en una prisión, cárcel u otra institución correccional?

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

'QA24_Q12'   Before you were 18 years of age...

AQ5   *Antes de los 18 años de edad...*

Were your parents separated or divorced?

¿Estaban sus padres separados o divorciados?

❍	YES 1
❍	NO...2
❍	PARENT NOT MARRIED 3
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA24_Q13'   [Before you were 18 years of age...]

Antes de los 18 años de edad...

AQ6

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

¿Con qué frecuencia sus padres o los adultos en su hogar se abofetearon, golpearon, patearon, se dieron puñetazos o se golpearon entre sí?

❍	NEVER...1
❍	ONCE..2
❍	MORE THAN ONCE 3
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA24_Q14'   [Before you were 18 years of age...]

Antes de los 18 años de edad...

AQ7

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.

¿Con qué frecuencia un padre o un adulto en su hogar lo/la golpeó, pegó, pateó o lastimó físicamente de alguna manera? No incluya nalgadas.

❍	NEVER...1
❍	ONCE..2
❍	MORE THAN ONCE 3
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA24_Q15'   [Before you were 18 years of age...]

Antes de los 18 años de edad...

AQ8

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

¿Alguna vez, y con qué frecuencia, un padre o un adulto en su hogar le insultó, maldijo o menospreció?

❍	NEVER...1
❍	ONCE..2
❍	MORE THAN ONCE 3
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA24_Q16'   [Before you were 18 years of age...]

Antes de los 18 años de edad...

AQ9

How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

¿Con qué frecuencia alguien al menos 5 años mayor que usted o un adulto le tocó sexualmente?

- ○   NEVER..1
- ○   ONCE...2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'QA24_Q17'   [Before you were 18 years of age...]

Antes de los 18 años de edad...

AQ10

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

¿Con qué frecuencia alguien al menos 5 años mayor que usted o un adulto intentó que le tocara sexualmente?

- ○   NEVER..1
- ○   ONCE...2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'QA24_Q18'   [Before you were 18 years of age...]

Antes de los 18 años de edad...

AQ11

How often did anyone at least 5 years older than you or an adult, force you to have sex?

¿Con qué frecuencia alguien al menos 5 años mayor que usted o un adulto le obligó a tener relaciones sexuales?

- ○   NEVER..1
- ○   ONCE...2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'QA24_Q19'   Before you were 18 years of age. Were you ever the victim of violence or witness any violence in your neighborhood?

Antes de los 18 años de edad...

¿Alguna vez fue víctima de violencia o fue testigo de violencia en su vecindario?

AQ12

- ○   YES...1

❍	NO	2
❍	REFUSED	-7
❍	DON'T KNOW	-8

'QA24_Q20' [Before you were 18 years of age...] Were you ever treated or judged unfairly because of your race or ethnic group?

Antes de los 18 años de edad...

¿Alguna vez fue tratado/a o juzgado/a injustamente debido a su raza o grupo étnico?

AQ13

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

'QA24_Q21' [Before you were 18 years of age...] Did you ever live with a parent or guardian who died?

Antes de los 18 años de edad...

¿Vivió alguna vez con un padre o un tutor que murió?

AQ14

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

'QA24_Q22' [Before you were 18 years of age...] 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?

Antes de los 18 años de edad...

¿Con qué frecuencia fue muy difícil sobrevivir con los ingresos de su familia, por ejemplo, fue difícil cubrir necesidades básicas como la comida o la vivienda? ¿Diría usted que con mucha frecuencia, con algo de frecuencia, pocas veces o nunca?

AQ15

❍	VERY OFTEN	1
❍	SOMEWHAT OFTEN	2
❍	NOT VERY OFTEN	3
❍	NEVER	4
❍	REFUSED	-7
❍	DON'T KNOW	-8

'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..

¿Durante cuánto tiempo de su niñez hubo un adulto en su hogar que le hizo sentir seguro(a) y protegido(a)? Diría que...

AQ30

❍	Never	1
	Nunca	
❍	A little of the time	2
	Una parte del tiempo	

❍   Some of the time 3
       Algunas veces
❍   Most of the time 4
       La mayor parte del tiempo
❍   All of the time 5
       Todo el tiempo
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'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..

¿Durante cuánto tiempo de su infancia hubo un adulto en su hogar que se esforzó por asegurarse de que sus necesidades básicas fueran satisfechas? Diría que...

| AQ31 |

❍   Never..1
       Nunca
❍   A little of the time 2
       Una parte del tiempo
❍   Some of the time 3
       Algunas veces
❍   Most of the time 4
       La mayor parte del tiempo
❍   All of the time 5
       Todo el tiempo
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE ACES RESOURCE:

DISPLAY INSTRUCTIONS:
IF [(**'QA24_Q16'** OR **'QA24_Q17'** OR **'QA24_Q18'**) = -7, -8 OR (**'QA24_Q16'** OR **'QA24_Q17'** OR **'QA24_Q18'**) >1], DISPLAY RAINN RESOURCE AND (IF **'QA24_Q14'** = 1 OR **'QA24_Q14'** = -7, -8) DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;
ELSE SKIP TO **'QA24_S1'**

'QA24_Q25'   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 counsellor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

Sabemos que este tema puede traer experiencias pasadas de las que algunas personas podrían desear hablar. Si usted o alguien que conoce desea hablar con un terapeuta capacitado, llame al 1-800-656-HOPE (4673) o visite este sitio web: www.rainn.org.

National Domestic Violence hotline: We have a toll-free number if you'd like to talk about these issues. Would you like the toll-free number?"

