



california
health
interview
survey

CHIS 2024
Adult CATI Questionnaire
(Interviewer- administered)
Version 3.03
August 29, 2024
Adult Respondents Age 18 and Older

Collaborating Agencies:

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

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Guide to Questionnaire Formatting

The following are from the 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]

- | | | |
|-----------------------|-----------------|----|
| <input type="radio"/> | JANUARY | 1 |
| <input type="radio"/> | FEBRUARY..... | 2 |
| <input type="radio"/> | MARCH..... | 3 |
| <input type="radio"/> | APRIL..... | 4 |
| <input type="radio"/> | MAY | 5 |
| <input type="radio"/> | JUNE..... | 6 |
| <input type="radio"/> | JULY | 7 |
| <input type="radio"/> | AUGUST | 8 |
| <input type="radio"/> | SEPTEMBER..... | 9 |
| <input type="radio"/> | OCTOBER | 10 |
| <input type="radio"/> | NOVEMBER..... | 11 |
| <input type="radio"/> | DECEMBER..... | 12 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

DAY ____ [Range: 1-31]

YEAR ____ [Range: 1907-2005]

'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?

AH44A

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

AC187

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

- IN THE PAST WEEK 1 [GO TO 'QA24_C42']
- IN THE PAST TWO WEEKS 2 [GO TO 'QA24_C42']
- 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?

Anong petsa kayo ipinanganak?

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?

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?

Kung puebe po sanang matanong, ano ang edad ninyo?

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?

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

AA2A

- BETWEEN 18 AND 29.....1
- BETWEEN 30 AND 39.....2
- BETWEEN 40 AND 44.....3
- BETWEEN 45 AND 49.....4
- BETWEEN 50 AND 64.....5
- 65 OR OLDER6
- 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?

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

AD65E

- | | | |
|-----------------------|--------------------------------------|----|
| <input type="radio"/> | Female | 2 |
| <input type="radio"/> | <i>Babae</i> | |
| <input type="radio"/> | Male | 1 |
| <input type="radio"/> | <i>Lalaki</i> | |
| <input type="radio"/> | Don't know | 3 |
| <input type="radio"/> | <i>Hindi alam</i> | |
| <input type="radio"/> | Prefer not to answer..... | 9 |
| <input type="radio"/> | <i>Mas pinipili na hindi sumagot</i> | |
| <input type="radio"/> | REFUSED | -7 |

'QA24_A6' What is your current gender?

Ano ang iyong kasalukuyang kasarian?

AD66C

- | | | | |
|-----------------------|--|----|-------------------------|
| <input type="radio"/> | Female | 2 | [GO TO
'PN_QA23_A8'] |
| <input type="radio"/> | <i>Babae</i> | | |
| <input type="radio"/> | Male | 1 | [GO TO
'PN_QA23_A8'] |
| <input type="radio"/> | <i>Lalaki</i> | | |
| <input type="radio"/> | Transgender..... | 3 | [GO TO
'PN_QA23_A8'] |
| <input type="radio"/> | <i>Transgender</i> | | |
| <input type="radio"/> | Non-binary..... | 5 | [GO TO
'PN_QA23_A8'] |
| <input type="radio"/> | <i>Non-binary</i> | | |
| <input type="radio"/> | I use a different term: (____)..... | 7 | |
| <input type="radio"/> | <i>Ibang katawagan ang ginagamit ko (____)</i> | | |
| <input type="radio"/> | Don't know | 8 | [GO TO
'PN_QA23_A8'] |
| <input type="radio"/> | <i>Hindi alam</i> | | |
| <input type="radio"/> | Prefer not to answer..... | 9 | [GO TO
'PN_QA23_A8'] |
| <input type="radio"/> | <i>Mas pinipili na hindi sumagot</i> | | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

Ano ang inyong kasalukuyang gender identity, o ang inyong itinuturing na kasarian ninyo?

AD67B

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Specify: (_____) | -3 |
| <input type="radio"/> | 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?

Upang matiyak lamang, <AD65E><ad65> ang itinala para sa inyo noong ipinanganak kayo, subalit sa kasalukuyan inilalarawan ninyo ang sarili na. Tama ba ito?

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?

Latino o Hispanic ba kayo?

AA4

- YES 1 [GO TO 'PN_QA23_A11']
- NO 2 [GO TO 'PN_QA23_A11']
- REFUSED -7 [GO TO 'PN_QA23_A11']
- DON'T KNOW -8 [GO TO 'PN_QA23_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.

At ano ang kanyang mga ninuno o angkang pinanggalingan na Latino o Hispanic? Gaya ng Mexican, Salvadoran, Cuban, Honduran-- at kung higit sa isa, sabihin ninyo ang lahat sa akin.

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

<input type="checkbox"/>	SPANISH-AMERICAN (FROM SPAIN)	12
<input type="checkbox"/>	OTHER LATINO (SPECIFY: _____) ..	91
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

Race

PROGRAMMING NOTE 'QA24_A11':

IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA24_A11',
 CONTINUE WITH 'PN_QA23_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?

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

AA5A

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

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

[CODE ALL THAT APPLY]

<input type="checkbox"/>	WHITE.....	1	
<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN	2	[GO TO 'PN_QA23_A13']
<input type="checkbox"/>	ASIAN	3	[GO TO 'PN_QA23_A17']
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKA NATIVE .4		[GO TO 'PN_QA23_A14']
<input type="checkbox"/>	PACIFIC ISLANDER.....	5	[GO TO 'PN_QA23_A18']
<input type="checkbox"/>	NATIVE HAWAIIAN	6	[GO TO 'PN_QA23_A19']
<input type="checkbox"/>	OTHER (SPECIFY: _____).....	91	[GO TO 'PN_QA23_A19']
<input type="radio"/>	REFUSED	-7	[GO TO 'QA24_A21']
<input type="radio"/>	DON'T KNOW	-8	[GO TO 'QA24_A21']

'QA24_A12' What are your white origin or origins?

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

AA5H

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

(SPECIFY: _____)

- 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_QA23_A14'

'QA24_A13' What are your Black origin or origins?

Ano ang iyong pinagmulan o mga pinagmulan ng pagiging Itim?

AA5I

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

- (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_QA23_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.

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

AA5B

[CODE ALL THAT APPLY]

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

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

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

AA5C

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

[GO TO
'PN_QA23_A17']
[GO TO
'PN_QA23_A17']
[GO TO
'PN_QA23_A17']

‘PN_QA23_A17’

‘QA24_A16’ Which tribe are you enrolled in?

Sa aling tribo kayo nakatala?

AA5D

[CODE ALL THAT APPLY]

- | | |
|---|--|
| <input type="checkbox"/> APACHE 1
<input type="checkbox"/> BLACKFOOT/BLACKFEET 2
<input type="checkbox"/> CHEROKEE 3
<input type="checkbox"/> CHOCTAW 4
<input type="checkbox"/> MEXICAN AMERICAN INDIAN 5
<input type="checkbox"/> NAVAJO 6
<input type="checkbox"/> POMO 7
<input type="checkbox"/> PUEBLO 8
<input type="checkbox"/> SIOUX 9
<input type="checkbox"/> YAQUI 10
<input type="checkbox"/> OTHER TRIBE (SPECIFY: _____) 91
<input type="radio"/> REFUSED -7
<input type="radio"/> DON'T KNOW -8 | |
| APACHE | <input type="radio"/> MESCALERO APACHE, NM 1
<input type="radio"/> APACHE (NOT SPECIFIED) 2
<input type="radio"/> OTHER APACHE (SPECIFY: _____) 3 |
| BLACKFEET | <input type="radio"/> BLACKFOOT/BLACKFEET 4 |
| CHEROKEE | <input type="radio"/> WESTERN CHEROKEE 5
<input type="radio"/> CHEROKEE (NOT SPECIFIED) 6
<input type="radio"/> OTHER CHEROKEE (SPECIFY: _____) 7 |
| CHOCTAW | <input type="radio"/> CHOCTAW OKLAHOMA 8
<input type="radio"/> CHOCTAW (NOT SPECIFIED) 9
<input type="radio"/> OTHER CHOCTAW (SPECIFY: _____) 10 |
| NAVAJO | <input type="radio"/> NAVAJO (NOT SPECIFIED) 11 |
| POMO | <input type="radio"/> HOPLAND BAND, HOPLAND 12
<input type="radio"/> RANCHERIA
<input type="radio"/> SHERWOOD VALLEY RANCHERIA 13
<input type="radio"/> POMO (NOT SPECIFIED) 14
<input type="radio"/> OTHER POMO (SPECIFY: _____) 15 |
| PUEBLO | <input type="radio"/> HOPI 16
<input type="radio"/> YSLETA DEL SUR PUEBLO 17
<input type="radio"/> OF TEXAS
<input type="radio"/> PUEBLO (NOT SPECIFIED) 18
<input type="radio"/> OTHER PUEBLO (SPECIFY: _____) 19 |
| SIOUX | <input type="radio"/> OGLALA/PINE RIDGE SIOUX 20
<input type="radio"/> SIOUX (NOT SPECIFIED) 21
<input type="radio"/> OTHER SIOUX (SPECIFY: _____) 22 |
| YAQUI | <input type="radio"/> PASCUA YAQUI TRIBE OF ARIZONA 23 |

- | | |
|-------|---|
| OTHER | <input type="radio"/> YAQUI (NOT SPECIFIED)..... 24 |
| | <input type="radio"/> OTHER YAQUI (SPECIFY: _____) 25 |
| | <input type="radio"/> OTHER (SPECIFY: _____)..... 91 |
| | <input type="radio"/> REFUSED -7 |
| | <input type="radio"/> DON'T KNOW -8 |

PROGRAMMING NOTE 'QA24_A17':

IF 'QA24_A11' = 3 (ASIAN) CONTINUE WITH 'QA24_A17';
 ELSE GO TO 'PN_QA23_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.

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

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'QA24_A18':

IF 'QA24_A11' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA24_A18';
 ELSE GO TO 'PN_QA23_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.

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

AA5E1

[CODE ALL THAT APPLY]

- | | | |
|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | SAMOAN/AMERICAN SAMOAN..... | 1 |
| <input type="checkbox"/> | GUAMANIAN | 2 |
| <input type="checkbox"/> | TONGAN..... | 3 |
| <input type="checkbox"/> | FIJIAN | 4 |

<input type="checkbox"/>	OTHER PACIFIC ISLANDER (SPECIFY: _____)	91
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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'}.

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

AA5G

Do you identify with any one race in particular?

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

<input type="radio"/>	YES	1	
<input type="radio"/>	NO	2	[GO TO 'QA24_A21']
<input type="radio"/>	REFUSED	-7	[GO TO 'QA24_A21']
<input type="radio"/>	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 most identify with?

Sa aling lahi ninyo higit na iniuugnay ang inyong sarili?

AA5F

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

<input type="radio"/>	MEXICAN/MEXICAN AMERICAN/ CHICANO.....	1
<input type="radio"/>	SALVADORAN	4
<input type="radio"/>	GUATEMALAN	5
<input type="radio"/>	COSTA RICAN	6
<input type="radio"/>	HONDURAN	7
<input type="radio"/>	NICARAGUAN	8
<input type="radio"/>	PANAMANIAN	9
<input type="radio"/>	PUERTO RICAN.....	10
<input type="radio"/>	CUBAN.....	11
<input type="radio"/>	SPANISH-AMERICAN (FROM SPAIN)	12
<input type="radio"/>	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?

*Anu-anong mga wika ang sinasalita mo sa tahanan?***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

<input type="checkbox"/>	OTHER 1 (SPECIFY: _____)	91
<input type="checkbox"/>	OTHER 2 (SPECIFY: _____)	92
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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...

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

AH37

<input type="radio"/>	Very well.....	1
<input type="radio"/>	Napakahusay	
<input type="radio"/>	Well	2
<input type="radio"/>	Mahusay	
<input type="radio"/>	Not well	3
<input type="radio"/>	Hindi mahusay	
<input type="radio"/>	Not at all	4
<input type="radio"/>	Lubos na hindi	
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

Educational Attainment

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

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

AH47

<input type="radio"/>	NO FORMAL EDUCATION	30
<input type="radio"/>	GRADE SCHOOL	2
<input type="radio"/>	HIGH SCHOOL OR EQUIVALENT	3
<input type="radio"/>	4-YEAR COLLEGE OR UNIVERSITY	
<input type="radio"/>	GRADUATE OR.....	4
<input type="radio"/>	PROFESSIONAL SCHOOL.....	5
<input type="radio"/>	2-YEAR JUNIOR OR	
<input type="radio"/>	COMMUNITY COLLEGE.....	6
<input type="radio"/>	VOCATIONAL, BUSINESS, OR	
<input type="radio"/>	TRADE SCHOOL.....	7
<input type="radio"/>	REFUSED	-7

- DON'T KNOW (OUT OF RANGE) -8

- GRADE
 - 1ST GRADE.....1
 - 2ND GRADE2
 - 3RD GRADE3
 - 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 now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

AH43

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

- | | | |
|-----------------------|--------------------------|----|
| <input type="radio"/> | MARRIED..... | 1 |
| <input type="radio"/> | LIVING WITH PARTNER..... | 2 |
| <input type="radio"/> | WIDOWED | 3 |
| <input type="radio"/> | DIVORCED | 4 |
| <input type="radio"/> | SEPARATED | 5 |
| <input type="radio"/> | NEVER MARRIED | 6 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO
 'PN_QA23_A28']
 [GO TO
 'PN_QA23_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?

AH44

Nakatira din ba ang inyong {asawa/partner} sa inyong pamamahay?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

SC11A

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

SPOUSE/PARTNER AGE _____
 SPOUSE/PARTNER SEX _____

[SR: 18-120]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

PROGRAMMING NOTE 'QA24_A27':

IF 'WSC6' = -3 IN SCREENER, CONTINUE WITH 'QA24_A27';
 ELSE SKIP TO 'PN_QA23_A28'

Adult Roster

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

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

PRE-ROSTER

- YES 1
- 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?

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

SC7B

- CHILDREN UNDER 12
- REFUSED -7
- DON'T KNOW -8

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

SC8B

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

- 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 oldest} What is (the child's/this child's/the next child's} first name or initials?

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

SC13A1

- Name/ Initials given (SPECIFY) _____
- Pangalan/ Inisyal na ibinigay (tukuyin) _____
- REFUSED -7
- DON'T KNOW -8

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

Ano ang edad ng (bata/batang ito)?

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?

*Ano ang kasarian o gender {ng bata/ng batang ito}?***GENDER6**

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | MALE | 1 |
| <input type="radio"/> | FEMALE | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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) ...

{Si CHILD NAME/Ang bata} ba ay

SC15A4

- | | | |
|-----------------------|----------------------------------|----|
| <input type="radio"/> | 0 to 5 years old | 1 |
| <input type="radio"/> | 0 hanggang sa 5 taong gulang, o | |
| <input type="radio"/> | 6 to 11 years old | 2 |
| <input type="radio"/> | 6 hanggang sa 11 taong gulang, o | |
| <input type="radio"/> | 12 to 17 years old | 3 |
| <input type="radio"/> | 12 hanggang sa 17 taong gulang? | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

*Pakibigay po ng first name lang ng asawa ni (AR ADULT NAME /AGE/SEX) / Ano ang inyong first name o mga initials?***SC14B4**

- | | | |
|-----------------------|-------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | -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}?

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

SC14B

- | | | |
|-----------------------|-------------------|----|
| <input type="radio"/> | YES | .1 |
| <input type="radio"/> | NO | .2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | -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?

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

SC14C1

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | .1 |
| <input type="radio"/> | NO | .2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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)?

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

SC14C2

- | | | |
|-----------------------|-------------------|----|
| <input type="radio"/> | YES | .1 |
| <input type="radio"/> | NO | .2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | -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/CHILD2CNT ELSE, FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = $2 \times \text{CHILD1CNT} / (2 \times \text{CHILD1CNT} + \text{CHILD2CNT})$ FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = $\text{CHILD2CNT} / (2 \times \text{CHILD1CNT} + \text{CHILD2CNT})$

SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

Teen selection from only those with '**QA24_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?

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

SC13A

- | | | |
|-----------------------|------------------------|----|
| <input type="radio"/> | NO, NO ONE MISSED..... | 1 |
| <input type="radio"/> | YES | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GOTO
'QA24_A30'_LOOP]**

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}?

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

SC17B

- | | | |
|-----------------------|-------------------------------------|----|
| <input type="radio"/> | MOTHER (BIRTH/ADOPTIVE/STEP) | 1 |
| <input type="radio"/> | FATHER (BIRTH/ADOPTIVE/STEP)..... | 2 |
| <input type="radio"/> | SISTER (BIRTH/ADOPTIVE/STEP) | 3 |
| <input type="radio"/> | BROTHER (BIRTH/ADOPTIVE/STEP) | 4 |
| <input type="radio"/> | GRANDMOTHER | 5 |
| <input type="radio"/> | GRANDFATHER..... | 6 |
| <input type="radio"/> | AUNT | 7 |
| <input type="radio"/> | UNCLE | 8 |
| <input type="radio"/> | COUSIN | 9 |
| <input type="radio"/> | OTHER RELATIVE | 10 |
| <input type="radio"/> | NONRELATIVE..... | 11 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AB1

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

Asthma

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

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

AB17B

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QA23_B9']
[GO TO
'PN_QA23_B9']
[GO TO
'PN_QA23_B9']

'QA24_B3' Do you still have asthma?

Mayroon pa ba kayong asthma?

AB40

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

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

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

AB41

- 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?

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

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

DAYS (0 - 365)

- REFUSED -7
 DON'T KNOW -8

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

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

AB18

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

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

- 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?

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

AB43

- | | |
|--|----|
| <input type="radio"/> YES | 1 |
| <input type="radio"/> NO | 2 |
| <input type="radio"/> REFUSED | -7 |
| <input type="radio"/> DON'T KNOW | -8 |
- [GO TO 'PN_AB22']

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

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

AB98

[IF NEEDED, SAY: "THIS CAN BE AN ELECTRONIC OR HARD COPY."]
[Puedeng electronic o nasa papel ang kopyang ito.]

- | | |
|--|----|
| <input type="radio"/> YES | 1 |
| <input type="radio"/> NO | 2 |
| <input type="radio"/> REFUSED | -7 |
| <input type="radio"/> 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 ever told you that you have diabetes or sugar diabetes?

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

AB22

- YES 1

- | | | | |
|-----------------------|---------------------------------|----|--------------------|
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_B16'] |
| <input type="radio"/> | BORDERLINE OR PRE-DIABETES..... | 3 | [GO TO 'QA24_B16'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_B16'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_B16'] |

'QA24_B10' Are you now taking insulin?

Gumagamit ba kayo ngayon ng insulin?

AB24

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AB25

[IF NEEDED: "These are sometimes called oral agents or oral hypoglycemic agents."]
 [Kung minsan tinatawag ang mga ito na oral agents o oral hypoglycemic agents.]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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'?

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

AB27

- | | | |
|-----------------------|-----------------------|------------|
| <input type="radio"/> | _____ NUMBER OF TIMES | [HR: 0-52] |
| <input type="radio"/> | REFUSED..... | -7 |
| <input type="radio"/> | 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%

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

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%.]

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

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | DON'T KNOW | 3 |
| <input type="radio"/> | REFUSED | -7 |

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

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

AB63

- WITHIN THE PAST MONTH1
- WITHIN THE PAST YEAR
(1-12 MONTHS AGO).....2
- WITHIN THE PAST 2 YEARS
(1-2 YEARS AGO)3
- 2 OR MORE YEARS 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?

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

AB112

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

Hypertension

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

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

AB29

- YES1
 - NO2
 - HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION3
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO 'QA24_B20']
[GO TO 'QA24_B20']
[GO TO 'QA24_B20']
[GO TO 'QA24_B20']

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

Gumagamit ka ba ngayon ng anumang gamot para sa altapresyon?

AB30

- YES1
- NO2
- 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)?

AB152

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

sa 140/90)?

- 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?

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

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)?

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

AB154

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

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

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

AB155

- 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?

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

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**?

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

AC6

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

Section C: Health Behaviors

Physical Activities

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

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

AC212

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Cigarette Use

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

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

AE15

- | | | | |
|-----------------------|------------------|----|---|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_C5']
[GO TO
'PN_QA23_C5']
[GO TO
'PN_QA23_C5'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

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

AE15A

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | EVERY DAY..... | 1 | [GO TO
'PN_QA23_C5']
[GO TO
'PN_QA23_C5'] |
| <input type="radio"/> | SOME DAYS..... | 2 | |
| <input type="radio"/> | NOT AT ALL..... | 3 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

PROGRAMMING NOTE 'QA24_C4':
 IF 'QA24_C3' = 3 THEN CONTINUE;
 ELSE GOTO 'PN_QA23_C5'

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

AC173

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

[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_QA23_C11']

_____ UNIT OF TIME

- | | | | |
|-----------------------|------------------|----|--------------|
| <input type="radio"/> | DAYS | 1 | [HR: 0-365] |
| <input type="radio"/> | WEEKS | 2 | [HR: 0-52] |
| <input type="radio"/> | MONTHS..... | 3 | [HR: 0-12] |
| <input type="radio"/> | YEARS..... | 4 | [HR: 0-AAGE] |
| <input type="radio"/> | REFUSED..... | -7 | |
| <input type="radio"/> | 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?

Sa nakaraang 30 araw, ilang araw kang naninigarilyo?

AC174

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

_____ NUMBER OF DAYS

[HR: 0-30]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AD32

[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]
 [Karaniwang naglalaman ang isang pakete ng 20 sigarilyo]

_____ 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?

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

AE16

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

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

[IF NEEDED: Kung hindi kayo araw-araw na nanigarilyo sa nakaraang 30 araw, isaalang-alang ang mga araw na kayo ay nagsigarilyo.]

___ 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?

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

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?

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

AC175B

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

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

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

AC176

_____ 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?

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

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?

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

AC49

- YES 1
- 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?

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

AC178

- _____ AMOUNT OF TIME
 _____ 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?

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

AC77

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

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

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

AC50

- YES 1
 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?

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

AC81C

Do not include products used only for marijuana.

Huwag isasama ang mga produktoong ginagamit lamang para sa marijuana.

- 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?

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

AC82C

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

- 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?

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

AC134

- YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- [GO TO
'PN_QA23_C27']
[GO TO
'PN_QA23_C27']
[GO TO
'PN_QA23_C27']

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

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

AC179

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

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

- 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...

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

AC180

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

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

- 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...

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

AC181

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

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

- 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...

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

AC182A

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

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

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC182B

Menthol flavored?

may lasang Menthol?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC183

Tobacco flavored?

May lasang tabako?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC184

Some other flavor?

Mga Iba Pang ilang flavor?

- | | | |
|-----------------------|---------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | 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?

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

AC214

- 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...?

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

AC185

- In the next 30 days 1
- Sa susunod na 30 araw
- In the next 3 months 2
- Sa susunod na 3 buwan
- In the next 6 months 3
- Sa susunod na 6 na buwan
- In the next year 4
- Sa susunod na taon
- Do not have a plan to quit 5
- Walang planong huminto
- 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?

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

AC135

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | 0 DAYS | 1 | [GO TO 'QA24_C30'] |
| <input type="radio"/> | 1-2 DAYS | 2 | |
| <input type="radio"/> | 3-5 DAYS | 3 | |
| <input type="radio"/> | 6-9 DAYS | 4 | |
| <input type="radio"/> | 10-19 DAYS | 5 | |
| <input type="radio"/> | 20-29 DAYS | 6 | |
| <input type="radio"/> | 30 DAYS | 7 | |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_C30'] |
| <input type="radio"/> | 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?

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

AC136

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

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

AC137

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | 0 DAYS | 1 | [GO TO 'QA24_C32'] |
| <input type="radio"/> | 1-2 DAYS | 2 | |
| <input type="radio"/> | 3-5 DAYS | 3 | |
| <input type="radio"/> | 6-9 DAYS | 4 | |
| <input type="radio"/> | 10-19 DAYS | 5 | |
| <input type="radio"/> | 20-29 DAYS | 6 | |
| <input type="radio"/> | 30 DAYS | 7 | |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_C32'] |
| <input type="radio"/> | 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?

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

AC138

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

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

AC139

- | | | | |
|-----------------------|--------------|---|--------------------|
| <input type="radio"/> | 0 DAYS | 1 | [GO TO 'QA24_C34'] |
|-----------------------|--------------|---|--------------------|

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | 1-2 DAYS | 2 |
| <input type="radio"/> | 3-5 DAYS | 3 |
| <input type="radio"/> | 6-9 DAYS | 4 |
| <input type="radio"/> | 10-19 DAYS | 5 |
| <input type="radio"/> | 20-29 DAYS | 6 |
| <input type="radio"/> | 30 DAYS | 7 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO 'QA24_C34']
[GO TO 'QA24_C34']

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

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

AC140

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC141

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | 0 DAYS | 1 |
| <input type="radio"/> | 1-2 DAYS | 2 |
| <input type="radio"/> | 3-5 DAYS | 3 |
| <input type="radio"/> | 6-9 DAYS | 4 |
| <input type="radio"/> | 10-19 DAYS | 5 |
| <input type="radio"/> | 20-29 DAYS | 6 |
| <input type="radio"/> | 30 DAYS | 7 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO 'QA24_C36']
[GO TO 'QA24_C36']
[GO TO 'QA24_C36']

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

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

AC142

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AC186

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC187

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

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | IN THE PAST WEEK | 1 |
| <input type="radio"/> | IN THE PAST TWO WEEKS | 2 |
| <input type="radio"/> | IN THE PAST MONTH..... | 3 |
| <input type="radio"/> | LONGER THAN A MONTH AGO, BUT
WITHIN THE PAST YEAR..... | 4 |
| <input type="radio"/> | NO ONE HAS SMOKED TOBACCO OR
VAPED AROUND ME WITHIN
THE PAST YEAR | 5 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO 'QA24_C42']
[GO TO 'QA24_C42']
[GO TO 'QA24_C42']
[GO TO 'QA24_C42']

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

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

AC188

on the sidewalks?
sa mga sidewalk?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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...

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

AC189

Inside your home?
Sa loob ng iyong bahay?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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...

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

AC190

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

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

- YES 1
- 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...?

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

AC191

At a public park or beach?

Sa isang pampublikong parke o beach?

- YES 1
- 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.

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

AC115

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

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

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

[IF NEEDED: Ang THC ay ang aktibong sangkap sa marijuana]

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

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

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

AC116

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

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

AC117

- 0 DAYS1 **[GO TO 'QA24_C57']**
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS7
- REFUSED -7
- DON'T KNOW -8

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

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

AC118

- USUALLY1
- SOMETIMES2
- NEVER3
- REFUSED -7
- DON'T KNOW -8

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

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

AC119

Smoke it in a joint, bong, or pipe?

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

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

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

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

AC120

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

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

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

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

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

AC121

Eat it?

Kinain mo ba ito?

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

[IF NEEDED SAY: Halimbawa, kahalo ng brownies, cake, cookies, o candy]

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

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

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

AC122

Drink it?

Ininom mo ba ito?

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

[IF NEEDED SAY: Halimbawa, kahalo ng tea, cola, alak o iba pang mga inumin]

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

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

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

AC123

Vaporize it?

Pinasingaw o vinaporize mo ba ito?

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

[IF NEEDED SAY: Halimbawa, sa isang vaporizer na parang e-cigarette]

- YES 1

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

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

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

AC124

Dab it?

Dinab mo ba ito?

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

[IF NEEDED SAY: Halimbawa, gamit ng butane hash oil, wax o mga concentrate]

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

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

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

AC125

Use it some other way?

Ginamit mo ba ito sa Iba Pang pamamaraan?

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

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

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

AC126

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

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

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

AC127

- YES 1
 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?

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

AC193

- SMOKE IT IN A JOINT, BONG, OR PIPE ...1
- SMOKE PART OR ALL OF A CIGAR WITH MARIJUANA IN IT2
- EAT IT3
- DRINK IT4
- VAPORIZER IT5
- DAB IT6
- 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?

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

AC194

- LICENSED CANNABIS DISPENSARY1
- VAPE OR SMOKE SHOP2
- ANOTHER TYPE OF SHOP3
- CANNABIS DELIVERY SERVICE4
- WEBSITE5
- POP-UP SHOP6
- FAMILY OR FRIEND7
- ANOTHER PERSON8
- I GROW OR MAKE IT MYSELF9
- 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?

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

AC192

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

- IN THE PAST WEEK1
- IN THE PAST TWO WEEKS2
- IN THE PAST MONTH3
- 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.

Ang CBD, o cannabidiol, ay isang kemikal na matatagpuan sa parehong mga halaman na marijuana at abaka na ginagamit ng maraming tao para sa mga layuning paggamot

AC195

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

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

<input type="radio"/>	YES	1
<input type="radio"/>	NO	2 [GO TO 'QA24_C70']
<input type="radio"/>	REFUSED	-7 [GO TO 'QA24_C70']
<input type="radio"/>	DON'T KNOW	-8 [GO TO 'QA24_C70']

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

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

AC196

[INTERVIEWER NOTE: IF LESS THAN ONE DAY SINCE LAST USED CBD, ENTER 0]
 [INTERVIEWER NOTE Kung wala pang isang araw mula noong huling gumamit ng CBD, ang ilagay ay 0]

<input type="radio"/>	DAYS [HR: 0-365]	1
<input type="radio"/>	MONTHS [HR: 0-12]	2
<input type="radio"/>	YEARS [0-99].....	3
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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?

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

AC197

<input type="radio"/>	0 DAYS	1 [GO TO 'QA24_C70']
<input type="radio"/>	1-2 DAYS	2
<input type="radio"/>	3-5 DAYS	3
<input type="radio"/>	6-9 DAYS	4
<input type="radio"/>	10-19 DAYS	5
<input type="radio"/>	20-29 DAYS	6
<input type="radio"/>	30 DAYS	7
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

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

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

AC198

Take it orally?
ito sa bibig?

[FOR EXAMPLE, SUBLINGUAL TINCTURES, PILLS, CAPSULES, OR DROPS]
[FOR EXAMPLE: *Halimbawa, mga sublingual tincture, tabletas, kapsula, o patak*]

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_C70'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_C70'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_C70'] |

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

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

AC199

Eat it?

mo ba ito?

[FOR EXAMPLE, EDIBLES, LIKE COOKIES OR GUMMIES]

[*Halimbawa, mga nakakain, tulad ng biskvit o gummies*]

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

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

AC200

Drink it?

Ininom ito

[FOR EXAMPLE, IN A TEA OR SODA]

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

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

AC201

apply it on your skin?

sa iyong balat?

[FOR EXAMPLE, IN A CREAM, LOTION, OR OIL THAT IS APPLIED TO THE SKIN.]
[*Halimbawa, sa cream, lotion, o oil na inilagay sa balat*]

- | | | | |
|-----------------------|-----------|---|--|
| <input type="radio"/> | YES | 1 | |
|-----------------------|-----------|---|--|

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC202

Smoke it?

Hinithit ito?

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

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC203

vaporize it?

i-vaporize ito?

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

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

Sa nagdaang 30 araw, paano mo ginamit ang CBD?

AC204

dab it?

Dinab mo ba ito?

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

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

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

Sa nagdaang 30 araw, paano mo ginamit ang CBD?

AC205

use it some other way?
sa ibang paraan?

- 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?

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

AC206

- TAKE IT ORALLY 1
- EAT IT 2
- DRINK IT 3
- APPLY IT ON YOUR SKIN 4
- SMOKE IT 5
- VAPORIZER 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?

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

AC128

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

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

Gumamit ba kayo ng methamphetamine sa nakaraang 12 buwan?

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.

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

AC215

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_C78'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_C78'] |
| <input type="radio"/> | 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?

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

AC222

[CHECK ALL THAT APPLY]

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Dental work/dental pain | 1 |
| <input type="radio"/> | <i>Pangangalaga sa ngipin/ pananakit ng ngipin</i> | |
| <input type="radio"/> | Pain after surgery, not accident related | 2 |
| <input type="radio"/> | <i>Pananakit pagkatapos ng operasyon, hindi kaugnay sa aksidente</i> | |
| <input type="radio"/> | Pain after an accident or injury | 3 |
| <input type="radio"/> | <i>Pananakit pagkatapos ng aksidente o pinsala</i> | |
| <input type="radio"/> | Recreational use | 5 |
| <input type="radio"/> | <i>Pangkatuwaang paggamit</i> | |
| <input type="radio"/> | Depression, anxiety, or stress..... | 6 |
| <input type="radio"/> | <i>Depression, pagkabalisa, o stress</i> | |
| <input type="radio"/> | To treat substance use disorder | 7 |
| <input type="radio"/> | <i>Para gamutin ang karamdaman na dulot ng paggamit ng droga o alak</i> | |
| <input type="radio"/> | Addiction to painkillers | 8 |
| <input type="radio"/> | <i>Na-adik sa mga gamot na pantanggal ng pananakit</i> | |
| <input type="radio"/> | Other (Specify) _____ 91 | |
| <input type="radio"/> | <i>Iba pa (Tukuyin) _____</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AC217

[CHECK ALL THAT APPLY]

- A prescription from my doctor 1
- Inireseta ito ng aking doktor*
- A prescription from someone else's doctor
(a friend, a family friend) 2
- Reseta ito mula sa doktor ng ibang tao
(isang kaibigan, isang miyembro ng pamilya)*
- Not from a prescription
(bought or received from elsewhere) 3
- REFUSED -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?

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

AC129

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

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

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

[GO TO 'QA24_C78']

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

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

AC131

- ONE DOCTOR 1
- 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 sa anong kondisyon o mga kondisyon ninyo ininom ang gamot?

AC133

[CHECK ALL THAT APPLY]

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | DENTAL WORK/ DENTAL PAIN | 1 |
| <input type="checkbox"/> | SURGERY, NOT ACCIDENT RELATED | 2 |
| <input type="checkbox"/> | RECENT INJURY | 3 |
| <input type="checkbox"/> | CHRONIC PAIN, REGARDLESS
OF CAUSE..... | 4 |
| <input type="checkbox"/> | OTHER (SPECIFY)_____ | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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.

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

AC207

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

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

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

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO 'QA24_C83']

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

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

AC208

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | WITHIN THE PAST 30 DAYS | 1 |
| <input type="radio"/> | MORE THAN 30 DAYS AGO, BUT
WITHIN THE PAST 12 MONTHS | 2 |
| <input type="radio"/> | MORE THAN 12 MONTHS AGO | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AC209

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

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

- | | | | |
|-----------------------|---------------------|----|--------------|
| <input type="radio"/> | NUMBER OF DAYS..... | 1 | [RANGE 1-30] |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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.

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

AC210

- | | | | |
|-----------------------|------------------------|----|----------------------|
| <input type="radio"/> | NUMBER OF DRINKS | 1 | [SR: 1-20, HR: 0-99] |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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.

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

AC211

- | | | | |
|-----------------------|---------------------|----|--------------|
| <input type="radio"/> | NUMBER OF DAYS..... | 1 | [RANGE 0-30] |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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.

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

AC218

Have you gambled in the past 12 months?

Nagsugal ka ba sa nakaraang 12 buwan?

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_GV1'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_GV1'] |
| <input type="radio"/> | 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?

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

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]

[IF NEEDED READ: Halimbawa, paglalaro ng loteria, pagbili ng mga scratch off, paglalaro ng bingo, paglalaro ng mga laro sa casino, paglalaro ng mga slots o baraha sa online, pagtataya sa sports]

- 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?

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

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?

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

AC221

- 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?

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

AGV1

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

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

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

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

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

_____ 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']
[GO TO 'QA24_GV5']
[GO TO 'QA24_GV5']

- REFUSED -7
- DON'T KNOW -8

'QA24_GV2' How many of these firearms are handguns?

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

AGV2

_____ Number of handguns [0-999]

[IF 'QA24_GV2'> 1, GO TO
'QA24_GV4']

- REFUSED -7
- DON'T KNOW -8

'QA24_GV3' Is that firearm a handgun?

Isang handgun ba ang baril na iyon?

AGV3

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

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

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

AGV9

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

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

- 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?

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

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".

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

AE17

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

- _____ 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}

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

AE18

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

- _____ 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?

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

AD50

- Yes 1
- Oo
- No 2 [GO TO 'QA24_D5']
- Hindi
- REFUSED -7 [GO TO 'QA24_D5']
- DON'T KNOW -8 [GO TO 'QA24_D5']

'QA24_D4' Are you legally blind?

Kayo ba ay legally blind?

AL8

- Yes 1
- Oo
- No 2
- Hindi
- 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?

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

AL10

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'QA24_D6' Do you have difficulty dressing or bathing?

Ikaw ba ay nahihirapang magbihis o maligo?

AL11

- Yes 1
- Oo
- No 2
- Hindi
- 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?

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

AL12

- Yes 1
- Oo
- No 2
- Hindi
- 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.

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

AD43B

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

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

_____ NUMBER OF PARTNERS [HR: 0-99,

[IF 'QA24_D8'>=0 GO TO
'PN_QA23_D10']

SR: 0-20]

- REFUSED -7 [IF 'QA24_D8'>=0 GO TO
'PN_QA23_D9']
- DON'T KNOW -8 [IF 'QA24_D8'>=0 GO TO
'PN_QA23_D9']

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

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

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)?

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

AD45B

- MALE 1
- 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?

Alin sa mga sumusunod ang pinakamainam na kumakatawan sa kung paano mo itinuturing ang iyong sarili?

AD46C

- Lesbian or gay 2 [GO TO
PN_QA23_D13]
- Tomboy o Bakla
- Straight, that is,
not lesbian or gay 1 [GO TO
PN_QA23_D13]
- Tuwid, iyan ay, hindi tomboy o bakla
- Bisexual or pansexual 6 [GO TO
PN_QA23_D13]
- Silahis (Bisexual) o panseksual (pansexual)
- I use a different term: (_____) 7
- Iba ang terminong ginagamit ko (_____)
- Don't know 8 [GO TO
PN_QA23_D13]
- Hindi ko alam
- Prefer not to answer 9 [GO TO
PN_QA23_D13]
- Mas pinipili na hindi sumagot
- REFUSED -7 [GO TO
PN_QA23_D13]

'QA24_D12' What term do you use?

Anong termino ang ginagamit mo?

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_D11' = 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?

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

AD60B

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

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

- | | | | |
|-----------------------|------------------|----|----------------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_D15'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

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

AD61B

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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®?

