CHIS 2016
Adult Questionnaire
Version 2.872- Korean
September 21, 2017

Adult Respondents Age 18 and Older

Collaborating Agencies:
- □ UCLA Center for Health Policy Research
- □ California Department of Health Care Services
- □ California Department of Public Health

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2015 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

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

QA15_A1   What is your date of birth?
                    귀하의 생년월일은 어떻게 되십니까?

AA1MON

          MONTH _____ [RANGE: 1-12]

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

AA1DAY

          DAY _____ [RANGE: 1-31]

AA1YR

          YEAR _____ [RANGE: 1904-1997]

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

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

QA15_A2   What month and year were you born?
                    귀하는 몇 년 몇 월에 출생하셨습니까?

AA1AMON

          MONTH _____ [RANGE: 1-12]

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

AA1AYR

          YEAR _____[RANGE: 1904-1997]

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

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

QA15_A3   What is your age, please?
나이를(연세를) 말씀해 주시겠습니까?

AA2

_____YEARS OF AGE [RANGE: 0-120]   **[GO TO QA15_A5]**

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

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

QA15_A4   Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49,
between 50 and 64, or 65 or older?
귀하께서는 18 세와 29 세 사이, 30 세와 39 세 사이, 40 세와 44 세 사이, 45 세와 49 세 사이,
50 세와 64 세 사이, 또는 65 세 이상 중 어디에속하십니까?

AA2A

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

POST NOTE QA15_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA15_A1, QA15_A2, OR QA15_A3 TO USE IN ALL AGE-
RELATED QUESTIONS;
IF QA15_A1, QA15_A2, OR QA15_A3 = -7 OR -8 (REF/DK), THEN USE QA15_A4;
ELSE USE ENUM.AGE

QA15_A5   Are you male or female?
이건 어느 분께나 드리게 되어 있는 성별에 관한 질문인데요. 남성분이십니까, 여성분이십니까?

AA3

MALE 1
FEMALE 2
REFUSED .... -7

QA15_A6 Are you Latino or Hispanic?
라티노나 히스패닉계이십니까?

AA4

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

QA15_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.
그러면 어떤 라티노나 히스패닉계에 속하십니까? 예를 들자면 멕시코계, 엘살바도르계, 쿠바계, 온두라스계 등이 있겠는데요. 하나 이상에 해당되는 경우에는 모두 말씀해 주십시오.

AA5

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

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

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

QA15_A8   {You said you are Latino or Hispanic. Also,} please tell me which one <u>or more</u> of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
{본인이 라티노 또는 히스패닉계라고 말씀하셨는데요} 다음 중 귀하에게 해당되는 인종을 하나 혹은 <u>그 이상</u> 선택해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 원주민, 아메리컨 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중에서 어느 인종에 속합니까?

AA5A

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

WHITE 1   [GO TO PN QA15_A14]
BLACK OR AFRICAN AMERICAN 2   [GO TO PN QA15_A14]
ASIAN 3   [GO TO PN QA15_A12]
AMERICAN INDIAN OR ALASKA NATIVE 4   [GO TO PN QA15_A9]
OTHER PACIFIC ISLANDER 5   [GO TO PN QA15_A13]
NATIVE HAWAIIAN 6   [GO TO PN QA15_A16]
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

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

QA15_A9   You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.
아메리칸 인디언이나 알래스카 원주민이라고 말씀하셨는데요, 어떤 부족에 속하십니까? 하나 이상의 부족에 속하신 경우, 모두 말씀해 주십시오.

AA5B

[CODE ALL THAT APPLY]

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

QA15_A10   Are you an enrolled member in a federally or state recognized tribe?
귀하께서는 연방정부와 주정부에서 인정하는 부족으로 등록된 분이십니까?

AA5C

YES 1
NO...2   **[GO TO PN QA15_A12]**
REFUSED .... -7   **[GO TO PN QA15_A12]**
DON'T KNOW .... -8   **[GO TO PN QA15_A12]**

QA15_A11   Which tribe are you enrolled in?
귀하는 어느 부족으로 등록했습니까?

AA5D

APACHE
MESCALERO APACHE, NM 1
APACHE (NOT SPECIFIED).............................2
OTHER APACHE [ASK SPELLING] (SPECIFY: _____)   3
BLACKFEET
BLACKFOOT/BLACKFEET...............................4
CHEROKEE
WESTERN CHEROKEE 5
CHEROKEE (NOT SPECIFIED) 6
OTHER CHEROKEE [ASK SPELLING] (SPECIFY: _____)   7
CHOCTAW
CHOCTAW OKLAHOMA...................................8
CHOCTAW (NOT SPECIFIED).........................9
OTHER CHOCTAW [ASK SPELLING] (SPECIFY: _____)   10
NAVAJO
NAVAJO (NOT SPECIFIED) 11
POMO
HOPLAND BAND, HOPLAND RANCHERIA .. 12
SHERWOOD VALLEY RANCHERIA 13
POMO (NOT SPECIFIED)............................... 14
OTHER POMO [ASK SPELLING] (SPECIFY: _____) 15
PUEBLO
HOPI 16
YSLETA DEL SUR PUEBLO OF TEXAS........ 17
PUEBLO (NOT SPECIFIED)............................ 18
OTHER PUEBLO [ASK SPELLING] (SPECIFY: _____)   19
SIOUX
OGLALA/PINE RIDGE SIOUX 20
SIOUX (NOT SPECIFIED) 21
OTHER SIOUX [ASK SPELLING] (SPECIFY: _____) 22
YAQUI
PASCUA YAQUI TRIBE OF ARIZONA........... 23
YAQUI (NOT SPECIFIED) 24
OTHER YAQUI [ASK SPELLING] (SPECIFY: _____) 25

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

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

QA15_A12   You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese?
            If you are more than one, tell me all of them.
            아시아인이라고 말씀하셨는데요, 중국계라던지, 필리핀계, 또는 베트남계 등, 구체적으로 어느
            민족이십니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A13:
IF QA15_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA15_A13;
ELSE GO TO PROGRAMMING NOTE QA15_A14

QA15_A13   You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan,
            or Guamanian? If you are more than one, tell me all of them.
            태평양 섬 원주민이라고 말씀하셨는데요. 사모아족, 통가족, 또는 괌족 등, 구체적으로 어느 민족
            이십니까? 둘 이상 해당되는 경우, 모두 말씀해 주십시오.

AA5E1

[CODE ALL THAT APPLY]

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

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

QA15_A14   You said that you are: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}.
귀하께서는 다음에 해당된다고 하셨습니다. {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?
귀하는 한 특정한 인종에 속한다고 말씀하실 수 있습니까?

AA5G

      YES 1
      NO..2 **[GO TO QA15_A16]**
      REFUSED .... -7 **[GO TO QA15_A16]**
      DON'T KNOW .... -8 **[GO TO QA15_A16]**

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

QA15_A15   Which do you <u>most</u> identify with?
이 중에서, 귀하를 **가장** 잘 나타낸다고 생각되는 것은 무엇입니까?

AA5F

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

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

```
RACE, OTHER SPECIFY .................................... 22
BANGLADESHI........................................................ 30
BURMESE ............................................................... 31
CAMBODIAN .......................................................... 32
CHINESE ................................................................ 33
FILIPINO ................................................................. 34
HMONG ................................................................... 35
INDIAN (INDIA) ...................................................... 36
INDONESIAN.......................................................... 37
JAPANESE ............................................................. 38
KOREAN ................................................................. 39
LAOTIAN................................................................. 40
MALAYSIAN............................................................ 41
PAKISTANI ............................................................. 42
SRI LANKAN........................................................... 43
TAIWANESE ........................................................... 44
THAI ....................................................................... 45
VIETNAMESE ......................................................... 46
ASIAN, OTHER SPECIFY ...................................... 49
SAMOAN/AMERICAN SAMOAN........................... 50
GUAMANIAN .......................................................... 51
TONGAN................................................................. 52
FIJIAN .................................................................... 53
PACIFIC ISLANDER, OTHER SPECIFY............... 55
BOTH/ALL/MULTIRACIAL...................................... 90
NONE OF THESE................................................... 95
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
```

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

현재 결혼 상태는 어떻게 되십니까? 기혼, 동거, 사별, 이혼, 별거, 미혼 중에서 골라주십시오.

AH43

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

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

Section B – Health Conditions

QA15_B1   These next questions are about your health.
다음은 귀하의 건강에 대해 몇 가지 질문을 드리겠습니다.

Would you say that in general your health is excellent, very good, good, fair, or poor?
전반적으로 귀하의 건강 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그런대로 괜찮습니까, 아니면 좋지 않습니까?

AB1

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

QA15_B2   Has a doctor <u>ever</u> told you that you have asthma?
귀하께서 천식이 있다고 의사가 한번이라도 말한 적이 있습니까?

AB17

```
YES.......................................................................1
NO.........................................................................2     [GO TO PN QA15_B18]
REFUSED ............................................................. -7     [GO TO PN QA15_B18]
DON'T KNOW ....................................................... -8     [GO TO PN QA15_B18]
```

QA15_B3   Do you still have asthma?
아직도 천식이 있으십니까?

AB40

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

QA15_B4   During the <u>past 12 months</u>, have you had an episode of asthma or an asthma attack?
지난 12 개월 동안, 천식 증상이 있었던 적이 있습니까?

AB41

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

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

QA15_B5   During the past 12 months, how often have you had asthma symptoms such as coughing,
wheezing, shortness of breath, chest tightness, or phlegm? Would you say…
지난 12 개월 동안, 기침, 목에서 휘휘 거리는 소리가 나거나, 숨가쁨, 흉부 압박감 및 가래 등의 천식
증상이 얼마나 자주 있었습니까? 다음 중에서 선택해 주십시오.

AB19

Not at all, ...1
전혀 발생하지 않았음, ...1
Less than every month, ...2
몇 달에 한 번, ...2
Every month, ...3
매달, ...3
Every week, or 4
매주, ...4
Every day? 5
매일? 5
REFUSED .... -7
DON'T KNOW .... -8

QA15_B6   During the past 12 months, have you had to visit a hospital emergency room because of your
asthma?
지난 12 개월 동안, 귀하의 의 천식 때문에 응급실에 가야 했던 적이 있습니까?

AH13A

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

QA15_B7   Did you visit a hospital emergency room for your asthma because you were unable to see your
doctor?
천식 증세로 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

AB106

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

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

QA15_B8   During the <u>past 12 months</u>, were you admitted to the hospital overnight or longer for your asthma?

지난 12 개월 동안, 천식 증세로 하룻밤 이상 병원에 입원한 적이 있으십니까?

AH15A

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

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

천식을 다스리기 위해 의사가 처방하거나 제공해 준 약을 현재 <u>매일</u> 복용하고 계십니까?

AB18

[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]
[IF NEEDED, SAY: "입으로 복용하는 약과 코로 들이 마시는 약을 둘 다 포함해서 말씀해 주십시오. 하지만, 즉각적인 효과를 보기 위해 사용하는 흡입제와는 다릅니다."]

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

PROGRAMMING NOTE QA15_B10:
IF QA15_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA15_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA15_B14;
ELSE CONTINUE WITH QA15_B10

QA15_B10   During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

지난 12 개월 동안, 기침, 씨근거림, 숨가쁨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까?

AB66

Not at all, ...1
전혀 발생하지 않았음 1
Less than every month, ...2
몇 달에 한 번 2
Every month, ...3
매달 3
Every week, or 4
매주 4
Every day? 5
매일 5
REFUSED .... -7
DON'T KNOW .... -8

QA15_B11   During the <u>past 12 months</u>**,** have you had to visit a hospital emergency room because of <u>your</u> asthma?
지난 12 개월 동안, <u>귀하의</u> 천식 증세로 응급실에 간 적이 있습니까?

AB67

        YES 1
        NO 2   **[GO TO QA15_B13]**
        REFUSED .... -7   **[GO TO QA15_B13]**
        DON'T KNOW .... -8   **[GO TO QA15_B13]**

QA15_B12   Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
천식 증세로 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

AB107

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

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

QA15_B13   During the <u>past 12 months</u>**,** were you admitted to the hospital overnight or longer for your asthma?
지난 12 개월 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있으십니까?

AB80

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

PROGRAMMING NOTE QA15_B14:
IF AAGE > 69 GO TO QA15_B15;
ELSE CONTINUE WITH QA15_B14

QA15_B14   During the past 12 months, how many days of work did you miss due to asthma?
지난 12 개월 동안, 천식 때문에 직장을 빠진 날은 며칠이나 됩니까?

AB42

        [INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

        _____ DAYS (0 - 365)

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

QA15_B15   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?
의사나 다른 외료 제공자가 천식 관리 방법을 알려주기 위해 귀하와 함께 천식 관리 계획을 세운 적이 있습니까?

AB43

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

QA15_B16   Do you have a written or printed copy of this plan?
이 관리 계획서 사본을 갖고 계십니까?

AB98

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "전자 사본, 인쇄 사본 모두 해당됩니다."]

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

QA15_B17   How confident are you that you can control and manage your asthma? Would you say you are…
천식을 관리하는 데 얼마나 자신이 있습니까?

AB108

Very confident, ...1
매우 자신이 있다 1
Somewhat confident, ...2
약간 자신이 있다 2
Not too confident, or..3
별로 자신이 없다 3
Not at all confident? 4
전혀 자신이 없다 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_B18:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B18   {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have diabetes or sugar diabetes?
임신 중일 때를 제외하고, 당뇨병이나 혈당이 있다는 말을 의사에게서 들은 적이 한번이라도 있습니까?