[IF R SAYS "YES", SAY**:** Someone is available 24 hours a day to provide information. GIVE OUT 1-800-799-7233 TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

Tenemos un número gratuito si desea hablar sobre estos temas. Alguien está disponible las 24 horas del día para brindar información. El número es 1-800-799-7233 o TTY 1-800-787-3224. Esta es la línea directa nacional de violencia doméstica.

[IF CATI, DISPLAY: Would you like me to repeat this information?]

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.

La sección siguiente trata de ideas acerca de causarse daño a sí mismo(a). De nuevo, si alguna pregunta le molesta no tiene que responderla.

AF86

Have you ever seriously thought about committing suicide?

¿Alguna vez ha pensado seriamente en suicidarse?

❍	YES 1	
❍	NO..2	**[GO TO 'PN_AM10B']**
❍	REFUSED .... -7	**[GO TO 'PN_AM10B']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_AM10B']**

'QA24_S2'   Have you seriously thought about committing suicide at any time in the past 12 months?

¿En algún momento durante los últimos 12 meses, ha pensado seriamente en suicidarse?

AF87

❍	YES 1	
❍	NO..2	**[GO TO 'QA24_S4']**
❍	REFUSED .... -7	**[GO TO 'QA24_S4']**
❍	DON'T KNOW .... -8	**[GO TO 'QA24_S4']**

'QA24_S3'   Have you seriously thought about committing suicide at any time in the past 2 months?

AF91

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

'QA24_S4'   Have you ever attempted suicide?

En algún momento en los últimos 2 meses, ¿ha pensado seriamente en suicidarse?

AF88

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

PROGRAMMING NOTE 'QA24_S5':
IF **'QA24_S2'** = (2, -7, -8) AND **'QA24_S4'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF **'QA24_S3'** = (2, -7, -8) AND **'QA24_S4'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF **'QA24_S3'** = 1 AND **'QA24_S4'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH **'QA24_S5'**

'QA24_S5'   Have you attempted suicide at any time in the past 12 months?

¿Ha intentado suicidarse alguna vez?

AF89

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

'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.

Tenemos un número gratis al que puede llamar si desea hablar con alguien acerca de ideas o intentos de suicidio. Hay alguien disponible 24 horas al día para proporcionarle información que puede ayudarle. El número es el 1-800-273-TALK (8255).

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

 [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

PROGRAMMING NOTE FOR 'QA24_S7':
IF **'QA24_S2'** = (2, -7, -8) AND **'QA24_S4'** = (2, -7, -8) THEN SKIP TO 'NEXT SECTION';
ELSE CONTINUE;

'QA24_S7'   Would you like to discuss your thoughts with this person or would you like to continue with the survey?

¿Desea hablar con esta persona acerca de sus ideas?

AF90

- ❍ DISCUSS THOUGHTS WITH PERSON 1
- ❍ CONTINUE WITH SURVEY 2   **[GO TO 'PN_AM10B']**
- ❍ REFUSED .... -7   **[GO TO 'PN_AM10B']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_AM10B']**

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.

Tenemos solo \{una pregunta/algunas preguntas} más y, terminaremos. Proporcione su nombre y número de teléfono para que podamos ponernos en contacto en caso de tener más preguntas.

AM10B

First Name: _____   Last Name: _____
Phone Number: _____

> **PROGRAMMING NOTE 'LTSS_A':**
> IF (**'QA24_D4'** OR **'QA24_D5'** OR **'QA24_D6'** = 1), THEN CONTINUE;
> ELSE GO TO PROGRAMMING NOTE **'CLOSE1'** AND 'CLOSE 2'

'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.)

Basados en sus respuestas, nos gustaría hacerle algunas preguntas más. Esta nueva encuesta generalmente toma alrededor de 15 minutos y se le pagará $25. Esta otra encuesta es para personas que experimentan dificultades con las actividades de la vida diaria (por ejemplo, vestirse, bañarse, caminar o hacer mandados).

LTSS_A

Would you like to participate in this survey?

¿Quisiera participar en esta encuesta?

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

'LTSS_RECON2'
        Would you like to participate in this survey at a later date?

¿Quisiera participar en esta encuesta más adelante?

LTSS_RECON2

❍   YES 1
❍   NO 2   **[GO TO 'PN_SUICIDE RESOURCE2']**
❍   REFUSED .... -7   **[GO TO 'PN_SUICIDE RESOURCE2']**
❍   DON'T KNOW .... -8   **[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.

Proporcione su nombre y número de teléfono para que podamos comunicarnos con usted en caso de tener más preguntas.

First Name: _____Last Name: _____

Phone Number: _____

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF **'QA24_S7'** = (2, -7, -8),
AND [**'QA24_S3'** = 1 OR (**'QA24_S3'** = 2, -7, -8 AND **'QA24_S5'** = 1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE 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

Nuevamente, puede llamar al 988 para hablar con alguien sobre sus pensamientos o intentos suicidas. El 988 es un servicio gratuito y confidencial que está disponible las 24 horas del día, los siete días de la semana. También puede consultar 988lifeline.org para chatear en línea o encontrar información sobre cómo obtener ayuda.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

You can also visit 988lifeline.org to chat online or find information about getting help.

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO **'CLOSE2'**;
ELSE CONTINUE WITH **'CLOSE1'**

'CLOSE1'   Let me check to see if there is anyone else.

If true, goto 'HH_SELECT'

'CLOSE2'   Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator.

Dr. Ponce can be reached toll-free at 1-866-275-2447.

Thank you, and good-bye.\

Muchas gracias, le agradezco el tiempo que me ha brindado y su cooperación. Usted ha colaborado en una encuesta muy importante sobre la salud. Si tiene alguna pregunta acerca del estudio, por favor llame a la Dra. Ninez Ponce que es la Investigadora principal. Puede llamar gratis a la Dra. Ponce al teléfono 1-866-275-2447. Gracias y adiós