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

AD79

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_D19'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

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

AD80

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_D19'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

Nakainom ka na ba ng PrEP o Truvada®?

AD81

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_D19'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

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

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

AD82

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

HIV Testing

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

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

AD83

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_D21'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_D21'] |
| <input type="radio"/> | 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?

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

AD84

- | | | | |
|-----------------------|--------------------------------------|----|-------------------|
| <input type="radio"/> | I WAS OFFERED THE TEST | 1 | [GO TO 'QA24_F1'] |
| <input type="radio"/> | I ASKED FOR THE TEST..... | 2 | [GO TO 'QA24_F1'] |
| <input type="radio"/> | I WAS REQUIRED TO TAKE THE TEST | 4 | |
| <input type="radio"/> | I DON'T REMEMBER | 3 | [GO TO 'QA24_F1'] |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 91 | [GO TO 'QA24_F1'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_F1'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_F1'] |

'QA24_D21' Were you ever offered an HIV test?

Naalukan ka na bang magpatest para sa HIV?

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.

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?

Tungkol sa inyong pakiramdam nitong nakaraang 30 araw ang sumusunod na mga tanong. Humigít-kumulang, gaano kadalas nitong nakaraang 30 araw kayo nakaramdam ng pagkanerbiyos?

- All of the time 1
- Palagi*
- Most of the time 2
- Kadalasan*
- Some of the time 3
- Paminsan-minsan*
- A little of the time 4
- Kaunting panahon lang*
- None of the time 5
- Hindi kailanman*
- REFUSED -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?

... na wala na kayong pag-asa?

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?

...ng pagkabalisa o ng dimapalagay?

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?"]

- 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?

... walang anumang makapagpatuwa sa inyo?

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?"]

- 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?

... na napakahirap gawin ang lahat?

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?"]

- 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?

... na bale-wala kayo?

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?"]

- 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?

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

AF62

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QA24_F14']
[GO TO 'QA24_F14']
[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?

Ang sumusunod na mga tanong ay tungkol sa kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng damdamin ninyo. Noong buwan na iyon, gaano kadalas kayo nakaramdam ng pagkanerbiyos?

AF63

- | | | |
|-----------------------|--------------------|----|
| <input type="radio"/> | ALL..... | 1 |
| <input type="radio"/> | MOST..... | 2 |
| <input type="radio"/> | SOME..... | 3 |
| <input type="radio"/> | A LITTLE..... | 4 |
| <input type="radio"/> | NONE / NEVER | 5 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

... ng kawalang pag-asaya?

AF64

- | | | |
|-----------------------|--------------------|----|
| <input type="radio"/> | ALL..... | 1 |
| <input type="radio"/> | MOST..... | 2 |
| <input type="radio"/> | SOME..... | 3 |
| <input type="radio"/> | A LITTLE..... | 4 |
| <input type="radio"/> | NONE / NEVER | 5 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

ng pagkabalisa o di-mapalagay?

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?"]

- | | | |
|-----------------------|--------------------|----|
| <input type="radio"/> | ALL..... | 1 |
| <input type="radio"/> | MOST..... | 2 |
| <input type="radio"/> | SOME..... | 3 |
| <input type="radio"/> | A LITTLE..... | 4 |
| <input type="radio"/> | NONE / NEVER | 5 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

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

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

AF66

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

- | | | |
|-----------------------|---------------|---|
| <input type="radio"/> | ALL..... | 1 |
| <input type="radio"/> | MOST..... | 2 |
| <input type="radio"/> | SOME..... | 3 |
| <input type="radio"/> | A LITTLE..... | 4 |

- NONE / NEVER 5
- REFUSED -7
- DON'T KNOW -8

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

...na napakahirap gawin ang lahat?

AF67

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

- 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?

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

AF68

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

- 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.

AF69B_INTRO

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

PROGRAMMING NOTE 'QA24_F15':

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

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

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

AF69B

- A LOT 1
- 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?

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

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?

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

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?

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

AF72B

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | A LOT | 1 |
| <input type="radio"/> | SOME..... | 2 |
| <input type="radio"/> | NOT AT ALL..... | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AF73B

- | | | | |
|-----------------------|------------------|---|----------------|
| <input type="radio"/> | REFUSED | 7 | NUMBER OF DAYS |
| <input type="radio"/> | 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?

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

AF81

- | | | | |
|-----------------------|------------------|---|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_F22'] |
| <input type="radio"/> | REFUSED | 7 | [GO TO 'QA24_F22'] |
| <input type="radio"/> | 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?

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

AJ1

- | | | |
|-----------------------|----------------------------|---|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | DON'T HAVE INSURANCE | 3 |
| <input type="radio"/> | REFUSED | 7 |
| <input type="radio"/> | 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?

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

AF74

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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, or your use of alcohol or drugs?

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

AF75

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AF114

[CHECK ALL THAT APPLY]

- | | | | |
|--------------------------|-----------------------|----|--------------------------|
| <input type="checkbox"/> | IN-PERSON VISIT | 1 | [GO TO 'QA24_F25'] |
| <input type="checkbox"/> | VIDEO VISIT | 2 | [GO TO 'QA24_F26'] |
| <input type="checkbox"/> | TELEPHONE VISIT | 3 | [GO TO 'QA24_F27'] |
| <input type="radio"/> | NO | 4 | [GO TO
'PN_QA23_F28'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_F28'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_F28'] |

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

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

AF115

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

- Somewhat satisfied 2
- Medyo nasisiyahan*
- Somewhat dissatisfied 3
- Medyo hindi nasisiyahan*
- Very dissatisfied 4
- Lubos na hindi nasisiyahan*
- REFUSED -7
- DON'T KNOW -8

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

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

AF116

- Very satisfied 1
- Lubos na nasisiyahan*
- Somewhat satisfied 2
- Medyo nasisiyahan*
- Somewhat dissatisfied 3
- Medyo hindi nasisiyahan*
- Very dissatisfied 4
- Lubos na hindi nasisiyahan*
- REFUSED -7
- DON'T KNOW -8

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

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

AF117

- Very satisfied 1
- Lubos na nasisiyahan*
- Somewhat satisfied 2
- Medyo nasisiyahan*
- Somewhat dissatisfied 3
- Medyo hindi nasisiyahan*
- Very dissatisfied 4
- Lubos na hindi nasisiyahan*
- REFUSED -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 or for an alcohol or drug problem?

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

AF76

- MENTAL-EMOTIONAL HEALTH 1
- 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}? Do not count overnight hospital stays.

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

AF77

	NUMBER OF VISITS	[HR: 0-365, SR:0-52]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

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

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

AF78

<input type="radio"/>	YES	1	[GO TO 'QA24_F33']
<input type="radio"/>	NO	2	
<input type="radio"/>	REFUSED	-7	[GO TO 'QA24_F33']
<input type="radio"/>	DON'T KNOW	-8	[GO TO 'QA24_F33']

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

Kinumpleto ba ninyo ang buong inirekomendang programa ng paggagamot?

AF79

<input type="radio"/>	YES	1	[GO TO 'QA24_F33']
<input type="radio"/>	NO	2	
<input type="radio"/>	REFUSED	-7	[GO TO 'QA24_F33']
<input type="radio"/>	DON'T KNOW	-8	[GO TO 'QA24_F33']

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

Ano ang pangunahing dahilan kung bakit hindi na kayo ginagamot?

AF80

<input type="radio"/>	GOT BETTER/NO LONGER NEEDED	1
<input type="radio"/>	NOT GETTING BETTER	2
<input type="radio"/>	WANTED TO HANDLE PROBLEM ON OWN	3
<input type="radio"/>	HAD BAD EXPERIENCES WITH TREATMENT	4
<input type="radio"/>	LACK OF TIME/TRANSPORTATION.....	5
<input type="radio"/>	TOO EXPENSIVE.....	6
<input type="radio"/>	INSURANCE DOES NOT COVER	7
<input type="radio"/>	OTHER (SPECIFY: _____)	8
<input type="radio"/>	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?

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

AJ5

<input type="radio"/>	YES	1
<input type="radio"/>	NO	2
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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.
- You were concerned about the cost of treatment.

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

AF82

<input type="radio"/>	YES	1
<input type="radio"/>	NO	2
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

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

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

AF83

<input type="radio"/>	YES	1
<input type="radio"/>	NO	2
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

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

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

AF84

<input type="radio"/>	YES	1
<input type="radio"/>	NO	2
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

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

Nahirapan kayong makakuha ng appointment.

AF85

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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.

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

AF110B

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

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_F39' Wildfire?

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

AF110C

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_F40' Smoke from wildfire?

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

AF110D

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_F41' Flood/rising sea levels/mudslide?

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

AF110E

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AF111B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- | | | |
|--------------------------|------------------------------------|----|
| <input type="checkbox"/> | YES, FROM EXTREME HEAT WAVES | 1 |
| <input type="checkbox"/> | YES, FROM FLOODING | 2 |
| <input type="checkbox"/> | YES, FROM WILDFIRES..... | 3 |
| <input type="checkbox"/> | YES, FROM SMOKE FROM WILDFIRES .. | 4 |
| <input type="radio"/> | NOT APPLICABLE | 5 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

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

AF112B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- Yes, from extreme heat waves1
- Oo, mula sa matitinding mga heat wave
- Yes, from flooding2
- Oo, mula sa pagbaha
- Yes, from wildfires.....3
- Oo, mula sa mga sunog sa kagubatan
- Yes, from smoke from wildfires.....4
- Oo, mula sa mga usok na nanggagaling sa mga sunog sa kagubatan
- Not applicable5
- Hindi naaangkop
- 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?

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

AF118

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

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

PROGRAMMING NOTE 'QA24_G2':

IF CHILD INTERVIEW COMPLETED AND 'QA24_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?

Saang bansa kayo ipinanganak?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

- | | | |
|-----------------------|---------------------|----|
| <input type="radio"/> | UNITED STATES..... | 1 |
| <input type="radio"/> | AMERICAN SAMOA..... | 2 |
| <input type="radio"/> | CANADA | 3 |
| <input type="radio"/> | CHINA | 4 |
| <input type="radio"/> | EL SALVADOR..... | 5 |
| <input type="radio"/> | ENGLAND | 6 |
| <input type="radio"/> | FRANCE | 7 |
| <input type="radio"/> | GERMANY | 8 |
| <input type="radio"/> | GUAM | 9 |
| <input type="radio"/> | GUATEMALA..... | 10 |
| <input type="radio"/> | HUNGARY | 11 |
| <input type="radio"/> | INDIA..... | 12 |
| <input type="radio"/> | IRAN..... | 13 |
| <input type="radio"/> | IRELAND..... | 14 |
| <input type="radio"/> | ITALY | 15 |
| <input type="radio"/> | JAPAN..... | 16 |
| <input type="radio"/> | KOREA..... | 17 |
| <input type="radio"/> | MEXICO | 18 |
| <input type="radio"/> | PHILIPPINES | 19 |
| <input type="radio"/> | POLAND | 20 |
| <input type="radio"/> | PORTUGAL | 21 |
| <input type="radio"/> | PUERTO RICO | 22 |
| <input type="radio"/> | RUSSIA..... | 23 |

<input type="radio"/>	TAIWAN	24
<input type="radio"/>	VIETNAM	25
<input type="radio"/>	VIRGIN ISLANDS	26
<input type="radio"/>	OTHER (SPECIFY: _____)	91
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

PROGRAMMING NOTE 'QA24_G3':

IF 'QA24_G2' ≠ 1, (NOT BORN IN US) GO TO 'PN_QA23_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?

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

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

'QA24_G4' In what country was your father born?

Saang bansa ipinanganak ang tatay ninyo?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

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

- | | | |
|-----------------------|-----------------------------|----|
| <input type="radio"/> | UNITED STATES..... | 1 |
| <input type="radio"/> | AMERICAN SAMOA..... | 2 |
| <input type="radio"/> | CANADA | 3 |
| <input type="radio"/> | CHINA | 4 |
| <input type="radio"/> | EL SALVADOR | 5 |
| <input type="radio"/> | ENGLAND | 6 |
| <input type="radio"/> | FRANCE | 7 |
| <input type="radio"/> | GERMANY | 8 |
| <input type="radio"/> | GUAM | 9 |
| <input type="radio"/> | GUATEMALA | 10 |
| <input type="radio"/> | HUNGARY | 11 |
| <input type="radio"/> | INDIA..... | 12 |
| <input type="radio"/> | IRAN..... | 13 |
| <input type="radio"/> | IRELAND..... | 14 |
| <input type="radio"/> | ITALY | 15 |
| <input type="radio"/> | JAPAN..... | 16 |
| <input type="radio"/> | KOREA..... | 17 |
| <input type="radio"/> | MEXICO | 18 |
| <input type="radio"/> | PHILIPPINES | 19 |
| <input type="radio"/> | POLAND | 20 |
| <input type="radio"/> | PORTUGAL | 21 |
| <input type="radio"/> | PUERTO RICO | 22 |
| <input type="radio"/> | RUSSIA..... | 23 |
| <input type="radio"/> | TAIWAN | 24 |
| <input type="radio"/> | VIETNAM | 25 |
| <input type="radio"/> | VIRGIN ISLANDS | 26 |
| <input type="radio"/> | OTHER (SPECIFY: _____)..... | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_G11'; ELSE CONTINUE WITH 'QA24_G5'

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

Citizen ba kayo ng United States?

AH39

- | | | |
|-----------------------|--------------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | APPLICATION PENDING..... | 3 |
| <input type="radio"/> | 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_QA23_G9'

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

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

AH40

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

[IF NEEDED, SAY: *Karaniwang tinatawag itong 'Green Card' ngunit maaari ding rosas, asul o puti ang kulay nito.*]

- 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?

Humigit-kumulang, ilang taon na kayong nakatira sa United States?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

[PARA SA WALA PANG ISANG TAON, IPASOK ANG 1 TAON]

- | | | |
|-----------------------|-----------------------|---------------------------------|
| <input type="radio"/> | <input type="radio"/> | NUMBER OF YEARS |
| | | YEAR (FIRST CAME TO LIVE IN US) |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Kasalukuyan ka bang nandito sa alinman sa mga sumusunod: isang tourist visa, isang student visa, isang work visa o permit, o Iba Pang dokumento na pinahihintulutan kang mamalagi sa United States nang limitadong haba ng panahon?

AG36B

[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

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

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

Balido pa ba itong visa o dokumento o nawalan na ng bisa?

AG37B

- | | | |
|-----------------------|--------------------------|----|
| <input type="radio"/> | VALID | 1 |
| <input type="radio"/> | EXPIRED | 2 |
| <input type="radio"/> | APPLICATION PENDING..... | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_G20'

'QA24_G11' Are you now living with either of your parents?

Nakatira ba kayo ngayon na kasama ang sinuman sa mga magulang ninyo?

AH43A

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

[Kasama rito ang iyong mga magulang pati na rin ang mga magulang ng iyong asawa/kinakasama]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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.

Nais naming bigyan ng survey si para sa aming pag-aaral. Isa itong survey sa web at aabutin ng mga 15 minuto upang matapos. Maaaring makatulong ang mga sagot ng iyong teenager sa Iba Pang mga kabataan sa iyong komunidad at sa buong California.

TP1

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

Bilang pagtanaw namin ng utang na loob, padadalhan namin ang iyong teenager ng isang \$10 na gift card para sa pagkumpleto ng survey

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

Ipadadala namin sa iyong tahanan sa pamamagitan ng koreo ang impormasyon sa survey na may mga tagubilin kung paano makukumpleto ng iyong teenager ang survey.

1. Click here to see the types of questions we will ask

[Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issues including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, and using drugs. There are also some questions about bullying, violence, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need.]

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

Ang mga tanong sa survey ng teenager ay halos katulad ng mga sinasagot mo, ngunit mas maikli ito. Saklaw nito ang isang hanay ng mga isyu sa kalusugan kabilang ang pangkalahatang kalusugan, diyeta, eversisyo, at Iba Pang malusog at hindi malusog na gawi tulad ng paninigarilyo at pag-inom ng alak, at paggamit ng mga droga. Mayroon ding mga ilang tanong tungkol sa pananakot, karahasan, at pag-uugaling sekswal. May mga ilang tanong tungkol sa mga saloobin sa pagpapakamatay o pagtatangkang magpakamatay dahil ito ay isang seryosong alalahanin sa kalusugan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan.

Maaaring laktawan ng iyong teenager ang anumang tanong na nais nila o ihinto ang survey sa anumang oras.

2. Click here to learn about how we intend to contact your teen

[We will send a letter to your home asking you to provide a sealed envelope to your teen. This envelope will include the study link and their unique secure access code. With your permission, we will also obtain a best phone number to try and complete the survey over the phone in the event your teen does not complete the survey on the web. Your teen's name and any contact information we have will be erased from our records after the study is complete.]

[*Magpapadala kami ng isang sulat sa iyong bahay na humihiling sa iyo na magbigay ng isang selyadong sobre sa iyong teenager Kasama sa sobre na ito ang link ng pag-aaral at ang kanilang natatanging secure na access code. Sa iyong pahintulot, kukuha rin kami ng pinakamahusay na numero ng telepono upang subukan at tapusin ang survey sa pamamagitan ng telepono kung sakaling hindi tapusin ng iyong teenager ang survey sa web. Buburahin mula sa aming mga talaan ang pangalan ng iyong teenager at anumang impormasyon sa pakikipag-ugnayan na mayroon kami matapos na makumpleto ang pag-aaral.]*

3. Click here for our privacy protection policy

[*Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete. For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.]*

[*Tulad ng iyong mga sagot, pinananatiling lubos na kompidensiyal ang mga sagot at isinasama sa mga sagot ng Iba Pang mga kabataan para sa mga hangaring pagsasaliksik lamang. Hindi kailanman iiugnay ang pangalan sa mga sagot na iyon. Buburahin mula sa aming mga talaan ang pangalan at anumang impormasyon sa pakikipag-ugnayan na mayroon kami matapos na makumpleto ang pag-aaral. Para sa karagdagang impormasyon tungkol sa mga karapatan ng mga kasali sa pagsasaliksik, mangyaring makipag-ugnayan sa Office for the Protection of Research Subjects (Opisina ng Proteksyon sa mga Paksa sa Pagsasaliksik) sa 1-310-825-8714.]*

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?

Pinahihintulutan mo ba kaming makipag-ugnayan sa at tanungin kung sasali sa survey?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | .1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | .2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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.}

Salamat po. Maaaring makatulong ang mga sagot ng iyong teenager sa Iba Pang mga kabataan sa iyong komunidad. at sa buong California. \{Bago kami magpatuloy, naririto ang mga ilang teksto na kailangan naming ipakita sa iyo.\}

TP1_A

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. He/she} can skip any questions {he/she} wants or stop the survey at any time}

{*Ang mga tanong sa survey ng teenager ay halos katulad ng mga sinasagot mo, ngunit mas maiksi ito. Saklaw nito ang isang hanay ng mga isyu sa kalusugan kabilang ang pangkalahatang kalusugan, diyeta, eversisyo, at Iba Pang Mabuti at hindi Mabuti sa kalusugan na mga kagawian tulad ng paninigarilyo at pag-inom ng alak, paggamit ng droga, at sekswal na pag-uugali. May ilang mga tanong tungkol sa mga saloobin sa pagpapakamatay o pagtatangkang pagpapakamatay dahil ito ay isang seryosong alahanin sa kalusugan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan. Maaari niyang laktawan ang anumang tanong na ninanais [1] o ihinto ang survey sa anumang oras}*}

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.

Mga sagot ay pinananatiling lubos na kompidensiyal at isinasama sa mga sagot ng Iba Pang mga kabataan para sa mga hangaring pagsasaliksik lamang. Hindi kailanman iuugnay ang pangalan sa mga sagot na iyon. Buburahin mula sa aming mga talaan ang pangalan at anumang impormasyon sa pakikipag-ugnayan na mayroon kami pagkatapos na makumpleto na ang pag-aaral

For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.]

Para sa karagdagang impormasyon tungkol sa mga karapatan ng mga kasali sa pagsasaliksik, mangyaring tumawag sa Office for the Protection of Research Subjects (Opisina ng Proteksyon sa mga Paksa sa Pagsasaliksik) sa 1-310-825-8714.]

To confirm, do we have your permission to contact {him/her} and ask {him/her} to participate in the survey?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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} answers8714."
 ELSE SKIP TO 'QA24_G15'

'QA24_G14' We understand that you would prefer that your teen not participate in the survey.

Nauunawaan namin na mas ninanais mong hindi sumali sa survey ang iyong teenager

TP1_BRC

{However, these are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.}

Ang mga ito ay mahahalagang mga isyu sa kalusugan ng publiko na kinakaharap ng California. May mga ilang magulang na nagpasyang hindi pasalihin ang kanilang teenager dahil hindi sila kumportable na sagutin ng kanilang mga teenager ang mga tanong tungkol sa droga o sekswal na pag-uugali. Kung gusto mo, maaari naming siguraduhin na hindi isama sa panayam ang mga tanong tungkol sa droga o sekswal na pag-uugali.

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. {He/she} can skip any questions {he/she} wants or stop the survey at any time.}

Ang mga tanong sa survey ng teenager ay halos katulad ng mga sinasagot mo, ngunit mas maiksi ito. Sakop nito ang isang saklaw ng mga isyu sa kalusugan kabilang ang pangkalahatang kalusugan, diyeta, echersisyo, at Iba Pang Mabuti at hindi Mabuti sa kalusugan na mga kagawian tulad ng paninigarilyo at pag-inom ng alak, paggamit ng droga, at sekswal na pag-uugali. May ilang mga tanong tungkol sa mga saloobin sa pagpapakamatay o pagtatangkang pagpapakamatay dahil ito ay isang seryosong alalahanin sa kalusugan. Nagbibigay kami ng impormasyon sa pagpapayo at suporta para sa sinumang teenager na nangangailangan. Maaari [1] laktawan ang anumang tanong na gusto [1] o itigil ang survey sa anumang panahon.}

These are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.

Ang mga ito ay mahahalagang mga isyu sa kalusugan ng publiko na kinakaharap ng California. May mga ilang magulang na nagpasyang hindi pasalihin ang kanilang teenager dahil hindi sila kumportable na sagutin ng kanilang mga teenager ang mga tanong tungkol sa droga o sekswal na pag-uugali. Kung gusto mo, maaari naming siguraduhin na hindi isama sa panayam ang mga tanong tungkol sa droga o sekswal na pag-uugali.

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.} For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

Tulad ng iyong mga sagot, ang \{kanyang\} mga sagot ay pinananatiling lubos na kumpidensiyal at isinasama sa mga sagot ng Iba Pang mga kabataan para sa mga hangaring pagsasaliksik lamang. Hindi kailanman iuugnay ang [1] pangalan sa mga sagot na iyon. Buburahin mula sa aming mga talaan ang [1] pangalan at anumang impormasyon sa pakikipag-ugnayan na mayroon kami matapos na makumpleto na ang pag-aaral. Para sa karagdagang impormasyon tungkol sa mga karapatan ng mga kasali sa pagsasaliksik, mangyaring tumawag sa Office for the Protection of Research Subjects sa 1-310-825-8714.]

Given this information, would you reconsidering giving us your permission to contact {him/her} and ask {him/her} if {he/she} will participate in the survey?

Base sa impormasyong ito, pinahihintulutan mo ba kaming makipag-ugnayan sa at tanungin kung sasali sa survey?

- | | | | |
|-----------------------|--|----|--------------------|
| <input type="radio"/> | Yes | 1 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | Yes if no questions on drugs..... | 2 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | Oo kung walang mga tanong tungkol sa droga | | |
| <input type="radio"/> | Yes if no questions on sexual behavior | 3 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | Oo kung walang mga tanong tungkol sa sekswal na pag-uugali | | |
| <input type="radio"/> | Yes if no questions on drugs and sexual behavior | 4 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | Oo kung walang mga tanong tungkol sa droga at sa sekswal na pag-uugali | | |
| <input type="radio"/> | No..... | 5 | [GO TO 'TP6'] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_G18'] |
| <input type="radio"/> | 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.

Salamat sa pagpapahintulot sa iyong teenager na sumali sa mahalagang pag-aaral na ito. Upang maayos na makipag-ugnay sa iyong teenager, mangyaring ibigay ang pangalan at apelyido ni {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} Tandaan po lamang na Hindi kailanman ikokonekta ang pangalan sa mga sagot.

TP_NAME

First name _____
Pangalan _____

Last name _____
Apelyido _____

In the event your teen does not complete the web survey, we would like your permission to try and call your teen and have {him/her} complete the survey over the phone. Because it is important that we contact {ADOLESCENT'S FIRST NAME} to complete the survey, it would be helpful if you could provide the best phone number to try and contact {him/her}. This phone number will be erased from our records after the study is complete. This may be a home, landline, or cell phone number.

Kung sakaling hindi natapos ng iyong teenager ang web survey, nais namin ang iyong pahintulot na subukan at tawagan ang iyong teenager at ipatapos sa [1] ang survey sa telepono. Dahil mahalagang makipag-ugnayan kami kay [1] upang makumpleto ang survey, makatutulong kung maibigay mo ang pinakamahusay na numero ng telepono na maaari naming magamit para matalawan. Ang numero ng teleponong ito ay buburahin mula sa aming mga talaan matapos na makumpleto na ang pag-aaral. Maaari itong isang numero ng telepono sa bahay, sa landline, o sa cell phone

Would you please provide a home, landline, or other cell phone number that we may call to contact {ADOLESCENT'S FIRST NAME}?

Pakibigay po lamang sa amin ng isang numero ng telepono sa bahay, landline, o iba Pang numero ng cell phone na maaari naming magamit upang makipag-ugnayan kay?

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | Landline..... | .1 | |
| <input type="radio"/> | Cell phone | .2 | [GO TO 'QA24_G16'] |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_G16' Is the cell phone number you just provided your teen's personal phone number?

Ang numero ba ng cellphone na kabibigay mo lang ay personal na numero ng telepono ng iyong teenager?

TP2_CELL2

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | Yes | .1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | .2 | |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_G17' Are you willing to let us send your teen a text message reminder to participate in the survey?

Pinahihintulutan mo ba kami na magpadala sa iyong anak ng isang paalala sa pamamagitan ng text message upang lumahok sa survey?

TP3

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | Yes | .1 | [GO TO 'QA24_G19'] |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | .2 | [GO TO 'QA24_G19'] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_G19'] |
| <input type="radio"/> | 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.

Naiintindihan namin na mas ninanais ninyo na hindi sumali ang iyong teenager sa survey.

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.

TP_END

Salamat sa pagpapahintulot sa iyong teenager na makasali

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 \geq 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?

Nitong nakaraang buwan, gumamit ba kayo ng anumang binabayaran childcare {para sa sinumang bata na hindi pa 14 taong gulang} habang {kayo o ang asawa ninyo/kayo o ang partner ninyo/kayo} ay nagtatrabaho, nasa eskwelahan, o naghahanap ng trabaho?

AH44A

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

[*Kabilang dito ang Head Start, mga day care center, mga program ng before- o after-school care, at anumang mga kasunduan para sa baby-sitting.*]

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO ‘QA24_A23’] |
| <input type="radio"/> | REFUSED | -7 | [GO TO ‘QA24_A23’] |
| <input type="radio"/> | 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?

Nitong nakaraang buwan, magkano ang binayad ninyo para sa lahat ng mga kasunduan at mga program para sa child care? Maaaring ikaw o isa pang tao na may sapat na gulang sa iyong sambahayan ang magbayad para sa kaayusan o programang ito

AH44B

[IF NEEDED, SAY: “IF IT IS EASIER FOR YOU, YOU CAN TELL ME WHAT YOU PAID IN A TYPICAL WEEK LAST MONTH. YOU OR ANY OTHER ADULT IN YOUR HOUSEHOLD.”]

- | | | |
|-----------------------|--|---------------|
| <input type="radio"/> | \$ ____ AMOUNT LAST MONTH | [HR: 0-8,000] |
| <input type="radio"/> | \$ ____ AMOUNT IN TYPICAL WEEK | [HR: 0-3,000] |
| <input type="radio"/> | NO PAYMENT IN LAST
MONTH OR WEEK..... | 3 |
| <input type="radio"/> | REFUSED..... | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

Veteran Status

'QA24_G22' Did you ever serve on active duty in the Armed Forces of the United States?

Nag-active duty ba kayo kailanman sa Hukbong Sandatahan ng United States?

AG22

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_G27'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_G27'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_G27'] |

'QA24_G23' When did you serve?

Kailan kayo naglingkod?

AG23

- | | |
|-----------------------|-------------------|
| <input type="radio"/> | FROM _____ |
| <input type="radio"/> | TO_____ |
| <input type="radio"/> | STILL SERVING, OR |

[CHECK ALL THAT APPLY]

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | WORLD WAR II
(SEPT 1940 TO JULY 1947) | 1 |
| <input type="checkbox"/> | KOREAN WAR
(JUNE 1950 TO JAN 1955) | 2 |
| <input type="checkbox"/> | VIETNAM WAR
(AUG 1964 TO APRIL 1975) | 3 |
| <input type="checkbox"/> | GULF WAR/
OPERATION DESERT STORM
(1990 TO 1991)..... | 4 |
| <input type="checkbox"/> | AFGHANISTAN/
OPERATION ENDURING FREEDOM
(2001 TO 2021)..... | 5 |
| <input type="checkbox"/> | IRAQ WAR/
OPERATION IRAQI FREEDOM
(2003 TO 2021)..... | 6 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_G24' Altogether, how long did you serve?

Sa kabuuang, gaano katagal kayong naglingkod?

AG24

- | | | |
|--------------------------|------------------|----|
| <input type="checkbox"/> | _____ YEARS | |
| <input type="checkbox"/> | _____ MONTHS | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_G25' Do you have a VA service-connected disability rating?

Mayroon ba kayong disability rating na konektado sa serbisyo ng VA?

AG31

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_G27'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_G27'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_G27'] |

'QA24_G26' What is your service-connected disability rating?

Ano ang antas ng inyong pagkapinsala na may kaugnayan sa serbisyo?

AG32

- | | | | |
|-----------------------|----------------------------|----|--|
| <input type="radio"/> | 0 PERCENT | 1 | |
| <input type="radio"/> | 10 OR 20 PERCENT | 2 | |
| <input type="radio"/> | 30 OR 40 PERCENT | 3 | |
| <input type="radio"/> | 50 OR 60 PERCENT | 4 | |
| <input type="radio"/> | 70 PERCENT OR HIGHER | 5 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

Employment

'QA24_G27' Which of the following were you doing last week?

Alin sa sumusunod ang ginawa ninyo noong nakaraang linggo?

AK1

[IF NEEDED: IF R MENTIONS 'WORKING REMOTELY', CODE AS 'WORKING AT A JOB OR BUSINESS']

- | | | | |
|-----------------------|--|----|--------------------------|
| <input type="radio"/> | Working at a job or business..... | 1 | [GO TO
'PN_QA23_G31'] |
| <input type="radio"/> | <i>Nagtrabaho sa pinapasukan o sa negosyo</i> | | |
| <input type="radio"/> | With a job or business but not at work..... | 2 | |
| <input type="radio"/> | <i>May pinapasukan o may negosyo ngunit hindi nagtrabaho</i> | | |
| <input type="radio"/> | Looking for work..... | 3 | |
| <input type="radio"/> | <i>Naghanap ng trabaho</i> | | |
| <input type="radio"/> | Not working at a job or business..... | 4 | |
| <input type="radio"/> | <i>Walang pinapasukan na trabaho o negosyo</i> | | |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_G31'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_G31'] |

'QA24_G28' What is the main reason you did not work last week?

Ano ang pangunahing dahilan na hindi kayo nagtrabaho nitong nakaraang linggo?

AK2

[IF NEEDED, SAY: "MAIN REASON IS THE MOST IMPORTANT REASON."]

[IF NEEDED, SAY: *Ang pangunahing dahilan ay ang pinakamahalagang dahilan*]

- | | | | |
|-----------------------|-------------------------------------|---|--------------------|
| <input type="radio"/> | TAKING CARE OF HOUSE OR FAMILY | 1 | |
| <input type="radio"/> | ON PLANNED VACATION | 2 | |
| <input type="radio"/> | COULDN'T FIND A JOB | 3 | |
| <input type="radio"/> | GOING TO SCHOOL/STUDENT | 4 | |
| <input type="radio"/> | 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?

Karaniwan ba kayong nagtatrabaho?

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_QA23_G31'

'QA24_G30' Are you receiving Social Security Disability Insurance or SSDI?

Tumatanggap ba kayo ng Social Security Disability Insurance o SSDI?

AL22

- YES 1 [GO TO 'PN_QA23_G35']
- NO 2 [GO TO 'PN_QA23_G35']
- REFUSED -7 [GO TO 'PN_QA23_G35']
- DON'T KNOW -8 [GO TO 'PN_QA23_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_QA23_G35'

'QA24_G31' On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

Sa inyong pangunahing trabaho, empleado ba kayo ng isang pribadong kompanya, ng gobyerno, o nagtatrabaho para sa inyong sarili, o nagtatrabaho nang walang sahod sa isang negosyo o sakahan ng pamilya?

AK4

[IF NEEDED, SAY: "WHERE DID YOU WORK MOST HOURS?"]

- PRIVATE COMPANY, NON-PROFIT
ORGANIZATION, FOUNDATION 1
- GOVERNMENT 2

- | | | |
|-----------------------|-------------------------------|----|
| <input type="radio"/> | SELF-EMPLOYED | 3 |
| <input type="radio"/> | FAMILY BUSINESS OR FARM | 4 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?}

{*Anong uri ng ahensya o departamento ito? / Anong uri ng negosyo o industrya ito?*}

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?"]

[IF NEEDED, SAY: *Anong produkto ang yinayari o anong gawain ang ginagawa sa negosyong ito?*"]

[INTERVIEWER: ENTER DESCRIPTION]

_____(GOVERNMENT AGENCY OR
DEPARTMENT/BUSINESS OR
INDUSTRY)

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_G33' What is the main kind of work you do?

Ano ang pangunahing trabaho na inyong ginagawa?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

(OCCUPATION)

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

{*Kabilang ang sarili ninyo, humigi-kumulang/Humigit-Kumulang} ilan ang empleado {ng inyong employer /ninyo} sa lahat ng mga sangay?*

AK8

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE"]

- | | | |
|-----------------------|--------------------|----|
| <input type="radio"/> | 1 OR 2..... | 1 |
| <input type="radio"/> | 3-9 | 2 |
| <input type="radio"/> | 10-24 | 3 |
| <input type="radio"/> | 25-50 | 4 |
| <input type="radio"/> | 51-100 | 5 |
| <input type="radio"/> | 101-200 | 6 |
| <input type="radio"/> | 201-999 | 7 |
| <input type="radio"/> | 1,000 OR MORE..... | 8 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Alin sa sumusunod ang ginawa ng inyong {asawa/partner} nitong nakaraang linggo?

AG8

- | | | | |
|-----------------------|--|----|--------------------|
| <input type="radio"/> | Working at a job or business..... | 1 | [GO TO 'QA24_G37'] |
| <input type="radio"/> | <i>Nagtrabaho sa pinapasukan o sa negosyo</i> | | |
| <input type="radio"/> | With a job or business but not at work..... | 2 | [GO TO 'QA24_G37'] |
| <input type="radio"/> | <i>May pinapasukan o may negosyo ngunit hindi nagtrabaho</i> | | |
| <input type="radio"/> | Looking for work..... | 3 | |
| <input type="radio"/> | <i>Naghanap ng trabaho</i> | | |
| <input type="radio"/> | Not working at a job or business..... | 4 | |
| <input type="radio"/> | <i>Walang pinapasukan na trabaho o negosyo</i> | | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_G36' Does your {spouse/partner} usually work?

Karaniwan bang nagtatrabaho and {asawa/partner} ninyo?

AG11

- | | | | |
|-----------------------|-----------------------|----|-------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_H1'] |
| <input type="radio"/> | LOOKING FOR WORK..... | 3 | [GO TO 'QA24_H1'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_H1'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_H1'] |

'QA24_G37' On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

Sa pangunahing katungkulan ng inyong {asawa/partner}, nagtatrabaho ba {siya/siya} sa isang kompanyang pribado, sa gobyerno, o nagtatrabaho ba {siya/siya} para sa kanyang

sarili, o nagtatrabaho ba {siya/siya} nang walang sahod sa negosyo o sakahan ng pamilya?

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' The next topics are about health insurance and health care.
Is there a place that you usually go to when you are sick or need advice about your health?

*Ang mga susunod na paksa ay tungkol sa health insurance at health care.
Mayroon bang lugar na karaniwang pinupuntahan ninyo kapag may sakit kayo o nangangailangan ng payo tungkol sa inyong kalusugan?*

AH1

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

- | | | | |
|-----------------------|---------------------------|----|-------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_H3'] |
| <input type="radio"/> | DOCTOR/MY DOCTOR | 3 | [GO TO 'QA24_H3'] |
| <input type="radio"/> | KAISER | 4 | [GO TO 'QA24_H3'] |
| <input type="radio"/> | MORE THAN ONE PLACE | 5 | [GO TO 'QA24_H3'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_H3'] |
| <input type="radio"/> | 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?

{Sa anong uri ng lugar kayo pinakamadalas na nagpapatingin - isang medical /Ang doctor ba ninyo ay nasa isang pribadong} office ng doktor isang clinic o sa clinic sa ospital, sa emergency room, o sa Iba Pang lugar?

AH3

- | | | | |
|-----------------------|--|----|--|
| <input type="radio"/> | DOCTOR'S OFFICE/KAISER/
OTHER HMO | 1 | |
| <input type="radio"/> | CLINIC/HEALTH CENTER/
HOSPITAL CLINIC | 2 | |
| <input type="radio"/> | EMERGENCY ROOM..... | 3 | |
| <input type="radio"/> | SOME OTHER PLACE (SPECIFY: _____) 91 | | |
| <input type="radio"/> | NO ONE PLACE | 92 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

Nitong nakaraang 12 buwan, nagpatingin ba kayo sa emergency room ng ospital para sa inyong sariling kalusugan?

AH12

- | | | | |
|-----------------------|-----------|---|--|
| <input type="radio"/> | 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?

Ilang beses ninyo ginawa iyon?

AH95

[IF NEEDED, SAY: "DURING THE PAST 12 MONTHS, HOW MANY TIMES DID YOU VISIT A HOSPITAL EMERGENCY ROOM FOR YOUR OWN HEALTH?"].