AB22

```
                              YES ...............................................................1
                              NO..................................................................2
                              BORDERLINE OR PRE-DIABETES........................3     [GO TO PN QA15_B34]
                              REFUSED ................................................... -7
                              DON'T KNOW ............................................. -8
```

PROGRAMMING NOTE QA15_B19:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B19   {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have pre-diabetes or borderline diabetes?
임신 기간을 제외하고 의사로부터 귀하가 당뇨병 전단계 또는 당뇨병 경계선에 있다는 말을 들은 적이 한번이라도 있습니까?

AB99

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

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

QA15_B20   How old were you when a doctor first told you that you have diabetes?
귀하께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇세 때였습니까?

AB23

```
                              _____ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
                              REFUSED ................................................... -7
                              DON'T KNOW ............................................. -8
```

QA15_B21   Were you told that you had Type 1 or Type 2 diabetes?
귀하의 당뇨병은 제 일종(타입 원) 또는 제 이종(타입 투) 중에서 무엇이라고 들었습니까?

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]
[IF NEEDED, SAY: "제 일종(타입 원) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은 성인들에게서 나타납니다. 제 이종(타입 투) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다."]

```
TYPE 1 ...................................................................1
TYPE 2 ...................................................................2
ANOTHER TYPE (:_____) ................91SPECIFY:_____) 3
DOUBLE DIABETES (TYPE 1 AND TYPE 2) ..........4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
```

QA15_B22   Are you now taking insulin?
현재 인슐린을 투여하고 계십니까?

AB24

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

QA15_B23   Do you now take diabetic pills to lower your blood sugar?
현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

AB25

[IF NEEDED, SAY: "These are sometimes called oral agents or oral hypoglycemic agents."]
[IF NEEDED, SAY: "이 약들은 가끔 경구용 강하제 또는 경구용 혈당 강하제라고 불립니다."]

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

QA15_B24   About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
귀하나 귀하의 가족 또는 친구들은 귀하의 혈당이나 포도당을 측정하기 위해 하루, 한 주 또는 한 달에 대략 몇 번이나 귀하의 피를 검사 합니까 ?

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

_____ PER DAY [HR: 0-24; SR: 0-10]

_____ PER WEEK [HR: 0-70; SR: 0-34]

_____ PER MONTH [HR: 0-300; SR: 0-149]

_____ PER YEAR [HR: 0-3650; SR: 0-599]

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

QA15_B25   About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?
지난 12 개월 동안, 의사 또는 의료전문가가 귀하의 헤모글로빈 "A one C"를 대략 몇 번이나 검사했습니까?

AB27

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

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

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

QA15_B26   About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
지난 12 개월 동안, 의사는 귀하의 발의 상처나 염증을 대략 몇 번이나 검사했습니까?

AB28

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

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

QA15_B27   When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
귀하가 가장 최근에 동공 확장제를 이용한 눈 검사를 받으신 것은 언제였습니까? 보통 이 검사를 받으면 일시적으로 눈이 밝은 빛에 민감해지게 됩니다.

AB63

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

QA15_B28   During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
지난 12 개월 동안, 당뇨병 증세로 응급실에 간 적이 있습니까?

AB109

      YES 1
      NO...2 **[GO TO QA15_B30]**
      REFUSED .... -7 **[GO TO QA15_B30]**
      DON'T KNOW .... -8 **[GO TO QA15_B30]**

QA15_B29   Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
당뇨병 증세로 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

AB110

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

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

QA15_B30   During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
지난 12 개월 동안, 당뇨병 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

AB111

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

QA15_B31   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?
담당의사나 다른 외료 제공자들이 귀하에게 당뇨병을 관리하는 방법을 알려주기 위해 귀하와 함께 계획을 세운 적이 있습니까?

AB112

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

QA15_B32   Do you have a written or printed copy of this plan?
이 관리 계획서 사본을 갖고 가지고 계십니까?

AB113

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "전자 사본, 인쇄 사본 모두 해당됩니다."]

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

QA15_B33   How confident are you that you can control and manage your diabetes? Would you say you are…
당뇨병을 관리하는 데 얼마나 자신이 있습니까?

AB114

Very confident, ...1
매우 자신이 있다 1
Somewhat confident, ...2
약간 자신이 있다 2
Not too confident, or...3
별로 자신이 없다 3
Not at all confident? 4
전혀 자신이 없다 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_B34:
IF QA15_A5 = 2 (FEMALE) CONTINUE WITH QA15_B34;
ELSE GO TO QA15_B35

QA15_B34 Has a doctor ever told you that you had diabetes <u>only</u> during pregnancy?
      의사로부터 **단지** 임신 기간 동안에만 당뇨병이 있었다는 말을 들으신 적이 있습니까?

 AB81

      [IF NEEDED, SAY: "This is also known as gestational diabetes."]
      [IF NEEDED, SAY: "이것은 임신성 당뇨병이라고도 합니다."]

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

QA15_B35 Has a doctor <u>ever</u> told you that you have high blood pressure?
      의사가 귀하에게 혈압이 높다고 말한 적이 한번이라도 있습니까?

 AB29

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

QA15_B36 Are you now taking any medications to control your high blood pressure?
      현재 혈압 조절 약을 복용하고 계십니까?

 AB30

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

QA15_B37 Has a doctor ever told you that you have any kind of heart disease?
      귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

 AB34

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

QA15_B38   Has a doctor <u>ever</u> told you that you have heart failure or congestive heart failure?
심부전이나 울혈성 심부전이 있다는 진단을 의사로부터 받으신 적이 한번이라도 있습니까?

AB52

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

QA15_B39   During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?
지난 12 개월 동안, 심장병 때문에 응급실에 간 적이 있습니까?

AB115

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

QA15_B40   Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?
심장병 증세로 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

AB116

              [INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]
              YES 1
              NO...2
              DOESN'T HAVE DOCTOR 3
              REFUSED .... -7
              DON'T KNOW .... -8

QA15_B41   During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?
지난 12 개월 동안, 심장병 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

AB117

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

QA15_B42   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?
담당의사나 다른 외료 제공자들이 귀하에게 심장병을 관리하는 방법을 알려주기 위해 귀하와 함께 계획을 세운 적이 있습니까?

AB118

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

QA15_B43   Do you have a written or printed copy of this plan?
이 관리계획서의 사본을 가지고 계십니까?

AB119

[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "전자 사본, 인쇄 사본 모두 해당됩니다."]

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

QA15_B44   How confident are you that you can control and manage your heart disease? Would you say you are…
심장병을 관리하는 데 얼마나 자신이 있습니까?

AB120

Very confident, ...1
매우 자신이 있다 1
Somewhat confident, ...2
약간 자신이 있다 2
Not too confident, or 3
별로 자신이 없다 3
Not at all confident? 4
전혀 자신이 없다 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_B45   During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?
지난 12 개월 동안, 귀하는 독감 예방주사를 맞았거나 플루미스트라는 독감 백신을 코에 뿌린 적이 있습니까?

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]
[IF NEEDED, SAY: "독감 예방주사는 보통 가을에 접종하며 독감 시즌에 독감에 걸리지 않도록 신체를 보호합니다."]

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

Section C – Health Behaviors

QA15_C1   The next questions are about walking for transportation. I will ask you separately about walking
for relaxation or exercise.
다음은 이동을 목적으로 걷는 것에 대한 질문입니다. 기분 전환이나 운동을 위해 걸으시는 것에
대해서는 별도로 질문 드리겠습니다.

During the <u>past 7 days</u>, did you walk **to get some place** that took you <u>at least 10 minutes</u>?
지난 **7 일** 동안, 적어도 **10 분 이상** 거리에 있는 곳에 가기 위해 걸으신 적이 있습니까?

<div style="border:1px solid">AD37W</div>

```
YES.......................................................................1
NO.........................................................................2     [GO TO QA15_C4]
UNABLE TO WALK ................................................3     [GO TO QA15_C7]
REFUSED ............................................................ -7     [GO TO QA15_C4]
DON'T KNOW ...................................................... -8     [GO TO QA15_C4]
```

QA15_C2   In the past 7 days, how many times did you do that?
지난 7 일 동안 그런 적이 몇 번이나 됩니까?

<div style="border:1px solid">AD38W</div>

[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place."]
[IF NEEDED, SAY: "목적지에 도달하기 위해10분 이상 걸었던 적."]

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

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

PROGRAMMING NOTE QA15_C3:
IF QA15_C2 = 1 DISPLAY "How long did that walk take";
IF QA15_C2 > 1 DISPLAY "On average, how long did those walks take"

QA15_C3   {How long did that walk take/On average, how long did those walks take}?
{그런 경우 평균 얼마 동안 걸으셨습니까? / 그렇게 걷는 데 걸린 시간은 평균적으로 얼마나
됩니까}?

<div style="border:1px solid">AD39W</div>

```
_____ MINUTES PER DAY
_____ HOURS PER DAY

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

PROGRAMMING NOTE QA15_C4:
IF QA15_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for
transportation."

QA15_C4   Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days
did you walk for at least 10 minutes for any of these reasons? Please do not include walking for
transportation.
때로 즐거움, 기분전환, 운동, 또는 개를 산책시켜주기 위해 걸을 수 있습니다. 지난 7 일 동안,
그와 같은 이유로 10 분 이상 걸었던 적이 있습니까? {이동을 목적으로 걸었던 것은 포함시키지
마십시오.}

AD40W

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

QA15_C5   In the past 7 days, how many times did you do that?
지난 7 일 동안, 그런 적이 몇 번이나 됩니까?

AD41W

[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the
dog."]
[IF NEEDED, SAY: "즐거움, 기분전환, 운동, 또는 개를 산책시키기 위해 10 분 이상 걸은 경우."]

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

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

PROGRAMMING NOTE QA15_C6:
IF QA15_C5 = 1 DISPLAY "How long did that walk take";
IF QA15_C5 > 1 DISPLAY "On average, how long did those walks take"

QA15_C6   {How long did that walk take/On average, how long did those walks take}?
{그런 경우 평균 얼마 동안 걸으셨습니까? / 그렇게 걷는 데 걸린 시간은 평균적으로 얼마나
됩니까}?

AD42W

```
               _____ MINUTES PER DAY
               _____ HOURS PER DAY

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

QA15_C7   During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
지난 한 달 동안, 귀하는 콜라 등 설탕이 들어있는 소다, 즉 탄산 음료를 몇 잔 또는 몇 캔이나 마셨습니까? 다이어트 소다는 포함시키지 마십시오.

AC11

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."]
[IF NEEDED, SAY: "캔이나 병에 들어 있는 주스 또는차는 포함시키지 마십시오. 정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다."]

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

QA15_C10   Now think about the <u>past week</u>. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.
지금부터는 **지난 한 주**에 대해 생각해 보십시오. 지난 7 일 동안, 패스트푸드를 몇 번이나 드셨습니까? 직장, 집, 또는 패스트푸드 식당에서, 또 캐리아웃 또는 드라이브 스루로 먹은 패스트푸드를 포함시키십시오.

AC31

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."]
[IF NEEDED, SAY: "McDonald's, KFC, Panda Express 또는 Taco Bell 에서 구입한 음식과 같은."]

```
   _____ # OF TIMES IN PAST 7 DAYS

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

QA15_C11   How often can you find fresh fruits and vegetables in your neighborhood? Would you say…
거주 지역에서 신선한 과일과 야채를 구입할 수 있는 경우가 얼마나 자주 있었습니까?

AC42

Never,...1
전혀 없었음,...1
Sometimes, ...2
가끔,..2
Usually, or 3
보통,...3
Always? 4
항상? 4
DOESN'T EAT F & V 5
DOESN'T SHOP FOR F&V 6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....7
REFUSED ....-7
DON'T KNOW ....-8

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

QA15_C12   How often are they affordable? Would you say…
가격이 부담스럽지 않은 경우가 얼마나 자주 있었습니까?

AC44

**[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in
yourneighborhood affordable? Would you say..."]**
**[IF NEEDED, SAY: "귀하의 거주 지역에서 구입할 수 있는 신선한 과일과 야채의 가격이
부담스럽지 않은 얼마나 자주 있었습니까? 전혀 없었음, 가끔, 보통, 항상 중에서 선택해주십시오."]**

Never...1
전혀 없었음 1
Sometimes 2
가끔 2
Usually, or 3
보통 3
Always?...4
항상 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_C13   Now, I am going to ask about various health behaviors.
이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?
지금껏 살아 오시면서, 다 합해 담배를 적어도 100 개피 정도 피우셨습니까?

AE15

YES...1
NO...2   **[GO TO QA15_C37C20]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_C14   Do you now smoke cigarettes every day, some days, or not at all?
현재 담배를 매일 피우십니까, 가끔 피우십니까, 또는 전혀 안 피우십니까?

AE15A

EVERY DAY..1
SOME DAYS...2   **[GO TO PN QA15_C18]**
NOT AT ALL..3   **[GO TO PN QA15_C16]**
REFUSED .... -7   **[GO TO PN QA15_C37]**
DON'T KNOW .... -8   **[GO TO PN QA15_C37]**

QA15_C15   On average, how many cigarettes do you now smoke a day?
정기적으로 흡연을 하던 때에는 하루에 보통 몇 대를 피웠습니까?

AD32

[INTERVIEWER NOTE: IF R SAYS, A "PACK",," CODE AS 20 CIGARETTES]
_____ NUMBER OF CIGARETTES [HR: 0-120] **[GO TO PN QA15_C18]**

REFUSED .... -7   **[GO TO PN QA15_C18]**
DON'T KNOW .... -8   **[GO TO PN QA15_C18]**

PROGRAMMING
ROGRAMMING NOTE QA15_C17:
IF QA15_C14 = 3 (NOT AT ALL) CONTINUE WITH QA15_C16;
ELSE GO TO PN QA15_C18

QA15_C16   Did you quit smoking within the last 2 years?

AC101

YES (QUIT WITHIN THE PAST 2 YEARS) 1
NO (QUIT MORE THAN 2 YEARS AGO).................2   **[GO TO PN QA15_C37]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_C17   How many months ago did you quit?

AC102

_____ MONTHS [HR: 0-24]...

DID NOT QUIT.. 999
REFUSED .... -7
DON'T KNOW .... -8

IF QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C18;
ELSE GO TO QA15_C19

QA15_C18   In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
지난 30 일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?

AE16

[IF NEEDED, SAY: "On the days you smoked." AND IF R SAYS A "PACK",," CODE THIS AS
20 CIGARETTES]
[IF NEEDED, SAY: "담배를 피운 날에." AND IF R SAYS A "PACK," CODE THIS AS 20
CIGARETTES]

_____ NUMBER OF CIGARETTES   [HR: 0-120]

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

PROGRAMMING NOTE QA15_C19:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C19;
ELSE SKIP TO PN QA15_C20

QA15_C19   How long has it been since you smoked on a daily basis?

AC53B

_____ DAY(S) [HR: 0 - 365]		[**SKIP TO PN QA15_C26**]
_____ MONTH(S) [HR: 0 - 12]..............................		[**SKIP TO PN QA15_C26**]
_____ YEAR(S) [HR: 0 - 99]..............................		[**SKIP TO PN QA15_C26**]
NEVER SMOKED DAILY…………........................	999	[**SKIP TO PN QA15_C26**]
REFUSED	-7	[**SKIP TO PN QA15_C26**]
DON'T KNOW	-8	[**SKIP TO PN QA15_C26**]

PROGRAMMING NOTE QA15_C20:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C20;
ELSE SKIP TO PN QA15_C22;
IF QA15_C14 = 2 (SMOKE SOME DAYS), THEN DISPLAY "On days when you smoke, how"

QA15_C20   {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?

AC54B

[IF R SAYS, "IMMEDIATELY", CODE 0]
[IF R SAYS, "I DON'T SMOKE AFTER WAKING UP", CODE 999]
_____ AMOUNT OF TIME
_____ UNIT OF TIME
MINUTES 1
HOURS 2

QA15_C21   Do you usually smoke menthol or non-menthol cigarettes?

AC58B

MENTHOL..1
NON-MENTHOL 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_C22:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH
QA15_C22;
ELSE GO TO PN QA15_C37

QA15_C22 During the past 12 months, have you stopped smoking for one day or longer because you were
trying to quit smoking?
지난 12 개월 동안, 귀하는 금연을 하기 위한 목적으로 하루나 그 이상을 담배를 피우지 않은 적이
있습니까?

AC49

YES 1
NO..2   **[GO TO QA15_C24C19]**
REFUSED .... -7   **[GO TO QA15_C24C19]**
DON'T KNOW .... -8   **[GO TO QA15_C24C19]**

QA15_C23 During the past 12 months, how many times have you tried to quit smoking for one day or longer?
지난 12 개월 동안, 귀하는 하루 이상 금연을 시도한 적이 몇 번이나
있었습니까?

AC59

_____ NUMBER OF TIMES

QA15_C24 Are you thinking about quitting smoking in the next six months?
향후 6 개월 이내에 담배를 끊으려고 생각하십니까?

AC50

YES 1
NO..2   **[GO TO QA15_C26]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_C25 Do you plan to quit in the next month?

AC103

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

PROGRAMMING NOTE QA15_C26:
IF QA15_C22 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS) OR QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C26;SKIP TO QA15_C35;
DISPLAYS:
IF QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS) DISPLAY "The last time you tried to quit";
IF QA15_C22 = 1 (CURRENT SMOKERS TRIED QUITTING IN THE PAST 12 MONTHS) DISPLAY "In the past 12 months"

QA15_C26   There are many products called Nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. {The last time you tried to quit / In the past 12 months}, did you use a nicotine patch?
금연을 돕기 위해 니코틴을 대체하는 니코틴 대체 요법이나 (NRT) 제품들이
많이 있습니다. <마지막으로 금연을 시도했을 때/지난 12 개월 동안>, 니코틴
패치를 사용하셨습니까?

| AC60B |

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

QA15_C27   {The last time you tried to quit / In the past 12 months}, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?
<마지막으로 금연을 시도했을 때/지난 12 개월 동안>, 니코틴 껌이나 사탕, 또는 니코틴 흡입제를
사용하셨습니까?

| AC104 |

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

QA15_C28   There are prescription medications to help people quit smoking cigarettes. {The last time you tried to quit / In the past 12 months}, did you use Zyban, Wellbutrin, Bupropion, Prozac, Chantix or Varenicline?
금연을 돕는 처방약들도 있습니다. <마지막으로 금연을 시도했을 때/지난
개월동안>,귀하는자이반(Zyban),Wellbutrin(웰부트린),부프로피온(Bupropion
),프로작(Prozac),   챈틱스(Chantix)   또는   바레니클린(Varenicline)을
사용하셨습니까?

| AC105 |

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

PROGRAMMING NOTE QA15_C29:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit, did you try")

QA15_C29   {The last time you tried to quit, did you try / In the past 12 months, have you done} any of the following to help you quit smoking? Did you…

(마지막으로 금연을 시도했을 때/지난 12 개월 동안) 금연을 돕기 위해 다음의 것을 하셨습니까?

AC68B

Switch to smokeless tobacco, such as chewing tobacco, snus or snuff?
씹는 담배나, 스누스(snu), 스누프(snuff) 등 연기 없는 무연 담배로
바꿈

YES...1
NO..2
REFUSED .... -7

PROGRAMMING NOTE QA15_C30:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY "The last time you tried to quit")

QA15_C30   [{The last time you tried to quit / In the past 12 months}] did you
(마지막으로 금연을 시도했을 때/지난 12 개월 동안) 금연을 돕기 위해 다음의
것을 하셨습니까?

AC69B

Quit completely on your own or "cold turkey"?
금연을 돕기 위해 다음의 것을 하셨습니까?혼자 힘으로 완전히 끊거나 혹은 갑자기
담배를 끊음

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

PROGRAMMING NOTE QA15_C30:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY
 "The last time you tried to quit"

QA15_C31   [{The last time you tried to quit attempt/ In the past 12 months}] did you
((마지막으로 금연을 시도했을 때/지난 12 개월 동안) 금연을 돕기 위해
다음의 것을 하셨습니까?

AC106

Use technology such as an app, texting or quitting website?
금연을 돕기 위해 다음의 것을 하셨습니까?앱, 문자메시지, 금연 웹사이트 등의
테크날러지의 사용

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

PROGRAMMING NOTE QA15_C32:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 24 MONTHS), THEN DISPLAY "The last time you tried to quit"

QA15_C32   [{The last time you tried to quit / In the past 12 months}] did you
(마지막으로 금연을 시도했을 때/지난 12 개월 동안) 금연을 돕기 위해 다음의
것을 하셨습니까?

AC107

Use social media such as Facebook, Instagram, Twitter, or WhatsApp?
금연을 돕기 위해 다음의 것을 하셨습니까?페이스북, 인스타그램,
트위터, 웟츠앱 등 SNS 사용

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

PROGRAMMING NOTE QA15_C33:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit"

QA15_C33   [{The last time you tried to quit / In the past 12 months}] did you
(마지막으로 금연을 시도했을 때/지난 12 개월 동안) 금연을 돕기 위해 다음의
것을 하셨습니까?

AC72B

Exercise more to help you quit smoking?
금연을 돕기 위해 운동을 더 많이 함

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

PROGRAMMING NOTE QA15_C34:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last
time you tried to quit"

QA15_C34   [{The last time you tried to quit / In the past 12 months}] did you
(마지막으로 금연을 시도했을 때/지난 12 개월 동안) 금연을 돕기 위해 다음의
것을 하셨습니까?

AC75B

Call a telephone quitting helpline?
금연 상담 서비스로 전화

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

C35:
IF QA15_C14 = 1 (EVERY DAY) OR QA15_C14 = 2 (SOME DAYS), CONTINUE WITH QA15_C35;
ELSE IF QA15_C14 =3 (NOT AT ALL), SKIP TO PN QA15_C37

QA15_C35   In the past 12 months, did a doctor or other health professional advise you to quit smoking?
지난 12 개월 동안, 의사 또는 다른 의료제공자가 귀하에게 금연에 대한 조언을
제공했습니까?

AC77

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

QA15_C36   In the past 12 months, did a doctor or other health professional refer you to, or give you
information about, a smoking cessation program?
지난 12 개월 동안, 의사 또는 다른 의료제공자가 귀하를 금연 프로그램에
의뢰했거나, 또는 이 프로그램에 대한 정보를 제공했습니까?

AC78

YES..1
NO...2

```
PROGRAMMING NOTE QA15_C37:
IF AGE <= 65 THEN CONTINUE WITH QA15_C37C20;
ELSE SKIP TO PN QA15_C46C23;
```

QA15_C37   Have you ever smoked a Hookah pipe?
귀하는 후카(Hookah) 담뱃대를 사용한 적이 있으십니까?

AC79

[IF NEEDED, SAY: "Hookah is also known as shisha (she-sha), nargila (nar-geela), argila (argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the smoke"]
IF NEEDED, SAY: 후카는 세샤**(shisha),** 나르길라 **(nargila),** 아르길라 **(argila)** 또는 룰라 **(lula)** 라고도 알려져 있습니다**.** 담배 연기는 유리 물담뱃대에 담겨 있는 물을 통과하면서 냉각 및 여과됩니다**.**

YES 1
NO...2   **[GO TO QA15_C39]**
[GO TO QA15_C39]
DON'T KNOW .... -8   **[GO TO QA15_C39]**

QA15_C38   During the past 30 days how many days did you use a hookah?
지난 30 일 동안 며칠이나 후카를 사용하셨습니까?

AC108

____   ENTER NUMBER OF DAYS [HR: 0 - 30]

REFUSED .... -7

QA15_C39   Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

전자 담배, 그러니까 이(E)-시거렛이나 증기 담배를 한 번이라도 피워 본 적이 있으십니까?

AC81

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]

[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]."]
[IF NEEDED, SAY: "전자 담배란 기존의 담배 피우는 행위를 흉내낼 수 있도록 만든 기기로, 건전지로 작동되면서 담배 연기 대신 증기가 나오게 하는 기구입니다. 이 기구에 사용되는 액체는 니코틴을 함유하고 있으며, 보통 향이나 맛이 첨가됩니다.**"]**

NO...2   **[GO TO QA15_C23]**
REFUSED .... -7   **[GO TO QA15_C23]**
DON'T KNOW .... -8   **[GO TO QA15_C23]**

QA15_C21   During the past 30 days, how many days did you use electronic cigarettes?
지난 30일 동안, 귀하는 며칠이나 전자 담배를 사용하셨습니까?

AC81B

> YES 1
> NO..2   **[GO TO QA15_C46]**
> REFUSED .... -7   **[GO TO QA15_C46]**
> DON'T KNOW .... -8   **[GO TO QA15_C46]**

QA15_C40   During the past 30 days, on how many days did you use electronic cigarettes?
귀하가 전자 담배를 사용하시는 이유는 무엇입니까?

AC82B

>   **[IF 0, THEN SKIP**
> _____ NUMBER OF DAYS [RANGE: 0-30]   **TO QA15_C46]**
>
> REFUSED .... -7   **[SKIP TO QA15_C46]**
> DON'T KNOW .... -8   **[SKIP TO QA15_C46]**
> DON'T KNOW   -8

QA15_C41   What best describes your reasons for using e-cigarettes?
지금부터는 지난 12개월 동안에 대해 생각해 보십시오. 그 기간 동안에, 종류에 상관없이 술을
마신 적이 있습니까?

AC83B

[CODE ALL THAT APPLY]

> QUIT SMOKING...1
> REPLACE SMOKING 2
> CUT DOWN OR REDUCE SMOKING 3
> USE IN PLACES WHERE SMOKING NOT IS
> NOT ALLOWED..4
> CURIOSITY, JUST TRY IT 5
> NO LINGERING ODOR 6
> HELPS ME CONCENTRATE/STAY ALERT 7
> COME IN MANY FLAVORS 8
> LESS EXPENSIVE 9
> HEALTHIER THAN CIGARETTES.......................... 10
> OTHER (SPECIFY: _____).................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_ C42   How long ago did you start using e-cigarettes regularly?
전자 담배를 정기적으로 사용한 지 얼마나 되셨습니까?

AC109

_____ MONTHS
_____YEARS

LESS THAN ONE MONTH 00
NEVER USED E-CIGARETTES REGULARLY 99
REFUSED .... -7
DON'T KNOW .... -8

QA15_C43   Where do you <u>usually</u> buy your e-cigarettes or e-liquid?
전자 담배나 전자 담배용 액상을 주로 어디에서 구입하십니까?

AC110

CONVENIENCE STORES OR GAS STATIONS......1
SUPER MARKETS 2
PHARMACY OR DRUG STORES..........................3
TOBACCO OR VAPE SHOP 4
ONLINE 5
OTHER DISCOUNT OR WAREHOUSE STORES,
SUCH AS WAL-MART OR COSTCO 6
SOMEWHERE ELSE? (Other specify:_____)91
I DON'T BUY E-CIGARETTES OR E-FLUIDS 99
REFUSED .... -7
DON'T KNOW .... -8

QA15_C44   During the day you last used an electronic nicotine product, how many puffs
did you take?
마지막으로 전자 니코틴 제품을 사용했던 날, 얼마나 많은 퍼프를
사용하셨습니까?

AC111

_____PUFFS
DID NOT USE A NICOTINE PRODUCT   -3 (?)
REFUSED .... -7
DON'T KNOW .... -8

QA15_ C45 What concentration or strength of nicotine is in the liquid or cartridge you typically use with your e-cigarette? For example, is it zero nicotine, 3, 6, 12, or 24 milligrams per milliliter, or some other concentration?
귀하가 주로 쓰는 전자 담배의 액상이나 카트리지의 니코틴 함량은 어떻게 됩니까? 예를 들어 1 밀리 당 0, 3, 6, 12, 24 밀리 그램입니까 혹은 다른 함량입니까?

AC112

ZERO……………………………………………………1
THREE 2
SIX 3
TWELVE 4
TWENTY-FOUR..5
OTHER (Specify:_____) 91

> **PROGRAMMING NOTE QA15_C46:**
> **IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) OR QA15_C40 > 0 (USED E-CIGARETTES WITHIN PAST MONTH), CONTINUE WITH QA15_C46;**
> **ELSE SKIP TO QA15_C50**

QA15_C46   What are the current rules or restrictions about smoking inside your home? Would you say…
현재 집안에서의 흡연에 대한 규칙이나 제한 사항은 무엇입니까?

         [IF NEEDED, SAY: "This is for regular, tobacco cigarettes".]
         [IF NEEDED, SAY:정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다."]

     `AC84B`

Smoking is completely banned for everyone, ...1
흡연은 모든 사람들에게 완전히 금지 1
Smoking is generally banned for everyone with
few exceptions, ...2
몇 가지 예외를 제외하고, 모든
사람에게 흡연은 일반적으로 금지............................2
Smoking is allowed in some rooms only, or..............3
일부 방에서만 흡연이 허용됨...................................3
There are no rules or restrictions on smoking inside
your home? 4
집안에서의 흡연에 대한 규칙이나 제한 사항 없음....4
NO SMOKERS/NO NEED 5
VOLUNTARILY DON'T SMOKE INSIDE HOME 6
OTHER (SPECIFY:_____).............................. 91
REFUSED .... -7

QA15_C47   What are the current rules or restrictions about **using E-CIGARETTES (vaping) inside your home**? Would you say…
집안에서 베이핑과 같은 전자 담배 를 사용하는 것에 대한 규칙이나 제한
사항은 무엇입니까?

     `AC113`

Vaping is completely banned for everyone,…………1
전자 담배 사용은 모든 사람들에게 완전히 금지 1
Vaping is generally banned for everyone with
few exceptions, ...2
몇 가지 예외를 제외하고, 모든 사람에게
전자 담배 사용 금지 2
Vaping is allowed in some rooms only, or 3
일부 방에서만 전자 담배 사용이 허용됨 3
There are no rules or restrictions on vaping inside
your home? 4
집안에서의 전자 담배 사용에 대한
규칙이나 제한 사항 없음 4
NO VAPERS/NO NEED..5
VOLUNTARILY DON'T VAPE INSIDE HOME 6
OTHER (SPECIFY:_____).............................. 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_C48   Do you agree or not with the following statement: The use of e-cigarettes should not be allowed in the places where cigarette smoking is not allowed?
다음 문장을 들으시고, 여기에 동의하시는지 그렇지 않으신지 알려주십시오.
전자 담배의 사용은 흡연이 금지된 곳에서는 허용되어서는 안된다.

AC114