- | | |
|-----------------------|-------------------------------|
| <input type="radio"/> | NUMBER OF TIMES [HR: 0 - 200] |
| <input type="radio"/> | REFUSED -7 |
| <input type="radio"/> | 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?

Ang MediCARE ay health insurance program para sa mga taong 65 taong gulang o higit o mga taong may mga partikular na kapansanan. Naka-insure ba kayo sa MediCARE ngayon?

AI1

[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?

Tama ba na hindi kayo naka-insure sa MediCARE kahit na sinabi ninyo sa akin kanina na 65 taong gulang o higit na kayo?

AI2

- CORRECT, NOT COVERED BY MEDICARE 1 [GO TO 'PN_AI6']
- NOT CORRECT, R IS COVERED BY MEDICARE 2 [GO TO 'PN_QA23_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?

Ano ang inyong edad?

AI3

_____ YEARS OF AGE [HR: 18-105] [IF 'QA24_H7'>=0, GO TO 'PN_QA23_H15']

REFUSED -7

DON'T KNOW -8

[GO TO 'PN_QA23_H15']

[GO TO 'PN_QA23_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_QA23_H14'

'QA24_H8' Is this a MediCARE Advantage Plan?

MediCare Advantage Plan ba ito?

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."]

[*Ang MediCARE Advantage plans, na kung minsan tinatawag na Part C plans, ay inaalok ng mga pribadong kompanyang aprobado ng MediCARE. Nagbibigay ang mga MediCARE Advantage plans ng Medicare Part A at Part B coverage.*]

- 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?

Ang ilang tao na karapat-dapat para sa MediCARE ay mayroon ding pribadong insurance na Paminsan-minsan tinatawag na Medigap o Medicare Supplement. Mayroon ba kayong ganitong uri ng health insurance?

AI4

[IF NEEDED, SAY: "THESE ARE POLICIES THAT COVER HEALTH CARE COSTS NOT COVERED BY MEDICARE ALONE.]

[IF NEEDED, SAY: *Mga policy ito na sumasaklaw sa mga gastos sa pangangalaga sa kalusugan na hindi saklaw nang nag-iisa ng Medicare]*

YES 1

NO 2

[GO TO

- REFUSED -7
[GO TO
'PN_QA23_H14']
- DON'T KNOW -8
[GO TO
'PN_QA23_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 sa {MediCARE HMO/MediCARE Supplement plan}, nag-enrol ba kayo nang direktamente, o Nakuha ba ninyo ang insurance na ito sa kasalukuyang employer, sa dating employer, sa union, sa negosyong pampamilya, sa AARP, o sa Iba Pang paraan?

AH126

[IF NEEDED, SAY: "AARP STANDS FOR THE AMERICAN ASSOCIATION OF RETIRED PERSONS"]

- 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.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan na ito? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya

AH53

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.]

[IF NEEDED, SAY: "A DEDUCTIBLE IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Mayroon bang sinumang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan na ito?

AH54

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_H14'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_H14'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_H14'] |

'QA24_H13' Who is that?

Sino iyon?

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?"]

[CODE ALL THAT APPLY]

[PROBE: "ANY OTHERS?"]

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | YOUR CURRENT EMPLOYER | 1 |
| <input type="checkbox"/> | YOUR FORMER EMPLOYER | 2 |
| <input type="checkbox"/> | UNION..... | 3 |
| <input type="checkbox"/> | SPOUSE'S/PARTNER'S
CURRENT EMPLOYER | 4 |
| <input type="checkbox"/> | SPOUSE'S/PARTNER'S FORMER
EMPLOYER | 5 |
| <input type="checkbox"/> | PROFESSIONAL/FRATERNAL
ORGANIZATION..... | 6 |
| <input type="checkbox"/> | MEDICAID/MEDI-CAL ASSISTANCE | 7 |
| <input type="checkbox"/> | OTHER..... | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

{*Tama ba na naka-insure kayo/Naka-insure ba kayo*} sa Medi-CAL?

A16

[IF NEEDED, SAY: " MEDI-CAL IS A HEALTH INSURANCE PROGRAM FOR LOW-INCOME INDIVIDUALS IN 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?

{*Maliban sa Medicare supplement plan/Maliban sa Medicare Advantage Plan na binanggit ninyo sa akin}, Naka-insure ba kayo sa {anumang iba Pang/isang health insurance plan o HMO sa pamamagitan ng isang kasalukuyan o dating employer o union? Naka-insure ba kayo sa health insurance plan o sa HMO sa pamamagitan ng kasalukuyan o dating employer o union?*

A18

[IF NEEDED, SAY: "...either through your own or someone else's employment?"]
 [IF NEEDED, SAY '... sa pamamagitan ng inyong sariling trabaho o kaya'y sa trabaho ng ibang tao?']

- 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_QA23_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?

Naka-insure ba kayo sa isang health insurance plan na binili ninyo nang direkta mula sa isang insurance company o HMO, o sa pamamagitan ng 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."]

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_H18'] |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_H18'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_H18'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_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_QA23_H18'

'QA24_H17' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direktly mula sa isang insurance company, HMO, o sa pamamagitan ng Covered California?

AH104

- | | | |
|-----------------------|-------------------------------|----|
| <input type="radio"/> | INSURANCE COMPANY OR HMO..... | 1 |
| <input type="radio"/> | COVERED CALIFORNIA..... | 2 |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 92 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_H20'

'QA24_H18' Was this plan obtained in your own name or in the name of someone else?

Paano ninyo binili itong health insurance - direkta mula sa isang insurance company, HMO, o sa pamamagitan ng Covered California?

A19

[IF NEEDED, SAY: "EVEN SOMEONE WHO DOES NOT LIVE IN THIS HOUSEHOLD."]

- IN MY OWN NAME.....1 [GO TO
'PN_QA23_H20']
- IN SOMEONE ELSE'S NAME2 [GO TO
'PN_QA23_H20']
- REFUSED-7 [GO TO
'PN_QA23_H20']
- DON'T KNOW-8 [GO TO
'PN_QA23_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' = 1 OR 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?

Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,} {pangalan ng inyong magulang,} o pangalan ng Iba Pang tao?

A19A

- IN SPOUSE'S/PARTNER'S NAME1
- IN PARENT'S NAME2
- IN SOMEONE ELSE'S NAME3
- 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?

Paano {kayo/siya} nagpatala para sa health insurance na ito - sa pamamagitan ng isang employer, union, o SHOP program ng Covered California?

AH105

[IF NEEDED, SAY: "SHOP IS THE SMALL BUSINESS HEALTH OPTIONS PROGRAM ADMINISTERED BY COVERED CALIFORNIA"]

[Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California]

- EMPLOYER1
- UNION.....2
- SHOP / COVERED CALIFORNIA3
- 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_QA23_H23';

'QA24_H21' Was this a bronze, silver, gold or platinum plan?

Bronze, silver, gold o platinum plan ba ito?

AH106

- | | | |
|-----------------------|--|----|
| <input type="radio"/> | BRONZE | 1 |
| <input type="radio"/> | SILVER | 2 |
| <input type="radio"/> | GOLD | 3 |
| <input type="radio"/> | PLATINUM | 4 |
| <input type="radio"/> | MEDI-CAL / MEDICAID | 5 |
| <input type="radio"/> | MINIMUM COVERAGE PLAN/
CATASTROPHIC | 6 |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 92 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

*Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium para sa
plan na ito?*

AH107

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_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.

*Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa
health plan na ito? Huwag bilangin ang gastos para sa anumang mga co-pay o mga
deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya*

AH57

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR
HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE
SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE
COVERAGE."]

[IF NEEDED, SAY: *Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage*]

[IF NEEDED, SAY: "A DEDUCTIBLE IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING.]

[Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.' 'Premium is the monthly charge for the cost of your health insurance plan.]

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

[IF NEEDED, SAY: *Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.*]

- | | | | |
|-----------------------|------------------|----|----------------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_H26'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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.

Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage

AH128

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay].

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

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

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

_____ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Mayroon bang sinumang iba pa, gaya ng isang employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan na ito?

AH58

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
‘PN_QA23_H28’] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
‘PN_QA23_H28’] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
‘PN_QA23_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?

{*Sino, maliban sa inyo, ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito ,gaya ng isang employer, union, o samahang pampropesyonal/ Sino iyon?*}

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?】

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | YOUR CURRENT EMPLOYER | 1 |
| <input type="checkbox"/> | YOUR FORMER EMPLOYER..... | 2 |
| <input type="checkbox"/> | UNION..... | 3 |
| <input type="checkbox"/> | SPOUSE'S/ PARTNER'S
CURRENT EMPLOYER | 4 |
| <input type="checkbox"/> | SPOUSE'S/ PARTNER'S
FORMER EMPLOYER | 5 |
| <input type="checkbox"/> | PROFESSIONAL/
FRATERNAL ORGANIZATION | 6 |
| <input type="checkbox"/> | MEDICAID/MEDI-CAL ASSISTANCE | 7 |
| <input type="checkbox"/> | MEDICARE | 9 |
| <input type="checkbox"/> | COVERED CALIFORNIA..... | 11 |
| <input type="checkbox"/> | OTHER..... | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Magkano ang inaambag nila sa inyong plan bawat buwan?

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?

Nag-aalok ba ng health insurance ang inyong employer sa mga empleado nito?

AI13

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

[GO TO
 'PN_QA23_H32']
[GO TO
 'PN_QA23_H32']
[GO TO
 'PN_QA23_H32']
[GO TO
 'PN_QA23_H32']

'QA24_H29' Are you eligible to be in this plan?

Karapat-dapat ba kayong sumali sa plan na ito?

AI14

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

[GO TO 'PN_AI5A']
[GO TO
 'PN_QA23_H32']
[GO TO
 'PN_QA23_H32']
[GO TO
 'PN_QA23_H32']

'QA24_H30' What is the one main reason why you aren't in this plan?

Ano ang isang pangunahing dahilan na hindi kayo kasali sa plan na ito?

AI15

- Covered by another plan.....1
- Sakop ng Iba Pang plan*
- Plan too expensive.....2
- Masyadong mahal ang plan*
- Didn't like plan offered3
- Hindi gusto ang inihandog na plan*
- Don't need or believe in health insurance....4
- Hindi kailangan o hindi naniniwala sa health insurance*
- Other (Specify: _____).....91

[GO TO
 'PN_QA23_H32']
[GO TO
 'PN_QA23_H32']

- Iba Pa (Tukuyin: _____)
- REFUSED -7 [GO TO
‘PN_QA23_H32’]
- DON’T KNOW -8 [GO TO
‘PN_QA23_H32’]

‘QA24_H31’ What is the one main reason why you are not eligible for this plan?

Ano ang isang pangunahing dahilan na hindi kayo karapat-dapat para sa plan na ito?

AI15A

- HAVEN’T YET WORKED FOR 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_QA23_H33’

‘QA24_H32’ Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

Naka-insure ba kayo sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa Iba Pang pangangalagang pangkalusugan ng militar?

AI16

- YES 1
- 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?

*Naka-insure ba kayo sa Iba Pang health plan ng gobyerno, gaya ng AIM, ‘Mister MIP,’
Family Pact, Healthy Kids, o iba pa?*

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.]

[*Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program; ang Family PACT ang programa ng estado na nagbabayad para sa serbisyon pangkalusugang para sa pagpipigil sa pagbubuntis/pag-aanak para sa mga hindi naka-insure na mga Babae't lalake na mabababa ang kita; at ang PCIP ang insurance plan para sa mga dati nang umiiral na karamdamang.*]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Mayroon ba kayong anumang health insurance sa pamamagitan ng isang plan na di ko nabanggit?

AI18

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_H38'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_H38'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_H38'] |

'QA24_H35' What type of health insurance do you have?

Anong uri ng health insurance ang mayroon kayo?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[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: *Nakukuha ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dati ninyong pinagtatrabuhuan/union, sa pamamagitan ng paaralan, samahang pampropesyal, grupo ng manggagawa, o iba pang samahan, o direkta mula sa health plan?*]

- 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_QA23_H38'

'QA24_H36' Was this plan obtained in your own name or in the name of someone else?

Kinuha ba ang plan na ito sa pangalan ninyo o sa pangalan ng ibang tao?

AH59

[PROBE: "Even someone who does not live in this household?"]

- IN MY OWN NAME 1 [GO TO 'PN_QA23_H38']
- IN SOMEONE ELSE'S NAME 2 [GO TO 'PN_QA23_H38']
- REFUSED -7 [GO TO 'PN_QA23_H38']
- DON'T KNOW -8 [GO TO 'PN_QA23_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?

Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,} {pangalan ng inyong magulang,} o pangalan ng Iba Pang tao?

AH60

- IN SPOUSE'S / PARTNER'S NAME1
- IN PARENT'S NAME2
- IN SOMEONE ELSE'S NAME3
- 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 (AMERICAN 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?

Naka-insure ba kayo sa Indian Health Service, sa Tribal Health Program o sa Urban Indian Clinic?

AI20

- YES1
- NO2
- 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.

AI37Intro

Ang susunod na mga tanong ay tungkol sa uri ng health insurance na maaaring mayroon ang inyong [asawa/partner]

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_QA23_H43'

'QA24_H40' {You said that you are covered by Medicare.} Is (**SPOUSE/PARTNER**) {also} covered by Medicare?

{Sinabi ninyo na naka-insure kayo sa Medicare.} Naka-insure {rin} ba sa Medicare ang inyong (asawa/partner)?/{Sinabi ninyo na naka-insure kayo sa Medicare.} Naka-insure {rin} ba sa Medicare ang inyong (asawa/partner)?}}

AI37

- Yes 1
- Oo
- No..... 2
- Hindi
- 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'= 1 THEN DISPLAY "partner's";

'QA24_H41' {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

{Sinabi ninyo na mayroon kayong Medicare Advantage plan.} Mayroon {din} bang isang Medicare Advantage Plan ang inyong {asawa/partner}?

AH127

[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."].

Ang MediCARE Advantage plans, na kung minsan tinatawag na Part C plans, ay inaalok ng mga pribadong kompanyang aprobado ng MediCARE. Nagbibigay ang mga MediCARE Advantage plans ng Medicare Part A at Part B coverage

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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' = 1 THEN DISPLAY "partner";
ELSE GO TO 'PN_QA23_H43'

'QA24_H42' {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also}
have a Medicare supplement plan?

*{Sinabi ninyo na mayroon kayong Medicare supplement plan.} Mayroon {din} bang
Medicare supplemental policy ang inyong {partner/asawa}?*

AI37A

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_H44'

'QA24_H43' You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

*Sinabi ninyo na mayroon {din} kayong Medi-Cal. Naka-insure din ba sa Medi-Cal ang
inyong (ASAWA/PARTNER)?*

AI38

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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 your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

Sinabi ninyo na mayroon {din} kayong insurance mula sa inyong kasalukuyan o dating employer o union. Naka-insure {rin} ba ang inyong (ASAWA/PARTNER) sa insurance mula sa inyong employer o union?

AI40

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | .1 | [GO TO
'PN_QA23_H47'] |
| <input type="radio"/> | NO | .2 | |
| <input type="radio"/> | OTHER | .3 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

Sinabi ninyo na mayroon kayong health insurance sa pamamagitan ng SHOP program ng Covered California. Naka-insure {rin} ba ang inyong (ASAWA/PARTNER) sa health insurance na ito?

AH108

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

[*Ang SHOP ay ang Small Health Options Program na pinangangasiwaan ng Covered California.*]

- | | | | |
|-----------------------|------------------|----|-------------------------|
| <input type="radio"/> | YES | .1 | [GO T
'PN_QA23_H47'] |
| <input type="radio"/> | NO | .2 | |
| <input type="radio"/> | OTHER | .3 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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_QA23_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?

Sinabi ninyo na mayroon kayong insurance mula sa employer o union ng inyong asawa./Sinabi ninyo na mayroon kayong insurance mula sa employer o union ng inyong partner.} Mayroon {din} bang insurance ang inyong (ASAWA/PARTNER) mula sa {kanyang} sariling employer?

AI40A

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | OTHER | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_H48'

'QA24_H47' You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

Sinabi ninyo na mayroon {din} kayong plan na binili ninyo nang direkta mula sa kompanya ng insurance. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI41

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | OTHER | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_H49'

'QA24_H48' You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

Sinabi ninyo na mayroon kayong plan na binili ninyo nang direkta mula sa Covered California. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AH109

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_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?

Sinabi ninyo na mayroon {din} kayong health insurance sa pamamagitan ng CHAMPUS/CHAMPUS-VA, TRICARE, VA o sa Iba Pang pangangalagang pangkalusugan ng militar. Naka-insure rin ba sa plan na ito ang inyong (ASAWA/PARTNER)

AI42

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_H51**'

'QA24_H50' You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

Sinabi ninyo na mayroon {din} kayong health insurance sa pamamagitan ng {AIM/MRMIP/Family PACT/PCIP/isang health plan ng gobyerno}. Naka-insure din ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI42A

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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}?

Mayroon bang {anumang} health insurance ang inyong (ASAWA/PARTNER) sa pamamagitan ng iba Pang pinanggagalingan?

AI46

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_H53'] |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_H57'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_H57'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_H57'] |

'QA24_H52' What type of health insurance does {he/she} have?

Anong uri ng health insurance ang mayroon {siya}?

AI47

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

[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: "Gaya ng mula sa kasalukuyan o dati ninyong pinagtatrabahuan, o na binili nila nang direkta mula sa health plan.]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: Nakuh ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkta mula sa health plan?"]]

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | THROUGH CURRENT OR FORMER EMPLOYER/UNION | 1 |
| <input type="checkbox"/> | THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION | 2 |
| <input type="checkbox"/> | PURCHASED DIRECTLY FROM HEALTH PLAN | 3 |
| <input type="checkbox"/> | MEDICARE | 4 |
| <input type="checkbox"/> | MEDI-CAL | 5 |
| <input type="checkbox"/> | CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE | 7 |
| <input type="checkbox"/> | INDIAN HEALTH SERVICE, TRIBAL | |

	HEALTH PROGRAM, OR URBAN	
<input type="checkbox"/>	INDIAN CLINIC	8
<input type="checkbox"/>	COVERED CALIFORNIA.....	10
<input type="checkbox"/>	SHOP THROUGH COVERED CALIFORNIA.....	11
<input type="checkbox"/>	OTHER GOVERNMENT HEALTH PLAN	91
<input type="checkbox"/>	OTHER NON-GOVERNMENT HEALTH PLAN	92
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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 SPOOTHER = 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?

Sinabi ninyo na walang health insurance ang inyong (ASAWA/PARTNER) mula sa anumang Iba Pang pinagkukunan? Tama ba ito?

AI48

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_H57'] |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_H57'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_H57'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_H57'] |

'QA24_H54' What type of health insurance does {he/she} have?

Anong uri ng health insurance ang mayroon {siya}?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[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?"]

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | THROUGH CURRENT OR
FORMER EMPLOYER/UNION | 1 |
| <input type="checkbox"/> | THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR
OTHER ORGANIZATION | 2 |
| <input type="checkbox"/> | PURCHASED DIRECTLY FROM
HEALTH PLAN | 3 |
| <input type="checkbox"/> | MEDICARE | 4 |
| <input type="checkbox"/> | MEDI-CAL | 5 |
| <input type="checkbox"/> | CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH
CARE | 7 |
| <input type="checkbox"/> | INDIAN HEALTH SERVICE, TRIBAL
HEALTH PROGRAM, OR URBAN
INDIAN CLINIC | 8 |
| <input type="checkbox"/> | COVERED CALIFORNIA..... | 10 |
| <input type="checkbox"/> | SHOP THROUGH COVERED
CALIFORNIA..... | 11 |
| <input type="checkbox"/> | OTHER GOVERNMENT
HEALTH PLAN | 91 |
| <input type="checkbox"/> | OTHER NON-GOVERNMENT
HEALTH PLAN | 92 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

POST NOTE 'QA24_H54': IF 'QA24_H54' = 1, SET SPMPOTH = 1 AND SET SPINSURE = 1;
 IF 'QA24_H54' = 2, SET SPMPOTH = 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_QA23_H57'

'QA24_H55' Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

Kinuha ba ang plan na ito sa pangalan ng inyong {asawa/partner} o sa pangalan ng ibang tao?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household"]

[[IF NEEDED, SAY: Kahit ibang taong hindi tumitira sa pamamahay na ito.]

- | | | | |
|-----------------------|---------------------------------|----|--------------------------|
| <input type="radio"/> | IN SPOUSE'S/PARTNER'S NAME..... | 1 | [GO TO
‘PN_QA23_H57’] |
| <input type="radio"/> | IN SOMEONE ELSE'S NAME | 2 | |
| <input type="radio"/> | REFUSED | -7 | [GO TO
‘PN_QA23_H57’] |
| <input type="radio"/> | DON'T KNOW..... | -8 | [GO TO
‘PN_QA23_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?

Nasa pangalan ba ninyo ang plan, pangalan ng magulang ninyo, o pangalan ng ibang tao?

AH63

- | | | |
|-----------------------|------------------------------|----|
| <input type="radio"/> | IN MY NAME..... | 1 |
| <input type="radio"/> | IN MY PARENT'S NAME | 2 |
| <input type="radio"/> | IN SOMEONE ELSE'S NAME | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Nag-aalok ba ng health insurance ang employer ng inyong {asawa/partner} sa sinuman sa mga empleado nito?

AI43

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QA23_H61']
[GO TO
'PN_QA23_H61']

'QA24_H58' Is {he/she} eligible to be in this plan?

Karapat-dapat ba {siyang} sumali sa plan na ito?

AI44

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QA23_H60']
[GO TO
'PN_QA23_H61']
[GO TO
'PN_QA23_H61']

'QA24_H59' What is the ONE main reason why {he/she} isn't in this plan?

Ano pangunahing dahilan na hindi {siya} kasali sa plan na ito?

AI45

- COVERED BY ANOTHER PLAN 1
 - PLAN TOO EXPENSIVE 2
 - DIDN'T LIKE THE PLAN OFFERED 3
 - DIDN'T NEED OR BELIEVE IN
HEALTH INSURANCE 4
 - OTHER (SPECIFY: _____) 91
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QA23_H61']
[GO TO
'PN_QA23_H61']

'QA24_H60' What is the one main reason why {he/she} is not eligible for this plan?

Ano ang isang pangunahing dahilan na hindi {siya} karapat-dapat para sa plan na ito?

AI45A

- 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 your other health plan./Next, I have some questions about your own main health plan.}

{*Maliban sa MediCARE plan na binaggit ninyo sa akin kanina, mayroon akong mga katanungan tungkol sa inyong ibang health plan.*}

AI22C

Is your {Medi-Cal/other} health plan an HMO?

Isang HMO ba ang inyong {Medi-Cal/ibang} health plan?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.”]

[*Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin ninyo ang mga doktor at ospital na kaanib sa kanilang network. Kung lalabas kayo sa network, sa karaniwan hindi mababayaran ito maliban kung ito'y emergency*]

[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: *Ang PANGUNAHING health plan ninyo.*]

- | | | | |
|-----------------------|------------------|----|----------------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
‘PN_QA23_H63’] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

PPO o EPO ba ang inyong health plan?

AH122

[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: *Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doctor at mga espesyalista na wala nang referral mula sa inyong primary care provider*]

[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: *Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doctor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doctor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwirang magpagamot sa mga doktor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider.*]

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

- | | | |
|-----------------------|----------|---|
| <input type="radio"/> | PPO..... | 1 |
| <input type="radio"/> | 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?

Ano ang pangalan ng inyong pangunahing health plan?

AI22A

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

- 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
- CALIFRIAKIDS (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
○	KAISEL PERMANENTE	47
○	KAISEL 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 your own main health plan.} Are you covered for
your prescription drugs? That is, does some plan pay any part of the cost?

Susunod, may ilang katanungan ako tungkol sa inyong pangunahing health plan.} Naka-insure ba kayo para sa mga gamot na inirereseta sa inyo? Ibig sabihin, may plan bang nagbabayad ng anumang bahagi ng gastos?

AI25

- 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?

May deductible ba na higit sa \$1,000 ang health plan Ninyo?

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: *Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.*]

- 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 for all covered persons that is more than \$2,000?

May deductible ba na mahigit sa \$2,000 para sa lahat ng taong naka-insure ang inyong health plan?

AH72

[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: *Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.*.]

- 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?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot?

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)."]

[*Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs) o Health Reimbursement Accounts (HRAs). Ang Iba Pang mga pangalan na kabilang nito ay ang - Personal care accounts, Personal medical funds, o Choice funds, at kakaiba ito sa mga Flexible Spending Account na ipinagkakaloob ng mga employer.*.]

- YES 1
- 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?

May pera ka ba sa account na ito?

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.

Magkaano ang pera mo sa account na ito?

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?

Isipin ninyo ang inyong kasalukuyang health insurance, ito rin ba mismo ang insurance ninyo sa kabuuan 12 ng nakaraang 12 buwan

AI31

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QA24_H72']
[GO TO 'QA24_H78']
[GO TO 'QA24_H73']

'QA24_H71' How long have you had your current health insurance?

Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang Iba Pang health insurance?

AH132

[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
 - DON'T KNOW -8
- [GO TO 'QA24_H76']
[GO TO 'QA24_H76']

'QA24_H72' Out of the last 12 months, how many months did you have your current health insurance plan?

Sa loob ng nakaraang labindalawang buwan, ilang buwan ka nagkaroon ng insurance sa kasalukuyan mong health insurance?

AH133

[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?

Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang Iba Pang health insurance?

AI32

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_H76'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_H76'] |
| <input type="radio"/> | 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?

Medi-Cal ba ang Iba Pang insurance ninyo, isang plan na Nakuhang ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

AI33

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | MEDI-CAL | 1 |
| <input type="checkbox"/> | OBTAINED THROUGH CURRENT
OR FORMER EMPLOYER/UNION | 3 |
| <input type="checkbox"/> | PURCHASED DIRECTLY..... | 5 |
| <input type="checkbox"/> | PURCHASED THROUGH COVERED
CALIFORNIA..... | 6 |
| <input type="checkbox"/> | OTHER HEALTH PLAN..... | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Bago nitong kasalukuyang plan ninyo na ito, aling health insurance ang ginamit ninyo?

AH134

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | MEDI-CAL | 1 |
| <input type="checkbox"/> | OBTAINED THROUGH CURRENT
OR FORMER EMPLOYER/UNION | 3 |
| <input type="checkbox"/> | PURCHASED DIRECTLY..... | 5 |
| <input type="checkbox"/> | PURCHASED THROUGH COVERED
CALIFORNIA..... | 6 |
| <input type="checkbox"/> | OTHER HEALTH PLAN..... | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Bago ang kasalukuyan mong plan, may iba ka bang health insurance na inilalaan ng Medi-CAL, ng isang employer, isang plan na direkta mong binili mula sa isang insurance

company, isang plan na binili mo sa pamamagitan ng Covered California, o Iba Pang plan?

AH135

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | MEDI-CAL | 1 |
| <input type="checkbox"/> | OBTAINED THROUGH CURRENT
OR FORMER EMPLOYER/UNION | 3 |
| <input type="checkbox"/> | PURCHASED DIRECTLY..... | 5 |
| <input type="checkbox"/> | PURCHASED THROUGH COVERED
CALIFORNIA..... | 6 |
| <input type="checkbox"/> | OTHER HEALTH PLAN..... | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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}?

Gaano nang katagal na nasasa-inyo ang {medi-CAL/ Covered California plan/Iba Pang health} plan {sa pamamagitan ng kasalukuyan o dating employer o union/na direkta ninyong binili}?

AH136

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

- | | | | |
|-----------------------|------------------|------------------|-----------------------------|
| <input type="radio"/> | _____ | NUMBER OF YEARS | [IF>0 GOTO AH137] |
| <input type="radio"/> | _____ | NUMBER OF MONTHS | [IF>0 GOTO AH137] |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_H78' During the past 12 months, did you change your health insurance plan?

Sa loob ng nakaraang labindalawang buwan, binago ba ng inyong asawa ang kanyang health insurance plan?

AH137

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

[IF NEEDED: Paki-bilang ang mga pagbabago sa kanyang health plan mula sa mga pareho o magkakaibang health insurance companies]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala kayong anumang health insurance?

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_QA23_H91'.

'QA24_H80' For how many months of the past 12 months did you have no health insurance at all?

Ilang buwan nitong nakaraang 12 buwan na wala kayong health insurance?

AI35

[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_QA23_H91']
- REFUSED -7 [GO TO 'PN_QA23_H91']
- DON'T KNOW -8 [GO TO 'PN_QA23_H91']

Reasons for Lack of Coverage

'QA24_H81' What is the one main reason why you did not have any health insurance during those months?

Ano ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance sa mga buwan na iyon?

AI36

- CAN'T AFFORD/TOO EXPENSIVE 1
- NOT ELIGIBLE DUE TO WORKING STATUS/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?

Ito ba ay dahil sa Pagkawala ng trabaho, Pagbabawas ng oras, Pagpalit ng employer, o ibang dahilan?

AH140

- Lost job.....1
- Pagkawala ng trabaho*
- Reduction in hours2
- Pagbabawas ng oras*
- Change in employer3
- Pagpalit ng employer*
- Something else (Specify: _____) 91
- Ibang dahilan (Pakitukoy: _____)*
- 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?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

AH74

- YES1 [GO TO
'PN_QA23_H91']
- NO2 [GO TO
'PN_QA23_H91']
- REFUSED -7 [GO TO
'PN_QA23_H91']
- DON'T KNOW -8 [GO TO
'PN_QA23_H91']

'QA24_H84' What is the one main reason why you do not have any health insurance?

Ano ang isang pangunahing dahilan kung bakit wala kayong anumang health insurance?

AI24

[IF R SAYS NO NEED, PROBE WHY]

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS CHANGED EMPLOYER/ LOST JOB2 [GO TO 'QA24_H85']
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED5
- DON'T BELIEVE IN INSURANCE6
- DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES ...7
- CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8
- 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?

Ito ba ay dahil sa Pagkawala ng trabaho, Pagbabawas ng oras, Pagpalit ng employer, o ibang dahilan?

AH141

- | | | |
|--------------------------|------------------------------------|----|
| <input type="checkbox"/> | LOST JOB..... | 1 |
| <input type="checkbox"/> | REDUCTION IN HOURS | 2 |
| <input type="checkbox"/> | CHANGE IN EMPLOYEE..... | 3 |
| <input type="checkbox"/> | SOMETHING ELSE (SPECIFY: _____) 91 | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_H86' During the time that you have been uninsured, have you tried to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health insurance nang walang tulong?

AH75

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_H87' Were you covered by health insurance at any time during the past 12 months?

May health insurance ba kayo kailanman nitong nakaraang 12 buwan?

AI27

- | | | | |
|-----------------------|------------------|----|---------------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_H89'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_H88' How long has it been since you last had health insurance?

Gaano katagal na mula noong huling may health insurance kayo?

AI28

- | | | | |
|-----------------------|------------------------------------|----|----------------------------------|
| <input type="radio"/> | MORE THAN 12 MONTHS AGO, BUT | 1 | [GO TO
'PN_QA23_H91'] |
| NOT MORE THAN 3 YEARS | | | |
| <input type="radio"/> | MORE THAN 3 YEARS | 2 | [GO TO
'PN_QA23_H91'] |
| <input type="radio"/> | NEVER HAD HEALTH INSURANCE | 3 | [GO TO
'PN_QA23_H91'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_H91'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_H91'] |

'QA24_H89' For how many months out of the last 12 months did you have health insurance?

Ilang buwan nitong nakaraang 12 buwan may health insurance kayo?

AI29

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

_____ MONTHS [HR: 0-12]

[GO TO

‘PN_QA23_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?

Noong mayroon kayong health insurance, Medi-CAL ba ang inyong insurance, isang plan na Nakuhang ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa isang insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

AI30

[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_QA23_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?

Nitong nakaraang 12 buwan, sinubukan ba ninyong bumili ng health insurance plan nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AH103H

- YES 1
- NO 2 [GO TO
‘PN_QA23_H108’]
- REFUSED -7 [GO TO
‘PN_QA23_H108’]
- DON’T KNOW -8 [GO TO
‘PN_QA23_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?

Binibili ba ninyo nang direktang mula sa insurance company o HMO, o sa pamamagitan ng Covered California, o kapwa mula sa insurance company at sa pamamagitan ng Covered California?

AH110H

- DIRECTLY FROM AN INSURANCE COMPANY OR HMO 1
- 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.}

{Una isipin ninyo ang inyong karanasan sa pagsikap bumili ng insurance nang direktang mula sa insurance company o HMO.}

AH98H

How difficult was it to find a plan with the coverage you needed? Was it...

Gaano kahirap makahanap ng plan na may mga coverage na kailangan ninyo?

- Very difficult..... 1
- Talagang mahirap*
- Somewhat difficult..... 2
- Medyo mahirap*
- Not too difficult 3
- Hindi masyadong mahirap*
- Not at all difficult..... 4
- Hindi mahirap kahit Kaunti*
- REFUSED -7
- DON'T KNOW -8

'QA24_H94' How difficult was it to find a plan you could afford? Was it...

Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay...

AH99H

- Very difficult..... 1
- Talagang mahirap*
- Somewhat difficult..... 2
- Medyo mahirap*
- Not too difficult 3
- Hindi masyadong mahirap*
- Not at all difficult..... 4
- Hindi mahirap kahit Kaunti*
- REFUSED -7
- DON'T KNOW -8

'QA24_H95' Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

AH100H

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO
'PN_QA23_H97'] |
| <input type="radio"/> | No..... | 2 | [GO TO
'PN_QA23_H97'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_H97'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_H97'] |

'QA24_H96' Who helped you?

Sino ang tumulong sa inyo?

AH101H

- | | | |
|-----------------------|------------------------------|----|
| <input type="radio"/> | BROKER | 1 |
| <input type="radio"/> | FAMILY MEMBER/FRIEND | 2 |
| <input type="radio"/> | INTERNET | 3 |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_H91';

'QA24_H97' {Now, think about your experience with Covered California.}

{Ngayon, isipin ang inyong karanasan sa Covered California.}

AH111H

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

Gaano kahirap humanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California?

- | | | |
|-----------------------|-----------------------------------|----|
| <input type="radio"/> | Very difficult..... | 1 |
| <input type="radio"/> | <i>Talagang mahirap</i> | |
| <input type="radio"/> | Somewhat difficult..... | 2 |
| <input type="radio"/> | <i>Medyo mahirap</i> | |
| <input type="radio"/> | Not too difficult | 3 |
| <input type="radio"/> | <i>Hindi masyadong mahirap</i> | |
| <input type="radio"/> | Not at all difficult..... | 4 |
| <input type="radio"/> | <i>Hindi mahirap kahit Kaunti</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_H98' How difficult was it to find a plan you could afford? Was it...

Gaano kahirap humanap ng plan na abot-kaya ninyo? Ito ba ay...

AH112H

- Very difficult.....1
- Talagang mahirap*
- Somewhat difficult.....2
- Medyo mahirap*
- Not too difficult3
- Hindi masyadong mahirap*
- Not at all difficult.....4
- Hindi mahirap kahit Kaunti*
- REFUSED-7
- DON'T KNOW-8

'QA24_H99' Did anyone help you find a health plan?

Mayroon bang tumulong sa inyong humanap ng health plan?

AH113H

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

[GO TO
'PN_QA23_H101']
[GO TO
'PN_QA23_H101']
[GO TO
'PN_QA23_H101']

'QA24_H100' Who helped you?

Sinong tumulong sa inyo?

AH114H

- BROKER1
- FAMILY MEMBER / FRIEND2
- INTERNET3
- CERTIFIED ENROLLMENT
- COUNSELLOR4
- 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?

Nasa inyo ba ang lahat ng impormasyon na sa tingin ninyo ay kailangan ninyo para makapagdesisyon nang Mabuti tungkol sa health plan?

AH115H

- YES1
- NO2
- 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?

Nakakuha ba kayo ng impormasyon sa inyong wika tungkol sa mga maaari ninyong mapili sa health plan?

AH116H

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Ang presyo ba ng plan na pinili ninyo ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH117H

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | VERY IMPORTANT | 1 |
| <input type="radio"/> | SOMEWHAT IMPORTANT..... | 2 |
| <input type="radio"/> | NOT IMPORTANT | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_H104' Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpagamot sa isang partikular na doctor ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH118H

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | VERY IMPORTANT | 1 |
| <input type="radio"/> | SOMEWHAT IMPORTANT..... | 2 |
| <input type="radio"/> | NOT IMPORTANT | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_H105' Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Ang abilidad ba na makapagpagamot sa isang partikular na ospital ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH119H

- | | | |
|-----------------------|-------------------------|----|
| <input type="radio"/> | VERY IMPORTANT | 1 |
| <input type="radio"/> | SOMEWHAT IMPORTANT..... | 2 |
| <input type="radio"/> | NOT IMPORTANT | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Iyong mapagpipiliang mga doktor ba na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH120H

- | | | |
|-----------------------|-------------------------|---|
| <input type="radio"/> | VERY IMPORTANT | 1 |
| <input type="radio"/> | SOMEWHAT IMPORTANT..... | 2 |
| <input type="radio"/> | 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 most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

Pangwakas, ano ang naging pinaka-importanteng dahilan kung bakit pinili ninyo ang inyong {Bronze/Silver/Gold/Platinum} plan?

AH121H

Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

Iyon ba ay ang presyo, ang abilidad ninyong magpagamot sa isang partikular na doctor, ang abilidad ninyong makapunta sa isang partikular na ospital, ang inyong mapagpipiliang mga provider na kaanib sa network ng inyong plan, o Iba Pang dahilan?

- COST 1
 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...

Sa pangkalahatan, gaano ka nasisiyahan sa kasalukuyan mong health insurance plan?

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?

Nitong nakaraang 12 buwan, naging pasyente ba kayo na na-ospital nang magdamag o mas matagal pa?

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?

Ang mga sumusunod na katanungan ay tungkol sa kasalukuyan mong health plan.} Naabot mo ba ang limit ng kaya lang bayaran ng inyong insurance company sa loob ng panahon na may insurance plan ka sa kanila?

AH79B

[IF NEEDED, SAY: "EVER for your current health plan."]

- YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- [GO TO 'QA24_H112']
[GO TO 'QA24_H112']
[GO TO 'QA24_H112']

- 'QA24_H111'** Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang labindalawang buwan?

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?