```
YES (AGREE) ........................................................1
NO (DO NOT AGREE)...........................................2
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

PROGRAMMING NOTE QA15_C49
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) CONTINUE WITH QA15_C49;
ELSE SKIP TO QA15_C50

QA15_C49   How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Would you support a tax increase of…
인상된 세금이 모두 어린이 흡연 예방 등 다른 건강 관리 프로그램을 위해
사용될 경우, 귀하는 담배 한 갑당 얼마나 많은 추가 세금이 부과되어야
한다고 생각하십니까?

AC92

```
50 cents a pack,......................................................1
한 갑 당 50 센트 ......................................................1
$1.00, ...................................................................2
$2.00, ...................................................................3
$3.00, ...................................................................4
more than $3.00 a pack, or .....................................5
한 갑 당 $3.00 초과 .................................................5
no tax increase?......................................................6
세금 인상 반대..........................................................6
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

Section D – General Health, Disability, and Sexual Health

QA15_D1   These next questions are about your height and weight.
다음 질문들은 키와 체중에 관한 겁니다.

How tall are you without shoes?
신발을 신지 않았을 때 키가 얼마나 됩니까?

AE17

[IF NEEDED, SAY: "About how tall?"]
[IF NEEDED, SAY: "키가 얼마 정도 됩니까?"]

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

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

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

PROGRAMMING NOTE QA15_D2:
IF QA15_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA15_D2   {When not pregnant, how/How} much do you weigh without shoes?
{임신 중이 아닐 때,} 신발을 신지 않은 상태에서 귀하의 몸무게는 얼마나 되십니까?

AE18

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

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

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

QA15_D3   Are you blind or deaf, or do you have a severe vision or hearing problem?
귀하는 시각 또는 청각 장애인이십니까? 또는 심한 시력 장애나 청력 장애가 있으십니까?

AD50

YES 1
NO...2   **[GO TO QA15_D5]**
REFUSED .... -7   **[GO TO QA15_D5]**
DON'T KNOW .... -8   **[GO TO QA15_D5]**

QA15_D4   Are you legally blind?
귀하께서는 법으로 규정한 시각장애인이십니까?

AL8

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

QA15_D5   Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

귀하는 걷거나, 계단을 오르거나, 손을 뻗거나, 물건을 들어올리거나 운반하는 것과 같은 기본적인 신체활동을 한 가지 이상 크게 제한하는 건강 상태를 가지고 있습니까?

AD57

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

QA15_D6   Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

6 개월 또는 그 이상 지속된 신체적, 정신적, 또는 정서적 증세로 인해, 이런 어려움을 겪고

계시는지 말씀해 주십시오. Any difficulty learning, remembering, or concentrating?

학습, 기억 또는 집중하는 데 어려움이 있으십니까?

AD51

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

QA15_D7   Any difficulty dressing, bathing, or getting around inside the home?

옷 입기, 목욕하기 또는 집안에서 움직이는 데 어려움이 있으십니까?

AD52

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

        [IF NEEDED, SAY: "6 개월 이상 지속되는 신체적, 정신적 또는 정서적 증세 때문에."]   YES 1
        NO 2
        REFUSED .... -7
        DON'T KNOW .... -8

QA15_D8   Any difficulty going outside the home alone to shop or visit a doctor's office?

쇼핑을 하거나 병원에 가기 위해 혼자 외출하는 데 어려움이 있으십니까?

AD53

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

        [IF NEEDED, SAY: "6 개월 이상 지속되는 신체적, 정신적 또는 정서적 증세 때문에."]   YES 1
        NO 2
        REFUSED .... -7
        DON'T KNOW .... -8

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

QA15_D9   Any difficulty working at a job or business?
직장이나 사업체에서 일하는 데 어려움이 있으십니까?

AD54

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

[IF NEEDED, SAY: "6 개월 이상 지속되는 신체적, 정신적 또는 정서적 증세 때문에."]

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

QA15_D10   Do you have a physical or mental condition that has kept you from working for at least a year?
귀하는 신체적 또는 정신적 건강 문제 때문에 최소한 1 년 이상 일을 쉬는 상태이십니까?

AL8A

[IF NEEDED, SAY "Current condition."]

[IF NEEDED, SAY: "현재의 증세를 말합니다."]

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

PROGRAMMING NOTE QA15_D11:
IF AAGE ≥ 65 GO TO PROGRAMMING NOTE QA15_D12;
ELSE CONTINUE WITH QA15_D11

QA15_D11   Has Social Security or the State Department of Social Services determined that you have a disability that is expected to last one year or longer?
소셜 시큐리티 오피스나 주 정부의 소셜 서비스국에서 귀하에게 일년 또는 그 이상 지속될 것으예상되는 장애가 있다고 결정을 내린 적이 있습니까**?**

AD73

[IF NEEDED, SAY: "This does not include short-term disability for illness, injury, pregnancy, or childbirth.."].”]
[IF NEEDED, SAY: "질병이나 부상, 임신, 출산 등의 단기적 장애 상태는 여기에 포함되지 않습니다. "]

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

QA15_D12   We are asking a few questions about people's sexual experiences. All answers will be kept
 private.
실례지만, 지금부터는 성적인 경험에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신 내용에
대해서는 철저하게 비밀이 유지됩니다.

In the <u>past 12 months</u>, how many sexual partners have you had?
<u>지난 12 개월 동안</u>, 성관계를 가진 상대방이 몇 명이나 됩니까?

AD43

   _____ NUMBER OF SEXUAL PARTNERS **[GO TO PN QA15_D14D17]**

    REFUSED .... -7 **[GO TO PN QA15_D14D17]**
    DON'T KNOW .... -8

QA15_D13   Can you give me your best guess?
최선을 다해 비슷하게라도 말씀해 주시겠습니까?

AD44

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

   _____ NUMBER OF PARTNERS

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

PROGRAMMING NOTE QA15_D14:
IF QA15_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA15_D13=0, GO TO
PROGRAMMING NOTE QA15_D15;
ELSE CONTINUE WITH QA15_D14;
IF QA15_D12 OR QA15_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

QA15_D14   {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?
{성관계를 가진 상대방은 남성입니까, 여성입니까? / 지난 12 개월 동안, 귀하께서 성관계를 가진 상대방은 남성이었습니까, 여성이었습니까, 아니면 둘 다였습니까?}

AD45

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

PROGRAMMING NOTE QA15_D15D18:
IF QA15_A5 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF QA15_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

QA15_D15   Do you think of yourself as straight or heterosexual, as gay {, lesbian} or homosexual, or bisexual?
본인이 이성애자라고 생각하십니까, 게이 {레즈비언} 또는 동성애자라고 생각하십니까, 아니면 양성애자라고 생각하십니까?

AD46

[IF NEEDED, SAY: "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes."].")]
[IF NEEDED, SAY: "이성애자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이고, 게이{와 레즈비언}는(은) 자신과 동성의 사람들과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며, 양성애자는 남성, 여성 둘 다와 성관계를 갖거나 남녀 모두에게 매력을 느끼는 사람입니다."]

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

PROGRAMMING NOTE QA15_D15D19:
IF [QA15_D12D15 > 1 OR QA15_D13D16 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)]
OR [QA15_A5 = 1 (MALE) AND (QA15_D15D18=2 (GAY) OR QA15_D15D18=3 (BISEXUAL)],))]
CONTINUE WITH QA15_D16D19;

HIV SAMPLING FOR ALL AMERICAN INDIAN ALASKA NATIVE RESPONDENTS;
IF QA15_A8 = 4 OR QA15_A15 = 18 (AMERICAN INDIAN OR ALASKA NATIVE)],), CONTINUE WITH
QA15_D16D19;

CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE
WITH QA15_D16; D19;
CONTROL GROUP: QA15_D12D15 ≤ 1 OR QA15_D13D16 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND
QA15_D15D18 = 1 (STRAIGHT OR HETEROSEXUAL) AND QA15_A8 ≠ 4 OR QA15_A15 ≠ 18 (NOT
AMERICAN INDIAN OR ALASKA NATIVE)];)]
(MINIMUM N = 1,200 equally spread across each replicate);) EQUALLY SPREAD ACROSS EACH
REPLICATE;

ELSE GO TO PROGRAMMING NOTE QA15_D20D23;

QA15_D16   Have you <u>ever</u> been tested for HIV, the virus that causes AIDS?
AIDS 를 일으키는 바이러스인 HIV 의 감염여부를 검사 받은 적이 한번이라도 있습니까?

AD55

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

PROGRAMMING NOTE QA15_D17D20:
IF QA15_D16D19 = 1 CONTINUE WITH QA15_D17D20;
ELSE GO TO PROGRAMMING NOTE QA15_D20D23;

QA15_D17   In the past year, how many times have you been tested for HIV?
지난 한 해 동안, 귀하는 HIV 검사를 몇 번 받으셨습니까?

AD62

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

QA15_D18   When was your last HIV test?
                마지막 HIV 검사는 언제 받으셨습니까?

AD63

                                    MONTH _____ [RANGE: 1-12]

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

                                    YEAR _____ [RANGE: 1985-2016]

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

QA15_D19   Was the result of your HIV test positive or negative?
                그 HIV 검사 결과가 양성이었습니까 아니면 음성이었습니까?

AD64

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

Registered Domestic Partner

> **PROGRAMMING NOTE QA15_D20:**
> **IF [QA15_A5 = 1 (MALE) AND QA15_D14 = 1 (MALE)] OR [QA15_A5 = 2 (FEMALE) AND QA15_D14 = 2 (FEMALE)] OR [QA15_D14 = 3, -7, OR -8] OR [IF QA15_D15 ≠ 1] CONTINUE WITH QA15_D20; ELSE GO TO QA15_D22**

QA15_D20   Are you legally married to someone of the same sex?
                귀하는 동성인 사람과 법적으로 결혼하셨습니까

AD60

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

                                    YES 1   **[GO TO PN QA15_D22D25]**
                                    NO...2
                                    REFUSED .... -7

QA15_D21   Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?
                귀하는 캘리포니아 주정부로부터 동성 동거인의 법적 동거인임을 인정받았습니까?

AD61

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

PROGRAMMING NOTE QA15_D22D25;
IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D22D25;
ELSE SKIP TO QA15_D22AD25A

QA15_D22   What sex were you assigned at birth, on your original birth certificate?
귀하의 출생 당시, 최초 발급된 출생 증명서에 기재된 성별은 무엇입니까?

AD65

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

PROGRAMMING NOTE QA15_D22AD25A:
ALTERNATE TESTING OF QA15_D22D25;

QA15_D22A   On your original birth certificate, was your sex assigned as male or female?
귀하의 최초 발급된 출생 증명서에 기재된 성별은 남성입니까, 여성입니까?

AD65A

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

QA15_D23   Do you currently describe yourself as male, female, or transgender?
현재 귀하께서는 본인을 남성이라고 말하십니까, 여성이라고 하십니까, 아니면 트랜스젠더라고
하십니까?

AD66

MALE 1   **[GO TO PN QA15_D25D28]**
FEMALE 2   **[GO TO PN QA15_D25D28]**
TRANSGENDER...3   **[GO TO PN QA15_D25D28]**
NONE OF THESE...4
REFUSED .... -7   **[GO TO SECTION E]**
DON'T KNOW .... -8   **[GO TO SECTION E]**

PROGRAMMING NOTE QA15_D24D27:
IF QA15_D23 D26= 4 THEN CONTINUE WITH QA15_D24D27;
ELSE SKIP TO QA15_D25D28

QA15_D24   What is your current gender identity?
현재 귀하의 성별이 무엇이라고 생각하십니까?

AD67

SPECIFY: (_____)

REFUSED .... -7   **[GO TO SECTION E]**
DON'T KNOW .... -8   **[GO TO SECTION E]**

PROGRAMMING NOTE QA15_D25:
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 1 (MALE)] OR [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)] THEN SKIP TO SECTION E;
ELSE CONTINUE WITH QA15_D25;

DISPLAYS;
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {male} and {<QA15_D24>};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1 OR QA15_D22A = 1 (MALE), THEN DISPLAY {female} and {male};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {female} and {transgender};
IF [QA15_D22 = 2 OR QA15_D2A = 2 (FEMALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {female} and {<QA15_D24>};

QA15_D25   Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D22D25 OR QA15_D22AD25A} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D23D26 OR QA15_D24D27}. Is that correct?
출생 당시 성별은 {INSERT RESPONSE FROM QA15_D25}였고, 지금은 본인을 {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}라고 생각하신다고 하셨는데요, 맞습니까?

AD68

YES 1		
NO..2	**[GO BACK TO QA15_D23D26]**	
REFUSED .... -7		
DON'T KNOW .... -8		

Section E – Women's Health

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

DISPLAYS;
IF [QA15_D22D25 = 2 OR QA15_D22AD25A = 2 (FEMALE) AND QA15_D23D26 = 2 (FEMALE)],), DISPLAY "These next questions are about women's health.";
IF [QA15_D22D25 = 2 OR QA15_D22AD25A = 2 (FEMALE) AND QA15_D23D26 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)],), DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them."

QA15_E1   {These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
{다음에 드릴 질문은 여성 건강에 대한 것입니다. / 귀하께서 출생 당시는 여성이셨기 때문에 이 질문들은 귀하에게 해당될 수도 있습니다. 그렇지 않다면, 제게 말씀해 주십시오. 그러면 그 다음 질문으로 넘어가겠습니다.}

To your knowledge, are you <u>now</u> pregnant?
본인이 아시기로, <u>현재</u> 임신 중이십니까?

AD13

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

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

DISPLAYS;
IF [AAGE > 45 OR UNKNOWN], AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";
IF [AAGE > 45 OR UNKNOWN] AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.";

QA11_E2   {These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}.}}
{다음에 드릴 질문은 여성 건강에 대한 것입니다. / 귀하께서 출생 당시는 여성이셨기 때문에 이 질문들은 귀하에게 해당될 수도 있습니다. 그렇지 않다면, 제게 말씀해 주십시오. 그러면 그 다음 질문으로 넘어가겠습니다.}

Have you <u>ever</u> had a mammogram?
매모그램 검사를 <u>한 번이라도</u> 받으신 적이 있습니까?

AD14

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]
[IF NEEDED, SAY: "매모그램 검사란 양쪽 유방 각각의 X-레이 사진을 찍는 검사로, 검사를 위해 기계가 유방을 납작하게 세게 눌러 펴게 됩니다. "]

```
YES ..........................................................................1
NO ............................................................................2     [READ DEFINITION, GO TO
                                                              SECTION F]
REFUSED ............................................................... -7     [GO TO SECTION F]
DON'T KNOW ......................................................... -8     [GO TO SECTION F]
```

QA15_E3   How long has it been sinceago did you hadhave your lastmost recent mammogram?
마지막으로 매모그램 검사를 받으신 이후 얼마나 지났습니까?

AD17

```
A1 YEAR AGO OR LESS .........................................1
MORE THAN 1 UP TO 2 YEARS AGO ....................2
MORE THAN 2 UP TO 3 YEARS AGO ....................3
MORE THAN 3 UP TO 5 YEARS AGO ....................4
MORE THAN 5 YEARS AGO .................................5
REFUSED ............................................................... -7     [GO TO QA15_F1]
DON'T KNOW ......................................................... -8     [GO TO QA15_F1]
```

QA15_E4   How long did your provider advise you to wait until your next mammogram?
귀하의 담당 의사는 다음 매모그램까지 얼마나 기다리라고 권했습니까?

AE95

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

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

Section F – Mental Health

QA15_F1   The next questions are about how you have been feeling during the past 30 days.
다음의 질문들은 지난 30 일 동안의 귀하의 느낌에 관한 것입니다.

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?
귀하는 지난 30 일 동안 대략 얼마나 자주 신경과민을 느꼈습니까? 항상 느꼈음, 대부분 느꼈음,
다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

AJ29

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

QA15_F2   During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?
지난 30 일 동안 대략 얼마나 자주 절망감을 느꼈습니까? 항상 느꼈음, 대부분 느꼈음, 다소
느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

AJ30

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

QA15_F3   During the past 30 days, about how often did you feel restless or fidgety?
지난 30 일 동안 대략 얼마나 자주 불안감이나 조바심을 느꼈습니까?

AJ31

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA15_F4   How often did you feel so depressed that nothing could cheer you up?
그 어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 얼마나 자주 느꼈습니까?

AJ32

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

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

QA15_F5   During the past 30 days, about how often did you feel that everything was an effort?
지난 30 일 동안 대략 얼마나 자주 모든 것이 다 힘들다고 느꼈습니까?

AJ33

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA15_F6   During the past 30 days, about how often did you feel worthless?
지난 30 일 동안 자신이 쓸모 없는 사람이라고 대략 얼마나 자주 느꼈습니까?

AJ34

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA15_F7   Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
지난 12 개월 동안, 이러한 느낌이 지난 30 일 간보다 더 자주 발생했던 달이 있었습니까?

AF62

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

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

QA15_F8   The next questions are about the one month in the past 12 months when you were at your worst emotionally.
다음의 질문들은 지난 12 개월 동안 정서적으로 최악의 상태였던 한 달 간에 대한 것입니다.

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?
그 한 달 동안에 얼마나 자주 신경과민을 느끼셨습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.

AF63

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

QA15_F9   During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?
그 한 달 동안에 얼마나 자주 절망감을 느끼셨습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.

AF64

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

QA15_F10   How often did you feel restless or fidgety?
얼마나 자주 불안감 또는 조바심을 느끼셨습니까?

AF65

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA15_F11   How often did you feel so depressed that nothing could cheer you up?
그 어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 얼마나 자주 느꼈습니까?

AF66

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA15_F12   How often did you feel that everything was an effort?
얼마나 자주 모든 것이 힘들다고 느끼셨습니까?

AF67

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

QA15_F13   How often did you feel worthless?
얼마나 자주 자신이 무가치하다는 느낌을 가졌습니까?

AF68

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]
[IF NEEDED, SAY: "항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오."]

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

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA15_F14intro:
IF (QA15_F1 + QA15_F2 + QA15_F3 + QA15_F4 + QA15_F5 + QA15_F6 > 8) OR
(QA15_F8 + QA15_F9 + QA15_F10 + QA15_F11 + QA15_F12 + QA15_F13 > 8) OR
(IF QA15_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
(IF QA15_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH
QA15_F14intro;
IF QA15_F7 = 1 THEN DISPLAY "again, please";
ELSE SKIP TO QA15_F19

QA15_F14intro
 Think {again, please} about the month in the past 12 months when you were at your worst emotionally.
지난 12 개월 동안 정서 상태가 최악이었던 달을 떠올려 주십시오.

PROGRAMMING NOTE QA15_F14:
IF AGE > 70 GO TO QA15_F15;
ELSE CONTINUE WITH QA15_F14

QA15_F14   Did your emotions interfere a lot, some, or not at all with your performance at work?
정서 상태가 직장에서의 업무 수행을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀
방해하지 않았음 중에서 선택하십시오.

AF69B

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

QA15_F15   Did your emotions interfere a lot, some, or not at all with your household chores?
정서 상태가 집안일을 하는 것을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀
방해하지 않았음 중에서 선택하십시오.

AF70B

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

QA15_F16   Did your emotions interfere a lot, some, or not at all with your social life?
정서 상태가 사회 생활을 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지
않았음 중에서 선택하십시오.

AF71B

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

QA15_F17 Did your emotions interfere a lot, some, or not at all with y our relationship with friends and family?
정서 상태가 친구 및 가족과의 관계를 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

AF72B

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

QA15_F18 Now think about the past 12 months. <u>About how many days</u> out of the past 365 days were you <u>totally unable</u> to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
지금부터는 지난 12 개월 동안에 대해 생각해 보십시오. 지난 365 일 중에서 신경과민, 우울한 기분 또는 감정적인 스트레스 때문에 일이나 정상적인 활동을 <u>**전혀 할 수 없었던**</u> 날은 대략 며칠이나 됩니까?

AF73B

[IF NEEDED, SAY: "You can use any number between 0 and 365 to answer."]
[IF NEEDED, SAY: "0 에서 365 까지의 숫자를 사용하여 답변하십시오."]

_____ NUMBER OF DAYS

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

PROGRAMMING NOTE QA15_F19:
IF R RESIDES IN MARIN COUNTY, THEN CONTINUE WITH QA15_F19;
ELSE SKIP TO QA15_F21
[ADMINISTERED IN ONLY ENGLISH AND SPANISH]

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

AF92
(NEW)

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

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

AF93 (NEW)

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

QA15_F21   Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?

지난 12 개월 동안, 정신 건강, 정서나 신경과민 문제, 또는 음주나 약물 사용 문제로 전문가를

만나봐야 할지 모르겠다고 느낀 적이 있으십니까?

AF81

YES... 1
NO... 2   **[GO TO QA15_F21]**
REFUSED .... -7   **[GO TO QA15_F21]**
DON'T KNOW .... -8   **[GO TO QA15_F21]**

QA15_F22   Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

귀하의 의료 보험은 정신 상담의나 정신과 의사의 진료 등의정신 건강 문제에 대한 치료를

보장합니까?

AJ1

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

PROGRAMMING NOTE QA15_F23:
IF QA15_F21 = 1 OR QA15_F22 = 1 THEN CONTINUE WITH QA15_F23;
ELSE SKIP TO QA15_F28

QA15_F23   In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

지난 12 개월 동안 정신 건강이나 정서 문제, 신경 과민, 또는 음주나 약물 문제에 대해 주치의나

일반 개업의의 진료를 받은 적이 있었습니까?

AF74

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

PROGRAMMING NOTE QA15_F24:
IF QA15_F23 = 1, DISPLAY: "mental or emotional health";
IF QA15_F23 = 2, DISPLAY: "use of alcohol or drugs";
IF QA15_F23 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO QA15_F25

QA15_F24   In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

지난 12 개월 동안, 본인의 정신 건강이나 정서 문제, 신경과민, 또는 음주나 약물 문제와 관련해서 카운셀러나 정신과 의사, 소셜 워커 등 기타 전문가의 상담을 받은 적이 있으십니까?

> **AF75**

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

PROGRAMMING NOTE QA15_F23:
IF QA15_F21 = 1 OR QA15_F22 = 1 THEN CONTINUE WITH QA15_F23;
ELSE SKIP TO QA15_F28

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

정신 건강이나 정서 문제, 음주나 약물 관련 문제 중 어느 것에 대한 도움을 받고자 하셨었습니까?

> **AF76**

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

PROGRAMMING NOTE QA15_F24:
IF QA15_F23 = 1, DISPLAY: "mental or emotional health";
IF QA15_F23 = 2, DISPLAY: "use of alcohol or drugs";
IF QA15_F23 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO QA15_F25

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

지난 12 개월 동안, {정신 건강이나 정서 문제/ 음주나 약물 관련 문제/ 정신 건강 문제와 음주 또는 약물 관련 문제}와 관련해서 몇 번이나 전문가를 만나 진료나 상담을 받으셨습니까? 이와 관련한 입원 치료는 포함하지 말아 주십시오.

> **AF77**

```
                    _____ NUMBER OF VISITS

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

QA15_F25   Are you still receiving treatment for these problems from one or more of these providers?
이 문제와 관련해서, 귀하께서는 아직도 1 명 이상의 이런 외료 제공자나 전문가로부터 치료를
받는 중이십니까?

AF78

YES 1   **[GO TO QA15_F28]**
NO...2
REFUSED .... -7   **[GO TO QA15_F28]**
DON'T KNOW .... -8   **[GO TO QA15_F28]**

QA15_F26   Did you complete the recommended full course of treatment?
귀하는 권고 받은 전체 치료 과정을 완료하셨습니까?

AF79

YES 1   **[GO TO QA15_F28]**
NO...2
REFUSED .... -7   **[GO TO QA15_F28]**
DON'T KNOW .... -8   **[GO TO QA15_F28]**

QA15_F27   What is the MAIN REASON you are no longer receiving treatment?
귀하께서 더 이상 치료를 받지 않으시는 **주된 이유**는 무엇입니까?

AF80

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

QA15_F28   During the past 12 months, did you take any prescription medications, such as an antidepressant
or sedative, almost daily for two weeks or more, for an emotional or personal problem?
지난 12 개월 동안, 정서적인 문제 또는 개인적인 문제로 항우울제나 진정제 같은 처방약을 2 주
이상 동안 거의 매일 복용한 적이 있습니까?