Sa loob ng nakaraang labindalawang buwan, mayroon bang mga medical bill na nahirapan kang bayaran o hindi mo nabayaran, para sa sarili mo o sa sinumang miyembro ng pamilya sa inyong tahanan?

AH81B

[IF NEEDED, SAY: "Dental bills should be included."]

- YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- [GO TO 'PN_QA23_I1']
[GO TO 'PN_QA23_I1']
[GO TO 'PN_QA23_I1']

- 'QA24_H113'** What is the total amount of medical bills?

Magkano ang kabuuang halaga ng mga medical bill na ito?

AH83B

[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]

- LESS THAN \$1,000 1
 \$1,000 TO LESS THAN \$2,000 2

- \$2,000 TO LESS THAN \$4,0003
- \$4,000 TO LESS THAN \$8,0004
- \$8,000 OR MORE5
- NONE6
- REFUSED7
- DON'T KNOW-8

'QA24_H114' Were you or your family member uninsured at the time care was provided?

Ikaw ba o ang mga miyembro ng inyong pamilya ay walang insurance noong binigyan kayo ng pangangalaga?

AH84B

- YES1
- NO2
- MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS, SOME UNINSURED AND SOME INSURED3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'AH142':

IF R LIVES IN LOS ANGELES COUNTY, CONTINUE;
ELSE GO TO 'AH85B'

IF 'AH81B' = 1 THEN CONTINUE;
ELSE GO TO 'PN_AH144A';

'AH142' Where did you receive the care that led to these unpaid medical bills?

Saan mo natanggap ang pangangalaga na humantong sa mga hindi nabayarang medikal na bayarin na ito?

AH142

[CHECK ALL THAT APPLY]

- MEDICAL DOCTOR'S OFFICE OR CLINIC1
- HOSPITAL OR EMERGENCY ROOM2
- AMBULANCE OR OTHER MEDICAL TRANSPORTATION3
- URGENT CARE4
- DENTIST5
- OTHER (SPECIFY: _____)91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'AH143':

IF MULTIPLE SELCTIONS FROM 'AH142' THEN CONTINUE, AND ONLY DISPLAY RESPONSES FROM 'AH142';
ELSE GO TO 'PN_AH144A';

'AH143' Which of these resulted in the greatest amount of unpaid medical bills?

Alin sa mga ito ang nagresulta sa pinakamalaking halaga ng mga hindi nabayarang medikal na bayarin?

AH143

- MEDICAL DOCTOR'S OFFICE OR CLINIC 1
- HOSPITAL OR EMERGENCY ROOM 2
- AMBULANCE OR OTHER MEDICAL
- TRANSPORTATION 3
- URGENT CARE 4
- DENTIST 5
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'AH144A':

**IF 'AH81B' = 1 AND ('AH84B' = 2 OR 3) THEN CONTINUE WITH 'AH144A';
ELSE GO TO 'AH85B';**

'AH144A' Did any of the following lead to your problems paying for these medical bills?

May alinman ba sa mga sumusunod ang nagdulot sa iyong mga problema sa pagbabayad para sa mga medikal na bayarin na ito?

AH144A

High-deductible amounts(s)?

(Mga) Mataas na halaga ng mga deductible(s)?

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

'AH144B' [Did any of the following lead to your problems paying for these medical bills?]

May alinman ba sa mga sumusunod ang nagdulot sa iyong mga problema sa pagbabayad para sa mga medikal na bayarin na ito?

'AH144B'

High co-pay amounts?

Matataas na mga halaga ng co-pay?

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

'AH144C' [Did any of the following lead to your problems paying for these medical bills?]

May alinman ba sa mga sumusunod ang nagdulot sa iyong mga problema sa pagbabayad para sa mga medikal na bayarin na ito?

'AH144C'

Your insurance denied coverage or payment for the service?

Tinanggihan ng iyong insurance ang coverage o pagbabayad para sa serbisyo?

- YES 1

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

'AH144D' [Did any of the following lead to your problems paying for these medical bills?]

May alinman ba sa mga sumusunod ang nagdulot sa iyong mga problema sa pagbabayad para sa mga medikal na bayarin na ito?

'AH144D'

You used an out-of-network provider?

Gumamit ka ng wala sa network na provider?

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

PROGRAMMING NOTE 'AH145':

IF 'AH144D' = 1 THEN CONTINUE;

ELSE GO TO 'AH147';

'AH145' Were you aware this provider was out-of-network when you received the service?

Alam mo bang wala sa network ang provider na ito noong natanggap mo ang serbisyo?

AH145

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

PROGRAMMING NOTE 'AH146':

IF 'AH145' = 1 THEN CONTINUE;

ELSE GO TO 'AH147';

'AH146' Why did you select this out-of-network provider?

Bakit mo pinili itong wala sa network na provider?

AH146

- PREFERRED THIS PROVIDER 1
 UNABLE TO USE AN IN-NETWORK
PROVIDER 2
 SOME OTHER REASON 3
 REFUSED -7
 DON'T KNOW -8

'AH147' Did the provider give you information or an application for financial assistance to reduce the medical bill or extend the payment plan?

Binigyan ka ba ng provider ng impormasyon o aplikasyon para sa tulong pinansyal upang bawasan ang medikal na bayarin o pahabain ang plano sa pagbabayad?

AH147

- YES 1
 NO 2

- REFUSED -7
 DON'T KNOW -8

'AH148' Did you complete an application for financial assistance?

Nagkumpleto mo ba ang isang aplikasyon para sa tulong pinansyal?

AH148

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

PROGRAMMING NOTE 'AH149':

IF 'AH147' = 1 OR 'AH148' = 1, THEN CONTINUE;
ELSE GO TO 'AH85B';

'AH149' Did you receive financial assistance?

Nakatanggap ka ba ng tulong pinansyal?

AH149

- YES 1
 NO 2
 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?

Dahil sa mga medical bill na ito, hindi ka ba nakabayad ng mga pangunahing pangangailangan gaya ng pagkain, heat, o 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?

Dahil sa mga medical bill na ito, nagkaroon ka ba ng utang sa inyong credit card?

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 health insurance as you?

lisa ba ang insurance ninyo at ni {CHILD}?

CF10A

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_I18'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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}?

Iisa ba ang insurance ni (CHILD) at ng inyong {asawa/partner/ PANGALAN NG ASAWA/PARTNER }?

MA1

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_I18'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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= 1;
 IF 'QA24_I2'= 1 AND SPEMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA24_I2'= 1 AND SPEMPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA24_I2'= 1 AND SPEMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA24_I2'= 1 AND SPDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA24_I2'= 1 AND SPMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA24_I2'= 1 AND SPOTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'QA24_I3' Is {he/she} currently covered by Medi-CAL?

Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

CF1

[IF NEEDED, SAY: "Medi-Cal is a health insurance program for low-income individuals in California]
 [IF NEEDED, SAY: *Ang Medi-Cal ay isang programa sa health insurance para sa mga indibidwal na ma mababang kita sa California.*]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Naka-insure ba si (CHILD) sa health insurance plan o sa HMO sa pamamagitan ng inyong trabaho o union o ng ibang tao?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

- | | | | |
|-----------------------|------------------|---|----------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'PN_QA23_I6'] |
| <input type="radio"/> | REFUSED | 7 | [GO TO 'PN_QA23_I6'] |
| <input type="radio"/> | DON'T KNOW | 8 | [GO TO 'PN_QA23_I6'] |

POST NOTE 'QA24_I4': IF 'QA24_I4'= 1, SET CHEMP= 1 AND CHINSURE= 1

'QA24_I5' Is this plan through an employer, through a union, or through Covered California's SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, union, o ng SHOP program ng Covered California?

A190

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

[IF NEEDED, SAY: *Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California*]

- | | | | |
|-----------------------|---------------------------------|----|--|
| <input type="radio"/> | EMPLOYER | 1 | |
| <input type="radio"/> | UNION..... | 2 | |
| <input type="radio"/> | SHOP / COVERED CALIFORNIA | 3 | |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 91 | |
| <input type="radio"/> | REFUSED | 7 | |
| <input type="radio"/> | 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?

Naka-insure ba si (CHILD) sa health insurance plan na binili ninyo nang direktang mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

CF4

[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: *Huwag ninyong bilangin ang plan na nagbabayad lamang para sa tiyak na mga sakit kagaya ng cancer o stroke, o naglalaan lamang ng 'ekstrang pera' kung ma-ospital kayo.*]

- | | | |
|--|----|--------------------------|
| <input type="radio"/> YES | 1 | |
| <input type="radio"/> NO | 2 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> REFUSED | -7 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> DON'T KNOW | -8 | [GO TO
'PN_QA23_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_QA23_I8'

'QA24_I7' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AI91

- | | | |
|--|----|--|
| <input type="radio"/> INSURANCE COMPANY OR HMO | 1 | |
| <input type="radio"/> COVERED CALIFORNIA..... | 2 | |
| <input type="radio"/> OTHER (SPECIFY: _____) | 91 | |
| <input type="radio"/> REFUSED | -7 | |
| <input type="radio"/> 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_QA23_I9';

'QA24_I8' Was there a subsidy or discount on the premium for this plan?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

AI93

- | | | |
|--|----|--------------------------|
| <input type="radio"/> YES | 1 | |
| <input type="radio"/> NO | 2 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> REFUSED | -7 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> 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.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan ni (CHILD) ? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

AI54

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

[IF NEEDED, SAY: "Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage."]

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

[IF NEEDED, SAY: "Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.' Premium is the monthly charge for the cost of your health insurance plan"]

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

[IF NEEDED, SAY: "Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan"]

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> | 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?

Mayroon bang sinumang iba, gaya ng isang employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan ni (CHILD)?

AI50

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_I12'] |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_I11' Who else pays all or some portion of the cost for (CHILD)'s health plan?

Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (CHILD)?

AI51

[CODE ALL THAT APPLY]

- | | | |
|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | YOUR CURRENT EMPLOYER | 1 |
| <input type="checkbox"/> | YOUR FORMER EMPLOYER | 2 |

<input type="checkbox"/>	UNION.....	3
<input type="checkbox"/>	SPOUSE'S/PARTNER'S CURRENT EMPLOYER	4
<input type="checkbox"/>	SPOUSE'S/PARTNER'S FORMER EMPLOYER	5
<input type="checkbox"/>	PROFESSIONAL/FRATERNAL ORGANIZATION.....	6
<input type="checkbox"/>	MEDICAID/MEDI-CAL ASSISTANCE	7
<input type="checkbox"/>	COVERED CALIFORNIA.....	10
<input type="checkbox"/>	OTHER.....	91
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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_QA23_I18';
ELSE CONTINUE WITH 'QA24_I12'

'QA24_I12' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

Naka-insure ba {siya/siya} sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa iba Pang pangangalagang pangkalusugan ng militar?

CF6

<input type="radio"/>	YES	1	[GO TO 'PN_QA23_I18']
<input type="radio"/>	NO	2	
<input type="radio"/>	REFUSED	-7	
<input type="radio"/>	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?

Naka-insure ba siya sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP (MIP)", MRMIP (Mister MIP), Healthy Kids, o sa iba pa?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

[IF NEEDED, SAY: *Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program.*]

<input type="radio"/>	AIM	1	[GO TO 'PN_QA23_I18']
<input type="radio"/>	AIM	2	[GO TO 'PN_QA23_I18']
<input type="radio"/>	MRMIP	2	[GO TO 'PN_QA23_I18']

- | | | |
|---|----|--------------------------|
| <input type="radio"/> MRMIP | | |
| <input type="radio"/> Healthy Kids | 3 | [GO TO
'PN_QA23_I18'] |
| <input type="radio"/> Healthy Kids | | |
| <input type="radio"/> No other plan..... | 4 | |
| <input type="radio"/> No walang iba pang plan other plan | | |
| <input type="radio"/> Something else (Specify: _____) | 91 | [GO TO
'PN_QA23_I18'] |
| <input type="radio"/> Iba pa (Tukuyin: _____)REFUSED-7 | | |
| <input type="radio"/> 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?

Naka-insure ba {siya/siya} para sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

CF8

- | | | |
|--|----|--------------------------|
| <input type="radio"/> YES | 1 | [GO TO
'PN_QA23_I17'] |
| <input type="radio"/> NO | 2 | [GO TO
'PN_QA23_I17'] |
| <input type="radio"/> REFUSED | -7 | [GO TO
'PN_QA23_I17'] |
| <input type="radio"/> DON'T KNOW | -8 | [GO TO
'PN_QA23_I17'] |

'QA24_I15' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakukuha ba niya ito sa pamamagitan ng Medi-CAL, isang employer o union, o mula sa Iba Pang pinagkukunan?

CF9

CHECK ALL THAT APPLY]

[PROBE: "Any others?"]

- | | |
|---|----|
| <input type="checkbox"/> THROUGH CURRENT OR FORMER EMPLOYER/UNION..... | 1 |
| <input type="checkbox"/> THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION | 2 |
| <input type="checkbox"/> PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE)..... | 3 |
| <input type="checkbox"/> MEDICARE | 4 |
| <input type="checkbox"/> MEDI-CAL | 5 |
| <input type="checkbox"/> CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY CARE | 6 |
| <input type="checkbox"/> INDIAN HEALTH SERVICE TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC | 8 |
| <input type="checkbox"/> COVERED CALIFORNIA..... | 10 |

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | SHOP THROUGH COVERED CALIFORNIA..... | 11 |
| <input type="checkbox"/> | OTHER GOVERNMENT HEALTH PLAN | 91 |
| <input type="checkbox"/> | OTHER NON-GOVERNMENT HEALTH PLAN | 92 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_I17**'

'QA24_I16' Just to verify, you said that (CHILD) gets health insurance through Medicare?

Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (CHILD) ng health insurance sa pamamagitan ng Medicare?

CF9VER

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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 one main reason why (CHILD) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (CHILD)?

CF1A

- | | | |
|-----------------------|--|---|
| <input type="radio"/> | PAPERWORK TOO DIFFICULT | 1 |
| <input type="radio"/> | DO NOT KNOW IF ELIGIBLE..... | 2 |
| <input type="radio"/> | INCOME TOO HIGH, NOT ELIGIBLE | 3 |
| <input type="radio"/> | NOT ELIGIBLE DUE TO
CITIZENSHIP/IMMIGRATION STATUS..... | 4 |
| <input type="radio"/> | DO NOT BELIEVE IN HEALTH
INSURANCE | 6 |
| <input type="radio"/> | DO NOT NEED INSURANCE BECAUSE | |

- | | | |
|-----------------------|----------------------------------|----|
| <input type="radio"/> | SHE/HE IS HEALTHY | 7 |
| <input type="radio"/> | ALREADY HAVE INSURANCE | 8 |
| <input type="radio"/> | DID NOT KNOW ABOUT IT | 9 |
| <input type="radio"/> | DO NOT LIKE OR WANT WELFARE..... | 10 |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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_QA23_I22’

‘QA24_I18’ Is (CHILD)’s main health plan an HMO, that is, a Health Maintenance Organization?

Isang HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (CHILD)?

MA3

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it’s an emergency.”]

[IF NEEDED, SAY: “*Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin niya ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas siya sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito.*”]

- | | | | |
|-----------------------|------------------|----|---------------------------|
| <input type="radio"/> | YES | 1 | [GO TO ‘QA24_I20’] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

PPO o EPO ba ang health plan ni (CHILD)?

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: “*Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doctor at mga espesyalista na wala nang referral mula sa inyong primary care provider*”]

[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 see doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: "Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doctor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doctor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwirang magpagamot sa mga doktor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider."]

[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?

Ano ang pangalan ng pangunahing health plan ni (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?"]

- ACCESS SENIOR HEALTHCARE1
- AETNA2
- AETNA GOLDEN MEDICARE3
- AIDS HEALTHCARE FOUNDATION, LA4
- ALAMEDA ALLIANCE FOR HEALTH5
- ALTAMED HEALTH SERVICES..... 83
- ANTHEM BLUE CROSSOF CALIFORNIA..7
- ASPIRE HEALTH PLAN8
- BLUE CROSS CALIFORNIACARE9
- BLUE CROSS SENIOR SECURE79
- 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
<input type="radio"/>	VA HEALTH CARE SERVICES.....	89
<input type="radio"/>	MEDI-CAL	52
<input type="radio"/>	MEDICARE	53
<input type="radio"/>	OTHER (SPECIFY: _____)	85
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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?

Naka-insure ba si (CHILD) para sa mga inireresetang gamot?

CF14

<input type="radio"/>	YES	1
<input type="radio"/>	NO	2
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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?

Mayroon bang deductible na higit sa \$1,000 ang health plan ni (CHILD)?

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: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

<input type="radio"/>	YES	1
<input type="radio"/>	NO	2
<input type="radio"/>	YES, BUT ONLY WHEN WE GO OUT OF NETWORK.....	3
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

'QA24_I23' Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

Mayroon bang deductible na higit sa \$2,000 para sa lahat ng taong naka-insure ang health plan ni (CHILD)?

AI80

[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: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot."]

<input type="radio"/>	YES	1
<input type="radio"/>	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?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (CHILD)?

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)]

[IF NEEDED, SAY: "Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o Iba Pang mga katulad na account. Kabilang sa mga Iba Pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer."]

- YES1
- NO2
- 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 one main reason (CHILD) does not have any health insurance?

Ano ang isang pangunahing dahilan kung bakit walang anumang health insurance si (CHILD)?

CF18

- Can't afford/Too expensive1
- Hindi ko kayang bayaran/napakamahal*
- Not eligible due to working status/
Changed employer/Lost job2
- Hindi kwalipikado dahil sa status sa trabaho/
nagpalit ng employer/nawalan ng trabaho*
- Not eligible due to health or other3
- Hindi kwalipikado dahil sa kalusugan o iba
Pang problema*
- Not eligible due to
citizenship/immigration status4
- Hindi kwalipikado dahil sa pagiging
mamamayan/katayuan sa imigrasyon*
- Family situation changed5

- Nagbago ang sitwasyon ng pamilya*
- Don't believe in insurance 6
- Hindi naniniwala sa insurance*
- Did not have insurance while switching insurance companies 7
- Walang insurance habang nagpapalit ng kumpanya ng insurance*
- Can get health care for free/pay for own care 8
- Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran an sariling pangangalaga*
- Other (Specify: _____) 91
- Iba pa (Tukuyin:_____)*
- 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?

May health insurance ba si (CHILD) kailanman nitong nakaraang 12 na buwan?

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?

Gaano katagal na mula noong huling may health insurance si (CHILD)?

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?

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS,
ENTER 1]

- _____ MONTHS [HR: 0-12] [GO TO
'PN_QA23_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?

Noong panahon na may health insurance si (CHILD), ang insurance ba niya ay Medi-CAL, isang plan na Nakuhang ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

CF23

[PROBE: "Any others?"]

(7 maximum responses)

- | | | | |
|--------------------------|--|----|--------------------------|
| <input type="checkbox"/> | Medi-Cal..... | 1 | [GO TO
'PN_QA23_I36'] |
| <input type="checkbox"/> | <i>Medi-Cal</i> | | |
| <input type="checkbox"/> | Through current or former employer/union .. | 3 | [GO TO
'PN_QA23_I36'] |
| <input type="checkbox"/> | <i>Sa pamamagitan ng kasalukuyan o dating employer/union</i> | | |
| <input type="checkbox"/> | Purchased directly | 5 | [GO TO
'PN_QA23_I36'] |
| <input type="checkbox"/> | <i>Direktang binili</i> | | |
| <input type="checkbox"/> | Covered California | 6 | [GO TO
'PN_QA23_I36'] |
| <input type="checkbox"/> | <i>Covered California</i> | | |
| <input type="checkbox"/> | Other health plan | 91 | [GO TO
'PN_QA23_I36'] |
| <input type="checkbox"/> | <i>Iba Pang health plan</i> | | |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_I36'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_I36'] |

'QA24_I30' Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (CHILD) para sa KABUUAN ng nakaraang 12 buwan?

CF24

- | | | | |
|-----------------------|---|----|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_I36'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE
YEAR OLD)..... | 3 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang Iba Pang health insurance?

CF25

- | | | | |
|-----------------------|-----------|---|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_I33'] |
| <input type="radio"/> | 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?

Medi-Cal ba ang Iba Pang insurance ninyo, isang plan na Nakhuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

CF26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(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?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala {siyang} anumang health insurance?

CF27

- YES 1
 NO 2 [GO TO 'PN_QA23_I36']
 REFUSED -7 [GO TO 'PN_QA23_I36']
 DON'T KNOW -8 [GO TO 'PN_QA23_I36']

'QA24_I34' For how many of the past 12 months did {he/she} have no health insurance?

Nitong nakaraang buwan, ilang buwan ba siya walang health insurance?

CF28

[IF < 1 MONTH, ENTER '1']

- _____ MONTHS [RANGE: 1-12]
 REFUSED -7
 DON'T KNOW -8

'QA24_I35' [What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

Ano ang isang pangunahing dahilan kung bakit walang health insurance si (CHILD) noong panahon na hindi {siya/siya} naka-insure?

CF29

[IF R SAYS, "No need," PROBE WHY]

- Can't afford/Too expensive1
- Hindi ko kayang bayaran/napakamahal*
- Not eligible due to working status/2
Changed employer/Lost job
- Hindi kwalipikado dahil sa status sa trabaho/nagpalit ng employer/nawalan ng trabaho*
- Not eligible due to health or3
other problems
- Hindi kwalipikado dahil sa kalusugan o iba pang problema*
- Not eligible due to citizenship/4
immigration status
- Hindi kwalipikado dahil sa pagiging mamamayan/katayuan sa imigrasyon*
- Family situation changed5
Nagbago ang sitwasyon ng pamilya
- Don't believe in insurance6
Hindi naniniwala sa insurance
- Did not have insurance while switching7
insurance companies
- Walang insurance habang nagpapalit ng kumpanya ng insurance*
- Can get health care for free/pay8
for own care
- Makakakuha ng pangangalagang pangkalusugan nang libre/binabayaran ang sariling pangangalaga*
- Other (Specify: _____)91
- Iba pa (Tukuyin: _____)*
- REFUSED-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

Lisa ba ang insurance {ninyo/PANGALAN NG ADULT RESPONDENT} at ni (TEEN)?

IA10A

- YES1 [GO TO 'QA24_I54']
- NO2
- 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?

Lisa ba ang insurance ni (TEEN) at ng inyong {asawa}?

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 SPOOTHER= 1, SET TEOTHER= 1 AND SET TEINSURE = 1;
 IF 'QA24_I37'= 1 AND SPIHS= 1, SET TEIHS= 1

IF 'QA24_I37'= 1 AND SPHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;
 IF 'QA24_I37'= 1 AND SPARPAR= 1, THEN SET TEOTHER= 1 AND SET TEINSURE= 1 AND
 SPSAMETE= 1

PROGRAMMING NOTE 'QA24_I38':

IF TEINSURE≠ 1 OR CHINSURE≠ 1, THEN SKIP TO 'QA24_I39';
 ELSE IF ('QA24_I36'= 2 AND ARSAMECH= 1) OR ('QA24_I37'= 2 AND SPSAMECH= 1), THEN SKIP
 TO 'QA24_I39';
 ELSE CONTINUE WITH 'QA24_I38';

'QA24_I38' Does (TEEN) have the same insurance as (CHILD)?

Lisa ba ang insurance ni (TEEN) at ni (CHILD)?

MA6

- 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 TEEOMP = 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 CHOOTHER = 1, SET TEOTHER = 1;
IF 'QA24_I38'= 1 AND CHHBEX = 1, SET TEHBEX = 1

Medi-Cal Coverage (Teen)

'QA24_I39' Is {he/she} currently covered by Medi-CAL?

Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

IA1

[IF NEEDED, SAY: Medi-Cal is a health insurance program for low-income individuals in California]

[IF NEEDED, SAY: Ang Medi-Cal ay isang programa sa health insurance para sa mga indibidwal na may mababang kita sa 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?

Naka-insure ba si (TEEN) sa health insurance plan o sa HMO sa pamamagitan ng trabaho o union ninyo o ng ibang tao?

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 TEEOMP = 1 AND SET TEINSURE = 1

'QA24_I41' Is this plan through an employer, through a union, or through Covered California's SHOP program?

Nakuha ba itong plan sa pamamagitan ng isang employer, ng union, o ng SHOP program

ng Covered California?

AI94

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

[IF NEEDED, SAY: "Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California"]

- | | | |
|-----------------------|---------------------------------|----|
| <input type="radio"/> | EMPLOYER | 1 |
| <input type="radio"/> | UNION..... | 2 |
| <input type="radio"/> | SHOP / COVERED CALIFORNIA | 3 |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Naka-insure ba si (TEEN) sa health insurance plan na binili ninyo nang direktang mula sa insurance company o sa HMO, o sa pamamagitan ng 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: "Huwag isama ang isang plan na nagbabayad lamang para sa mga partikular na sakit tulad ng cancer o stroke, o nagbibigay lang sa iyo ng "karagdagang pera" kapag na-ospital ka."]

- | | | |
|-----------------------|------------------|-----------------------|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 [GO TO 'QA24_I48'] |
| <input type="radio"/> | REFUSED | -7 [GO TO 'QA24_I48'] |
| <input type="radio"/> | 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_QA23_I44'

'QA24_I43' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

Paano ninyo binili itong health insurance - direktang mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AI95

- | | | |
|-----------------------|-------------------------------|----|
| <input type="radio"/> | INSURANCE COMPANY OR HMO..... | 1 |
| <input type="radio"/> | COVERED CALIFORNIA..... | 2 |
| <input type="radio"/> | 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?

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

AI97

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_I48'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_I48'] |
| <input type="radio"/> | 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.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o Gastos para sa health plan ni (TEEN)? Huwag bilangin ang Gastos para sa anumang mga co-pay o deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya

AI55

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

[IF NEEDED, SAY: "Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage"]

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

[IF NEEDED, SAY: "Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.' 'Premium is the monthly charge for the cost of your health insurance plan."]

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

[IF NEEDED, SAY: "Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan"]

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_I48'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_I48'] |
| <input type="radio"/> | 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?

Mayroon bang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

AI52

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_I48'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_I48'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_I48'] |

'QA24_I47' Who else pays all or some portion of the cost for (TEEN)'s health plan?

Mayroon bang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

AI53

- | | | | |
|--------------------------|--|----|--|
| <input type="checkbox"/> | CURRENT EMPLOYER | 1 | |
| <input type="checkbox"/> | FORMER EMPLOYER | 2 | |
| <input type="checkbox"/> | UNION..... | 3 | |
| <input type="checkbox"/> | SPOUSE'S/PARTNER'S CURRENT
EMPLOYER | 4 | |
| <input type="checkbox"/> | SPOUSE'S/PARTNER'S FORMER
EMPLOYER | 5 | |
| <input type="checkbox"/> | PROFESSIONAL/FRATERNAL
ORGANIZATION..... | 6 | |
| <input type="checkbox"/> | MEDICAID/MEDI-CAL ASSISTANCE..... | 7 | |
| <input type="checkbox"/> | COVERED CALIFORNIA..... | 10 | |
| <input type="checkbox"/> | OTHER..... | 91 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

Naka-insure ba {siya/siya} sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa Iba Pang pangangalagang pangkalusugan ng militar?

IA6

- | | | | |
|-----------------------|-----------|---|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_I54'] |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_I48'] |

- REFUSED -7 [GO TO
‘PN_QA23_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?

Naka-insure ba {siya/siya} sa Iba Pang health plan ng gobyerno, gaya ng AIM, ‘Mister MIP,’ Family PACT, Healthy Kids, o ng iba pa?

IA7

[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: "Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program; ang Family PACT ang programa ng estado na nagbabayad para sa serbisyon pangkalusugang para sa pagpipigil sa pagbubuntis/pag- aanak para sa mga hindi naka-insure na mga Babae't lalake na mabababa ang kita."]

- AIM 1 [GO TO
‘PN_QA23_I54’]
 MISTER MIP/MRMIP 2 [GO TO
‘PN_QA23_I54’]
 Family PACT 3 [GO TO
‘PN_QA23_I54’]
 HEALTHY KIDS 4 [GO TO
‘PN_QA23_I54’]
 NO OTHER PLAN 5 [GO TO
‘PN_QA23_I54’]
 SOMETHING ELSE (SPECIFY: ____) 91 [GO TO
‘PN_QA23_I54’]
 REFUSED -7 [GO TO
‘PN_QA23_I54’]
 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?

Naka-insure ba {siya/siya} sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

IA8

- YES 1 [GO TO
‘PN_QA23_I54’]
 NO 2 [GO TO
‘PN_QA23_I54’]
 REFUSED -7 [GO TO
‘PN_QA23_I54’]
 DON’T KNOW -8 [GO TO
‘PN_QA23_I54’]

'QA24_I51' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakuha ba ito sa pamamagitan ng MediCAL, isang employer o union, o mula sa iba pang pinagkukunan?

IA9

[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?"]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

- 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?

Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (TEEN) ng health insurance sa pamamagitan ng Medicare?

[IA9VER]

- | | |
|--|----|
| <input type="radio"/> YES | 1 |
| <input type="radio"/> NO | 2 |
| <input type="radio"/> REFUSED | -7 |
| <input type="radio"/> DON'T KNOW | -8 |
- [GO TO
'PN_QA23_I54']
[GO TO
'PN_QA23_I54']

PROGRAMMING NOTE 'QA24_I53':

IF TEINSURE ≠ 1 CONTINUE WITH 'QA24_I53';
 ELSE GO TO 'QA24_I54';

'QA24_I53' What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (TEEN)?

[IA1A]

- | | |
|---|----|
| <input type="checkbox"/> PAPERWORK TOO DIFFICULT | 1 |
| <input type="checkbox"/> DO NOT KNOW IF ELIGIBLE..... | 2 |
| <input type="checkbox"/> INCOME TOO HIGH, NOT ELIGIBLE | 3 |
| <input type="checkbox"/> NOT ELIGIBLE DUE TO
CITIZENSHIP/IMMIGRATION STATUS..... | 4 |
| <input type="checkbox"/> DO NOT BELIEVE IN HEALTH
INSURANCE | 6 |
| <input type="checkbox"/> DO NOT NEED INSURANCE BECAUSE
SHE/HE IS HEALTHY | 7 |
| <input type="checkbox"/> ALREADY HAVE INSURANCE | 8 |
| <input type="checkbox"/> DID NOT KNOW ABOUT IT | 9 |
| <input type="checkbox"/> DO NOT LIKE OR WANT WELFARE..... | 10 |
| <input type="checkbox"/> OTHER (SPECIFY: _____) | 91 |
| <input type="radio"/> REFUSED | -7 |
| <input type="radio"/> DON'T KNOW | -8 |

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_QA23_I58'; ELSE IF TEINSURE = 1, THEN CONTINUE
 WITH 'QA24_I54';
 ELSE GO TO PROGRAMMING NOTE 'QA24_I58'

'QA24_I54' Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (TEEN)?

MA8

[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: "Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin {niya o niya} ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas {siya o siya} sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito"]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

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

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_I56'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

PPO o EPO ba ang health plan ni (TEEN)?

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: "Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doktor at mga espesyalista na wala nang referral mula sa inyong primary care provider"]

[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: "Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doktor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwirang magpagamot sa mga doktor at mga espesyalista na wala nang referral mula sa inyong primary care provider"]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

- | | | |
|-----------------------|-----------------------------|----|
| <input type="radio"/> | PPO..... | 1 |
| <input type="radio"/> | EPO..... | 2 |
| <input type="radio"/> | Other (Specify: _____)..... | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_I56' What is the name of (TEEN)'s main health plan?

Ano ang pangalan ng pangunahing health plan ni {TEEN}?

MA7

- ACCESS SENIOR HEALTHCARE1
- AETNA2
- AETNA GOLDEN MEDICARE.....3
- AIDS HEALTHCARE FOUNDATION, LA4
- ALAMEDA ALLIANCE FOR HEALTH5
- ALTAMED HEALTH SERVICES..... 83
- ANTHEM BLUE CROSSOF CALIFORNIA..7
- ASPIRE HEALTH PLAN8
- BLUE CROSS CALIFORNIACARE9
- BLUE CROSS SENIOR SECURE79
- 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?

Naka-insure ba si (TEEN) para sa inireresetang mga gamot?

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?

Mayroon bang deductible na higit sa \$1,000 ang health plan ni (TEEN)?

AI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot"]

- 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?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (TEEN)?

AI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot"]

- 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?

Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (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)."]

[IF NEEDED, SAY: "Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o Iba Pang mga katulad na account. Kabilang sa mga Iba Pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.]

- 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 one main reason (TEEN) does not have any health insurance?

Ano ang isang pangunahing dahilan na walang anumang health insurance si (TEEN)?

IA18

- CAN'T AFFORD/TOO 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?

May health insurance ba si (TEEN) sa anumang panahon nitong nakaraang 12 buwan?

IA20

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_I64'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_I63' How long has it been since (TEEN) last had health insurance?

Gaano katagal na mula noong huling may health insurance si (TEEN)?

IA21

- | | | | |
|-----------------------|--|----|-------------------------|
| <input type="radio"/> | MORE THAN 12 MONTHS, BUT 1
NO MORE THAN 3 YEARS AGO | 1 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | 2 MORE THAN 3 YEARS AGO | 2 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | 3 NEVER HAD HEALTH INSURANCE
COVERAGE | 3 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_J1'] |

'QA24_I64' For how many of the last 12 months did {he/she} have health insurance?

Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS,
ENTER 1]

- | | | | |
|---|------------------|-------------------|--|
| <hr style="width: 100px; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> | | MONTHS [HR: 0-12] | [IF 'QA24_I64'=0, GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_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?

Noong panahon na may health insurance si (TEEN), ang insurance ba niya ay Medi-CAL, isang plan na Nakhuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o Iba Pang plan?

IA23

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- | | | | |
|--------------------------|---|----|-------------------------|
| <input type="checkbox"/> | MEDICAL THROUGH CURRENT OR
FORMER..... | 1 | [GO TO
'PN_QA23_J1'] |
| <input type="checkbox"/> | EMPLOYER/UNION | 3 | [GO TO
'PN_QA23_J1'] |
| <input type="checkbox"/> | PURCHASED DIRECTLY..... | 5 | [GO TO
'PN_QA23_J1'] |
| <input type="checkbox"/> | COVERED CALIFORNIA..... | 6 | [GO TO
'PN_QA23_J1'] |
| <input type="checkbox"/> | OTHER HEALTH PLAN..... | 91 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_J1'] |

'QA24_I66' Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for all of the past 12 months?

Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (TEEN) para sa ng nakaraang 12 buwan?

IA24

- | | | | |
|-----------------------|------------------|----|-------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_J1'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang iba Pang health insurance?

IA25

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_I69'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_I69'] |
| <input type="radio"/> | 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?

Medi-Cal ba ang iba pang insurance ninyo, isang plan na Nakhuwa ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

IA26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(7 maximum responses)

- | | | |
|--------------------------|--------------------|---|
| <input type="checkbox"/> | MEDI-CAL | 1 |
| <input type="checkbox"/> | THROUGH CURRENT OR | |

<input type="checkbox"/>	FORMER EMPLOYER/UNION	4
<input type="checkbox"/>	PURCHASED DIRECTLY.....	5
<input type="checkbox"/>	COVERED CALIFORNIA.....	6
<input type="checkbox"/>	OTHER HEALTH PLAN	91
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW.....	-8

'QA24_I69' During the past 12 months, was there any time when {he/she} had no health insurance at all?

Nitong nakaraang 12 buwan, mayroon bang panahon na wala {siyang} anumang health insurance?

IA27

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO
'PN_QA23_J1']
[GO TO
'PN_QA23_J1']
[GO TO
'PN_QA23_J1']

'QA24_I70' For how many of the past 12 months did {he/she} have no health insurance?

Nitong nakaraang buwan, ilang buwan ba siya walang health insurance?

IA28

[IF < 1 MONTH, ENTER '1']

- _____ MONTHS [RANGE: 1-12]
- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_I71' What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

Ano ang isang pangunahing dahilan kung bakit walang health insurance si (TEEN) noong panahon na hindi {siya/siya} nakainsure?

IA29

[IF R SAYS, "No need," PROBE WHY]

- | | | |
|-----------------------|--|----|
| <input type="radio"/> | CAN'T AFFORD/TOO EXPENSIVE | 1 |
| <input type="radio"/> | NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/
LOST JOB | 2 |
| <input type="radio"/> | NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS | 3 |
| <input type="radio"/> | NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS | 4 |
| <input type="radio"/> | FAMILY SITUATION CHANGED | 5 |
| <input type="radio"/> | DON'T BELIEVE IN INSURANCE | 6 |
| <input type="radio"/> | DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES ... | 7 |
| <input type="radio"/> | CAN GET HEALTH CARE FOR FREE/
PAY FOR OWN CARE | 8 |
| <input type="radio"/> | OTHER (SPECIFY: _____) | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Saang bansa ipinanganak ang ng?

AI56

- | | | |
|-----------------------|-----------------------------|----|
| <input type="radio"/> | United States..... | 1 |
| <input type="radio"/> | <i>United States</i> | |
| <input type="radio"/> | American Samoa | 2 |
| <input type="radio"/> | <i>American Samoa</i> | |
| <input type="radio"/> | Canada..... | 3 |
| <input type="radio"/> | <i>Canada</i> | |
| <input type="radio"/> | China..... | 4 |
| <input type="radio"/> | <i>China</i> | |
| <input type="radio"/> | Guam | 9 |
| <input type="radio"/> | <i>Guam</i> | |
| <input type="radio"/> | Japan | 16 |
| <input type="radio"/> | <i>Japan</i> | |
| <input type="radio"/> | Korea..... | 17 |
| <input type="radio"/> | <i>Korea</i> | |
| <input type="radio"/> | Mexico..... | 18 |
| <input type="radio"/> | <i>Mexico</i> | |
| <input type="radio"/> | Philippines..... | 19 |
| <input type="radio"/> | <i>Pilipinas</i> | |
| <input type="radio"/> | Puerto Rico | 22 |
| <input type="radio"/> | <i>Puerto Rico</i> | |
| <input type="radio"/> | Vietnam..... | 25 |
| <input type="radio"/> | <i>Vietnam</i> | |
| <input type="radio"/> | Virgin Islands..... | 26 |
| <input type="radio"/> | <i>Virgin Islands</i> | |
| <input type="radio"/> | Other (Specify: _____)..... | 91 |
| <input type="radio"/> | <i>Iba pa (Tukuyin)</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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.?

Nakatira na ba sa U.S. ang ng?