AJ5

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

PROGRAMING NOTE QA15_F29:
IF QA15_F19 = 1 AND (QA15_F21 ≠ 1 AND QA15_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE WITH QA15_F29;
ELSE SKIP TO QA15_F33

QA15_F29   Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.
다음은 사람들이 의료 전문가의 도움이 필요할지도 모른다고 생각하면서도 그렇게 하지 않는 몇 가지 이유입니다. 각 항목이 의료 전문가의 도움을 받지 않은 이유에 해당되는지를 "예" 또는 "아니오"로 답변해 주십시오.

You were concerned about the cost of treatment.
치료비가 걱정되었다.

| AF82 |

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

QA15_F30   You did not feel comfortable talking with a professional about your personal problems.
개인적인 문제에 대해 의료 전문가와 상의하는 것이 불편했다.

| AF83 |

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

QA15_F31   You were concerned about what would happen if someone found out you had a problem.
나에게 문제가 있다는 것을 다른 사람들이 알게 될까봐 걱정했다.

| AF84 |

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

QA15_F32   You had a hard time getting an appointment.
의료 전문가와 시간 약속을 정하기가 어려웠다.

| AF85 |

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

PROGRAMMING NOTE QA15_F33F48:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_F33F48;
ELSE GO TO SECTION G;
[ADMINISTERED IN ONLY ENGLISH]

QA15_F33   The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

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

**AF107
(NEW)**

Hardly ever...1
Some of the time, or..2
Often? 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_F34   How often do you feel left out? Is it…

**AF108
(NEW)**

Hardly ever...1
Some of the time, or..2
Often? 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_F35   How often do you feel isolated from others? Is it...

**AF109
(NEW)**

Hardly ever...1
Some of the time, or..2
Often? 3
REFUSED .... -7
DON'TDON'T KNOW………………………………………….-   -8

Section G – Demographic Information, Part II

QA15_G1   Now a few more questions about your background.
자, 지금부터는 귀하에 대한 기본적인 인적 사항을 몇 가지 여쭤보겠습니다.

In what country were you born?
귀하는 어느 나라에서 출생하셨습니까?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

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

PROGRAMMING NOTE QA15_G2:
IF QA15_G1 ≠ 1 (NOT BORN IN US) GO TO QA15_G4;
ELSE IF QA15_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA15_G2

QA15_G2   In what country was your mother born?
모친께서는 어느 나라에서 출생하셨습니까?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

QA15_G3   In what country was your father born?
                     부친께서는 어느 나라에서 출생하셨습니까?

AH35

                     [SELECT FROM MOST LIKELY COUNTRIES]

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

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

PROGRAMMING NOTE QA15_G4:
IF QA15_A12 ≠ 9 (NOT JAPANESE) AND QA15_A15 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA15_G7;
ELSE IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND AAGE ≤ 70, SKIP TO QA15_G6;
[ADMINISTERED IN ONLY ENGLISH]

QA15_G4   You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?

**AG25
(NEW)**

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

QA15_G5   Which generation of Japanese immigrant are you?

**AG26
(NEW)**

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

PROGRAMMING NOTE QA15_G6:
IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND AAGE < 70, DISPLAY "You said you were of Japanese heritage";
ELSE GO TO QA15_G7

QA15_G6   {You said you were of Japanese heritage,} which generation of Japanese immigrant are you?

**AG27
(NEW)**

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

QA15_G7   What languages do you speak at home?
집에서는 어떤 언어를 사용하십니까?

AH36

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "사용하는 언어가 더 있습니까?]

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

PROGRAMMING NOTE QA15_G8
IF QA15_G7 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE QA15_G9;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA15_G7 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA15_G8 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";
ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA15_G8.
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_G8 WAS ASKED

QA15_G8   {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English…
귀하는 가정에서 영어 이외의 언어를 사용하기 때문에, 자신이 영어를 얼마나 잘 한다고 생각하시는지 알아보고 싶습니다. 자신이 영어를 얼마나 잘 한다고 생각하십니까?

AH37

Very well,..1
매우 잘 한다 1
Well, ...2
잘 한다, ...2
Not well, or 3
잘 못한다, 또는...3
Not at all? 4
전혀 못한다 4
REFUSED .... -7
DON'T KNOW .... -8

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

QA15_G9   The next questions are about citizenship and immigration.
다음의 질문은 시민권과 이민에 대한 것입니다.

Are you a citizen of the United States?
귀하는 미국 시민권자이십니까?

AH39

```
YES ...................................................................1      [GO TO QA15_G11G12]
NO ....................................................................2
APPLICATION PENDING ........................................3
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
```

QA15_G10   Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
귀하는 그린카드가 있는 영주권자이십니까? 귀하의 응답은 비밀로 유지되고 이민국에 보고되지 않습니다.

AH40

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
[IF NEEDED, SAY: "사람들은 이것을 보통 "그린(초록색) 카드" 라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다."]

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

QA15_G11   About how many years have you lived in the United States?
미국에 거주하신 지는 몇년이나 되셨습니까?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

_____ YEAR (FIRST CAME TO LIVE IN U.S.)

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

PROGRAMMING NOTE QA15_G11A:G12A
IF QA15_G9G10 = 1 (NATURALIZED) CONTINUE WITH QA15_G11A12A
ELSE GO TO QA15_G11BG12B;

QA15_G11A   In what year did you become naturalized?
귀화해서 미국 시민권을 받은 년도가 어떻게 됩니까?

AG30

[IF NEEDED, PROBE: "How long ago did you become naturalized?]
[IF NEEDED, PROBE: "미국 시민권을 받으신 지 얼마나 되셨습니까?"]

[INTERVIEWER: TRY TO GET A SPECIFIC YEAR IF POSSIBLE. "YEARS AGO" AND "MONTHS AGO" SHOULD ONLY BE USED IF R CANNOT GIVE A DATE.]

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

_____ YEARS AGO

_____ MONTHS AGO

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

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

QA15_G11B   Tell me if you are <u>currently</u> 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?
현재 본인의 체류 신분이 어떻게 되는지, 방문 비자, 학생 비자, 취업 비자 또는 워크 퍼밋, 일시 체류를 허가하는 기타 다른 서류 중 골라 주십시오.

AG36 (NEW)

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

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

QA15_G11C   Was this visa or permit through Deferred Action for Childhood Arrivals or "DACA" or Deferred Action for Parental Accountability or "DAPA"?
이 비자 또는 퍼밋은 "불법체류 청년 추방 유예 (DACA)"나 "부모 책임 추방 유예 (DARA)" 프로그램을 통해서 받은 것입니까?

AG43

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

QA15_G11D   Is this visa or document still valid or has it expired?
이 비자 또는 서류는 지금 현재도 유효합니까, 아니면 유효기간이 지났습니까?

AG37

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

PROGRAMMING NOTE QA15_G12:
IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D20 = 1 OR QA15_D21 = 1
(LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
IF QA15_A16 = 2 OR QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_G14

QA15_G12   Is your {spouse/partner} also living in your household?
             귀하의 {배우자/동거인}도 귀하와 함께 살고 계십니까?

AH44

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

QA15_G13   May I have your {spouse/partner}'s first name, age, and genderage?
             {배우자/동거인}의 이름과 나이(연세)를 말씀해 주시겠습니까?

SC11A

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

                    SPOUSE/PARTNER NAME _____

                    SPOUSE/PARTNER AGE _____

                    SPOUSE/PARTNER SEX _____

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

QA15_G14   Are you now living with either of your parents?
             현재 본인의 부모님 중 한 분이라도 같이 살고 계십니까?
             [INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]

AH43A

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

PROGRAMMING NOTE QA15_G15:
IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR
LESS, CONTINUE WITH QA15_G15;
ELSE GO TO QA15_G17;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or
your spouse";
ELSE IF QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_G15   In the past month, did you use any paid childcare {for any children under age 14} while {you or
your spouse/you or your partner/you} worked, were in school, or looked for work?
지난 달에, {귀하 본인이나 배우자/ 귀하 본인이나 동거인/ 귀하}의 직장이나 학교 때문에 혹은 구직
중에 {14 살 미만의 자녀를 돌보기 위해} 유료 차일드 케어를 이용한 적이 있습니까?

AH44A

**[IF NEEDED, SAY: "This includes Head Start, day care centers, before- or after-school care
programs, and any baby-sitting arrangements."]**
**[IF NEEDED, SAY: "여기에는 헤드 스타트, 데이케어 센터, 방과전 또는 방과후 (애프터 스쿨)
프로그램, 그 밖에 모든 형태의 베이비 시팅 등이 포함됩니다. "]**

YES 1
NO...2   **[GO TO QA15_G17G18]**
REFUSED .... -7   **[GO TO QA15_G17G18]**
DON'T KNOW .... -8   **[GO TO QA15_G17G18]**

QA15_G16   In the past month, how much did you pay for all child care arrangements and programs?
지난 달에, 자녀를 돌보기 위해 이용한 모든 형태의 차일드 케어나 프로그램에 지출한 비용은 총

얼마입니까?

AH44B

**[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week
last month. You or any other adult in your household."]**
**[IF NEEDED, SAY: "지난 달에 귀하 본인이나 이 가구의 다른 어른이 일주일에 보통 얼마를 아이를
돌보기 위한 차일드 케어 비용으로 지불하셨는지 말씀해 주셔도 됩니다."]**

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

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

NO PAYMENT IN LAST MONTH OR WEEK 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_G17　　What is the highest grade of education you have completed and received credit for?
귀하는 교육을 어디까지 받으셨습니까?

AH47

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

QA15_G18　　Did you ever serve on active duty in the Armed Forces of the United States?
미군에서 현역으로 복무한 적이 있으십니까?

AG22

YES 1
NO..2　　**[GO TO QA15_G21G22]**
REFUSED .... -7　**[GO TO QA15_G21G22]**
DON'T KNOW .... -8　**[GO TO QA15_G21G22]**

QA15_G19   When did you serve?
언제 복무하셨습니까?

AG23

                 FROM _____ _____   TO_____

                 {OR}

                 [CHECK ALL THAT APPLY]

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

QA15_G20   Altogether, how long did you serve?
모두 합쳐서, 얼마나 오래 복무하셨습니까?

AG24

                 _____ YEARS

                 _____ MONTHS

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

QA15_G21   Which of the following were <u>you</u> doing last week?
다음 중 <u>자신이</u> 지난 주에 하신 일을 골라 주시겠습니까?

AK1

                 Working at a job or business,.....................................1   **[GO TO QA15_G25G26]**
                 직장이나 사업체에서 일을 하셨습니까, ...1
                 With a job or business but not at work,.....................2
                 직업이나 사업체에 소속되어 있긴 했지만 일은 하지
                 않으셨습니까,..2
                 Looking for work, or 3
                 일자리를 구하고 계셨습니까, 아니면 3
                 Not working at a job or business?.............................4
                 직장이나 사업체에서 일하지 않으셨습니까? 4
                 REFUSED .... -7   **[GO TO QA15_G25G26]**
                 DON'T KNOW .... -8   **[GO TO QA15_G25G26]**

QA15_G22   What is the <u>main reason</u> you did not work last week?
지난 주에 일을 하지 않은 <u>**주된 이유**</u>는 무엇입니까?

AK2

[IF NEEDED, SAY: "Main reason is the most important reason."]
[IF NEEDED, SAY: "주된 이유란 가장 중요한 이유를 말합니다."]

```
TAKING CARE OF HOUSE OR FAMILY ................1
ON PLANNED VACATION ......................................2
COULDN'T FIND A JOB ..........................................3
GOING TO SCHOOL/STUDENT.............................4
RETIRED ................................................................5          [GO TO PN
QA15_G24G25]
DISABLED ..............................................................6          [GO TO PN QA15_G24G25]
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
```

QA15_G23   Do you usually work?
귀하는 평소에 일을 하십니까?

AG10

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

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

QA15_G24   Are you receiving Social Security Disability Insurance or SSDI?
SSDI 라고 하는 사회 보장 장애 보험 혜택을 받고 계십니까?

AL22

```
YES......................................................................1          [GO TO PN QA15_G29G27]
NO........................................................................2          [GO TO PN QA15_G27]
REFUSED ............................................................ -7          [GO TO PN QA15_G27]
DON'T KNOW ...................................................... -8          [GO TO PN QA15_G27]
```

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

QA15_G25   On your <u>main</u> job, are you employed by a private company, the government, <u>or</u> are you self-employed, <u>or</u> are you working without pay in a family business or farm?
본인의 <u>주된</u> 직업에 대해서 말인데요, 귀하는 민간 회사에 고용되어 있습니까, 정부
공무원이십니까, <u>아니면</u> 자영업을 하십니까, <u>아니면</u> 가족이 하는 사업체나 농장에서 보수를 받지
않고 일하십니까?

AK4

[IF NEEDED, SAY: "Where did you work <u>most</u> hours?"]
[IF NEEDED, SAY: "가장 많이 일하신 곳이 어디입니까?"]

```
PRIVATE COMPANY
NON-PROFIT ORGANIZATION, FOUNDATION .....1
GOVERNMENT ....................................................2
SELF-EMPLOYED ................................................3
FAMILY BUSINESS OR FARM ..............................4
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
```

PROGRAMMING NOTE QA15_G26:
IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?"
and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE
FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.]";
ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make
or do at this business?']"

QA15_G26   {What kind of agency or department is this? / ?/What kind of business or industry is this?}
{ 이것은 어떤 종류의 기관 또는 부서입니까? / 이것이 어떤 종류의 사업인지 또는 어떤 업종인지
말씀해 주시겠습니까?}

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: "이 기업에서 무엇을 만드는지 어떤 종류의 일을 하는지 말씀해
주시겠습니까?]

[INTERVIEWER: ENTER DESCRIPTION]

_____ (GOVERNMENT AGENCY OR
DEPARTMENT/BUSINESS OR INDUSTRY)

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

QA15_G27   What is the <u>main</u> kind of work <u>you</u> do?
                <u>본인이</u> <u>주로</u> 하시는 일은 무엇입니까?

> **AK6**

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

> _____ (OCCUPATION)

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

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

QA15_G28   {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?
                지금 일하시는 직장 또는 사업장에서, 모든 사무소와 사업장을 모두 합해서 {사업주/귀하}가 고용한 전 직원들은 {귀하 본인을 포함하여} 대략 몇 명이나 됩니까?

> **AK8**

> [IF NEEDED, SAY: "Your best guess is fine."]
> [IF NEEDED, SAY: "정확히 모르시면 비슷하게라도 말씀해 주시면 됩니다."]

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

PROGRAMMING NOTE QA15_G29:
IF QA15_ A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1, CONTINUE WITH QA15_G29;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY "partner";
ELSE GO TO QA15_H1

QA15_G29   Which of the following was your {spouse/partner} doing last week?
다음 중에서 {배우자/동거인}께서 지난 주에 하신 일을 골라 주시겠습니까?

AG8

Working at a job or business,....................................1	**[GO TO QA15_G31G32]**
직장이나 사업체에서 일을 하셨습니까, ...1	
With a job or business but not at work,....................2	**[GO TO QA15_G31G32]**
직업이나 사업체에 소속되어 있긴 했지만 일은 하지	
않으셨습니까, ...2	
Looking for work, or 3	
일자리를 구하고 계셨습니까, 아니면 3	
Not working at a job/business? 4	
직장이나 사업체에서 일하지 않으셨습니까? 4	
REFUSED .... -7	
DON'T KNOW .... -8	

QA15_G30   Does your {spouse/partner} usually work?
귀하의 {배우자/동거인}는 평소에 일을 하십니까?

AG11

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

QA15_G31   On your {spouse's/partner's} <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm?
{배우자/동거인}의 <u>주된</u> 직업에 대해서 말인데요, 그 분은 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, <u>아니면</u> 자영업을 하십니까, <u>또는</u> 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]
[IF NEEDED, SAY: "그분께서 가장 많이 일하신 곳이 어디입니까?"]

```
PRIVATE COMPANY,
NON-PROFIT ORGANIZATION, FOUNDATION .....1
GOVERNMENT .......................................................2
SELF-EMPLOYED...................................................3
FAMILY BUSINESS OR FARM ...............................4
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
```

Section H – Health Insurance

QA15_H1   The next topics are about health insurance and health care.
다음의 주제는 의료보험과 의료 서비스에 대한 것입니다.

Is there a place that you <u>usually</u> go to when you are sick or need advice about your health?
아프거나 건강에 대한 조언이 필요할 때 **보통** 가시는 곳이 있습니까?

> **AH1**

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

YES 1
NO...2   **[GO TO QA15_H3]**
DOCTOR/MY DOCTOR 3
KAISER 4
MORE THAN ONE PLACE.....................................5
REFUSED .... -7   **[GO TO QA15_H3]**
DON'T KNOW .... -8   **[GO TO QA15_H3]**

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

QA15_H2   {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?
{귀하께서 가장 자주 가시는 곳은/ 귀하의 담당의나 주치의가 있는 곳은} 개인 닥터 오피스,
클리닉이나 종합병원, 응급실, 또는 기타 다른 곳 중 어디입니까?

> **AH3**

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

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

QA15_H3   During the past 12 months, did you visit a hospital emergency room for your own health?
지난 12 개월 동안, 자신의 건강 때문에 응급실에 간 적이 있습니까?

AH12

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

PROGRAMMING NOTE QA15_H4:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY "During the past 12 month, how many times did you visit a hospital emergency room for your own health?";
ELSE DISPLAY "How many times did you do that?"

QA15_H4   {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?
{지난 12 개월 동안, 귀하 본인의 건강 문제 때문에 병원 응급실에 간 적이 몇 번이나 되십니까? / 몇 번이나 그렇게 하셨습니까?}

AH95

[IF NEEDED, SAY: "During the past 12 months, how many times did you visit a hospital emergency room for your own health?"]
[IF NEEDED, SAY: "지난 12 개월 동안, 귀하 본인의 건강 문제 때문에 병원 응급실에 간 적이 몇 번이나 되십니까?"]

_____ NUMBER OF TIMES

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

QA15_H5   MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?
메디케어는 65 세 이상이거나 특정 장애자분들을 위한 의료 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

> **AI1**

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

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

POST-NOTE QA15_H5:
IF QA15_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

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

QA15_H6   Is it correct that you are <u>not</u> covered by MediCARE even though you told me earlier that you are 65 or older?
귀하께서 연세가 65 세이거나 아니면 65 세를 넘었다고 하셨는데 메디케어 혜택은 받지 않고 있다고 하셨습니까?

> **AI2**

CORRECT, NOT COVERED BY MEDICARE	1	**[GO TO PN QA15 H16]**
NOT CORRECT, R IS COVERED BY MEDICARE	..2	**[GO TO PN QA15_H8]**
AGE IS INCORRECT	 93	
REFUSED	.... -7	**[GO TO PN QA15_H16]**
DON'T KNOW	.... -8	**[GO TO PN QA15 H16]**

POST-NOTE QA15_H6:
IF QA15_H6 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

QA15_H7   What is your age, please?
귀하의 나이를(연세를) 말씀해 주시겠습니까?

> **AI3**

_____ YEARS OF AGE [HR: 18-105]	....	**[GO TO PN QA15 H16]**
REFUSED	.... -7	**[GO TO PN QA15 H16]**
DON'T KNOW	.... -8	**[GO TO PN QA15 H16]**

POST NOTE QA15_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA15_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

```
PROGRAMMING NOTE QA15_H8:
IF ARMCARE = 1, CONTINUE WITH QA15_H8;
ELSE GO TO PROGRAMMING NOTE QA15_H16
```

QA15_H8   Is this a MediCARE Advantage Plan?
이 보험은 메디케어 어드밴티지 (MediCARE Advantage) 플랜입니까?

AH123

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]
[IF NEEDED, SAY: "메디케어 어드밴티지 플랜(MediCARE Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요, 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험 플랜입니다. 메디케어 어드밴티지 플랜은 메디케어 파트 A 와 메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다."]

```
         YES ........................................................1
         NO ..........................................................2      [GO TO QA15_H11]
         REFUSED .............................................. -7      [GO TO QA15_H11]
         DON'T KNOW ....................................... -8      [GO TO QA15_H11]
```

```
POST-NOTE QA15_H8;
IF QA15_H8 = 1, SET ARMADV= 1
```

QA15_H9   Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?
귀하의 메디케어 어드밴티지 (MediCARE Advantage) 플랜은 HMO 입니까, PPO 입니까, 아니면 사설 진료별 수가 플랜(PFFS, Private-fee-for service plan) 입니까?

AH124

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]
[IF NEEDED, SAY: "HMO 는 Health Maintenance Organization(건강 관리 기구)의 약자입니다. HMO 플랜에서는 이 플랜의 네트워크에 속한 의사와 병원만을 이용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 플랜에서 의료비를 지불하지 않습니다."]

[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: "PPO는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터."]

[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]
[IF NEEDED, SAY: "사설 진료별 수가 플랜 (PFFS, Private Fee-for-Service)은 메디케어가 매달 일정 금액을 사설 보험 회사에 지불하는 방식입니다. 귀하가 사설 진료별 수가 플랜에 가입하셨다면, 귀하가 받은 진료에 대해, 메디케어가 아닌, 가입하신 보험 회사가 귀하의 보험 지불액을 결정합니다."]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]
[INTERVIEWER NOTE: R 이 특정 의료 보험의 이름을 말했다면 (예: "카이저 (Kaiser)"), "1 (HMO)"로 코드.]

[INTERVIEWER NOTE: CIRCLE "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]
[INTERVIEWER NOTE: 자발적으로 언급할 경우에만 "4"를 선택할 것. 프로브할 필요 없음.]

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

QA15_H10   What is the name of your MediCARE plan?
귀하의 메디케어 플랜의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "혹시 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?"]

AH125

ACCESS SENIOR HEALTHCARE 1
AETNA 2
AETNA GOLDEN MEDICARE 3
AIDS HEALTHCARE FOUNDATION, LA 4
ALAMEDA ALLIANCE FOR HEALTH 5
ALTAMED HEALTH SERVICES........................... 83

ANTHEM BLUE CROSSOF CALIFORNIA..............7
ASPIRE HEALTH PLAN 8
BLUE CROSS CALIFORNIACARE 9
BLUE CROSS SENIOR SECURE 79
BLUE SHIELD 65 PLUS 11
BLUE SHIELD OF CALIFORNIA 12
BRAND NEW DAY (UNIVERSAL CARE) 13
CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
CALIFORNIAKIDS (CALKIDS) 15
CAL OPTIMA (CALOPTIMA ONE CARE) 16
CALVIVA HEALTH.. 17
CARE 1ST HEALTH PLAN 18
CAREMORE HEALTH PLAN................................ 19

CENTER FOR ELDERS' INDEPENDENCE.......... 21
CEN CAL HEALTH 80
CENTRAL CALIFORNIA ALLIANCE FOR
HEALTH 22
CENTRAL HEALTH PLAN.................................... 23
CHINESE COMMUNITY HEALTH PLAN 24

CHOICE PHYSICIANS NETWORK....................... 25
CIGNA HEALTHCARE 26
CITIZENS CHOICE HEALTHPLAN 27
COMMUNITY CARE HEALTH PLAN 28

COMMUNITY HEALTH GROUP 29
CONTRA COSTA HEALTH PLAN......................... 81
DAVITA HEALTHCARE PARTNERS PLAN 31
EASY CHOICE HEALTH PLAN............................ 32
EPIC HEALTH PLAN 33
GEM CARE HEALTH PLAN 34
GOLD COAST HEALTH PLAN............................. 35
GOLDEN STATE MEDICARE HEALTH
PLAN... 36
HEALTH NET... 38
HEALTH NET SENIORITY PLUS......................... 39
HEALTH PLAN OF SAN JOAQUIN...................... 40
HEALTH PLAN SAN JP AUTHORITY................... 41

HERITAGE PROVIDER NETWORK 42
HUMANA GOLD PLUS 43
HUMANA HEALTH PLAN 44
IEHP (INLAND EMPIRE HEALTH PLAN) 45
INTER VALLEY HEALTH PLAN 46
HEALTH ADVANTAGE 82
KAISER PERMANENTE 47
KAISER PERMANENTE SENIOR ADVANTAGE .. 48
KERN FAMILY HEALTH CARE 49
L.A. CARE HEALTH PLAN 50
MD CARE 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN 55
ON LOK SENIOR HEALTH SERVICES 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS 58
PREMIER HEALTH PLAN SERVICES 59
PRIMECARE MEDICAL NETWORK 60
PROVIDENCE HEALTH NETWORK 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN 69
SAN FRANCISCO HEALTH PLAN 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
SUTTER HEALTH PLAN 71
SUTTER SENIOR CARE 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON 74
UNIVERSITY HEALTHCARE ADVANTAGE 75
VALLEY HEALTH PLAN 76
VENTURA COUNTY HEALTH CARE PLAN 77
WESTERN HEALTH ADVANTAGE 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED .... -7
DON'T KNOW .... -8

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

QA15_H11   Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
메디케어로 혜택을 받을 수 있는 분들 중에는 메디갭(Medigap) 또는 메디케어
서플리먼트(Medicare Supplement)라는 민간 의료 보험을 추가로 갖고 있는 분들도 있는데요.
귀하는 이런 종류의 의료 보험이 있으십니까?

AI4

[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone."]
[IF NEEDED, SAY: "이러한 보험은 Medicare 만으로는 보장되지 않는 의료비를 보장합니다."]

```
YES ........................................................................1
NO...........................................................................2    [GO TO PN QA15 H16]
REFUSED ............................................................... -7    [GO TO PN QA15 H16]
DON'T KNOW ......................................................... -8    [GO TO PN QA15 H16]
```

POST-NOTE FOR QA15_H11:
IF QA15_H11 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA15_H12:
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) CONTINUE WITH QA15_H12 AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE QA15_H16;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HAS SUPPLEMENT),) CONTINUE WITH QA15_H12 AND DISPLAY "MediCARE Supplement plan";
ELSE GO TO PROGRAMMING NOTE QA15_H16

QA15_H12   For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?
{MediCARE Advantage plan/MediCARE Supplement plan}의 경우, 귀하는 이 보험에 직접
가입하셨습니까? 또는 이전 혹은 현 직장, 노동 조합, 가족 운영 사업, AARP, 또는 다른 방법을
통해 가입하게 되셨습니까?

AH126

[IF NEEDED, SAY: "AARP stands for the American Association of Retired Persons."]
[IF NEEDED, SAY: "AARP 란 미국 퇴직자 협회를 말합니다."]

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

QA15_H13   Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
귀하는 이 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 부담했던 지불해야 하는 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

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: "공동 부담액(copay) 이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

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

QA15_H14   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

AH54

```
YES....................................................................1
NO.....................................................................2    [GO TO PN QA15 _H16]
REFUSED ......................................................... -7    [GO TO PN QA15 _H16]
DON'T KNOW ................................................... -8    [GO TO PN QA15 _H16]
```

QA15_H15   Who is that?
그 다른 사람이 누구 입니까?