AI57

- Yes 1
 Oo
 No 2
 Hindi
 {Mother/Father/Other parent} deceased 3
 Namatay na ang
 {Mother/Father/Other parent} never
 lived in U.S. 4
 Hindi kailanman tumira sa U.S. ang
 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?

Naging mamamayan ba ng United States ang ng?

AI58

- Yes 1
 Oo
 No 2
 Hindi
 Application pending 3
 Naka-binbin o pending ang application
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE 'QA24_I75':

IF 'QA24_I74' = 1 SKIP TO 'PN_QA23_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' =2 DISPLAY "mother" ELSE IF DISPLAY
 "other parent" IF 'AI57' = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was"; ELSE DISPLAY "Is"

'QA24_I75' {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card? People
 usually call this a "Green Card" but the color can also be pink, blue, or white.

Naging permanenteng naninirahan (permanent resident) na may green card ba ang ng?

AI59

- Yes 1
 Oo
 No 2
 Hindi
 Application pending 3
 Naka-binbin o pending ang application
 REFUSED -7
 DON'T KNOW -8

'QA24_I76' About how many years has (TEEN)'s {mother/father} lived in the United States?

Mga ilan taon nang nakatira sa United states ang ng?

AI60

_____ NUMBER OF YEARS
_____ YEAR FIRST COME AND LIVE IN U.S.

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN US2
- MOTHER/FATHER DECEASED3
- 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 you receive. During the past 12 months, how many times have you seen a medical doctor?

Ngayon naman ay ninanais kong tanungin kayo tungkol sa pangangalaga sa kalusugan na inyong tinatanggap.} Sa nakaraang 12 buwan, ilang beses kayong nagpatingin sa isang medikal na doctor?

AH5

_____ TIMES [HR: 0-365]

[IF 'QA24_J1' > 0 GOTO
'PN_QA23_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_QA23_J3'

'QA24_J2' About how long has it been since you last saw a doctor about your own health?

Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa medical doctor tungkol sa inyong kalusugan?

AH6

- ONE YEAR AGO OR LESS.....0
- MORE THAN 1 UP TO 2 YEARS AGO1
- MORE THAN 2 UP TO 5 YEARS AGO2
- MORE THAN 5 YEARS AGO3
- NEVER.....4
- REFUSED -7
- DON'T KNOW -8

[GO TO 'QA24_J4']

'QA24_J3' About how long has it been since you last saw a doctor or medical provider for a routine check-up?

Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa doktor o iba Pang medical provider para sa isang routine r na check-up?

AJ114

[IF NEEDED, SAY: A ROUTINE CHECK-UP IS A VISIT NOT FOR AN ILLNESS OR PROBLEM. THIS VISIT MAY INCLUDE QUESTIONS ABOUT HEALTH BEHAVIORS SUCH AS SMOKING.]

[IF NEEDED, SAY: Ang rutinang check-up ay hindi para sa sakit o karamdaman. Maaaring pag-usapan sa dalaw na ito ang mga tanong tungkol sa mga gawaing pangkalusugan gaya ng paninigarilyo.]

- ONE YEAR AGO OR LESS.....0

- MORE THAN 1 UP TO 2 YEARS AGO1
- MORE THAN 2 UP TO 5 YEARS AGO2
- MORE THAN 5 YEARS AGO3
- NEVER4
- 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?

Sa nakalipas na 6 na buwan, gaano kadalas na madaling makatanggap ng pag-aalaga, pagsusuri, o paggamot na iyong kinakailangan?

AJ218

- Never1
- Hindi kailanman*
- Sometimes2
- Paminsan-minsan*
- Usually3
- Kadalasan*
- Always4
- Palagi*
- Not applicable5
- Hindi naaangkop*
- REFUSED-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?

Sa nakalipas na 6 na buwan, gaano kadalas na madaling makatanggap ng pag-aalaga, pagsusuri, o paggamot na kailangan ni [teen's name]?

AJ219

- Never1
- Hindi kailanman*
- Sometimes2
- Paminsan-minsan*
- Usually3
- Kadalasan*
- Always4
- Palagi*
- Not applicable5
- Hindi naaangkop*
- REFUSED-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?

Sa nakaraang 12 buwan, mga ilang araw kayo umabsent sa trabaho o negosyo dahil sa sakit, pinsala, o kapansanan?

AJ115

[IF NEEDED: "DO NOT INCLUDE FAMILY OR MATERNITY/PATERNITY LEAVE."]
 [IF NEEDED: *Huwag isasama ang family leave o maternity/paternity leave*]

_____ 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_QA23_J8'

'QA24_J7' Do you have a personal doctor or medical provider who is your main provider?

Mayroon ba kayong personal doctor o medical provider na siyang main provider ninyo?

AJ77

[IF NEEDED, SAY: "THIS CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A PHYSICIAN ASSISTANT, A NURSE, OR OTHER HEALTH PROVIDER.."]

[IF NEEDED, SAY: *Maaaring general doctor ito, espesyalistang doktor, physician assistant, nurse, o Iba Pang health provider.*]

- YES1
- NO2
- 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_QA23_J10'

DISPLAY INSTRUCTIONS:

IF 'QA24_J7' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
 ELSE DISPLAY "a";

'QA24_J8' In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa inyong doctor o medical provider sa loob ng dalawang araw dahil nagkasakit o nasaktan kayo?

AJ102

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]

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

[GO TO
'PN_QA23_J10']
 [GO TO
'PN_QA23_J10']
 [GO TO

'PN_QA23_J10'

'QA24_J9' How often were you able to get an appointment within two days? Would you say...

Gaano kadalas kayo nakakuha ng appointment sa loob ng dalawang araw? Masasabi ba ninyo na..

AJ103

- | | | |
|-----------------------|------------------------|----|
| <input type="radio"/> | Never..... | 1 |
| <input type="radio"/> | <i>Hindi kailanman</i> | |
| <input type="radio"/> | Sometimes | 2 |
| <input type="radio"/> | <i>Paminsan-minsan</i> | |
| <input type="radio"/> | Usually | 3 |
| <input type="radio"/> | <i>Kadalasan</i> | |
| <input type="radio"/> | Always..... | 4 |
| <input type="radio"/> | <i>Palagi</i> | |
| <input type="radio"/> | Not applicable | 5 |
| <input type="radio"/> | <i>Hindi naaangkop</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Mayroon bang sinuman sa opisina o clinic ng inyong doktor na tumutulong na isaayos ang pangangalaga sa inyo sa Iba Pang mga doktor o mga serbisyo, gaya ng mga test o mga paggagamot?

AJ80

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Tele-Medical Care

'QA24_J11' During the past 12 months, did your usual medical provider offer telephone or video appointments?

Sa nakaraang 12 buwan, nag-alok ba ang iyong karaniwang medikal na provider ng mga appointment sa pamamagitan ng paggamit ng telepono o video?

AJ220

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | No..... | 2 | [GO TO 'QA24_J14'] |
| <input type="radio"/> | REFUSED | -8 | [GO TO 'QA24_J14'] |
| <input type="radio"/> | Don't know | 3 | [GO TO 'QA24_J14'] |

'QA24_J12' What options did your medical provider offer?

Nu-anong mga opsiyon ang inialok sa iyo ng iyong medical na provider?

AJ221

(SELECT ALL THAT APPLY)

- In-person appointments 1
 Mga personal na pagbisita
 Telephone appointments 2
 Mga pagbisita sa pamamagitan ng paggamit ng telepono
 Video appointments 3
 Mga pagbisita sa pamamagitan ng paggamit ng video
 REFUSED -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?

Gaano ka nasisiyahan sa pagkakaroon ng pangangalaga sa kalusugan sa pamamagitan ng telepono o video mula sa iyong mga provider?

AJ222

- Very satisfied 1
 Lubos na nasisiyahan
 Somewhat satisfied 2
 Medyo nasisiyahan
 Neither satisfied nor dissatisfied 3
 Wala sa nasisiyahan o di nasisiyahan
 Somewhat dissatisfied 4
 Medyo hindi nasisiyahan
 Very dissatisfied 5
 Lubos na hindi nasisiyahan
 REFUSED -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?

Sa nakaraang 12 buwan, nakatanggap ka ba ng pangangalaga mula sa isang doktor o propesyonal sa kalusugan sa pamamagitan ng pag-uusap sa video o telepono sa halip na pagbisita sa opisina?

AJ202

- Yes 1
 Oo
 No 2 [GO TO 'QA24_J28']
 Hindi
 REFUSED -8 [GO TO 'QA24_J28']
 DON'T KNOW 3 [GO TO 'QA24_J28']

'QA24_J15' What was this care for?

Para sa ano ang pangangalagang ito?

AJ203

- Primary Care 1 [GO TO 'QA24_J18']
 Pangunahing Pangangalaga
 Dental Care 2 [GO TO 'QA24_J18']
 Pangangalaga sa Ngipin

- | | | | |
|--------------------------|--|----|--------------------|
| <input type="checkbox"/> | Mental Health | 3 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | <i>Kalusugang Pangkaisipan</i> | | |
| <input type="checkbox"/> | Family Planning | 4 | |
| <input type="checkbox"/> | <i>Pagpaplano ng Pamilya o Family Planning</i> | | |
| <input type="checkbox"/> | Other speciality care | 5 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | <i>Iba pang may espesyal na pangangalaga</i> | | |
| <input type="checkbox"/> | Other: _____ | 91 | [GO TO 'QA24_J18'] |
| <input type="checkbox"/> | <i>Iba pa: _____</i> | | |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_J18'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_J18'] |

'QA24_J16' Where did you receive your family planning service?

Saan mo natanggap ang iyong serbisyo para sa pagpaplano ng pamilya?

AJ223

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Private Doctor's Office | 1 |
| <input type="checkbox"/> | <i>Opisina ng Pribadong Doktor</i> | |
| <input type="checkbox"/> | HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.) | 2 |
| <input type="checkbox"/> | <i>Pasilidad ng HMO (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, atbp.)</i> | |
| <input type="checkbox"/> | Hospital or Hospital Clinic | 3 |
| <input type="checkbox"/> | <i>Ospital o Klinika sa Ospital</i> | |
| <input type="checkbox"/> | Planned Parenthood | 4 |
| <input type="checkbox"/> | <i>Planned Parenthood</i> | |
| <input type="checkbox"/> | County Health Department | 5 |
| <input type="checkbox"/> | <i>Kagawaran ng Kalusugan sa County</i> | |
| <input type="checkbox"/> | Family Planning Clinic | 6 |
| <input type="checkbox"/> | <i>Klinika sa Pagpaplano ng Pamilya</i> | |
| <input type="checkbox"/> | Community Clinic | 7 |
| <input type="checkbox"/> | <i>Pang-komunidad na Klinika</i> | |
| <input type="checkbox"/> | School or School-Based Clinic | 8 |
| <input type="checkbox"/> | <i>Paaralan o Klinika sa Paaralan</i> | |
| <input type="checkbox"/> | Tribal Health Clinic | |
| <input type="checkbox"/> | Urban Indian Health Program/Clinic | 9 |
| <input type="checkbox"/> | <i>Klinika para sa Kalusugan ng Tribo/Programa/Klinika para sa Kalusugan ng Urban na Indian</i> | |
| <input type="checkbox"/> | Pharmacy | 10 |
| <input type="checkbox"/> | <i>Botika</i> | |
| <input type="checkbox"/> | Some other place (Specify: _____) | 11 |
| <input type="checkbox"/> | <i>Ilang Iba pang Lugar (Tukuyin: ____)</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_J17' Was the appointment via telephone or video?

Ginanap ba ang appointment sa pamamagitan ng telefono o web?

AJ224

- | | | |
|-----------------------|--|---|
| <input type="radio"/> | Yes, a telephone visit | 1 |
| <input type="radio"/> | <i>Oo, sa pamamagitan ng telefono na pagbisita</i> | |
| <input type="radio"/> | Yes, a video visit | 2 |
| <input type="radio"/> | <i>Oo, sa pamamagitan ng video na pagbisita</i> | |
| <input type="radio"/> | Both | 3 |

- Pareho
- No.....4
- Hindi
- 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?

Pag-isipan naman ang iyong mga karanasan sa pangangalagang pangkalusugan sa pamamagitan ng telepono o video sa nakaraang 12 buwan. Gaano ka kakuntento na tinutugunan ng iyong provider sa kalusugan ang iyong mga alalahanin sa kalusugan?

AJ225

- Very satisfied.....1
- Lubos na nasisiyahan
- Satisfied2
- Nasisiyahan
- Slightly satisfied3
- Medyo nasisiyahan
- Not satisfied at all.....4
- Talagang hindi nasisiyahan
- 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?

Pag-isipan naman ang iyong mga pinaka-huling karanasan sa pangangalagang pangkalusugan sa pamamagitan ng telepono o video. Mas ninanais mo ba na bumisita nang personal?

AJ226

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA24_J20':

IF 'QA24_J15' = 2, CONTINUE;
ELSE GOTO 'PN_QA23_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....

Pag-isipan naman ang iyong pinaka-huling pagbisita sa iyong provider ng kalusugan ng ngipin sa pamamagitan ng video. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay...

AJ227

- Much worse.....1
- Lubos na mas masama
- Somewhat worse2
- Medyo mas masama

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | About the Same | 3 |
| <input type="radio"/> | <i>Halos Pareho Lang</i> | |
| <input type="radio"/> | Somewhat better | 4 |
| <input type="radio"/> | <i>Medyo mas maayos</i> | |
| <input type="radio"/> | Much better | 5 |
| <input type="radio"/> | <i>Lubos na mas maayos</i> | |
| <input type="radio"/> | I did not have a video visit..... | 6 |
| <input type="radio"/> | <i>Hindi bumisita sa pamamagitan ng video</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

PROGRAMMING NOTE 'QA24_J21':

IF 'QA24_J15' = 3, CONTINUE;

ELSE GOTO 'PN_QA23_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....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa iyong provider ng kalusugang pangkaisipan sa pamamagitan ng video. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay....

AJ228

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Much worse..... | 1 |
| <input type="radio"/> | <i>Lubos na mas masama</i> | |
| <input type="radio"/> | Somewhat worse | 2 |
| <input type="radio"/> | <i>Medyo mas masama</i> | |
| <input type="radio"/> | About the Same | 3 |
| <input type="radio"/> | <i>Halos Pareho Lang</i> | |
| <input type="radio"/> | Somewhat better..... | 4 |
| <input type="radio"/> | <i>Medyo mas maayos</i> | |
| <input type="radio"/> | Much better | 5 |
| <input type="radio"/> | <i>Lubos na mas maayos</i> | |
| <input type="radio"/> | I did not have a video visit..... | 6 |
| <input type="radio"/> | <i>Hindi bumisita sa pamamagitan ng video</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

PROGRAMMING NOTE 'QA24_J22':

IF 'QA24_J15' = 1, CONTINUE;

ELSE GOTO 'PN_QA23_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....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa iyong provider ng pangunahing pangangalaga. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay....

AJ229

- | | | |
|-----------------------|----------------------------|---|
| <input type="radio"/> | Much worse..... | 1 |
| <input type="radio"/> | <i>Lubos na mas masama</i> | |
| <input type="radio"/> | Somewhat worse | 2 |

- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*
- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a video visit 6
- Hindi bumisita sa pamamagitan ng video*
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA24_J23':

IF 'QA24_J15' = 2, CONTINUE;
 ELSE GOTO 'PN_QA23_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....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa pamamagitan ng telefono sa iyong provider ng kalusugan sa ngipin. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay....

AJ230

- Much worse 1
- Lubos na mas masama*
- Somewhat worse 2
- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*
- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a video visit 6
- Hindi bumisita sa pamamagitan ng video*
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA24_J24':

IF 'QA24_J15' = 3, CONTINUE;
 ELSE GOTO 'PN_QA23_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....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa pamamagitan ng telefono sa iyong provider ng kalusugang pangkaisipan. Anong antas ang maibibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay....

AJ231

- Much worse 1
- Lubos na mas masama*

- Somewhat worse 2
- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*
- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a telephone visit 6
- Hindi bumisita sa pamamagitan ng telefono*
- 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....

Pag-isipan naman ang iyong pinaka-kamakailang pagbisita sa pamamagitan ng telefono sa iyong provider ng pangunahing pangangalaga. Anong antas ang maibigay mo sa iyong karanasan kung ikukumpara sa isang personal na pagbisita? Masasabi mo bang ang video na appointment ay...

AJ232

- Much worse 1
- Lubos na mas masama*
- Somewhat worse 2
- Medyo mas masama*
- About the Same 3
- Halos Pareho Lang*
- Somewhat better 4
- Medyo mas maayos*
- Much better 5
- Lubos na mas maayos*
- I did not have a telephone visit 6
- Hindi bumisita sa pamamagitan ng telefono*
- REFUSED -7
- DON'T KNOW -8

- 'QA24_J26'** Did you have any problems with a telephone or video appointment?

Ikaw ba ay nagkaroon ng anumang problema sa appointment na ginawa sa telefono o video?

AJ233

- Yes 1
- Oo*
- No 2
- Hindi*
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA24_J27':
 IF 'QA24_J26' = 1 THEN CONTINUE;
 ELSE GO TO 'PN_QA23_J28'

'QA24_J27' What problems did you experience?

Anu-anong mga problema ang iyong naranasan?

AJ234

- Bad internet/network connection1
- Hindi maayos na internet/koneksyon sa network
- Couldn't download the telehealth app.....2
- Hindi mai-download ang telehealth app
- Audio/Video was not working.....3
- Hindi gumagana ang Audio/Video
- No privacy during the telehealth appointment.....4
- Walang pagkapribado sa panahon ng telehealth na appointment
- The doctor/nurse did not speak my language/understand my language.....5
- Ang doktor/nars ay hindi nagsasalita ng wika ko/nauunawaan ang wika ko
- Other: _____ 91
- Iba pa: _____
- REFUSED -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_QA23_J33'

'QA24_J28' The last time you saw a doctor, did you have a hard time understanding the doctor?

Noong huli kayong nagpatingin sa doktor, nahirapan ba kayong intindihin ang doktor?

AJ8B

- Yes1 [GO TO 'QA24_J30']
- Oo
- No2
- Hindi
- REFUSED -7 [GO TO 'PN_QA23_J33']
- DON'T KNOW -8 [GO TO 'PN_QA23_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_QA23_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?

Sa anong wika kayo kinausap ng doktor?

AJ50

- | | | | |
|-----------------------|-----------------------------|----|--------------------------|
| <input type="radio"/> | ENGLISH | 1 | [GO TO 'QA24_J31'] |
| <input type="radio"/> | SPANISH | 2 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | CANTONESE..... | 3 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | VIETNAMESE..... | 4 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | TAGALOG..... | 5 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | MANDARIN..... | 6 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | KOREAN..... | 7 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | ASIAN INDIAN LANGUAGES..... | 8 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | RUSSIAN | 9 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | OTHER (SPECIFY: _____)..... | 91 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_J33'] |

'QA24_J30' Was this because you and the doctor spoke different languages?

Ito ba ay dahil kayo at ang doctor ninyo ay nagsasalita ng magkaibang wika?

AJ9

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_J31' Did you need someone to help you understand the doctor?

Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doctor?

AJ10

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_J33'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_J33'] |

'QA24_J32' Who was this person who helped you understand the doctor?

Sino ang tumulong sa inyo na maintindihan ang doktor?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER OR FRIEND OF MINE2
- NON-MEDICAL OFFICE STAFF3
- MEDICAL STAFF INCLUDING NURSES/DOCTORS4
- PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)5
- OTHER (PATIENTS, SOMEONE ELSE)....6
- DID NOT HAVE SOMEONE TO HELP7
- REFUSED -7
- DON'T KNOW -8

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?

Sa California, may karapatan kayong humingi ng tulong mula sa interpreter nang walang bayad para sa pagpapatingin ninyo. Alam ba ninyo ito bago ngayong araw?

AJ105

- YES1
- NO2
- 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?

Nitong nakaraang 12 buwan, ipinagpalibutan ba ninyong bumili o kaya'y hindi kayo bumili ng gamot na inireseta sa inyo ng doktor?

AH16

- YES1
- NO2 [GO TO 'PN_QA23_J39']
- REFUSED -7 [GO TO 'PN_QA23_J39']
- DON'T KNOW -8 [GO TO 'PN_QA23_J39']

'QA24_J35' Did you get the medicine that a doctor prescribed for you eventually?

Nakuha mo ba ang gamot na inireseta sa iyo ng doktor sa kalaunan?

AJ251

- Yes1
- 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?

Sa nakalipas na 12 buwan, bakit mo ipinagpalibutan o hindi nakuha ang gamot na iniresetan ng doktor para sa iyo?

AJ252

[CHECK ALL THAT APPLY]

- Medication not in stock1
- Walang makuhang gamot (walang stock)*2
- Insurance approval issue2
- Isyu sa pag apruba ng insurance*
- Delays in communication with provider3
or pharmacy
- Mga pagkaatala sa komunikasyon sa provider o parmasya*
- Concerns with side effects or interactions
with other medications4
- Mga alalahanin sa mga hindi ninananis na epekto (side effect) o sa mga pakikipag-ugnayan sa iba pang mga gamot*
- Didn't want or thought
I didn't need prescription5
- Ayaw o akala na hindi ko kailangan ng reseta*
- Too hard to track all my medications6
- Masyadong mahirap masubaybayan ang lahat ng mga gamot ko*
- I forgot or lost prescription7
- Nakalimutan ko o nawala ang reseta*
- I didn't have time8
- Wala akong oras*
- I have no insurance9
- Wala akong insurance*
- Too expensive10
- Masyadong napakamahal*
- Other (Specify: _____)91
- Iba pa (Tukuyin: _____)*
- REFUSED-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 one main reason why you delayed the medicine that a doctor prescribed for you?

Ano ang isang pangunahing dahilan kung bakit mo ipinagpalibutan ang gamot na iniresetan ng doktor para sa iyo?

AJ253

- Medication not in stock1
- Walang makuhang gamot (walang stock)*2
- Insurance approval issue2
- Isyu sa pag apruba ng insurance*

- Delays in communication with provider3
or pharmacy
- Mga pagkaantala sa komunikasyon sa provider o parmasya*
- Concerns with side effects or interactions with other medications4
Mga alalahanin sa mga hindi ninananis na epekto (side effect) o sa mga pakikipag-ugnayan sa iba pang mga gamot
- Didn't want or thought
I didn't need prescription.....5
- Ayaw o akala na hindi ko kailangan ng reseta*
- Too hard to track all my medications6
Masyadong mahirap masubaybayan ang lahat ng mga gamot ko
- I forgot or lost prescription7
Nakalimutan ko o nawala ang reseta
- I didn't have time8
Wala akong oras
- I have no insurance.....9
Wala akong insurance
- Too expensive..... 10
Masyadong napakamahal
- Other (Specify: _____)..... 91
Iba pa (Tukuyin: _____)
- REFUSED -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?

Naghintay ka ba bago bumili ng gamot o hindi ka bumili ng gamot habang insured ka sa kasalukuyan mong insurance plan?

AJ176

- YES1
- NO2
- 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?

Nitong nakaraang 12 buwan, ipinagpalibin ba ninyo o hindi kayo nagpatingin para sa anumang Iba Pang paggagamot na sa akala ninyo ay kinakailangan ninyo - gaya ng pagpapatingin sa doktor, espesyalista o Iba Pang health professional?

AH22

- YES1
- NO2 [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?

Nagamot din ba kayo sa bandang huli?

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?

Sa nakalipas na 12 buwan, bakit mo ipinagpalibutan o hindi ka nakatanggap ng pangangalaga na sa tingin mo ay kailangan mo?

AJ254

[SELECT ALL THAT APPLY]

- Couldn't get appointment 1
Hindi makakuha ng appointment
- My insurance was not accepted 2
Hindi tinanggap ang aking insurance
- My insurance did not cover 3
Hindi sinaklaw ng insurance
- Language understanding problems 4
Problema sa lingguwahen
- Transportation problems 5
Problema sa transportasyon
- Hours were not convenient 6
Hindi maginhawa ang oras
- There was no child care for children at home 7
Walang mag-aalaga sa mga batang maiwan sa bahay
- I forgot or lost referral 8
Nakalimutan ko o naiwala ang referral
- I didn't have time to go 9
Wala akong oras
- Too expensive 10
Masyadong mahal
- I have no insurance 11
Walang insurance
- Other (Specify: _____) 91
Iba Pa (Tukuyin: _____)
- REFUSED -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 one main reason why you delayed getting the care you felt you needed?

Ano ang pangunahing dahilan sa inyong pagpapalibutan ng pagpapagamot na sa tingin ninyong kinakailangan ninyo?

AJ131B

- Couldn't get appointment.....1
Hindi makakuha ng appointment
- My insurance was not accepted.....2
Hindi tinanggap ang aking insurance
- My insurance did not cover3
Hindi sinaklaw ng insurance
- Language understanding problems4
Problema sa lingguwahé
- Transportation problems5
Problema sa transportasyon
- Hours were not convenient6
Hindi maginhawa ang oras
- There was no child care for
children at home7
*Walang mag-aalaga sa mga batang maiiwan
sa bahay*
- I forgot or lost referral.....8
Nakalimutan ko o naiwala ang referral
- I didn't have time to go9
Wala akong oras
- Too expensive..... 10
Masyadong mahal
- I have no insurance..... 11
Walang insurance
- Other (Specify: _____)..... 91
Iba Pa (Tukuyin: _____)
- 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?

Naghintay ka ba bago tumanggap o hindi na lang talaga tumanggap ng ibang medikal na pangangalaga na pakiramdam mo ay kinailangan mo habang insured ka sa kasalukuya mong insurance plan?

AJ177

- YES1
- NO2
- 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.

Ang susunod na mga tanong ay tungkol sa mga espesyalista. Ang mga espesyalista ay mga doktor gaya ng mga surgeon (siruhano), mga doktor sa puso, mga doktor sa allergy (alerhiya), mga doktor sa balat, at Iba Pang mga nagdadalubhasa sa isang larangan ng paggagamot

AJ136

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

Nitong nakaraang 12 buwan, naisip ba ninyo o ng doctor na kailangan ninyong magpatingin sa espesyalistang doktor?

- 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?

Nitong nakaraang 12 buwan, nahirapan ba kayong makahanap ng espesyalistang doktor na titingin sa inyo?

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?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila kayo tatanggapin bilang bagong pasyente

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?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila tinanggap ang inyong pangunahing health insurance?

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?

Ngayon, isipin ninyo ang mga general doctor. Nitong naraang 12 buwan, nahirapan ba kayong makahanap ng general doctor na titingin sa inyo?

AJ133

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

AJ134

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tatanggapin ang inyong pangunahing health insurance?

AJ135

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Pregnancy Status

PROGRAMMING NOTE 'QA24_J51':

IF '**QA24_A5**' = 1 (MALE AT BIRTH), THEN GO TO '**PN_QA23_J61**';
IF AGE > 45, THEN GO TO '**PN_QA23_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.

Itong sumusunod na mga katanungan ay maaaring may-kinalaman sa inyo dahil babae ang kasarian na itinala para sa inyo noong ipinanganak kayo.

AD13

To your knowledge, are you now pregnant?

Sa inyong kaalaman, buntis ba kayo sa kasalukuyan?

- | | | | |
|-----------------------|----------------------|----|-----------------------------|
| <input type="radio"/> | YES | 1 | [GO TO ' QA24_J53 '] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | NOT APPLICABLE | 3 | |
| <input type="radio"/> | 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_QA23_J68';
 ELSE IF 'QA24_A5' = 1 (MALE AT BIRTH) THEN GO TO 'PN_QA23_J61';
 ELSE CONTINUE WITH 'QA24_J52'

'QA24_J52' Which of the following statements best describes your pregnancy plans? Would you say...

Alin sa mga sumusunod na pahayag ang pinakanaglalarawan sa inyong mga plano tungkol sa pagbubuntis? Masasabi mo bang...

AJ169

- I do not plan to get pregnant within the next 12 months 1
- Wala kang planong magbuntis sa loob ng susunod na 12 buwan*
- I am not sexually active..... 2
- Hindi ka sekswal na aktibo*
- I am planning to get pregnant within the next 12 months 3
- May plano kang magbuntis sa loob ng susunod na 12 buwan*
- I am currently pregnant 4
- Kasalukuyan kang buntis*
- I am not able to get pregnant..... 5 [GO TO 'PN_QA23_J61']
- Walang kakayahang mabuntis*
- REFUSED -7 [GO TO 'PN_QA23_J61']
- DON'T KNOW -8 [GO TO 'PN_QA23_J61']

'QA24_J53' During the past 12 months, did you become pregnant with an unintended pregnancy?

Sa nakaraang 12 buwan, nabuntis ka ba na hindi pinaplanong pagbubuntis?

AJ235

- Yes 1
- Oo
- No..... 2
- Hindi
- 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).

Sa nakaraang 12 buwan, nakipag-usap ba sa iyo ang isang doktor, medical provider, o tagapayo sa pagpaplano ng pamilya tungkol sa pagpipigil sa pagbubuntis (o birth control)? Kasama dito ang IUD o ang isang implant (yung bagay na nasa iyong braso).

AJ236

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | .2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

PROGRAMMING NOTE 'QA24_J55':

IF 'QA24_J51' = 1 (PREGNANT), GO TO 'PN_QA23_J68';

IF 'QA24_A5' = 2 (FEMALE AT BIRTH) AND 'QA24_D10' = 2, -3 (FEMALE SEXUAL PARTNER, SKIPPED), GO TO 'PN_QA23_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.

Sa nakaraang 12 buwan, ikaw ba o ang iyong {mga} lalaking katalik ay gumamit ng paraan ng pagpipigil sa pagbubuntis (o birth control) upang maiwasan na mabuntis? Kabilang dito ang sterilization ng lalaki o babae

AF40C

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

[IF NEEDED, SAY: *Kabilang sa sterilization ang pagpapatali (tubal ligation at vasectomy) o pagpapa-opera upang hindi maaaring magkaroon ng mga anak.*]

- | | | | |
|-----------------------|------------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO..... | 2 | [GO TO
'PN_QA23_J60'] |
| <input type="radio"/> | NOT MALE PARTNER | 3 | [GO TO
'PN_QA23_J61'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_J61'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_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?

Sa nakaraang 12 buwan, aling PANGUNAHING paraan ng pagpipigil sa pagbubuntis (o birth control) ang ginamit mo o ng iyong lalaking katalik?

AJ237

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 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
 - OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING)6
 - CONDOMS (MALE OR FEMALE)7
 - PHEXXI (BIRTH CONTROL GEL).....8
 - OTHER (SPECIFY: _____)91
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO 'QA24_J58']
- [GO TO 'QA24_J58']
- [GO TO 'QA24_J58']
- [GO TO 'QA24_J58']
- [GO TO 'PN_QA23_J61']
- [GO TO 'PN_QA23_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?

Ikaw ba o ang iyong lalaking katalik ay kumuha o sumailalim ng {Tubal Ligation, Vasectomy, IUD o implant} sa loob ng nakaraang 12 buwan?

AJ238

- Yes1
 - Oo
 - No.....2
 - Hindi
- [GO TO 'PN_QA23_J61']

- REFUSED -7 [GO TO
‘PN_QA23_J61’]
- DON’T KNOW -8 [GO TO
‘PN_QA23_J61’]

PROGRAMMING NOTE ‘QA24_J58’:**DISPLAY INSTRUCTIONS:**

IF ‘QA24_D8’ = 1 OR ‘QA24_D9’ = 2 (1 PARTNER) DISPLAY “During the past 12 months, where did you or your male partner get your MAIN birth control method or prescription?”

IF ‘QA24_D8’ > 1 OR -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 MAIN birth control method or prescription?”;

- ‘QA24_J58’** During the past 12 months, where did you or your male partner{s} get your MAIN birth control method or prescription?

Sa nakaraang 12 buwan, saan mo o ng iyong lalaking katalik nakuha ang iyong pangunahing paraan o reseta ng pagpipigil sa pagbubuntis (o birth control)?

AJ239

- PRIVATE DOCTOR'S OFFICE 1
- 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?

Sa nakaraang 12 buwan, nakuha mo ba ang iyong pangunahing paraan o reseta ng pagkontrol sa pagbubuntis (o birth control) sa pamamagitan ng video o teleponong pagbisita?

AJ240

- Yes, over a video visit 1
- Oo, sa pamamagitan ng video na pagbisita
- Yes, over a telephone visit 2
- Oo, sa pamamagitan ng telepono na pagbisita
- No 3
- Hindi
- REFUSED -7
- DON’T KNOW -8

PROGRAMMING NOTE AJ170B:

'QA24_J55'= 2 CONTINUE;
ELSE SKIP TO 'PN_QA23_J61'

DISPLAY INSTRUCTIONS:

IF 'QA24_D8'= 1 OR 'QA24_D9'= 2 (1 PARTNER) DISPLAY "What is the main reason you and your male partner did not use birth control in the past 12 months?"

IF 'QA24_D8' >1 OR -8 AND 'QA24_D9' = 3,4,5,6 OR > 1 DISPLAY "What is the main reason you and your male partners did not use birth control in the past 12 months?";

'QA24_J60' What is the main reason you and your male partner{s} did not use birth control in the past 12 months?

Ano ang PANGUNAHING dahilan kung bakit ikaw at ang iyong lalaking katalik ay hindi gumamit ng pagpipigil sa pagbubuntis sa nakaraang 12 buwan?

AJ170B

- TRYING TO GET PREGNANT/
WANT A BABY1
- HAVEN'T FOUND A METHOD I LIKE2
- COST3
- HAVEN'T HAD TIME TO GO IN FOR
BIRTH CONTROL4
- NO TRANSPORTATION5
- DON'T KNOW WHERE TO GET IT6
- DON'T BELIEVE IN BIRTH CONTROL7
- WORRIED ABOUT SIDE EFFECTS AND/
OR HEALTH RISKS8
- PARTNER WON'T LET ME9
- FORGET TO USE BIRTH CONTROL10
- FEEL UNCOMFORTABLE ASKING
FOR BIRTH CONTROL/TALKING ABOUT
BIRTH CONTROL11
- REFUSED-7
- DON'T KNOW-8

[GO TO
'PN_QA23_J61']
[GO TO
'PN_QA23_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_QA23_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?

Sa nakaraang 12 buwan, nakipag-usap ba sa iyo ang isang doktor, medical provider, o tagapayo sa pagpaplano ng pamilya tungkol sa pagkontrol sa pagbubuntis tulad ng mga condom na para sa lalaki o vasectomy?

AJ241

- YES1
- NO2
- 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.

Sa nakaraang 12 buwan, ikaw ba o ang iyong babaeng katalik ay gumamit ng paraan ng pagkontrol sa pagbubuntis upang maiwasan na mabuntis? Kabilang dito ang sterilization ng lalaki o babae..

AJ242

[IF NEEDED, SAY: STERILIZATION INCLUDES HAVING YOUR PARTNER’S TUBES TIED, GETTING A VASECTOMY, OR HAVING AN OPERATION SO YOU CANNOT HAVE CHILDREN.]

- | | | |
|---|----|--------------------------|
| <input type="radio"/> Yes | 1 | |
| <input type="radio"/> Oo | | |
| <input type="radio"/> No..... | 2 | [GO TO
‘PN_QA23_J67’] |
| <input type="radio"/> Hindi | | |
| <input type="radio"/> No female partner | 3 | [GO TO
‘PN_QA23_J68’] |
| <input type="radio"/> Walang babaeng katalik | | |
| <input type="radio"/> REFUSED | -7 | [GO TO
‘PN_QA23_J68’] |
| <input type="radio"/> DON’T KNOW | -8 | [GO TO
‘PN_QA23_J68’] |

PROGRAMMING NOTE ‘QA24_J63’:**DISPLAY INSTRUCTIONS:**

IF ‘QA24_D8’ = 1 OR ‘QA24_D9’ = 2 (1 PARTNER) DISPLAY “During the past 12 months, which MAIN birth control method did you or your female partner use?”

IF ‘QA24_D8’ > 1 OR -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 female partners use?”;

‘QA24_J63’ During the past 12 months, which MAIN birth control method did you or your female partner{s} use?

Sa nakaraang 12 buwan, aling PANGUNAHING paraan ng pagkontrol sa pagbubuntis ang ginamit mo o ng iyong babaeng katalik?

AJ243

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

- 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
 - OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING)6
 - CONDOMS (MALE OR FEMALE)7
 - PHEXXI (BIRTH CONTROL GEL).....8
 - OTHER (SPECIFY: _____)91
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO 'QA24_J65']
- [GO TO 'PN_QA23_J68']
- [GO TO 'PN_QA23_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?

Ikaw ba o ang iyong babaeng katalik ay kumuha o sumailalim ng {Tubal Ligation, Vasectomy, IUD o implant} sa loob ng nakaraang 12 buwan?

AJ244

- Yes1
 - Oo
 - No.....2
 - Hindi
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO 'PN_QA23_J68']
- [GO TO 'PN_QA23_J68']
- [GO TO 'PN_QA23_J68']

PROGRAMMING NOTE 'QA24_J65':**DISPLAY INSTRUCTIONS:**

IF 'QA24_D8' = 1 OR 'QA24_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your MAIN birth control method or prescription?"

IF 'QA24_D8' > 1 OR -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 MAIN birth control method or prescription?";

'QA24_J65' During the past 12 months, where did you or your female partner{s} get your MAIN birth control method or prescription?

Sa nakaraang 12 buwan, saan mo o ng iyong babaeng katalik nakuha ang iyong pangunahing paraan o reseta ng pagkontrol sa pagbubuntis (o birth control)?

AJ245

- PRIVATE DOCTOR'S OFFICE.....1
- HMO FACILITY (KAISER,
ANTHEM BLUE CROSS, HEALTH NET,
UNITED HEALTHCARE, ETC.).....2
- HOSPITAL OR HOSPITAL CLINIC3
- PLANNED PARENTHOOD.....4
- COUNTY HEALTH DEPARTMENT5
- FAMILY PLANNING CLINIC.....6
- COMMUNITY CLINIC7
- SCHOOL OR SCHOOL-BASED CLINIC....8
- NATIVE AMERICAN HEALTH CENTER/
CLINIC9
- 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?

Sa nakaraang 12 buwan, nakuha mo ba ang iyong pangunahing paraan o reseta ng pagkontrol sa pagbubuntis (o birth control) sa pamamagitan ng video o teleponong pagbisita?

AJ246

- Yes, over a video visit1
- Oo, sa pamamagitan ng video na pagbisita
- Yes, over a telephone visit.....2
- Oo, sa pamamagitan ng teleono na pagbisita
- No.....3
- Hindi
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA24_J67':

'QA24_J62' = 2, then CONTINUE;

ELSE SKIP TO 'PN_QA23_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?

Ano ang PANGUNAHING dahilan kung bakit ikaw at ang iyong babaeng katalik ay hindi gumamit ng pagkontrol sa pagbubuntis sa nakaraang 12 buwan?

AJ175B

- TRYING TO GET PREGNANT/
WANT A BABY1
- HAVEN'T FOUND A METHOD I LIKE2
- COST3
- HAVEN'T HAD TIME TO GO IN
FOR BIRTH CONTROL4

- NO TRANSPORTATION5
- DON'T KNOW WHERE TO GET IT6
- DON'T BELIEVE IN BIRTH CONTROL.....7
- WORRIED ABOUT SIDE EFFECTS AND/
OR HEALTH RISKS.....8
- PARTNER WON'T LET ME9
- 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_QA23_J70**';

'QA24_J68' During the past 2 years, have you had a mammogram?

Sa nakaraang 2 taon, nagpa-mammogram ka ba?

AJ206

[IF NEEDED, SAY: A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast.]

[IF NEEDED, SAY: *Ang mammogram ay isang x-ray na kinukuha sa bawat suso nang magkahiwalay sa pamamagitan ng makina na nagpapa-impis o pumipiga sa bawat suso.*]

- Yes1 [GO TO
'PN_QA23_J70']
- Oo
- No.....2
- Hindi
- REFUSED-7 [GO TO
'PN_QA23_J70']
- DON'T KNOW-8 [GO TO
'PN_QA23_J70']

'QA24_J69' What is the one most important reason why you have not had a mammogram in the past 2 years?

Ano ang isang pinakamahalagang dahilan kung bakit hindi ka nagpa-mammogram sa nakalipas na 2 taon?

AJ207

- No reason/never thought about it1
- Walang dahilan/Hindi kailanman naisip ito
- Didn't know I needed this type of test2
- Hindi alam na kailangan ko ang ganitong uri ng pagsusuri
- Doctor didn't tell me I needed it3
- Hindi sinabi sa akin ng doktor na kailangan ko ito
- Haven't had any problems4
- Walang naranasang mga problema
- Put it off/laziness5
- Ipinagpalibin ito/katamaran

- Too expensive/no insurance6
- Masyadong mahal/walang insurance*
- Too painful, unpleasant, embarrassing.....7
- Masyadong masakit, hindi kasiya-siya, nakakahiya*
- Too young8
- Masyadong bata*
- Don't have a doctor9
- Walang doktor*
- Transportation problem10
- Problema sa transportasyon*
- Competing priorities
(work, childcare, caregiving)11
- Pakikipag-komplitensya ng mga prayoridad (trabaho, pangangalaga sa bata, pag-aalaga)*
- REFUSED-7
- DON'T KNOW-8

Dental Health

'QA24_J70' About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

Gaano na katagal mula nang huli kang bumisita sa isang dentista o dental clinic? Isama ang mga hygienist at lahat ng uri ng mga dental specialist

AG1

- Have never visited0 **[GO TO 'QA24_J74']**
- Hindi pa kailanman bumisita*
- 6 months ago or less1
- 6 na buwan na ang nakalipas o mas maikl pa*
- More than 6 months, and up to 1 year2
- Mahigit sa 6 na buwan, at aabot sa 1 taon*
- More than 1 year, and up to 2 years ago3
- Mahigit sa 1 taon, at aabot sa 2 taon na ang nakalipas*
- More than 2 years, and up to 5 years ago4
- Mahigit sa 2 taon, at aabot sa 5 taon na ang nakalipas*
- More than 5 years ago5
- Mahigit 5 taon na ang nakalipas*
- 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?

Para ba ito sa rutinang checkup o paglilinis, o para sa partikular na problema?

AJ167

- ROUTINE CHECKUP OR CLEANING1
- SPECIFIC PROBLEM2
- BOTH3
- 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?

Ilang beses ka nang nakatanggap ng a serbisyong dental sa nakalipas na 12 buwan?

AJ247

- | | | | |
|-----------------------|--------------------------------|----|--------------------|
| <input type="radio"/> | None..... | 1 | [GO TO 'QA24_J74'] |
| <input type="radio"/> | Wala | | |
| <input type="radio"/> | Once..... | 2 | |
| <input type="radio"/> | <i>Isang beses</i> | | |
| <input type="radio"/> | Twice..... | 3 | |
| <input type="radio"/> | <i>Dalawang beses</i> | | |
| <input type="radio"/> | Three Times | 4 | |
| <input type="radio"/> | <i>Tatlong Beses</i> | | |
| <input type="radio"/> | Four Times | 5 | |
| <input type="radio"/> | <i>Apat na Beses</i> | | |
| <input type="radio"/> | Five Times or More | 6 | |
| <input type="radio"/> | <i>Limang Beses O Higit Pa</i> | | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_J74'] |

'QA24_J73' Where did you receive the dental service?

Saan mo natanggap ang serbisyong dental?

AJ248B

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | Free health/dental event | 1 |
| <input type="checkbox"/> | <i>Libreng kaganapan sa kalusugan/ngipin</i> | |
| <input type="checkbox"/> | Dentist office | 2 |
| <input type="checkbox"/> | <i>Opisina ng dentista/klinika na kinalagyan</i> | |
| <input type="checkbox"/> | Hospital | 3 |
| <input type="checkbox"/> | <i>Ospital</i> | |
| <input type="checkbox"/> | Other | 4 |
| <input type="checkbox"/> | <i>Isa o higit pa sa alinman sa itaas</i> | |
| <input type="checkbox"/> | REFUSED | -7 |
| <input type="checkbox"/> | DON'T KNOW | -8 |

'QA24_J74' Do you now have any type of insurance that pays for part or all of your dental care?

Mayroon ba kayo ngayon na anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng iyong pangangalagang dental?

AG3

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_J75' Where did you receive educational information about oral health or preventive dental care?

Saan ka nakatanggap ng impormasyong pang-edukasyon tungkol sa kalusugan ng bibig o dental na pangangalaga upang maiwasan ang mga problema sa hinaharap?

AJ249B

- | | | | |
|-----------------------|--|---|--------|
| <input type="radio"/> | Have not received
any educational information | 1 | [GO TO |
|-----------------------|--|---|--------|

- | | |
|---|--|
| <input type="radio"/> <i>Hindi nakatanggap ng anumang impormasyong pang-edukasyon</i>
<input type="checkbox"/> From dental office2
<input type="checkbox"/> <i>Mula sa dental na opisina</i>
<input type="checkbox"/> From school of my child3
<input type="checkbox"/> <i>Mula sa paaralan ng aking anak</i>
<input type="checkbox"/> From social media.....4
<input type="checkbox"/> <i>Mula sa social media</i>
<input type="checkbox"/> From family or friends5
<input type="checkbox"/> <i>Mula sa pamilya o mga kaibigan</i>
<input type="checkbox"/> From Smile, California™ website.....6
<input type="checkbox"/> <i>Mula sa Smile, California™ website</i>
<input type="checkbox"/> From other sources7
<input type="checkbox"/> <i>Mula sa mga ibang pinagmulan</i>
<input type="checkbox"/> From other online sources8
<input type="radio"/> REFUSED-7
<input type="radio"/> DON'T KNOW-8 | 'PN_QA23_J77'
[GO TO
'PN_QA23_J77']
[GO TO
'PN_QA23_J77'] |
|---|--|

PROGRAMMING NOTE 'QA24_J76':

IF 'QA24_J70'= 0, 3, 4, 5 DISPLAY "What is the main reason you have not visited a dentist in the last 12 months?"

'QA24_J76' What is the main reason you have not visited a dentist in the last 12 months?

Ano ang pangunahing dahilan kung bakit ikaw ay {hindi kailanman/hindi} bumisita sa isang dentista sa nakaraang 12 buwan?

AJ250

- | |
|---|
| <input type="radio"/> Not applicable1
<input type="radio"/> <i>Hindi naaangkop</i>
<input type="radio"/> No reason to go/No problem.....2
<input type="radio"/> <i>Walang dahilan para pumunta/Walang problema</i>
<input type="radio"/> Could not find a dentist3
<input type="radio"/> <i>Hindi makahanap ng dentista</i>
<input type="radio"/> Could not afford/no insurance.....4
<input type="radio"/> <i>Hindi kayang makapagbayad/walang insurance</i>
<input type="radio"/> Other: _____5
<input type="radio"/> <i>(Mga) Iba pa _____</i>
<input type="radio"/> REFUSED-7
<input type="radio"/> 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?

Mayroon ka bang anumang uri ng insurance ngayon na nagbabayad para sa bahagi o kabuuhan ng pangangalaga sa ngipin ni (TEEN)?

MA10

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

'QA24_J78' This next question is about dental health.

About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

MTF14B

Ang susunod na tanong na ito ay tungkol sa kalusugan ng ngipin.

Gaano na katagal mula nang huling bumisita si (pangalan ng teenager) sa isang dental provider? (halimbawa, mga dental hygienist at dentista)

- Have never visited 0 [GO TO 'QA24_J82']
- Hindi pa kailanman bumisita*
- 6 months ago or less 1
- 6 na buwan na ang nakakaraan o kulang pa*
- More than 6 months, and up to 1 year 2
- Mahigit sa 6 na buwan, at aabot sa 1 taon*
- More than 1 year, and up to 2 years ago 3
- Mahigit sa 1 taon, at aabot sa 2 taon na ang nakalipas*
- More than 2 years, and up to 5 years ago 4 [GO TO 'QA24_J82']
- Mahigit sa 2 taon, at aabot sa 5 taon na ang nakalipas*
- More than 5 years ago 5 [GO TO 'QA24_J82']
- Mahigit 5 taon na ang nakalipas*
- 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?

Ilang beses nakatanggap si (pangalan ng teenager) ng isang serbisyon dental sa loob ng nakalipas na 12 buwan?

MTH64

- None 1 [GO TO 'MTH66B']
- Wala*
- Once 2
- Isang beses*
- Twice 3
- Dalawang beses*
- Three times 4

- | | | |
|-----------------------|--------------------------------|----|
| <input type="radio"/> | <i>Tatlong beses</i> | |
| <input type="radio"/> | Four times | 5 |
| <input type="radio"/> | <i>Apat na beses</i> | |
| <input type="radio"/> | Five times or more | 6 |
| <input type="radio"/> | <i>Limang beses o higit pa</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO 'MTH66B']**
[GO TO 'MTH66B']

'QA24_J80' Where did (teen's name) receive the dental service in the last 12 months?

Saan natanggap ni (pangalan ng teenager) ang serbisyon dental?

MTH65B

[CHECK ALL THAT APPLY]

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Free health/Dental event..... | 1 |
| <input type="checkbox"/> | <i>Libreng event sa kalusugan/Ngipin</i> | |
| <input type="checkbox"/> | Dentist office | 2 |
| <input type="checkbox"/> | <i>Opisina ng dentista/ Klinika na kinalalagyan</i> | |
| <input type="checkbox"/> | Hospital | 3 |
| <input type="checkbox"/> | <i>Ospital</i> | |
| <input type="checkbox"/> | Other | 4 |
| <input type="checkbox"/> | <i>Isa o higit pa sa alinman sa itaas</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_J81' Where did (TEEN) receive educational information about oral health or preventive dental care in the last 12 months?

Saan natanggap ni (pangalan ng teenager) ang impormasyong pang-edukasyon tungkol sa kalusugan ng bibig o dental na pangangalaga upang maiwasan ang mga problema sa hinaharap?

MTH66B

- | | | |
|--------------------------|---|----|
| <input type="radio"/> | Have not received
any educational information | 1 |
| <input type="radio"/> | <i>Hindi nakatanggap ng anumang
impormasyong pang-edukasyon</i> | |
| <input type="checkbox"/> | From dental office | 2 |
| <input type="checkbox"/> | <i>Mula sa dental na opisina</i> | |
| <input type="checkbox"/> | From school of my child | 3 |
| <input type="checkbox"/> | <i>Mula sa paaralan ng aking anak</i> | |
| <input type="checkbox"/> | From social media..... | 4 |
| <input type="checkbox"/> | <i>Mula sa social media</i> | |
| <input type="checkbox"/> | From family or friends | 5 |
| <input type="checkbox"/> | <i>Mula sa pamilya o mga kaibigan</i> | |
| <input type="checkbox"/> | From Smile, California™ website..... | 6 |
| <input type="checkbox"/> | <i>Mula sa Smile, California™ website</i> | |
| <input type="checkbox"/> | Other sources..... | 7 |
| <input type="checkbox"/> | <i>Mula sa iba pang mga pinagmulan</i> | |
| <input type="checkbox"/> | From other online sources | 8 |
| <input type="checkbox"/> | <i>Mula sa iba pang pinagmulan sa online</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_J82' What is the main reason (teen's name) has not visited a dentist in the last 12 months?

Ano ang pangunahing dahilan kung bakit si (pangalan ng teenager) ay hindi bumisita sa isang dentista sa nakaraang 12 buwan?

MTH67

- Not applicable1
- Hindi naaangkop*
- No reason to go/No problem.....2
- Walang dahilan para pumunta/Walang problema*
- Could not find a dentist3
- Hindi makahanap ng dentista*
- Could not afford/no insurance.....4
- Hindi kayang makapagbayad/walang insurance*
- Other: _____ 91
- (Mga) Iba pa _____
- REFUSED -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?

May panahon ba kahit kailan na mas mabuting paggagamot ang dapat ninyong natanggap kung iba sana ang inyong lahi o pangkating etniko na kinabibilangan ninyo

DMC8

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO 'PN_QA23_J85']
[GO TO 'PN_QA23_J85']
[GO TO 'PN_QA23_J85']

'QA24_J84' Think about the last time this happened. How long ago was that?

Isipin ninyo noong huling nangyari ito. Gaano katagal na nangyari iyon?

DMC9

- A YEAR AGO OR LESS1
- MORE THAN 1 UP TO 2 YEARS AGO2
- MORE THAN 2 UP TO 3 YEARS AGO3
- MORE THAN 3 UP TO 5 YEARS AGO4
- MORE THAN 5 UP TO 10 YEARS AGO5
- MORE THAN 10 UP TO 20 YEARS AGO ...6
- MORE THAN 20 YEARS AGO7
- 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.

May mga ilang tao na nagbibigay ng panandalian o pangmatagalang tulong sa isang kapamilya o kaibigang may seryoso o pangmatagalang karamdaman o kapansanan.

Maaaring kasama rito ang pagtulong sa mga bagay na hindi nila magawa para sa kanilang sarili.

'QA24_J86' During the past 12 months, did you provide any such help to a family member or friend?

Sa nakaraang 12 buwan, nagbigay ka ba ng anumang ganitong tulong sa isang kapamilya o kaibigan?

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."]

[IF NEEDED, SAY: *Maaaring kabilang dito ang tulong sa paliligo, pag-inom ng gamot, mga gawain sa bahay, pagbabayad ng mga bills, pag-drive para makapunta sa doktor o sa grocery store, pag-aasikaso para makatanggap ng mga serbisyo medikal o pang-suporta, o kaya basta bumibisita lamang para malaman kung ano na ang kanilang kalagayan]*

- | | | |
|--|----|-------------------------|
| <input type="radio"/> YES | .1 | |
| <input type="radio"/> NO | .2 | [GO TO
'PN_QA23_K1'] |
| <input type="radio"/> REFUSED | -7 | [GO TO
'PN_QA23_K1'] |
| <input type="radio"/> DON'T KNOW | -8 | [GO TO
'PN_QA23_K1'] |

'QA24_J87' For the next set of questions, please think about the person for whom you provided the most care

Mangyaring pag-isipan ang tao na binigyan mo ng higit na pangangalaga.

AJ101B

Do you currently provide care for this person?

Kasalukuyan ba ninyong pinangangalagaan ang taong ito?

- | | |
|--|----|
| <input type="radio"/> Yes | .1 |
| <input type="radio"/> No | .2 |
| <input type="radio"/> REFUSED | -7 |
| <input type="radio"/> 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.

Gaano/Sa panahon na nagbigay ka ng pangangalaga, gaano} na katanda {ang/ang} taong ito? Ang iyong pinakamahusay na tantiya ay ayos lang.

AJ201

- | | |
|--|--------------------------------|
| _____ | Age [HR: 0-110]
<i>Edad</i> |
| <input type="radio"/> REFUSED | -7 |
| <input type="radio"/> DON'T KNOW | -8 |

'QA24_J89' What is this person's relationship to you?

Ano ang kaugnayan ng taong ito sa iyo?

AJ90

- | | | |
|-----------------------|-------------------------------|----|
| <input type="radio"/> | HUSBAND..... | 1 |
| <input type="radio"/> | WIFE | 2 |
| <input type="radio"/> | SPOUSE/PARTNER..... | 3 |
| <input type="radio"/> | FATHER/FATHER-IN-LAW | 4 |
| <input type="radio"/> | MOTHER/MOTHER-IN-LAW | 5 |
| <input type="radio"/> | BROTHER/BROTHER-IN-LAW | 6 |
| <input type="radio"/> | SISTER/SISTER-IN-LAW | 7 |
| <input type="radio"/> | GRANDFATHER..... | 8 |
| <input type="radio"/> | GRANDMOTHER | 9 |
| <input type="radio"/> | SON/SON-IN-LAW..... | 10 |
| <input type="radio"/> | DAUGHTER/DAUGHTER-IN-LAW..... | 11 |
| <input type="radio"/> | OTHER RELATIVE | 12 |
| <input type="radio"/> | FRIEND/NEIGHBOR | 13 |
| <input type="radio"/> | OTHER NON-RELATIVE..... | 14 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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}?

Sa isang karaniwang linggo, mga ilang oras {ang/ang} iyong ginugol sa iyong pagbibigay ng tulong sa {AJ90/ miyembro ng pamilya/kaibigan}?

AJ93

_____ Hours [HR: 0-125]
Oras

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | - |

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'?

Ikaw ba {ay/ay} binayaran para sa mga oras na {tinulungan/natulungan} mo ang iyong {AJ90}?

AJ191

[IF NEEDED, SAY: This could be payment from a public program, family member, or directly from the care recipient.]

- Yes 1
- Oo
- No 2
- Hindi
- 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?

Sa iyong palagay, gaano kalaking pinansiya na stress {ay/ay} iyong naranasan dahil sa iyong pangangalaga ng iyong {AJ90}?

AJ193

- Extremely stressful 1
- Lubos-lubusan na stress
- Somewhat stressful 2
- Medyo nakaka-stress
- A little stressful 3
- May kaunting stress
- Not at all stressful 4
- Talagang hindi nakaka-stress
- REFUSED -7
- DON'T KNOW -8

'QA24_J93' During the past 12 months, did your {AJ90} live...

Sa nakaraang 12 buwan, ang iyong {AJ90} ba ay nakatira...

AJ91B

[CHECK ALL THAT APPLY]

- Alone 1
- Nang mag-isa
- With you 2
- Kasama mo
- With some other family member 3
- Kasama ng iba pang miyembro ng pamilya
- In a nursing home 4
- Sa isang nursing home
- In an assisted-living facility 5
- Sa isang pasilidad ng assisted-living
- In some other living situation 6
- Sa isang iba pang sitwasyon ng paninirahan
- 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?

Ano/Sa panahon na nagbigay ka ng pangangalaga, ano} ang mga kapansanan o mga karamdaman {ang/ang} mayroon {siya/siya/siya} na {nangangailangan/nangangailangan} ng iyong tulong?

AJ194

- Alzheimer's, confusion, dementia, forgetfulness.....1
- Alzheimer's, pagkalito, dementia, pagkamalilimutin*
- Arthritis2
- Sakit sa buto*
- Back problems3
- Mga problema sa likod*
- Broken bones4
- Mga nabaling buto*
- Cancer.....5
- Cancer*
- Diabetes6
- Diyabetes*
- Feeble, unsteady, falling7
- Mahina, nabubuwal, nahuhulog*
- Lung disease, emphysema, COPD8
- Sakit sa baga, emphysema, COPD*
- Mental illness, emotional illness, depression.....9
- Sakit sa pag-iisip, emosyonal na karamdaman, depression*
- Mobility problem, can't get around10
- Problema sa paglalakad, hindi makapunta sa ninanais na puntahan*
- Old age, aging.....11
- Matandang edad, tumatanda na*
- Stroke12
- Stroke*
- Surgery, wounds13
- Na-operahan, mga sugat*
- Other (Specify: _____)91
- Iba pa (Tukuyin: _____)*
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE FOR 'QA24_J95':

IF 'QA24_J87' = 1 CONTINUE;
ELSE SKIP TO 'PN_QA23_K1'

'QA24_J95' {Do you have all of the support and services you need to care for your {AJ90}}?

{Mayroon ka ba ng lahat ng suporta at serbisyo na iyong kinakailangan upang mapangalagaan ang iyong {AJ90}?

AJ197

- Yes1
- Oo
- No.....2
- Hindi
- 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}?

Sa nakaraang 12 buwan, ikaw ba mismo ay nakaranas ng anumang mga pisikal na problema sa kalusugan dahil sa pagbibigay ng pangangalaga sa iyong {AJ90}.

AJ199A

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED -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}?

Sa nakaraang 12 buwan, ikaw ba mismo ay nakaranas ng anumang mga problema sa kalusugan ng kaisipan dahil sa pagbibigay ng pangangalaga sa iyong {AJ90}.

AJ199B

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED -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?

Nagbago ba ang iyong sitwasyon sa trabaho dahil sa iyong pagbibigay ng tulong sa iyong {AJ90}, tulad ng isang pagbabago sa posisyon sa trabaho, nabawasan ang dami ng oras sa trabaho, nag-resign o nag-retire?

AJ200

- No change in job status1
- Walang pagbabago sa katayuan ng trabaho*
- Changed job.....2
- Nagpalit ng trabaho*
- Took a second job/
Increased hours with current job.....3
- Kumuha ng ikalawang trabaho/Dinagdagan ang oras sa kasalukuyang trabaho*
- Reduced number of work hour.....4
- Binawasan ang dami ng oras sa trabaho*
- Temporary leave of absence5
- Kumuha ng pansamantalang leave of*

absence

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Quit job..... | 6 |
| <input type="checkbox"/> | <i>Nag-resign sa trabaho</i> | |
| <input type="checkbox"/> | Retired/retired early | 7 |
| <input type="checkbox"/> | <i>Nag-retire/nag-retire nang maaga</i> | |
| <input type="checkbox"/> | Received paid family leave | 8 |
| <input type="checkbox"/> | <i>Nakatanggap ng may bayad na family leave</i> | |
| <input type="checkbox"/> | I don't work..... | 9 |
| <input type="checkbox"/> | <i>Hindi ako nagtatrabaho</i> | |
| <input type="checkbox"/> | Other (Specify: _____)..... | 91 |
| <input type="checkbox"/> | <i>Iba pa (Tukuyin: _____)</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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 BUSINESS BUT NOT AT WORK) OR 'QA24_G29' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA24_K1';
ELSE GO TO 'PN_QA23_K4'

'QA24_K1' How many hours per week do you usually work at all jobs or businesses?

Ilang oras sa bawat linggo kayo karaniwang nagtatrabaho sa lahat ninyong mga trabaho bilang isang empleo o sa mga negosyo?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

	HOURS	[HR: 0-95]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

'QA24_K2' How long have you worked at your main job?

Gaano katagal na kayo nagtatrabaho sa inyong pangunahing trabaho?

AK7

[IF NEEDED, SAY: "THAT IS, FOR YOUR CURRENT EMPLOYER."].

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

<input type="checkbox"/>	MONTHS	[HR: 0-12]
<input type="checkbox"/>	YEARS	[HR: 0-50]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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_QA23_K4'

'QA24_K3' What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

Ano ang pinakamahusay ninyong tantya sa lahat ng inyong kinita nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng Iba Pang binabawas?

AK10

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	\$ _____ AMOUNT	[HR: 0-999995]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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' = 1 THEN DISPLAY "partner";
 ELSE SKIP TO 'QA24_K6'

'QA24_K4' How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

Ilang oras sa bawat linggo karaniwang nagtatrabaho ang inyong {asawa} sa lahat ng kanyang trabaho bilang empleo o sa mga negosyo?

AK20

- | | | |
|-----------------------|------------------|------------|
| <input type="radio"/> | _____ HOURS | [HR: 0-95] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Ano ang pinakamahusay ninyong tantya sa lahat ng kinita ng inyong {asawa/partner} nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahog na porhora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng Iba Pang binabawas?

AK10A

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- | | | |
|-----------------------|------------------|----------------|
| \$ _____ | AMOUNT | [HR: 0-999995] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Ano ang pinakamahusay ninyong tantya sa kita ng buong pamamahay sa isang taon mula sa lahat ng pinanggagalingan bago nabuwisan noong 2022?

AK22

[IF NEEDED, SAY: "INCLUDE MONEY FROM JOBS, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE AND SO FORTH. ALSO INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT AND ANY OTHER MONEY INCOME."]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- | | |
|--|---|
| <input type="radio"/> \$ _____ AMOUNT
<input type="radio"/> REFUSED -7
<input type="radio"/> DON'T KNOW -8 | [HR: 0-999995]
[GO TO
'PN_QA23_K8']
[GO TO
'PN_QA23_K8'] |
|--|---|

'QA24_K7' PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?

Ang taunang kita ng inyong pamamahay na itinala ko ay <AK22>. Tama ba it

AK22A

- | | |
|--|--|
| <input type="radio"/> YES 1
<input type="radio"/> NO 2
<input type="radio"/> REFUSED -7
<input type="radio"/> DON'T KNOW -8 | [GO TO PN
'QA24_K14']
[GO TO 'QA24_K6'] |
|--|--|

PROGAMMING NOTE 'QA24_K8':

IF 'QA24_K6' = -7 OR -8 CONTINUE WITH 'QA24_K8';
ELSE GO TO 'PN_QA23_K14'

'QA24_K8' We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?...

Hindi namin kailangang malaman nang eksakto, ngunit masasabi ba ninyo sa akin kung higit ba o mas mababa sa \$20,000 ang taunang kita ng inyong pamamahay mula sa lahat ng pinanggagalingan bago nabuwisan?

AK11

- | | |
|---|---|
| <input type="radio"/> MORE 1
<input type="radio"/> EQUAL TO \$20K OR LESS 2
<input type="radio"/> REFUSED -7
<input type="radio"/> DON'T KNOW -8 | [GO TO 'QA24_K10']
[GO TO
'PN_QA23_K14']
[GO TO 'PN_AK17'] |
|---|---|

'QA24_K9' Is it ...

Ito ba ay...

AK12

- | | |
|---|--|
| <input type="radio"/> \$5,000 or less 1
<input type="radio"/> \$5,000 o mas mababa 2
<input type="radio"/> \$5,001 to \$10,000 2
<input type="radio"/> \$5,001 a \$10,000 3
<input type="radio"/> \$10,001 to \$15,000 3
<input type="radio"/> \$10,001 a \$15,000 4
<input type="radio"/> \$15,001 to 20,000 4 | [GO TO
'PN_QA23_K14']
[GO TO
'PN_QA23_K14']
[GO TO
'PN_QA23_K14']
[GO TO
'PN_QA23_K14']
[GO TO
'PN_QA23_K14'] |
|---|--|

- \$15,001 a \$20,000
 - REFUSED 7
 - DON'T KNOW -8
- [GO TO
‘PN_QA23_K14’]
[GO TO
‘PN_QA23_K14’]

‘QA24_K10’ Is it more or less than \$70,000 per year

Ito ba ay...

AK13

- MORE 1
 - EQUAL TO \$70K OR LESS 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO ‘QA24_K12’]
[GO TO
‘PN_QA23_K14’]
[GO TO
‘PN_QA23_K14’]

‘QA24_K11’ Is it ...

Ito ba ay...

AK14

- \$20,001 to \$30,000 1
 - \$20,001 a \$30,000
 - \$30,001 to \$40,000 2
 - \$30,001 a \$40,000
 - \$40,001 to \$50,000 3
 - \$40,001 a \$50,000
 - \$50,001 to \$60,000 4
 - \$50,001 a \$60,000
 - \$60,001 to \$70,000 5
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
‘PN_QA23_K14’]
[GO TO
‘PN_QA23_K14’]

‘QA24_K12’ Is it more or less than \$135,000 per year?

Ito ba ay mahigit pa o mas mababa sa \$135,000 bawat taon?

AK15

- MORE 1
 - EQUAL TO \$70K OR LESS 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
‘PN_QA23_K14’]
[GO TO
‘PN_QA23_K14’]
[GO TO
‘PN_QA23_K14’]

‘QA24_K13’ Is it ...

Ito ba ay...

AK16

- \$70,001 to \$80,000 1
- \$70,001 a \$80,000
- \$80,001 to \$90,000 2

- \$80,001 a \$90,000
- \$90,001 to \$100,000 3
- \$90,001 a \$100,000
- \$100,001 to \$135,000 4
- \$100,001 a \$135,000
- 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_QA23_K15';
ELSE CONTINUE WITH 'QA24_K14'

'QA24_K14' Including yourself, how many people living in your household are supported by your total household income?

Kabilang ang inyong sarili, ilang tao na tumitira sa inyong pamamahay ang tinutustusan ng buong kita ng inyong pamamahay?

AK17

- | | | |
|-----------------------|------------------------|------------|
| <input type="radio"/> | _____ NUMBER OF PEOPLE | [HR: 1-20] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Ilan sa {INSERT NUMBER FROM QA15_K15} taong ito ay mga bata na hindi pa 18 taong gulang?

AK18

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | _____ NUMBER OF CHILDREN (UNDER AGE18) [HR: 0-20] | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Mayroon bang sinumang nakatira sa U.S., ngunit hindi kasalukuyang tumitira sa inyong pamamahay, na tinutustusan ng kita ng inyong pamamahay?

AK32

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_K18'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_K18'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_K18'] |

'QA24_K17' How many?

Ilan?

AK33

- | | | |
|-----------------------|------------------|-------------------|
| <input type="radio"/> | NUMBER OF PEOPLE | [HR: 1-20] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

May isang bagong batas sa California na naipasa noong 2020 ang nagbibigay ng hanggang sa 8 linggo ng bayad na family at medical leave para sa mga kuwalipikadong manggagawa sa 60-70% ng kanilang lingguhang kita, hanggang sa aabutin sa \$1,300 kada linggo? Nakakita o nakarinig ka na ba ng kahit na ano tungkol sa batas na ito?

AK136

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_K19' In the past 5 years, have you taken a paid leave longer than two weeks from work because of your own or a family member's serious health condition or for the arrival of a newborn, newly adopted or foster child?

Sa nakaraang 5 taon, gumamit ka ba ng bayad na bakasyon na mas mahaba pa sa dalawang linggo mula sa trabaho dahil sa malubhang kalagayan ng kalusugan mo o ng isang miyembro ng pamilya o dahil sa pagdating ng isang bagong kapapanganak na sanggol, bagong ampon o batang ifo-foster?

AK137

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_K21'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_K20' What were the reasons you took a leave from work?

Ano ang mga dahilan kung bakit kumuha ka ng leave sa trabaho?

AK138

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | OWN HEALTH | 1 |
| <input type="checkbox"/> | FAMILY MEMBER'S HEALTH | 2 |
| <input type="checkbox"/> | ARRIVAL OF NEWBORN
NEWLY ADOPTED CHILD, OR
FOSTER CHILD | 3 |
| <input type="checkbox"/> | OTHER (SPECIFY: _____) | 91 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Ano ang mga dahilan kung bakit hindi ka gumamit ng family leave o medical leave sa nakaraang 5 taon?

AK139

[CHECK ALL THAT APPLY]

- FEAR OF LOSING JOB 1
- 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.

AM1

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

Was that ...

Tungkol sa mga pagkain na kinain sa inyong pamamahay nitong nakaraang 12 buwan ang sumusunod na mga tanong at kung nakaya ninyong mamili ng pagkain. Babasahin ko ang dalawang pahayag ng mga tao tungkol sa kanilang kalagayan sa pagkain. Para sa bawat isa, pakisabi kung karaniwang totoo iyon, totoo minsan, o hindi totoo kailanman para sa inyo at sa inyong bahay nitong nakaraang 12 buwan. Ang unang pahayag ay: Talagang hindi nagtagal ang pagkaing binili ko at wala akong pera upang bumili ng pandagdag. Ito ba ay...

- | | | |
|-----------------------|-----------------------|----|
| <input type="radio"/> | Often true | 1 |
| <input type="radio"/> | Karaniwang totoo | |
| <input type="radio"/> | Sometimes true..... | 2 |
| <input type="radio"/> | Totoo minsan | |
| <input type="radio"/> | Never true | 3 |
| <input type="radio"/> | Hindi totoo kailanman | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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.'

Ang ikalawang pahayag ay: Hindi ko kayang kumain ng balanseng almusal/tanghalian/hapunan.

AM2

Was that ...

Ito ba ay...

- | | | |
|-----------------------|-----------------------|----|
| <input type="radio"/> | Often true | 1 |
| <input type="radio"/> | Karaniwang totoo | |
| <input type="radio"/> | Sometimes true..... | 2 |
| <input type="radio"/> | Totoo minsan | |
| <input type="radio"/> | Never true | 3 |
| <input type="radio"/> | Hindi totoo kailanman | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Sa nakaraang 12 buwan, binawasan ba ninyo o ng iba pang mga may edad sa inyong pamamahay ang dami ng pagkain o hindi kumain ng almusal/tanghalian/hapunan dahil sa hindi sapat ang pera para sa pagkain?

AM3

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO 'QA24_K26'] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_K26'] |
| <input type="radio"/> | 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?

Gaano kadalas ito nangyari?

AM3A

- ALMOST EVERY MONTH.....1
- SOME MONTHS BUT
NOT EVERY MONTH2
- 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?

Nitong nakaraang 12 buwan, kumain ba kayo kailanman ng mas kaunti kaysa sa inyong nadadamang dapat kainin dahil walang sapat na pera upang ipambili ng pagkain?

AM4

- Yes1
- Oo
- No.....2
- Hindi
- 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?

AM5

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED-7
- DON'T KNOW-8

Dietary Intake

PROGRAMMING NOTE 'QA24_K28':

IF HOUSEHOLD INCOME IS \leq 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'QA24_K28' Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

Ngayon naman ay pag-isipan ang tungkol sa mga pagkain na iyong kinain o ininom sa nakaraang buwan, iyon ay, sa nakaraang 30 araw, na kabilang ang mga almusal, tanghalian, hapunan at meryenda.

AE2B

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

Sa nakaraang buwan, ilang beses kang kumakain ng prutas? Huwag isama ang mga juice. Puwede mong sabihin sa akin na kada isang araw, kada isang linggo, o kada isang buwan

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE."]
 [IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]

_____ TIMES

- | | | | |
|-----------------------|------------------|----|------------------------|
| <input type="radio"/> | PER DAY | 1 | [HR: 0-20; SR: 0-9] |
| <input type="radio"/> | PER WEEK] | 2 | [HR: 0-70; SR: 0-29] |
| <input type="radio"/> | PER MONTH..... | 3 | [HR: 0-210; SR: 0-149] |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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.

[Sa nakaraang buwan,] ilang beses kang kumain ng mga gulay tulad ng berdeng salad, berdeng beans, o mga patatas? Huwag isama ang mga piniritong patatas o lutong pinatuyong beans tulad ng refried beans, baked beans o bean soup

AE7B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."
 [ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."
 [Kasama sa iba pang mga gulay ang mga kamatis, karot, sibuyas, o broccoli. Ang bigas ay hindi gulay]

_____ TIMES

- | | | |
|-----------------------|---------------------------------------|----|
| <input type="radio"/> | PER DAY [HR: 0-20; SR: 0-9]..... | 1 |
| <input type="radio"/> | PER WEEK [HR: 0-70; SR: 0-29] | 2 |
| <input type="radio"/> | PER MONTH [HR: 0-210; SR: 0-149]..... | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_K30' During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

Sa nakaraang buwan, gaano kadalas kang uminom ng mga pinatamis na inuming prutas, mga sports o energy drink?

AC46B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]
 [IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]
 [Maaaring kabilang sa mga halimbawa ang 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

- | | | | |
|-----------------------|----------------|----|------------------------|
| <input type="radio"/> | PER DAY | 1 | [HR: 0-20; SR: 0-9] |
| <input type="radio"/> | PER WEEK | 2 | [HR: 0-70; SR: 0-29] |
| <input type="radio"/> | PER MONTH..... | 3 | [HR: 0-210; SR: 0-149] |
| <input type="radio"/> | REFUSED | -7 | |

DON'T KNOW -8

PROGRAMMING NOTE 'QA24_K31':

IF CAGE \geq 2 YEARS AND HOUSEHOLD INCOME IS \leq 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

- 'QA24_K31' Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

Ang mga serving ay batay sa iyong sariling kahulugan. Ang serving ay ang regular na dami ng pagkain ng bata para sa pagkaing iyon.

CC13B

[IF NEEDED, SAY: SERVINGS ARE SELF-DEFINED. A SERVING IS THE CHILD'S REGULAR PORTION OF THIS FOOD.]

	Servings	[HR: 0-20; SR 0-9]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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.

Kahapon, gaano karaming mga serving ng gulay na tulad ng berdeng salad, berdeng sitaw, o mga patatas ang {kanyang/kanyang} kinain? Huwag isasama ang mga piniritong patatas.

CC31B

	Servings	[HR: 0-20; SR 0-4]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

- 'QA24_K33' Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

Kahapon, gaano karaming baso o lata ng matatamis na fruit drink, sports, o energy drink, ang ininom ng anak mo?

CC50B

Such as lemonade, Gatorade, Snapple, or Red Bull.
Tulad ng lemonade, Gatorade, Snapple, o Red Bull

	Glasses, cans or bottles Baso, lata, o bote	[HR 0-15; SR 0-7]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

Section L: Public Program Participation

PROGRAMMING NOTE 'QA24_L1':

IF HOUSEHOLD INCOME IS \leq 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE \neq 1))] CONTINUE WITH 'SECTION L';
ELSE GO TO 'PN_QA23_L41'

'QA24_L1' Are you now receiving TANF or CalWORKs?

Tumatanggap ba kayo ngayon ng 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: *Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKS. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.*]

- YES 1
- 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?

Tumatanggap ba ngayon si (TEEN) ng TANF or 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."]

[*Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKS. Itong dalawa ang kapalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.*]

- YES 1
- 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?

Naka-enroll ba ngayon si (CHILD) sa TANF o sa 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.]

[*Temporary Assistance to Needy Families* "ang kahulugan ng TANF; "California Work Opportunities and Responsibilities to Kids" ang CalWORKS. Itong dalawa ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga karapat-dapat.]

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

'QA24_L4' Are you receiving Food Stamp benefits, also known as CalFresh?

Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card

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]

- 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?

Tumatanggap ba kayo ng mga benepisyo ng Food Stamp na kilala rin bilang 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: *'Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.'*]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Tumatanggap ba si (CHILD) ng mga benepisyo ng Food Stamps na kilala din bilang CalFresh?

CE11A

[IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS THROUGH AN ELECTRONIC BENEFIT TRANSFER (EBT) CARD, ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Supplemental Security Income

'QA24_L7' Are you receiving Supplemental Security Income (SSI)?

Tumatanggap ba kayo ng SSI?

AL6

[IF NEEDED, SAY: "SSI MEANS SUPPLEMENTAL SECURITY INCOME. THIS IS DIFFERENT FROM SOCIAL SECURITY"]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Naka-enrol ba kayo sa WIC?

AL7

[IF NEEDED, SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN."]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Kalahok ba ngayon si (CHILD) sa WIC?

CE11C

WIC MEANS 'SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN.'

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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}?

Huwag bibilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo, masasabi ba ninyo na higit sa {PROPERTY LIMIT} ang halaga ng mga ari-arian {ninyo/ng inyong pamilya}, ibig sabihin, lahat ng inyong perang cash, mga savings, mga investment na pinagsama-sama ?

AL9B

- | | | | |
|-----------------------|-----------|---|--------------------------|
| <input type="radio"/> | YES | 1 | [GO TO
'PN_QA23_L12'] |
|-----------------------|-----------|---|--------------------------|

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

PROGRAMMING NOTE 'QA24_L11':

OBTAINTHE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM
GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM
'QA24_K14'

IF 'QA24_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE
SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA24_K14'= 1 DISPLAY \$ 2,000;
 IF 'QA24_K14'= 2 DISPLAY \$ 3,000;
 IF 'QA24_K14'= 3 DISPLAY \$ 3,150;
 IF 'QA24_K14'= 4 DISPLAY \$ 3,300;
 IF 'QA24_K14'= 5 DISPLAY \$ 3,450;
 IF 'QA24_K14'= 6 DISPLAY \$ 3,600;
 IF 'QA24_K14'= 7 DISPLAY \$ 3,750;
 IF 'QA24_K14'= 8 DISPLAY \$ 3,900;
 IF 'QA24_K14'= 9 DISPLAY \$ 4,050;

IF 'QA24_K14'≥ 10 DISPLAY \$ 4,200;

IF 'QA24_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}?

*Huwag bibilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo,
masasabi ba ninyo na higit sa {PROPERTY LIMIT} ang halaga ng mga ari-arian
{ninyo/ng inyong pamilya}, ibig sabihin, lahat ng inyong perang cash, mga savings, mga
investment na pinagsama-sama?*

AL9C

- 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 last month for child support?

Nakatanggap ba kayo {kayo} ng anumang pera nitong nakaraang buwan para sa child support o sustento sa anak?

AL15B

- | | | | |
|-----------------------|------------------|----|--------------------------|
| <input type="radio"/> | YES | .1 | |
| <input type="radio"/> | NO | .2 | [GO TO
'PN_QA23_L14'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_L14'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_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 'QA23_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 last month {for both you and your spouse/partner}?

Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa child support nitong nakaraang buwan?

AL16B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- | | | |
|-----------------------|------------------|-----------------|
| \$ _____ | AMOUNT | [000001-999995] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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 last month?

Nagbayad ba {kayo o ang inyong partner o kayong dalawa/ kayo o ang inyong asawa o kayong dalawa} ng anumang child support nitong nakaraang buwan?

AL17

- | | | | |
|-----------------------|--------------------------------|----|--------------------------|
| <input type="radio"/> | YES, RESPONDENT PAID | .1 | |
| <input type="radio"/> | YES, SPOUSE/PARTNER PAID | .2 | |
| <input type="radio"/> | YES, BOTH PAID | .3 | |
| <input type="radio"/> | NO | .4 | [GO TO 'PN_AL32'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_L16'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_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 last month?

Ano ang kabuuang halaga ng child support ang binayaran {ninyo o ng inyong asawa o ninyong dalawa/ ninyo o ng inyong partner o ninyong dalawa} nitong nakaraang buwan?

AL18

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	AMOUNT	[000001-999995]
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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 last month for workers compensation?

Tumanggap ba{ kayo o ang inyong asawa/kayo o ang inyong partner/kayo } ng anumang pera para sa workers compensation nitong nakaraang buwan?

AL32

<input type="radio"/>	YES	1	
<input type="radio"/>	NO	2	[GO TO 'PN_QA23_L18']
<input type="radio"/>	REFUSED	-7	[GO TO 'PN_QA23_L18']
<input type="radio"/>	DON'T KNOW	-8	[GO TO 'PN_QA23_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 last month?

Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa workers compensation nitong nakaraang buwan?

AL33

[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 \geq 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 \geq 65, THEN CONTINUE WITH 'QA24_L18' AND DISPLAY "you";
ELSE GO TO 'PN_QA23_L20'

'QA24_L18' Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

Nakatanggap ba {kayo o ang inyong asawa/kayo o ang inyong partner} ng anumang bayad mula sa Social Security o Pension nitong nakaraang buwan?

AL18A

○	YES	1	
○	NO	2	[GO TO 'PN_QA23_L20']
○	REFUSED	-7	[GO TO 'PN_QA23_L20']
○	DON'T KNOW	-8	[GO TO 'PN_QA23_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 last month from Social Security and Pensions {for both you and your spouse/partner}?

Ano ang kabuuang halagang tinanggap nitong nakaraang buwan mula sa Social Security at mga Pension?

AL18B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	<input type="radio"/>	REFUSED	-7	AMOUNT	[000001-999995]
	<input type="radio"/>	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 one main reason why you are not enrolled in the Medi-Cal program?

Ano ang isang pangunahing dahilan kung bakit hindi kayo naka-enroll sa program ng Medi-Cal?

AL19

- PAPERWORK TOO DIFFICULT 1
- 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?}

Nasabi ninyo dati na mayroon kayong Medi-Cal. Gaano na katagal kayong mayroong Medi-Cal

AL40

	_____ YEARS	
	_____ MONTHS	
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	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?

Sa nakaraang 12 buwan, noong pinaka-kamakailan ninyong kinontak ang opisina ng County tungkol sa inyong mga benepisyong Medi-Cal, gaano katagal ang inyong paghihintay bago ninyo nakausap ang isang representatibo?

AL86

<input type="radio"/>	5 MINUTES OR LESS	1
<input type="radio"/>	MORE THAN 5 MINUTES, UP TO 15 MINUTES	2
<input type="radio"/>	MORE THAN 15, UPS TO 30 MINUTES	3
<input type="radio"/>	MORE THAN 30 MINUTES	4
<input type="radio"/>	NEVER CONTACTED THE COUNTY OFFICE	5
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

[GO TO 'QA24_L27']
[GO TO 'QA24_L27']
[GO TO 'QA24_L27']

'QA24_L23' Most recently, how did you contact the County office?

Nitong pinaka-kamakailan lang, papaano ninyo kinontak ang opisina ng County?

AL87

<input type="radio"/>	VISITED OFFICE IN PERSON	1
<input type="radio"/>	CALLED OFFICE	2
<input type="radio"/>	DIRECTLY CONTACTED ELIGIBILITY WORKER	3
<input type="radio"/>	ONLINE	4
<input type="radio"/>	MAIL	5
<input type="radio"/>	OTHER (SPECIFY: _____)	91
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

'QA24_L24' How long did it take for the County representative to take care of your problem?

Gaano katagal inabot bago naasikaso ng kinatawan ng County ang iyong problema?

AL88

- A WEEK OR LESS1
- MORE THAN 1 WEEK UP TO
2 WEEKS2
- 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.

Ikaw ba ay lubos na sumasang-ayon, sumasang-ayon, walang pinapanigan, hindi sumasang-ayon, o Lubos na hindi sumasang-ayon sa sumusunod na pahayag.

AL89

The County representative was able to answer all of my questions. Do you...

Nasagot ng representatibo ng County ang lahat ng aking mga katanungan.

- Strongly agree.....1
- Lubos na sumasang-ayon
- Agree.....2
- Sumasang-ayon
- Neither agree nor disagree3
- Hindi alinman sa sumasang-ayon o hindi sumasang-ayon
- Disagree.....4
- Hindi sumasang-ayon
- Strongly disagree5
- Malakas na hindi sumasang-ayon
- REFUSED-7
- DON'T KNOW-8

'QA24_L26' The County representative treated me with dignity and respect.

Magalang ang pagtrato sa akin ng representatibo ng County

AL90

- Strongly agree.....1
- Lubos na sumasang-ayon
- Agree.....2
- Sumasang-ayon
- Neither agree nor disagree3
- Hindi alinman sa sumasang-ayon o hindi sumasang-ayon
- Disagree.....4
- Hindi sumasang-ayon
- Strongly disagree5
- Malakas na hindi sumasang-ayon
- REFUSED-7
- DON'T KNOW-8

'QA24_L27' What areas should the County office consider improving?

Sa aling mga lugar and dapat isaalang-alang ng opisina ng County na kanilang dapat pagbutihin?

AL91

- Reduce wait times.....1
Bawasan ang oras ng paghahintay
- Spend more time with me2
Mas tagalan ang panahon na ginugugol para sa akin
- Explain things so I can understand.....3
Ipaliwanag ang mga bagay para maintindihan ko ang mga ito
- Tell me what the next steps are4
Sabihin sa akin kung ano ang mga susunod na dapat gawin
- No improvement needed.....5
Walang pagpapabuti na kinakailangang gawin
- Other (specify: _____) 91
Iba Pa (Tukuyin: _____)
- REFUSED -7
- DON'T KNOW -8

'QA24_L28' How satisfied are you with the County office? Would you say...

Gaano kalakas ang inyong kasiyahan sa opisina ng county?

AL92

- Very satisfied.....1
Talagang nasisiyahan
- Somewhat satisfied.....2
Medyo nasisiyahan
- Neither satisfied or dissatisfied3
Wala sa nasisiyahan o di nasisiyahan
- Dissatisfied.....4
Hindi nasisiyahan
- Very dissatisfied5
Talagang hindi nasisiyahan
- Not applicable6
Hindi naaangkop
- REFUSED -7
- DON'T KNOW -8

'QA24_L29' Have you renewed your Medi-Cal in the last 12 months?

Ni-renew ba ninyo ang inyong Medi-Cal sa nakaraang 12 buwan?

AL93

- YES1
- NO2
- 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?

Habang nire-renew ninyo ang inyong Medi-Cal, nakaranas ba kayo ng anumang issue o

problema?

AL94

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | [GO TO 'QA24_L33'] |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_L31' Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

Pansamantalang nawalan ba kayo ng coverage sa loob ng 1 hanggang sa 2 buwan, kumpletong nawalan ng coverage, o kinakailangang mag-apply na muli?

AL95

- | | | | |
|-----------------------|--|----|--|
| <input type="radio"/> | YES, LOST COVERAGE FOR
1-2 MONTHS | 1 | |
| <input type="radio"/> | YES, LOST COVERAGE | 2 | |
| <input type="radio"/> | YES, HAD TO REAPPLY | 3 | |
| <input type="radio"/> | NO | 4 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_L32' Before you had Medi-Cal, what health coverage did you have?

Bago kayo nagkaroon ng coverage sa Medi-Cal, anong health coverage ang mayroon kayo?

AL96

- | | | | |
|-----------------------|---------------------------|----|--------------------|
| <input type="radio"/> | No insurance | 1 | [GO TO 'QA24_L35'] |
| <input type="radio"/> | <i>Walang insurance</i> | | |
| <input type="radio"/> | Employer-based | 2 | [GO TO 'QA24_L35'] |
| <input type="radio"/> | <i>Mula sa employer</i> | | |
| <input type="radio"/> | Private | 3 | [GO TO 'QA24_L35'] |
| <input type="radio"/> | <i>Pribado</i> | | |
| <input type="radio"/> | Covered California | 4 | |
| <input type="radio"/> | <i>Covered California</i> | | |
| <input type="radio"/> | Other | 5 | |
| <input type="radio"/> | <i>Iba pa</i> | | |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_L35'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_L35'] |

'QA24_L33' Did you have a problem changing to Medi-Cal?

Nakaranas ba kayo ng problema nung lumipat kayo sa Medi-Cal?

AL97

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_L35'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_L35'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA24_L35'] |

'QA24_L34' What was the problem?

Anong klaseng problema?

AL98

[CHECK ALL THAT APPLY]

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Had to pay premiums while waiting for |
|--------------------------|---------------------------------------|

- | |
|--|
| <input type="checkbox"/> Medi-Cal decision1
<input type="checkbox"/> <i>Kinakailangang magbayad ng premium habang naghihintay ng desisyon sa Medi-Cal</i>
<input type="checkbox"/> Received conflicting eligibility notices2
<input type="checkbox"/> <i>Nakatanggap ng magkakasalungat na paunawa tungkol sa pagiging kuwalipikado</i>
<input type="checkbox"/> Delay in receiving Medi-Cal3
<input type="checkbox"/> <i>Naantala sa pagtanggap ng Medi-Cal</i>
<input type="checkbox"/> Could not see my provider4
<input type="checkbox"/> <i>Hindi ko makita ang provider ko</i>
<input type="checkbox"/> Required to provide a lot of paperwork5
<input type="checkbox"/> <i>Maraming mga papeles na kailangang kumpletehin</i>
<input type="checkbox"/> Had to file an appeal6
<input type="checkbox"/> <i>Kailangang mag-file ng appeal</i>
<input type="radio"/> REFUSED-7
<input type="radio"/> 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.

Nagpapadala ang Medi-Cal na programa ng mga nakasulat na Paunawa ng mga Aksyon o Notice of Actions upang makapagbigay ng impormasyon tungkol sa pagiging kuwalipikado, at pagbabago ng katayuan, antas ng mga benepisyo, o Bahagi ng Gastos o Share of Cost.

AL105

The Notice of Actions I have received in the past are:

Ang Paunawa ng mga Aksyon na natanggap ko sa nakaraan ay

- | |
|---|
| <input type="checkbox"/> Easy to read or understand1
<input type="checkbox"/> <i>Madaling basahin o maunawaan</i>
<input type="checkbox"/> Difficult to read or understand2
<input type="checkbox"/> <i>Mahirap basahin o maunawaan</i>
<input type="checkbox"/> Contain helpful information3
<input type="checkbox"/> <i>Naglalaman ng nakatutulong na impormasyon</i>
<input type="checkbox"/> Does not contain helpful information4
<input type="checkbox"/> <i>Hindi naglalaman ng nakatutulong na impormasyon</i>
<input type="radio"/> I never got a Notice of Actions5 [GO TO 'QA24_L37']
<input type="radio"/> <i>Hindi ako kailanman nakatanggap ng Paunawa ng mga Aksyon</i>
<input type="radio"/> REFUSED-7 [GO TO 'QA24_L37']
<input type="radio"/> DON'T KNOW-8 [GO TO 'QA24_L37'] |
|---|

'QA24_L36' How can Notice of Actions be improved?

Paano mapapabuti ang Paunawa ng mga Aksyon?

AL106

- | |
|--|
| <input type="checkbox"/> Reduce text1
<input type="checkbox"/> <i>Bawasan ang Dami ng teksto</i>
<input type="checkbox"/> Simplify language/Reading level2 |
|--|

- Pasimplehin ang lengguwahé/antas ng Pagbabasa*
 Shorter paragraphs/sentences.....3
 Gawing mas maiksi ang mga talata/pangungusap
 Send fewer notices4
 Magpadala ng mas kakaunting mga paunawa
 Give me clear steps of what I need to do5
 Bigyan ako ng mga malinaw na hakbang ng kung ano ang kailangan kong gawin
 No improvement needed.....6
 Walang kinakailangang pagpapabuti
 REFUSED -7
 DON'T KNOW -8

'QA24_L37' Were you able to update your contact information?

Nagawa mo bang i-update ang iyong contact information?

AL107

- | | | |
|--|----|--------------------|
| <input type="radio"/> Yes | 1 | [GO TO 'QA24_L39'] |
| <input type="radio"/> Oo | | |
| <input type="radio"/> No..... | 2 | |
| <input type="radio"/> Hindi | | |
| <input type="radio"/> Did not need to update..... | 3 | [GO TO 'QA24_L41'] |
| <input type="radio"/> <i>Hindi kailangang mag-update</i> | | |
| <input type="radio"/> REFUSED | -7 | [GO TO 'QA24_L41'] |
| <input type="radio"/> DON'T KNOW | -8 | [GO TO 'QA24_L41'] |

'QA24_L38' Why not?

Bakit hindi?

AL108

- | | |
|--|----|
| <input type="radio"/> My changes did not update | 1 |
| <input type="radio"/> <i>Hindi nag-update ang aking mga pagbabago</i> | |
| <input type="radio"/> I don't know how to update my information . | 2 |
| <input type="radio"/> <i>Hindi ko alam kung paano i-update ang aking impormasyon</i> | |
| <input type="radio"/> Did not need to update..... | 3 |
| <input type="radio"/> <i>Hindi kailangang mag-update</i> | |
| <input type="radio"/> REFUSED | -7 |
| <input type="radio"/> 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:

Pakisabi sa amin kung ikaw ay lubos na sumasang-ayon, sumasang-ayon, wala sa sumasang-ayon o di sumasang-ayon, hindi sumasang-ayon, o Lubos na hindi sumasang-ayon sa sumusunod na pahayag:

AL109

Updating my contact information was easy.
Madaling mai-update ang contact information ko.

- | | |
|---|---|
| <input type="radio"/> Strongly agree..... | 1 |
| <input type="radio"/> <i>Lubos na sumasang-ayon</i> | |
| <input type="radio"/> Agree..... | 2 |

- Sumasang-ayon* 1
- Neither agree nor disagree 3
- Hindi alinman sa sumasang-ayon o hindi sumasang-ayon* 4
- Disagree 4
- Hindi sumasang-ayon* 5
- Strongly disagree 5
- Malakas na hindi sumasang-ayon* 6
- REFUSED -7
- DON'T KNOW -8

'QA24_L40' How did you update your contact information?

Papaano mo in-update ang iyong contact information?

AL110

- Visited office in person 1
- Bumisita nang personal sa isang opisina* 1
- Called county office 2
- Tumawag sa opisina ng county* 2
- Called health plan 3
- Tumawag sa health plan* 3
- Directly contacted eligibility worker 4
- Direktang nakipag-ugnayan sa manggagawa sa pagiging karapat-dapat* 4
- Online 5
- Sa online* 5
- Mail 6
- Sa koreo* 6
- Portal 7
- Sa portal* 7
- Other, specify: _____ 91
- Iba pa, tukuyin:* _____ 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?

Nagkaroon ba ng panahon na kung saan napagpasiyahan ninyo na huwag mag-apply para sa isa o mahigit pang mga hindi-perang benepisyo ng gobyerno, tulad ng Medi-Cal, food stamps, o tulong sa tirahan, dahil nag-aalala kayo na madi-disqualify kayo, o ang isang miyembro ng pamilya, sa pagtanggap ng green card o sa pagiging isang mamamayan ng U.S.?

AL99

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QA24_L43']
 [GO TO 'QA24_L43']
 [GO TO 'QA24_L43']

'QA24_L42' Did this happen in the last 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

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?

Nagkaroon ba ng panahon na may humiling na inyong sabihin ang inyong Social Security Number o kaya magpakita ng katunayan ng inyong citizenship o legal na katayuan noong nagtangka kayong makatanggap ng mga medikal na serbisyo?

AL100

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QA24_L45']
[GO TO 'QA24_L45']
[GO TO 'QA24_L45']

'QA24_L44' Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

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?

Nagkaroon ba ng panahon na may humiling na inyong sabihin ang inyong Social Security Number o magpakita ng katunayan ng inyong citizenship o legal na katayuan noong nagtangka ninyong i-enroll ang inyong sarili o ang isang bata sa paaralan?

AL102

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QA24_M1']
[GO TO 'QA24_M1']
[GO TO 'QA24_M1']

'QA24_L46' Did this happen in the past 12 months?

Nangyari ba ito sa loob ng nakaraang 12 buwan?

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?/

Nakatira ba kayo sa bahay, sa duplex, sa gusaling may 3 o higit pang unit, o sa mobile home?

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

- 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?

Pag-aari ba ninyo o inuupahanang inyong bahay?

AK25

- OWN 1
- RENT 2
- OTHER ARRANGEMENT 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'AM37':

IF 'AAGE' >= 65 AND 'AK25' = 1, CONTINUE
ELSE GO TO 'AM204'

'AM37' Are you currently paying off a mortgage or loan on this home?

Kasalukuyan ka bang nagbabayad ng mortgage o utang sa bahay na ito?

AM37

[INTERVIEWER NOTE: IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'QA24_M3' Did you live in this house or apartment one year ago?

Nakatira ka ba sa bahay o apartment na ito noong nakaraang taon?

AM204

- Yes 1 [GO TO 'QA24_M5']
- Oo
- No 2
- Hindi
- REFUSED -7 [GO TO 'QA24_M5']
- DON'T KNOW -8 [GO TO 'QA24_M5']

'QA24_M4' In what zipcode did you live one year ago?

Sa anong zipcode ka nakatira noong nakaraang taon?

AM205

Specify: _____

Tukuyin: _____

- REFUSED -7
- DON'T KNOW -8

'QA24_M5' 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?

Ano ang pakiramdam mo tungkol sa iyong kasalukuyang kalagayan ng pamamahay? - pakiramdam mo ba ay lubos na matatag at ligtas, sakto lang na matatag at ligtas, medyo matatag at ligtas, medyo hindi matatag at ligtas, o lubhang hindi matatag at ligtas kayo?

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_M6' Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

Mangyaring sabihin sa akin kung gaano kadalas kang personal na nag-aalala tungkol sa mga sumusunod - napakadalas, medyo madalas, Paminsan-minsan, o halos Hindi kailanman.

AM184

Struggling to keep up with your mortgage or rent payments.

Nahihirapang makapagbayad ng mortgage o upa

- VERY OFTEN 1
- SOMEWHAT OFTEN 2
- FROM TIME TO TIME 3
- ALMOST NEVER 4
- REFUSED -7
- DON'T KNOW -8

'QA24_M7' People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?

Kung minsan ay nahihiapan ang mga tao na mabayaran ang kanilang upa o mortgage. Upang mabayaran ang iyong upa o mortgage, kinailangan mo bang gawin ang alinman sa mga sumusunod sa nakalipas na tatlong taon?

AM185

[CHECK ALL THAT APPLY]

- Take on an additional job or 1

- work more at their current job
Kumuha ng karagdagang trabaho o higit pang magtrabaho sa kanilang kasalukuyang pinagtatrabahuan
- Stop saving for retirement.....2
Itigil ang pag-iipon ng pera para sa pagreretiro
- Accumulate credit card debt3
Ipuuin ang utang sa credit card
- Cut back on health care4
Bawasan ang pangangalaga sa kalusugan
- Cut back on healthy, nutritious food5
Bawasan ang pagkain ng malulusog at masusustansyang mga pagkain
- Move to a neighborhood that they feel is less safe.....6
Lumipat sa isang kapitbahayan na sa palagay nila ay hindi gaanong ligtas
- Move to a place where the schools are not as good7
Lumipat sa isang lugar kung saan ang mga paaralan ay hindi kasing buti
- None of these/not sure.....8
- Wala sa mga ito/hindi sigurado
- REFUSED -7
- DON'T KNOW -8

'QA24_M8' Think about your experiences with housing; for example, experiences while renting or buying a home, obtaining a mortgage, getting your landlord to make repairs, or interactions with your neighbors.

Pag-isipan ang iyong mga karanasan sa pabahay; halimbawa, mga karanasan sa pag-upa o pagbili ng bahay, pagkuha ng mortgage, paghiling sa may-ari ng bahay na gumawa ng mga pagkukumpuni sa ari-arian, o mga pakikipag-ugnayan sa iyong mga kapitbahay.

AM189

During the last two years, do you think you directly experienced discrimination or harassment related to housing?

Sa nakaraang dalawang taon, direktang naging nakaranas ng diskriminasyon o ginugulo na may kaugnayan sa pabahay?

- Yes1
- Oo
- No.....2 [GO TO 'QA24_M11']
- Hindi
- REFUSED -7 [GO TO 'QA24_M11']
- DON'T KNOW -8 [GO TO 'QA24_M11']

'QA24_M9' Why do you think you were targeted for this discrimination or harassment?

Sa iyong palagay, ano ang dahilan kung bakit ka naging biktima ng diskriminasyon o ginugulo?

AM190

- Because of your ancestry, national origin

- or language1
Dahil sa iyong etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit
- Because of your race or skin color2
Dahil sa iyong lahi o kulay ng balat
- Because of your gender or sex, including gender identity3
Dahil sa iyong kasarian, kasama ang kasariang pinakakakilanlan
- Because of your sexual orientation.....4
Dahil sa iyong seksual na oryentasyon
- Because of your religion5
Dahil sa iyong relihiyon
- Because of your disability6
Dahil sa iyong kapansanan
- Because of your immigration status.....7
Dahil sa iyong katayuan sa immigrasyon
- Because you have children.....8
Dahil mayroon kang mga anak
- Because of some other reason: _____9
- Dahil sa iba pang dahilan:* _____
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA24_M10':

IF MORE THAN ONE RESPONSE FROM 'QA24_M9', THEN CONTINUE WITH 'QA24_M10' WITH SELECTED CHOICES FROM 'QA24_M9' DISPLAYED;
ELSE SKIP TO 'QA24_M11'

'QA24_M10' What do you think is the MAIN reason you were targeted for this discrimination or harassment?

Sa iyong palagay, ano ang PANGUNAHING dahilan kung bakit ka naging biktima ng diskriminasyon o ginugulo?

AM191

- Because of your ancestry, national origin or language1
Dahil sa iyong etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit
- Because of your race or skin color2
Dahil sa iyong lahi o kulay ng balat
- Because of your gender or sex, including gender identity3
Dahil sa iyong kasarian, kasama ang kasariang pinakakakilanlan
- Because of your sexual orientation.....4
Dahil sa iyong seksual na oryentasyon
- Because of your religion5
Dahil sa iyong relihiyon
- Because of your disability6
Dahil sa iyong kapansanan
- Because of your immigration status.....7
Dahil sa iyong katayuan sa immigrasyon
- Because you have children.....8

- Dahil mayroon kang mga anak*
- Because of some other reason: _____ -9
- Dahil sa iba pang dahilan:* _____
- REFUSED -7
- DON'T KNOW -8

'QA24_M11' In the past 2 years, did you or your household receive or use a Housing Choice Section 8 voucher?

Sa nakaraang 2 taon, ikaw ba o ang iyong sambahayan ay nakatanggap ng Housing Choice Section 8 voucher?

AM192

[IF NEEDED: HOUSING CHOICE SECTION 8 VOUCHERS ARE A FORM OF GOVERNMENT ASSISTANCE WITH HOUSING]

[IF NEEDED: Ang Housing Choice Section 8 na mga voucher ay isang uri ng tulong sa pabahay na nanggagaling sa gobyerno]

- Yes 1
 - Oo
 - No 2
 - Hindi
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QA24_M15']**
- [GO TO 'QA24_M15']**
- [GO TO 'QA24_M15']**

'QA24_M12' Were you or your household...

Ikaw ba o ang iyong sambahayan ay...

AM193

[CHECK ALL THAT APPLY]

[Piliin ang lahat ng naaangkop]

- Unable to use your Housing voucher 1
- Hindi magamit ang iyong Housing voucher*
- Denied housing because of your Housing voucher 2
- Tinanggihan ng pabahay dahil sa iyong Housing voucher*
- Told by a landlord that they do not accept Housing vouchers, or 3
- Sinabihan ng may-ari ng bahay na hindi siya tumatanggap ng mga housing voucher, o*
- None of these 4
- Wala sa mga ito*
- REFUSED -7
- DON'T KNOW -8

Hate Incident

'QA24_M13'

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.

'AM194INTRO' This set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain identities, characteristics or religious beliefs. You

may or may not actually have these identities, characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to steal from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

Ang susunod na grupo ng mga tanong na ito ay nagbibigay-tuon sa kung ikaw ay maaaring naging biktima ng matinding galit o poot dahil sa hindi makatarungang diskriminasyon laban sa ibang tao na mayroong ilang mga katangian o relihiyosong paniniwala. Maaaring mayroon o wala ka naman talaga ng alinman sa mga katangian o relihiyosong paniniwala na mga ito. Kakaiba ito sa isang tao na pinag-iinitan ka dahil sa mga ibang dahilan, tulad ng regular na pagkagalit o nagnanais na makakuha ng isang bagay mula sa iyo. Ang mga insidente ng poot ay maaaring magsama ng pisikal na pang-aabuso, pang-aabuso sa pananalita, cyberbullying, pinsala sa ari-arian, o iba pa.

'QA24_M15' During the past 12 months, have you directly experienced a hate incident?

Sa nakaraang 12 buwan, direkta ka bang nakaranas ng isang insidente ng matinding galit o poot?

AM194

- | | | | |
|-----------------------|------------------|---|--------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | Oo | | |
| <input type="radio"/> | No..... | 2 | [GO TO 'QA24_M20'] |
| <input type="radio"/> | Hindi | | |
| <input type="radio"/> | REFUSED | 8 | [GO TO 'QA24_M20'] |
| <input type="radio"/> | DON'T KNOW | 9 | [GO TO 'QA24_M20'] |

'QA24_M16' Did you experience..

Nakaranas ka ba ng..

AM195

[SELECT ALL THAT APPLY]

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Physical abuse or attack | 1 |
| <input type="checkbox"/> | <i>Pisikal na pang-aabuso o pag-atake</i> | |
| <input type="checkbox"/> | Verbal abuse or insults | 2 |
| <input type="checkbox"/> | <i>Pang-aabuso o mga pang-iinsulto sa pamamagitan ng pananalita</i> | |
| <input type="checkbox"/> | Cyberbullying | 3 |
| <input type="checkbox"/> | <i>Cyberbullying</i> | |
| <input type="checkbox"/> | Property damage, or | 4 |
| <input type="checkbox"/> | <i>Paninira ng ari-arian, o</i> | |
| <input type="checkbox"/> | Something else (Specify: _____) | 5 |
| <input type="checkbox"/> | <i>Iba pang bagay (Tukuyin: _____)</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_M17' Where did the incident or incidents take place?

Saan nangyari ang insidente?

AM196

- | | | |
|--------------------------|--------------------|---|
| <input type="checkbox"/> | At home..... | 1 |
| <input type="checkbox"/> | <i>Sa bahay</i> | |
| <input type="checkbox"/> | At school | 2 |
| <input type="checkbox"/> | <i>Sa paaralan</i> | |

- At work 3
- Sa trabaho*
- At a store, at a theatre, gas station, or other business..... 4
- Sa isang tindahan, teatro, gasolinahan, o iba pang negosyo*
- On the street or sidewalk 5
- Sa kalye o bangketa*
- Online, or..... 6
- Sa online, o*
- Somewhere else (Specify: _____) 7
- Sa iba pang bagay (Tukuyin: _____)*
- REFUSED -7
- DON'T KNOW -8

'QA24_M18' Why do you think you were targeted?

Sa iyong palagay, ano ang dahilan kung bakit ka naging biktima ng insidente ng matinding poot?

AM197

- Because of your race or skin color 1
- Dahil sa iyong lahi o kulay ng balat*
- Because of your sexual orientation..... 2
- Dahil sa iyong seksuwal na oryentasyon*
- Because of your gender or sex,
including gender identity 3
- Dahil sa iyong kasarian, kasama ang kasariang pinakakakilanlan*
- Because of your religion 4
- Dahil sa iyong relihiyon*
- Because of your ancestry,
national origin, or language..... 5
- Dahil sa iyong etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit*
- Because of your disability 6
- Dahil sa iyong kapansanan*
- Because of your immigration status..... 7
- Dahil sa iyong katayuan sa imigrasyon*
- Because of your age 8
- Dahil sa iyong edad*
- Because of some other reason: _____ 9
- Dahil sa iba pang dahilan: _____*
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA24_M19':

IF MORE THAN ONE RESPONSE FROM 'QA24_M18', THEN CONTINUE WITH 'QA24_M19' WITH SELECTED CHOICES FROM 'QA24_M18' DISPLAYED;
ELSE SKIP TO 'QA24_M20'

'QA24_M19' What do you think is the MAIN reason you were targeted for a hate incident?

Sa iyong palagay, ano ang PANGUNAHING dahilan kung bakit ka naging biktima ng insidente ng matinding poot?

AM198

[IF NEEDED, SAY: IF YOU EXPERIENCED MORE THAN ONE INCIDENT, PLEASE THINK ABOUT THE MOST RECENT INCIDENT]

[IF NEEDED, SAY: Kung nakaranas ka ng mahigit sa isang insidente, mangyaring pag-isipan ang pinaka-huling insidente]

- Because of your race or skin color1
Dahil sa iyong lahi o kulay ng balat
- Because of your sexual orientation.....2
Dahil sa iyong seksuwal na oryentasyon
- Because of your gender or sex,
including gender identity3
*Dahil sa iyong kasarian, kasama ang
kasariang pinagkakakilanlan*
- Because of your religion4
Dahil sa iyong relihiyon
- Because of your ancestry,
national origin, or language5
*Dahil sa iyong etnikong pinanggalingan,
bansang pinagmulan, o wikang ginagamit*
- Because of your disability6
Dahil sa iyong kapansanan
- Because of your immigration status.....7
Dahil sa iyong katayuan sa imigrasyon
- Because of your age8
Dahil sa iyong edad
- Because of some other reason: _____9
Dahil sa iba pang dahilan: _____
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'AM206':

IF 'AM194' = 1, THEN CONTINUE;
ELSE SKIP TO 'AM199';

'AM206'

During the past 12 months, how many hate incidents have you experienced?

*Sa nakalipas na 12 buwan, ilang mga insidente ng pagkapoot (hate incident) ang
naranasan mo?*

AM206

- | | |
|-----------------------|---|
| <input type="radio"/> | Number of hate incidents
<i>Bilang ng mga insidente ng pagkapoot (hate incident)</i> |
| <input type="radio"/> | REFUSED -7 |
| <input type="radio"/> | DON'T KNOW -8 |

PROGRAMMING NOTE 'AM207A':
DISPLAY INSTRUCTIONS:

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM207A'

During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207A

Did you experience negative effects on your mental health such as feeling sad, stressed, anxious or depressed?

Nakaranas ka ba ng mga negatibong epekto sa iyong kalagayan ng pag-iisip, tulad ng pakiramdam ng pagkalungkot, stress, pagkabalisa, o depresyon?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM207B'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?)]

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207B

Did you experience negative effects on your physical health?

Nakaranas ka ba ng mga negatibong epekto sa iyong pisikal na kalusugan?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM207C'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?)]

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207C

Did you change your behavior, such as changing schools, jobs, transportation or where you shopped?

Binago mo ba ang iyong kinagagawian, tulad ng pagpapalit ng paaralan, trabaho, o kung saan ka namimili?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM207D'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?)]

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207D

Did you have to take time off from work?

Kinailangan mo bang magpahinga sa trabaho?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM207E'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207E

Did you have to take time off from school?

Kinailangan mo bang tumigil muna sa pag-aaral?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM207F'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207F

Did anything else happen to you?

May nangyari pa ba sayo?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO 'PN_AM208']**
- [GO TO 'PN_AM208']**
- [GO TO 'PN_AM208']**

'AM207F_OS'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

Sa nakalipas na labindalawang buwan may alinman ba sa mga sumusunod ang nangyari sa iyo dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM207F_OS

What else happened?

Ano pa ang nangyari sa iyo?

- REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE 'AM208':

IF 'AM207D' = 1 (took time off from work), THEN CONTINUE;
ELSE GO TO 'AM209';

DISPLAY INSTRUCTIONS:

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM208' During the past 12 months, about how many days did you take off from work because you experienced {these/the} hate incident{s}?

Sa nakalipas na 12 buwan, mga ilang araw ka nagpahinga sa trabaho dahil nakaranas ka {ng/nitong} mga insidente ng pagkapoot (hate incident)?

AM208

_____ Number of days (HR: 0-365)
Bilang ng mga araw

- REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE 'AM209':

IF 'AM207E'= 1 (took time off from school), THEN CONTINUE;
ELSE GO TO 'AM210';

DISPLAY INSTRUCTIONS:

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM209' During the past 12 months, about how many days did you take off from school because you experienced {these/the} hate incident{s}?

Sa nakalipas na 12 buwan, mga ilang araw ka huminto muna sa pag-aaral dahil naranasan mo (ang/itong) mga insidente ng pagkapoot (hate incident)?

AM209

_____ Number of days (HR: 0-365)
Bilang ng mga araw

- REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE 'AM210':

DISPLAY INSTRUCTIONS:

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM210' During the past 12 months, were there any medical expenses for you or members of your household because you experienced the hate incident{s}?

Sa nakalipas na labindalawang buwan, mayroon bang anumang gastos sa pagpapagamot para sa iyo o sa mga miyembro ng iyong sambahanan dahil naranasan mo ang (mga) insidente ng pagkapoot (hate incident)?

AM210

[IF NEEDED: Include mental and physical healthcare expenses.]
 [IF NEEDED: Isama ang mga gastos sa mental at pisikal na healthcare]

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

PROGRAMMING NOTE 'AM211':

IF 'AM195' = 4, THEN CONTINUE;
 ELSE GO TO 'AM212';

DISPLAY INSTRUCTIONS:

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
 ELSE DISPLAY "the" and "incident".

'AM211'

During the past 12 months, did you or members of your household have any damage to property or belongings that resulted from the hate incident{s}?

Sa nakalipas na labindalawang buwan, nagkaroon ka ba o mga miyembro ng iyong sambahanan ng anumang pinsala sa ari-arian o mga gamit na nagresulta mula sa (mga) insidente ng pagkapoot (hate incident)?

AM211

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

PROGRAMMING NOTE 'AM214A':**DISPLAY INSTRUCTIONS:**

IF 'AM206' > 1, THEN DISPLAY "most severe".

'AM214A'

After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?

Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?

AM214A

Did you receive counselling, therapy, or other type of mental health support?

Nakatanggap ka ba ng pagpapayo, terapiya, o iba pang uri ng suporta sa kalagayan ng pag-iisip?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM214B' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?

AM214B

Did you receive medical care for a physical injury or symptom?

Nakatanggap ka ba ng pangangalagang medikal para sa isang pisikal na pinsala o sintomas?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214C' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?

AM214C

Did you take time off from school?

Huminto ka ba muna ng pag-aaral?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214D' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?

AM214D

Did you receive time off from work?

Nagpahinga ka ba sa trabaho?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214E' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?

AM214E

Did you receive financial assistance?

Nakatanggap ka ba ng tulong pinansyal?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214F' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?

AM214F

Did you receive protection for you or your family's physical safety?

Nakatanggap ka ba ng proteksyon para sa pisikal na kaligtasan mo o ng iyong pamilya?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214G' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

[Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?]

AM214G

Did you receive help reporting to or working with the police or other law enforcement?

Nakatanggap ka ba ng tulong sa pag-uulat o pakikipagtulungan sa pulisya o iba pang nagpapatupad ng batas?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214H' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

[*Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?*]

AM214H

Did you receive legal assistance?

Nakatanggap ka ba ng legal na tulong?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214I' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

[*Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?*]

AM214I

Did you receive help with interpretation or other types of language services?

Nakatanggap ka ba ng tulong sa interpretasyon o iba pang uri ng serbisyos sa wika?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM214J' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

[*Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap?*]

AM214J

Did you receive any other help or support?

Nakatanggap ka ba ng anumang iba pang tulong o suporta?

- Yes 1
 - Oo
 - No 2
 - Hindi
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_AM215']
- [GO TO 'PN_AM215']
- [GO TO 'PN_AM215']

'AM214J_OS'

[After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

[*Pagkatapos mong maranasan ang (pinakamalubhang) insidente ng pagkapoot (hate incident) sa loob ng nakalipas na 12 buwan, anong tulong o suporta ang iyong natanggap mo?*]

AM214J_OS

What other help or support did you receive?

Ano pang tulong o suporta ang natanggap mo?

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'AM215':**DISPLAY INSTRUCTIONS:**

IF 'AM206' > 1, THEN DISPLAY "most severe"

'AM215' Was there any kind of help or support that you felt you needed but did not receive after you experienced the {most severe} hate incident?

Mayroon bang anumang uri ng tulong o suporta na sa tingin mo ay kailangan mo ngunit hindi mo natanggap pagkatapos mong maranasan ang \{pinakamalubhang\} insidente ng pagkapoot (hate incident)?

AM215

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'AM216':

IF 'AM215' = 1, THEN CONTINUE;

DISPLAY INSTRUCTIONS:

DISPLAY ONLY UNCHECKED CATEGORIES FROM 'AM214';
ELSE GO TO 'AM218';

'AM216' What help or support did you feel you needed but did not receive?

Anong tulong o suporta ang pakiramdam mong kinailangan mo ngunit hindi mo natanggap?

AM216

SELECT ALL THAT APPLY

- COUNSELING, THERAPY, OR OTHER
TYPE OF MENTAL HEALTH SUPPORT1
- MEDICAL CARE FOR A PHYSICAL
INJURY OR SYMPTOM2
- TIME OFF FROM SCHOOL3
- TIME OFF FROM WORK4
- FINANCIAL ASSISTANCE5
- PROTECTION FOR YOU OR YOUR
FAMILY'S PHYSICAL SAFETY6
- HELP REPORTING TO OR WORKING

	WITH THE POLICE OR OTHER LAW ENFORCEMENT	7
<input type="checkbox"/>	LEGAL ASSISTANCE.....	8
<input type="checkbox"/>	INTERPRETATION OR OTHER TYPES OF LANGUAGE SERVICES.....	9
<input type="checkbox"/>	OTHER (PLEASE SPECIFY: _____)	91
<input type="radio"/>	NONE OF THE ABOVE	10
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

PROGRAMMING NOTE 'AM217':

IF MULTIPLE RESPONSES FROM 'AM216', THEN CONTINUE

DISPLAY INSTRUCTIONS:

READ OUT ONLY SELECTED OPTIONS FROM 'AM216'

ELSE GO TO 'AM199';

'AM217' Which of these did you feel you needed the most?*Alin sa mga ito ang naramdaman mong pinakakailangan mo?***AM217**

- Counseling, therapy, or other type of mental health support
- Pagpapayo, terapiya, o iba pang uri ng suporta sa kalagayan ng pag-iisip
- Medical care for a physical injury or symptom.....
- Pangangalagang medikal para sa isang pisikal na pinsala o sintomas
- Time off from school
- Huminto muna sa pag-aaral
- Time off from work
- Magpahinga sa trabaho
- Financial assistance.....
- Tulong pinansyal
- Protection for you or your family's physical safety
- Proteksyon para sa pisikal na kaligtasan mo o ng iyong pamilya
- Help reporting to or working with the police or law enforcement
- Tulong sa pag-uulat sa o pakikipagtulungan sa pulisia o iba pang nagpapatupad ng batas
- Legal assistance
- Legal na tulong
- Interpretation or other types of language services
- Interpretasyon o iba pang uri ng serbisyo sa wika
- {OTHER SPECIFY FROM AM216}
- REFUSED
- DON'T KNOW

'AM218' Was the offender of the {most severe} incident a stranger, someone you knew by sight only, someone you knew but not well, or someone you knew well?

Ang may sala ba ng (pinakamalubhang) insidente ay isang taong hindi mo kilala, isang taong nakikita mo lang pero hindi kilala, isang taong kilala mo ngunit hindi lubos na kakilala, o isang taong lubos mong kakilala?

AM218

[IF NEEDED: If more than one offender, select all that apply]

[IF NEEDED: *Kung higit sa isang may sala, piliin ang lahat na naaangkop]*

- STRANGER1
- SOMEONE YOU KNEW BY SIGHT ONLY ..2
- SOMEONE YOU KNEW BUT NOT WELL ..3
- SOMEONE YOU KNEW WELL4
- I DON'T KNOW OR I DIDN'T SEE5
- REFUSED-7

'AM219A' Who was the offender of the {most severe} hate incident?

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219A

Was it a friend or family member?

Ito ba ay Isang kaibigan o kapamilya

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED-7
- DON'T KNOW-8

'AM219B' [Who was the offender of the {most severe} hate incident?]

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219B

Was it your classmate?

Iyong kamag-araal

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED-7
- DON'T KNOW-8

'AM219C' [Who was the offender of the {most severe} hate incident?]

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219C

Was it your coworker?

Iyong katrabaho

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM219D' [Who was the offender of the {most severe} hate incident?]

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219D

Was it a customer at your workplace?

Isang customer sa iyong pinagtatrabahuan

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM219E' [Who was the offender of the {most severe} hate incident?]

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219E

A customer at a business you visited?

Isang customer sa isang negosyo na binisita mo?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM219F' [Who was the offender of the {most severe} hate incident?]

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219F

An employee at a business you visited?

Isang empleyado sa isang negosyo na binisita mo?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | Oo | |
| <input type="radio"/> | No..... | 2 |
| <input type="radio"/> | Hindi | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'AM219G' [Who was the offender of the {most severe} hate incident?]

[Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?]

AM219G

Someone on-line?

Isang tao sa online?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM219H'

[Who was the offender of the {most severe} hate incident?]

*[Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?]***AM219H**

A caregiver?

Isang tagapag-alaga

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM219I'

[Who was the offender of the {most severe} hate incident?]

*[Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?]***AM219I**

Someone on public transportation?

Isang taong nakasakay sa pampublikong transportasyon?

- Yes 1
- Oo
- No 2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM219J'

[Who was the offender of the {most severe} hate incident?]

*[Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?]***AM219J**

Anyone else?

Sino pa?

- Yes 1
 - Oo
 - No 2
 - Hindi
 - REFUSED -7
- [GO TO 'PN_AM199']**
- [GO TO 'PN_AM199']**

DON'T KNOW -8 [GO TO 'PN_AM199']

'AM219J_OS' Without saying their names or other identifying information, who was the offender of the {most severe} hate incident?

Sino ang may sala ng (pinakamalubhang) insidente ng pagkapoot (hate incident)?

AM219J_OS

REFUSED -7
 DON'T KNOW -8

'QA24_M20' During the past 12 months, have you witnessed another person experiencing a hate incident?

Sa nakaraang 12 buwan, may nasaksihan ka bang isang tao na naging biktima ng isang insidente ng matinding poot?

AM199

Yes 1
 Oo
 No 2 [GO TO 'QA24_M26']
 Hindi
 REFUSED -7 [GO TO 'QA24_M26']
 DON'T KNOW -8 [GO TO 'QA24_M26']

'QA24_M21' Did you witness...

May nasaksihan ka bang...

AM200

[SELECT ALL THAT APPLY]

Physical abuse or attack 1
 Pisikal na pang-aabuso o pag-atake
 Verbal abuse or insults 2
 Pang-aabuso o mga pang-iinsulto sa pamamagitan ng pananalita
 Cyberbullying 3
 Cyberbullying
 Property damage, or 4
 Paninira ng ari-arian, o
 Something else (Specify: _____) 5
 Iba pang bagay (Tukuyin: _____)
 REFUSED -7
 DON'T KNOW -8

'QA24_M22' Where did the incident take place?

Saan nangyari ang insidente?

AM201

[SELECT ALL THAT APPLY]

At home 1
 Sa bahay
 At school 2
 Sa paaralan

- At work 3
- Sa trabaho*
- At a store, 271heatre, gas station, or other business..... 4
- Sa isang tindahan, teatro, gasolinahan, o iba pang negosyo*
- On the street or sidewalk 5
- Sa kalye o bangketa*
- Online, or..... 6
- Sa online, o*
- Somewhere else (Specify: _____) 7
- Sa iba pang bagay (Tukuyin: _____)*
- REFUSED -7
- DON'T KNOW -8

'QA24_M23' Why do you think the person was targeted for a hate incident?

Sa iyong palagay, ano ang dahilan kung bakit naging biktima ang taong iyon ng insidente ng matinding poot?

AM202

[SELECT ALL THAT APPLY]

- Because of their race or skin color 1
- Dahil sa kanyang lahi o kulay ng balat*
- Because of their sexual orientation..... 2
- Dahil sa kanyang seksual na oryentasyon*
- Because of their gender or sex, including gender identity 3
- Dahil sa kanyang kasarian, kasama ang kasariang pinagkakakilanlan*
- Because of their religion 4
- Dahil sa kanyang relihiyon*
- Because of their ancestry, national origin, or language 5
- Dahil sa kanyang etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit*
- Because of their disability 6
- Dahil sa kanyang kapansanan*
- Because of their immigration status..... 7
- Dahil sa kanyang katayuan sa imigrasyon*
- Because of their age 8
- Dahil sa kanyang edad*
- Because of some other reason: _____ 9
- Dahil sa iba pang dahilan: _____*
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA24_M24':

IF MORE THAN ONE RESPONSE FROM 'QA24_M23', THEN CONTINUE WITH 'QA24_M24' WITH SELECTED CHOICES FROM 'QA24_M23' DISPLAYED;
ELSE SKIP TO 'QA24_M24'

'QA24_M24' What do you think is the MAIN reason that person was the target for a hate incident?

Sa iyong palagay, ano ang PANGUNAHING dahilan kung bakit naging biktima ang taong iyon ng insidente ng matinding poot?

AM203

[IF NEEDED, SAY: IF YOU WITNESSED MORE THAN ONE INCIDENT, PLEASE THINK ABOUT THE MOST RECENT INCIDENT.]

[IF NEEDED, SAY: Kung mahigit sa isa ang nasaksihan mong insidente, mangyaring pag-isipan ang pinaka-huling insidente]

- Because of their race or skin color1
Dahil sa kanyang lahi o kulay ng balat
- Because of their sexual orientation.....2
Dahil sa kanyang seksual na oryentasyon
- Because of their gender or sex,
including gender identity3
Dahil sa kanyang kasarian, kasama ang kasariang pinagkakakilanlan
- Because of their religion4
Dahil sa kanyang relihiyon
- Because of their ancestry, national origin, or language5
Dahil sa kanyang etnikong pinanggalingan, bansang pinagmulan, o wikang ginagamit
- Because of their disability6
Dahil sa kanyang kapansanan
- Because of their immigration status.....7
Dahil sa kanyang katayuan sa imigrasyon
- Because of their age8
Dahil sa kanyang edad
- Because of some other reason: _____9
- Dahil sa iba pang dahilan:* _____
- REFUSED -7
- DON'T KNOW -8

'AM220'

During the past 12 months, how many hate incidents have you witnessed?

Sa nakalipas na 12 buwan, ilang insidente ng pagkapoot (hate incident) ang nasaksihan mo?

AM220

Number of hate incidents

Bilang ng mga insidente ng pagkapoot (hate incident)

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'AM224':

DISPLAY INSTRUCTIONS:

IF 'AM220' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM224'

During the past 12 months, were there any medical expenses for you or members of your household because you witnessed the hate incident{s}?

Sa nakalipas na labindalawang buwan, mayroon bang anumang gastos sa pagpapagamot para sa iyo o sa mga miyembro ng iyong sambahayan dahil nasaksihan ninyo ang (mga) insidente ng pagkapoot (hate incident)?

AM224

[IF NEEDED: Include mental and physical healthcare expenses.]
 [IF NEEDED: *Isama ang mga gastos sa mental at pisikal na healthcare*]

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED -7
- DON'T KNOW -8

'AM231'

Was the offender of the {most severe} incident a stranger to the victim, someone the victim knew by sight only, someone the victim knew but not well, or someone the victim knew well?

Ang may sala ba ng (pinakamalubhang) insidente ay isang taong hindi kilala ng biktima, isang taong nakikita lang ng biktima pero hindi kilala, isang taong kilala ng biktima ngunit hindi gaanong lubos kakilala, o isang taong lubos na kakilala ng biktima?

AM231

SELECT ALL THAT APPLY

- STRANGER TO THE VICTIM.....1
- SOMEONE THE VICTIM KNEW
BY SIGHT ONLY2
- SOMEONE THE VICTIM KNEW
BUT NOT WELL3
- SOMEONE THE VICTIM KNEW WELL4
- I DON'T KNOW OR I DIDN'T SEE5
- REFUSED -8

PROGRAMMING NOTE 'QA24_M25':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO
'QA24_M15', 'QA24_M20'.

'QA24_M25'

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/.

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit www.cavshate.org/ or call 833-866-4283. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement contact your local police department, or call 911.

Kung gusto mo ng mental o emosyonal na suporta, may taong handang tumulong nang 24 oras sa isang araw sa toll-free na numero na 855-845-7415. Kung gusto mo, maaari kang manatiling hindi kilala. Maaari ka ring pumunta sa www.mentalhealthsf.org/peer-run-warmline/.

Kung gusto mong mag-ulat ng insidente ng pagkapoot (hate incident) o kumonekta sa mga mapagkukunan, kabilang ang mga serbisyo sa kalusugan ng isip at mga serbisyon legal, pumunta sa www.CAvsHATE.org/ o tumawag sa 833-866-4283. Ang California vs Hate ay hindi kaakibat sa nagpapatupad ng batas, at maaari kang mag-ulat nang hindi

nagpapakilala. Kung gusto mong mag-ulat ng isang krimen sa pagkapoot sa tagapagpatupad ng batas makipag-ugnayan sa iyong lokal na departamento ng pulisya o tumawag sa 911.

PROGRAMMING NOTE 'QA24_M26':

IF 'QA24_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'QA24_M26'
ELSE GO TO 'QA24_M27'

- 'QA24_M26' Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

Mayroon bang sinuman sa opisina o clinika ng inyong doktor o healthcare provider na tumutulong sa inyo na maikonekta ang inyong pamilya sa mga serbisyon naka-base sa komunidad na inyong maaaring kinakailangan, tulad ng tulong sa pamamahay, tulong sa pagkain, o suportang panlipunan?

AJ178

- Yes1
- Oo
- No.....2
- Hindi
- REFUSED -7
- DON'T KNOW -8

Encounters with Police

- 'QA24_M27' Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

Maaaring magkaroon ng mga nakasasamang epekto sa kalusugan ng katawan at kaisipan ng isang tao ang mahihirap na mga karanasan sa buhay, kahit tapos na ang mga karanasan ang iyon. Halimbawa, ang mga engkuwentro sa pulis o ang sistema ng korte.

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

Sa kasalukuyan, maraming iba't ibang mga kadadahilan kung bakit ang mga tao ay madalas na pinahihinto ng mga pulis.

- 01
- 12
- 23
- 34
- 45
- 5 OR MORE6
- REFUSED -7
- DON'T KNOW -8

Social Cohesion

'QA24_M28' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sangayon sa mga sumusunod na pahayag.

AM19

People in my neighborhood are willing to help each other.

Handang tumulong sa isa't-isa ang mga tao sa aking kapitbahayan.

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"]

[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_M29' People in this neighborhood generally do not get along with each other.

Hindi nagkakasundo nang Mabuti sa isa't-isa ang mga tao sa kapitbahayang ito.

AM20

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"]

[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_M30' People in this neighborhood can be trusted.

Mapagkakatiwalaan ang mga tao sa kapitbahayang ito.

AM21

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"]

[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_M31' Do you feel safe in your neighborhood...

Panatag ba ang pakiramdam ninyo sa inyong kapitbahayan...

AK28

- | | | |
|-----------------------|---------------------------|----|
| <input type="radio"/> | All of the time | 1 |
| <input type="radio"/> | <i>Palagi</i> | |
| <input type="radio"/> | Most of the time | 2 |
| <input type="radio"/> | <i>Kadalasan</i> | |
| <input type="radio"/> | Some of the time, or..... | 3 |
| <input type="radio"/> | <i>Paminsan-minsan</i> | |
| <input type="radio"/> | None of the time..... | 4 |
| <input type="radio"/> | <i>Hindi kailanman</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Civic Engagement

'QA24_M32' In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

Sa nakaraang 12 buwan, nag-boluntaryo ba kayo na magsaayos o mamuno sa mga gawain upang makatulong sa paglutas ng mga problema sa inyong komunidad?

AM39

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_M33' Do you think you could contact an elected official or someone else in government who represents your community?

Sa palagay ba ninyo ay mako-contact ninyo ang isang inihalal na opisyal o sinumang iba Pang nasa gobyerno na nagrerepresenta ng inyong komunidad?

AM45

- | | | |
|-----------------------|---------------------------|----|
| <input type="radio"/> | Definitely could not..... | 1 |
| <input type="radio"/> | <i>Siguradong hindi</i> | |
| <input type="radio"/> | Probably could not | 2 |
| <input type="radio"/> | <i>Malamang na hindi</i> | |
| <input type="radio"/> | Maybe could..... | 3 |
| <input type="radio"/> | <i>Posibleng maaari</i> | |
| <input type="radio"/> | Probably could | 4 |
| <input type="radio"/> | <i>Malamang na maaari</i> | |
| <input type="radio"/> | Definitely could..... | 5 |
| <input type="radio"/> | <i>Siguradong oo</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_M34' In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

Sa nakaraang 12 buwan, kayo ba ay naging aktibong miyembro ng anumang grupo na nagtatangkang maimpluwensiyan ang patakarang pampubliko o gobyerno, hindi kabilang ang isang pulitikong partido?

AM48

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |
- [GO TO 'QA24_M1']
[GO TO 'QA24_M1']
[GO TO 'QA24_M1']

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'QA24_P1':

IF 'QA24_G5' = 1 (CITIZEN) OR 'QA24_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA24_P1';
ELSE GO TO 'QA24_P3'

'QA24_P1' How often do you vote in presidential elections?

Gaano ka kadalas bumoto sa mga eleksyon para sa presidente?

AP73

- Always.....1
- Palagi*
- Sometimes, or2
- Paminsan-minsan, o*
- Never?.....3
- Hindi kailanman?*
- REFUSED -7
- DON'T KNOW -8

'QA24_P2' How often do you vote in state elections, such as for Governor or state proposition?

Gaano ka kadalas bumoto sa mga eleksyon ng estado, gaya ng para sa Governor o posisyon sa estado?

AP74

- Always.....1
- Palagi*
- Sometimes, or2
- Paminsan-minsan, o*
- Never?.....3
- Hindi kailanman?*
- REFUSED -7
- DON'T KNOW -8

'QA24_P3' How often do you vote in local elections, such as for Mayor or school board?

Gaano ka kadalas bumoto sa mga lokal na eleksyon, gaya ng para sa Mayor o lupon ng paaralan?

AP75

- Always.....1
- Palagi*
- Sometimes, or2
- Paminsan-minsan, o*
- Never?.....3
- Hindi kailanman?*
- REFUSED -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 not vote in, what is the main reason why you did not vote?

Para sa pinaka-kamakailan lang na eleksyon na hindi kayo bumoto, ano ang pangunahing dahilan kung bakit hindi kayo bumoto?

AP80

- I dislike politics 1
- Ayoko sa politika
- Voting has little to do with the way real decisions are made 2
- Ang botohan ay may walang kaugnayan sa paraan kung paano ginagawa ang mga totoong pagpapasya
- I did not like any of the candidates on the ballot 3
- Hindi ko nagustuhan ang sinuman sa mga kandidato sa balota
- My one vote is not going to affect how things turn out 4
- Ang aking isang boto ay hindi makakaapekto sa kung paano ang mangyayari sa mga bagay-bagay
- I was not informed enough about the candidates or issues to make a good decision 5
- Hindi ako nabigyan ng sapat na kaalaman tungkol sa mga kandidato o sa mga isyu upang makagawa ng isang Mabuting desisyon
- I did not see a difference between the candidates or parties 6
- Wala akong nakitang pagkakaiba sa pagitan ng mga kandidato o ng mga partido
- I was not interested in what is happening in government 7
- Hindi ako interesado sa kung anong mangyayari sa gobyoerno
- I just did not think about doing it 8
- Hindi ko lang naisipang gawin ito
- I forgot 9
- Nakalimutan ko
- I had to work 10
- Kailangan kong magtrabaho
- I did not have transportation 11
- Wala akong transportasyon
- Other (Specify: _____) 91
- Iba Pa (Tukuyin: _____)
- 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.

Ang Masasamang Karanasan sa Pagkabata ay nakaka-stress o nakaka-trauma na mga kaganapan na naranasan mula sa pagsilang hanggang edad na 18 at nauugnay sa mga kategorya ng pang-aabuso sa bata, pagpapabaya, at/o mga kahirapan sa sambahayan. Maaaring magsagawa ng mga pagtataso ng Masasamang Karanasan sa Pagkabata ang mga propesyonal sa medisina, kabilang ang mga doktor, nurse practitioner, komadrona, psychologist, at iba pa.

- 'QA24_Q2'** Have you heard the term Adverse Childhood Experiences or ACEs before?

Narinig mo na ba ang katawagang Adverse Childhood Experiences (Masasamang Karansan sa Pagkabata) o mga ACE?

AQ28

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

Nakapagtapos ka na ba ang isang pagsusuri ng iyong sariling kasaysayan ng Masasamang Karanasan sa Pagkabata (Adverse Childhood Experiences) na may kasamang medikal na propesyonal sa kalusugan o medikal na propesyonal sa kalusugang pangkaisipan?

AQ23

- Yes 1
- Oo
- No..... 2 [GO TO
'PN_QA23_Q5']
- Hindi
- Don't know 3 [GO TO
'PN_QA23_Q5']
- Hindi alam
- REFUSED -7 [GO TO
'PN_QA23_Q5']

- 'QA24_Q4'** When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

Noong pinag-aralan ng iyong provider ang iyong mga sagot sa ACE screener, nakipag-usap ba siya sa iyo tungkol sa iyong mga kalakasan, katatagan o positibong mga karanasan sa iyong buhay?

AQ29

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

Nakagawa ka ba ng isang pagtatasta tungkol sa Masasamang mga Karanasan sa Pagkabata ni (TEEN) sa medikal na kalusugan o sa kalusugan ng kaisipan?

AQ24

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

Nakagawa ka ba ng isang pagtatasta tungkol sa Masasamang mga Karanasan sa Pagkabata ni (CHILD) sa medikal na kalusugan o sa kalusugan ng pag-iisip?

AQ25

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

Ang mga sumusunod na katanungan ay tungkol sa mga kaganapan na maaaring nangyari sa iyong pagkabata. Bibigyan kami ng impormasyong ito ng pagkakataon na mas maunawaan ang mga problema na maaaring mangyari nang maaga sa buhay, at maaaring makatulong sa iba sa hinaharap. Ito ay isang sensitibong usapin at maaaring

hindi maging kumportable ang ibang tao sa mga katanungang ito. Tandaan po lamang na maaari mong laktawan ang anumang tanong na hindi mo ninanais na sagutin. Tinutukoy ng lahat ng mga tanong ang saklaw ng panahon na kung saan kulang ka pa sa 18 taong gulang.

'QA24_Q8' Before you were 18 years of age...

Noong hindi ka pa 18 taong gulang..

AQ1

Did you live with anyone who was depressed, mentally ill, or suicidal?

May nakasama ka ba sa bahay na na-depress, may kapansanan sa kaisipan, o nagpakamatay?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_Q9' [Before you were 18 years of age...]

[*Noong hindi ka pa 18 taong gulang..*]

AQ2

Did you live with anyone who was a problem drinker or alcoholic?

May nakasama ka ba sa bahay na naging problema na mang-iinom o lasinggero?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_Q10' [Before you were 18 years of age...]

[*Noong hindi ka pa 18 taong gulang..*]

AQ3

Did you live with anyone who used illegal street drugs or who abused prescription medications?

May nakasama ka ba sa bahay na gumamit ng mga ilegal na droga o nang-abuso ng mga inireresetang gamot?

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_Q11' [Before you were 18 years of age...]

[*Noong hindi ka pa 18 taong gulang..*]

AQ4

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

May nakasama ka ba sa bahay na nagsilbi o nasentensiahan na magsilbi sa isang bilangguan, kulungan, o Iba Pang koreksyonal na pasilidad?

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

'QA24_Q12' Before you were 18 years of age...

[*Noong hindi ka pa 18 taong gulang..*]

AQ5

Were your parents separated or divorced?

Naghiwalay ba o nagdiborsyo ang iyong mga magulang?

- YES 1
- NO 2
- PARENT NOT MARRIED 3
- REFUSED -7
- DON'T KNOW -8

'QA24_Q13' [Before you were 18 years of age...]

[*Noong hindi ka pa 18 taong gulang..*]

AQ6

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

Gaano kadalas nagsampalan, naghampasan, nagsipaan, nagsuntukan o nagbubugbugan ang iyong mga magulang o mga tao na may sapat na gulang sa inyong bahay?

- NEVER 1
- ONCE 2
- MORE THAN ONCE 3
- REFUSED -7
- DON'T KNOW -8

'QA24_Q14' [Before you were 18 years of age...]

[*Noong hindi ka pa 18 taong gulang..*]

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.

Bago sumapit ang 18 taong gulang, gaano kadalas kang hinampas, binugbog, sinipa, o pisikal na sinaktan sa anumang paraan ng isang magulang o ng isang tao na may sapat na gulang sa inyong bahay? Huwag isama ang pamamalo.

- NEVER 1
- ONCE 2
- MORE THAN ONCE 3
- REFUSED -7
- DON'T KNOW -8

'QA24_Q15' [Before you were 18 years of age...]

AQ8

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

Gaano kadalas kang isinumpa, ininsulto o hinamak ng isang magulang o ng isang tao na may sapat na gulang sa inyong bahay?

- | | | |
|-----------------------|----------------------|----|
| <input type="radio"/> | NEVER..... | 1 |
| <input type="radio"/> | ONCE..... | 2 |
| <input type="radio"/> | MORE THAN ONCE | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_Q16' [Before you were 18 years of age...]

AQ9

How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

Gaano kadalas kang hinipo sa isang seksual na pamamaraan ng sinuman na nakatatanda sa iyo ng 5 taon o mahigit pa, o ng isang tao na may sapat na gulang?

- | | | |
|-----------------------|----------------------|----|
| <input type="radio"/> | NEVER..... | 1 |
| <input type="radio"/> | ONCE..... | 2 |
| <input type="radio"/> | MORE THAN ONCE | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_Q17' [Before you were 18 years of age...]

AQ10

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

Gaano kadalas kang hinimok ng sinuman na nakatatanda sa iyo ng 5 taon o mahigit pa, o ng isang tao na may sapat na gulang na hipuin sila sa isang seksual na pamamaraan?

- | | | |
|-----------------------|----------------------|----|
| <input type="radio"/> | NEVER..... | 1 |
| <input type="radio"/> | ONCE..... | 2 |
| <input type="radio"/> | MORE THAN ONCE | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_Q18' [Before you were 18 years of age...]

AQ11

How often did anyone at least 5 years older than you or an adult, force you to have sex?

Gaano kadalas kang pinuwersa ng sinuman na nakatatanda sa iyo ng 5 taon o mahigit pa, o ng isang tao na may sapat na gulang na makipagtalik?

- | | | |
|-----------------------|------------|---|
| <input type="radio"/> | NEVER..... | 1 |
|-----------------------|------------|---|

- | | | |
|-----------------------|----------------------|----|
| <input type="radio"/> | ONCE..... | 2 |
| <input type="radio"/> | MORE THAN ONCE | 3 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Noong hindi ka pa 18 taong gulang.. Naging biktima ka ba kailanman ng karahasan o nakasaksi ng anumang karahasan sa iyong kapitbahayan?

AQ12

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

Itinuring ka ba o hinusgahan ka nang hindi makatarungan dahil sa iyong lahi o pangkat etniko?

AQ13

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

'QA24_Q21' [Before you were 18 years of age...] Did you ever live with a parent or guardian who died?

May nakasama ka ba sa bahay na isang magulang o tagapag-alaga na namatay?

AQ14

- | | | |
|-----------------------|------------------|----|
| <input type="radio"/> | YES | 1 |
| <input type="radio"/> | NO | 2 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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?

*Gaano kadalas na napakahirap makaraos sa kita ng inyong pamilya, halimbawa, mahirap makakuha ng mga pangunahing kailangan sa buhay tulad ng pagkain o tirahan?
Masasabi mo bang madalas, medyo madalas, hindi gaanong madalas, o Hindi kailanman?*

AQ15

- | | | |
|-----------------------|----------------------|----|
| <input type="radio"/> | VERY OFTEN | 1 |
| <input type="radio"/> | SOMEWHAT OFTEN..... | 2 |
| <input type="radio"/> | NOT VERY OFTEN | 3 |
| <input type="radio"/> | NEVER..... | 4 |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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..

Sa karamihan ng iyong kabataan, mayroon bang isang taong may sapat na gulang sa iyong sambahayan na nagbibigay sa iyo ng pakiramdam na ikaw ay ligtas at protektado? Masasabi mo bang..

AQ30

- | | | |
|-----------------------|-----------------------------|----|
| <input type="radio"/> | Never..... | 1 |
| <input type="radio"/> | Hindi kailanman | |
| <input type="radio"/> | A little of the time | 2 |
| <input type="radio"/> | <i>Sa kaunting panahon</i> | |
| <input type="radio"/> | Some of the time..... | 3 |
| <input type="radio"/> | <i>Sa mga ilang panahon</i> | |
| <input type="radio"/> | Most of the time | 4 |
| <input type="radio"/> | <i>Kadalasan</i> | |
| <input type="radio"/> | All of the time | 5 |
| <input type="radio"/> | <i>Sa lahat ng panahon</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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..

Sa kabuan ng iyong kabataan, mayroon bang isang taong may sapat na gulang sa iyong sambahayan na malakas na nagtatangkang siguraduhin na ang lahat ng iyong mga pangangailangan ay nakakamit? Masasabi mo bang..

AQ31

- | | | |
|-----------------------|-----------------------------|----|
| <input type="radio"/> | Never..... | 1 |
| <input type="radio"/> | Hindi kailanman | |
| <input type="radio"/> | A little of the time | 2 |
| <input type="radio"/> | <i>Sa kaunting panahon</i> | |
| <input type="radio"/> | Some of the time..... | 3 |
| <input type="radio"/> | <i>Sa mga ilang panahon</i> | |
| <input type="radio"/> | Most of the time | 4 |
| <input type="radio"/> | <i>Kadalasan</i> | |
| <input type="radio"/> | All of the time | 5 |
| <input type="radio"/> | <i>Sa lahat ng panahon</i> | |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | 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.

Nauunawaan namin na maaaring magpaalala ng nakaraang karanasan ang paksang ito na maaaring naising pag-usapan ng ilang tao. Kung gusto mo o may kakilala kang gustong makipag-usap sa isang sinanay na counselor, pakitawagan ang 1-800-656-HOPE (4673) o pakibisita ang website na ito: www.rainn.org.

National Domestic Violence hotline: We have a toll-free number if you'd like to talk about these issues. Would you like the toll-free number?"

Mayroon kaming isang toll free na numero kung nais mong pag-usapan ang mga problemang ito. May isang taong nakahandang makipag-usap 24 na oras sa isang araw upang magbigay ng impormasyon. Ang numero ay 1-800-799-7233 o TTY 1-800-787-3224. Ito ang hotline ng national domestic violence.

[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.]

[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.

Ang susunod na bahagi ay tungkol sa mga iniisip na pananakit sa sarili. Sa uulitin, kung may anumang tanong na nakakagulo sa inyo, hindi ninyo kailangang sagutin iyon.

AF86

Have you ever seriously thought about committing suicide?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan na magpakamatay?

- | | | | |
|-----------------------|------------------|----|--------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'PN_AM10B'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'PN_AM10B'] |
| <input type="radio"/> | 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?

May pagkakataon ba kailanman na seryoso ninyong pinag-isipan ang pagpapakamatay nitong nakaraang 12 buwan?

AF87

- | | | | |
|-----------------------|------------------|----|-------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'QA24_S4'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'QA24_S4'] |
| <input type="radio"/> | 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?

May pagkakataon bang seryoso ninyong pinag-isipan ang pagpapakamatay kailanman nitong nakaraang 2 buwan?

AF91

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | DON'T KNOW | -8 | |

'QA24_S4' Have you ever attempted suicide?

Nagtangka na ba kayong magpakamatay kailanman?

AF88

- | | | | |
|-----------------------|------------------|----|--|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | |
| <input type="radio"/> | REFUSED | -7 | |
| <input type="radio"/> | 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?

Nagtangka na ba kayong magpakamatay kailanman nitong nakaraang 12 buwan?

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.

Maaari kang tumawag sa 988 upang makipag-usap sa isang tao tungkol sa iyong mga pag-iisip o pagtatangkang magpakamatay. Ang 988 ay isang libre at lihim na serbisyon maaaring gamitin nang 24 na oras kada araw, pitong araw kada linggo. Maaari ka ring pumunta sa 988lifeline.org para makapag-chat sa online o makahanap ng impormasyon tungkol sa paghingi ng tulong.

[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?

Gusto ba ninyong pag-usapan ang mga iniisip ninyo sa taong ito o mas gusto mo bang magpatuloy sa survey?

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.

May {mga ilang/mga} huling tanong na lang po at tapos na tayo. Pakibigay lang po ng inyong pangalan at numero ng telepono para maaari namin kayong matawagan kung saka-sakali mang mayroon kaming Iba Pang karagdagang mga katanungan.

AM10B

First Name: _____
Pangalan: _____

Last Name: _____
Apelyido: _____

Phone Number: _____
Numero ng Telefono: _____

PROGRAMMING NOTE 'LTSS_A':

IF ('QA24_D4' OR 'QA24_D5' OR 'QA24_D6' = 1), THEN CONTINUE;
 ELSE GO TO 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.)

LTSS_A

Would you like to participate in this survey?

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

'LTSS_RECON2'

Would you like to participate in this survey at a later date?

Nais mo bang lumahok sa survey na ito kalaunan?

LTSS_RECON2

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_SUICIDE RESOURCE2']

[GO TO 'PN_SUICIDE RESOURCE2']

[GO TO 'PN_SUICIDE RESOURCE2']

PROGRAMMING NOTE 'LTSS_FOLLOW_UP':

IF ('QA24_D4' OR 'QA24_D5' OR 'QA24_D6'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP';
 ELSE GO TO 'PN_SUICIDE RESOURCE2'

'LTSS_FOLLOW_UP'

LTSS_FOLLOW_UP

Please provide your name and telephone number so that we may call you if we have additional questions.

Pakibigay lang po ng inyong pangalan at numero ng telepono para maaari namin kayong matawagan kung saka-sakali mang mayroon kaming Iba Pang karagdagang mga katanungan

First Name: _____
Pangalan: _____

Last name: _____
Apelyido: _____

Phone Number: _____
Numero ng Telepono: _____

AIAN_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. The purpose of the survey is to understand cultural experiences for American Indians and Alaska Natives, and their health conditions, health behaviors, mental health, and alcohol or drug use.

AIAN_A

Would you like to participate in this survey?

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

PROGRAMMING NOTE 'HATEFU_A':

ASK IF 'HATEFU_SELECT' = 1 CONTINUE
 ELSE GO TO 'PROGRAMMING NOTE SUICIDE RESOURCE2'

HATEFU_A Based on your responses, you may be eligible to participate in another survey conducted by UCLA. The purpose of this other survey is to understand people's experiences with hate incidents. It will take place in about 2-6 weeks from now, and is expected to take about 50-60 minutes in an audio-recorded interview. You will be provided a \$100 gift card for your participation.

HATEFU_A

Would you like to participate in this survey?

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

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.

Sa uulitin, kung inyong ninanais makipag-usap sa isang tao tungkol sa mga pag-iisip o mga pagtatangka na magpakamatay, may tao na handang makipag-usap, 24 oras sa bawat araw na makapagbibigay ng impormasyong makakatulong sa inyo. Mayroon ba kayong panulat?
Ang toll-free number ay 1-800-273-TALK (8255)

[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.

Salamat sa oras na inilaan mo at sa iyong pakikipagtulungan. Nakatulong ka sa isang napakamahalagang survey tungkol sa kalusugan. Kung mayroon kang anumang tanong, maaari kang makipag-usap kay Dr. Ponce, ang nangungulo sa pagsusuri. Maaaring matawagan si Dr. Ponce nang toll-free sa 1-866-275-2447. Salamat. Good-bye