AH55

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]
[IF NEEDED, SAY: "귀하 이외에 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까?"]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

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

POST-NOTE FOR QA15_H15:
IF QA15_H15 = 7, SET ARMCAL = 1;

PROGRAMMING NOTE QA15_H16:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA15_H16   {Is it correct that you are/Are you} covered by Medi-CAL?
{귀하는 Medi-CAL 혜택을 받고 계십니까?/ 귀하께서 Medi-CAL 혜택을 받고 있는 것이 맞습니까?}

AI6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "이것은 특정한 저소득층 자녀 및 가족, 임신부, 장애인 또는 노인들을 위한 플랜입니다."]

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

POST-NOTE FOR QA15_H16:
IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA15_H17:
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplementsupplemental plan you told me about" AND
"any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"

QA15_H17   {Besides the Medicare supplemental 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?

{말씀해 주신 메디케어 보조 프로그램 이외에/ 말씀해 주신 메디케어 어드밴티지 플랜 이외에},

귀하께서는 지금 예전 직장이나 현재 직장, 또는 노조를 통해 가입한 또 다른 의료 보험이

있으십니까?

AI8

[IF NEEDED, SAY: "…either through your own or someone else's employment?"]
[IF NEEDED, SAY: "...귀하의 직장에서 또는 다른 분의 직장에서요?"]

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

POST-NOTE FOR QA15_H17:
IF QA15_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

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

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

귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의

혜택을 받습니까?

AI11

[IF NEEDED, SAY: "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you 'extra cash' if you are in a hospital."]
[IF NEEDED, SAY: "암이나 뇌졸증 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 의료 보험은 포함시키지 마십시오."]

YES..1
NO..2   **[GO TO PN QA15 _H20]**
REFUSED .... -7   **[GO TO PN QA15 _H20]**
DON'T KNOW .... -8   **[GO TO PN QA15 _H20]**

POST-NOTE FOR QA15_H18:
IF QA15_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

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

QA15_H19   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
귀하는 이 의료보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

AH104

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

POST-NOTE FOR QA15_H19:
IF QA15_H19 = 2, THEN SET ARHBEX = 1
PROGRAMMING NOTE FOR QA15_H20:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_H20;
ELSE GO TO PROGRAMMING NOTE QA15_H22

QA15_H20   Was this plan obtained in your own name or in the name of someone else?
이 보험에는 자신의 이름으로 가입하셨습니까, 아니면 다른 분의 이름으로 가입하셨습니까?

AI9

[IF NEEDED, SAY: "Even someone who does not live in this household."]
[IF NEEDED, SAY: "이 가구 내에 거주하는 사람이 아니라도 상관없습니다."]

IN OWN NAME 1   [GO TO PN QA15 _H22]
IN SOMEONE ELSE'S NAME 2
REFUSED .... -7   [GO TO PN QA15 _H22]
DON'T KNOW .... -8   [GO TO PN QA15 _H22]

POST-NOTE FOR QA15_H20:
IF QA15_H17 = 1 AND QA15_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH
= 0;
IF QA15_H17 = 1 AND QA15_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA15_H21:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1OR IF QA15_G14G15 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA15_H21;
ELSE GO TO PROGRAMMING NOTE QA15_H22;
IF QA15_A16 = 1, THEN DISPLAY "spouse's name";
IF QA15_A16 ≠ 1 AND (QA15_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY "partner's name;
IF QA15_G14G15 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H21   Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
이 의료 보험에는 누구의 이름으로 가입하셨습니까? {귀하 배우자의 이름}입니까, {귀하 동거인의 이름}입니까, {부모님 이름}, 아니면 그 밖의 다른 사람의 이름입니까?

AI9A

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

POST-NOTE FOR QA15_H21:
IF QA15_H17 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H19H18 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF QA15_H17 = 1 AND QA15_H21 = 2 SET AREMPPARAREMPAR =1 AND AREMPOTH = 0;
IF QA15_H18 = 1 AND QA15_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA15_H18 = 1 AND QA15_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA15_H22:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28G29 < 5 (FIRM SIZE <=100),
CONTINUE WITH QA15_H22 AND DISPLAY;
 IF AREMPOWN = 1 THEN DISPLAYDISLPLAY {you};
 IF AREMPSP = 1 OR AREMPPARAREMPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA15_H23;

QA15_H22   How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?
{귀하는/ 그 분은 } 이 의료보험을 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을

통해서입니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

AH105   **[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]**

[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program (소기업 건강 혜택 옵션 프로그램)의 약자입니다."]

                 EMPLOYER 1
                 UNION...2
                 SHOP / COVERED CALIFORNIA 3
                 OTHER (SPECIFY: _____):_____) 92
                 REFUSED .... -7
                 DON'T KNOW .... -8

POST-NOTE FOR QA15_H22:
IF QA15_H22 = 3, THEN SET ARHBEX = 1

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

QA15_H23   Was this a bronze, silver, gold or platinum plan?
이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AH106
                 BRONZEBronze..1
                 SILVERSilver 2
                 GOLDGold 3
                 PLATINUMPlatinum 4
                 MEDI-CAL / MEDICAID 5
                 MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
                 OTHER (SPECIFY: _____):_____) 92
                 REFUSED .... -7
                 DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H24:
IF QA15_H22H21 = 3, THEN GO TO QA15_H25;
ELSE CONTINUE WITH QA15_H24;

QA15_H24   Was there a subsidy or discount on the premium for this plan?
이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니까?

AH107

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

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

QA15_H25   Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
귀하는 이 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 부담해야하는공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

AH57

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."]
[IF NEEDED, SAY: "공동 부담액(Copay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

YES 1
NO 2   **[GO TO PN QA15 _H27]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_H26   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

AH58

YES 1
NO 2   **[GO TO PN QA15 _H28]**
REFUSED .... -7   **[GO TO PN QA15 _H28]**
DON'T KNOW .... -8   **[GO TO PN QA15 _H28]**

PROGRAMMING NOTE QA15_H27:
IF QA15_H25 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

QA15_H27   {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?
{귀하 이외에, 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까? / 누가 지불합니까?}

AH56

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?]
[IF NEEDED, SAY: "귀하 이외에, 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까?]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

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

POST-NOTE QA15_H27:
IF QA15_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA15_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA15_H27 = 6, THEN SET AROTHER = 1;
IF QA15_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 11, SET ARHBEX = 1;
IF QA15_H27 = 91, THEN SET AROTHER = 1

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

QA15_H28   Does your employer offer health insurance to any of its employees?
귀하의 직장에서는 직원들에게 의료 보험을 제공합니까?

AI13

YES 1
NO..2   **[GO TO PN QA15 _H32]**
REFUSED .... -7   **[GO TO PN QA15 _H32]**
DON'T KNOW .... -8   **[GO TO PN QA15 _H32]**

QA15_H29   Are you eligible to be in this plan?
이 보험에 가입할 자격이 되십니까?

AI14

YES 1
NO..2   **[GO TO QA15_H31]**
REFUSED .... -7   **[GO TO PN QA15 _H32]**
DON'T KNOW .... -8

QA15_H30   What is the one main reason why you aren't in this plan?
이 보험에 들어 있지 않은 가장 주된 한가지 이유는 무엇입니까?

AI15

COVERED BY ANOTHER PLAN 1   **[GO TO PN QA15 _H32]**
TOO EXPENSIVE 2   **[GO TO PN QA15 _H32]**
DIDN'T LIKE PLAN OFFERED 3   **[GO TO PN QA15 _H32]**
DON'T NEED OR BELIEVE IN
HEALTH INSURANCE...4   **[GO TO PN QA15 _H32]**
OTHER (SPECIFY: _____) . 91   **[GO TO PN QA15 _H32]**
REFUSED .... -7   **[GO TO PN QA15 _H32]**
DON'T KNOW .... -8   **[GO TO PN QA15 _H32]**

QA15_H31   What is the <u>one</u> main reason why you are not eligible for this plan?

이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는 무엇입니까?

AI15A

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

PROGRAMMING NOTE QA15_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH QA15_H32;
ELSE GO TO PN QA15_H33

QA15_H32   Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

귀하는 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른 군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

AI16

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

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

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

QA15_H33   Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, Healthy KidsPCIP, or something else?
귀하께서는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 프로그램 (Family PACT), 헬시 키즈 (Healthy Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

> **AI17**

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]
[IF NEEDED, SAY: "에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다.

```
YES ............................................................1
NO ..............................................................2     [GO TO PN QA15_H34]
REFUSED ................................................. -7      [GO TO PN QA15_H34]
DON'T KNOW ........................................... -8      [GO TO PN QA15_H34]
```

POST-NOTE QA15_H33:
IF QA15_H33 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

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

QA15_H34   Do you have any health insurance coverage through a plan that I missed?
귀하가 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

> **AI18**

```
YES ............................................................1
NO ..............................................................2     [GO TO PN QA15 H38]
REFUSED ................................................. -7      [GO TO PN QA15 H38]
DON'T KNOW ........................................... -8      [GO TO PN QA15 H38]
```

QA15_H35   What type of health insurance do you have?
어떤 종류의 의료 보험을 가지고 있습니까?

AI19

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

[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: "이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?"**]**

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

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

PROGRAMMING NOTE QA15_H36:
IF QA15_H35 = 1, 2, OR 3 CONTINUE WITH QA15_H36;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H36   Was this plan obtained in your own name or in the name of someone else?
              이 의료 보험은 귀하의 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

> **AH59**

              [PROBE: "Even someone who does not live in this household?"]
              [PROBE: "이 가구 내에 거주하는 사람이 아니라도 상관 없습니다."]

              IN OWN NAME 1   **[GO TO PN QA15 H38]**
              IN SOMEONE ELSE'S NAME 2
              REFUSED .... -7   **[GO TO PN QA15 H38]**
              DON'T KNOW .... -8   **[GO TO PN QA15 H38]**

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

PROGRAMMING NOTE QA15_H37:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 OR IF QA15_G14G15 = 1
(LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA15_H37;
ELSE GO TO PROGRAMMING NOTE QA15_H38;
IF QA15_A16 = 1 THEN DISPLAY "spouse's name";
IF QA15_A16 ≠ 1 AND (QA15_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY "partner's name";
IF QA15_G14G15 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H37   Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?
              이 의료 보험에는 누구의 이름으로 가입하셨습니까? {귀하 배우자의 이름}입니까, {귀하 동거인의
              이름}입니까, {부모님 이름}, 아니면 그 밖의 다른 사람의 이름입니까?

> **AH60**

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

POST-NOTE QA15_H37:
IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA15_H37:
IF ARIHS ≠ 1 AND QA15_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_H38;
ELSE GO TO PROGRAMMING NOTE QA15_H39_INTRO

QA15_H38   Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
인디언 건강 서비스, 특정 부족을 위한 건강 프로그램 또는 도시거주 인디언 보건소를 통해 혜택을
받고 계십니까?

AI20

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

POST-NOTE QA15_H38:
IF QA15_H38 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA15_H39_INTRO:
IF [QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1] AND QA15_G12G13 = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA15_H39_INTRO;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H39_INTRO   These next questions are about the type of health insurance your {spouse/partner} may
have.
다음은 {배우자/동거인}의 의료 보험 종류에 대한 질문들입니다.

AI37intro

PROGRAMMING NOTE QA15_H39:
IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH QA15_H39 WITHOUT DISPLAY
ELSE IF ARMCARE = 1, CONTINUE WITH QA15_H39 AND DISPLAY "You said that you are covered
by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H39   {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by
Medicare?
{본인께서 메디케어 혜택을 받으신다고 하셨는데요.} (귀하의 배우자/동거인){도} 메디케어를
받으십니까?

AI37

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YES ........................................................................1
NO ..........................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
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POST-NOTE QA15_H39:
IF QA15_H39 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H40:
IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE QA15_H41;
DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH QA15_H40 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
IF QA15_A16 = 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1THEN DISPLAY "partner's";
ELSE GO TO PROGRAMMING NOTE QA15_H41

QA15_H40   {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?
{본인께서 메디케어 어드벤티지 플랜에 가입되어 있다고 하셨는데요.} 귀하의 배우자/동거인}도 {귀하 처럼} 메디케어 어드밴티지 플랜에 들어 있으십니까?

AH127

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]
[IF NEEDED, SAY: "메디케어 어드밴티지 플랜(MediCARE Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요, 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험 플랜입니다. 메디케어 어드밴티지 플랜은 메디케어 파트 A 와 메디케어 파트 B 에서 적용되는 모든 혜택을 제공합니다."]

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

POST-NOTE QA15_H40:
IF QA15_H40 = 1, THEN SET SPMADV= 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H41:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY "You said that you
have a Medicare Supplement plan." AND "also";
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H41   {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a
Medicare supplement plan?
{귀하 본인이 메디케어 보조 프로그램이 있다고 하셨는데요.} 귀하의
{동거인/남편/아내/배우자}께서는(도) 이런 메디케어 보조 프로그램의 혜택을 받으십니까?

> **AI37A**

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

POST-NOTE QA15_H41:
IF QA15_H41 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

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

QA15_H42   You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?
본인{은/도} 메디-칼이 있다고 말씀하셨는데요. 귀하의 (배우자/동거인)께서도 메디-칼의 혜택을
받으십니까?

> **AI38**

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

POST-NOTE QA15_H42:
IF QA15_H42 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

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

QA15_H43   You said you have insurance from <u>your</u> current or former employer or union. Is
(SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?

귀하는 자신의 현재 또는 예전 직장이나 노동 조합에서 나온 의료 보험이 있다고 말씀하셨는데요.
귀하의 (배우자/동거인)께서는(도) <u>귀하의 직장이나 노동조합</u>에서 나온 의료 보험의 혜택을
받으십니까?

AI40

YES 1   **[GO TO PN QA15 _H46]**
NO...2
OTHER...3
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_H43:
IF QA15_H43 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

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

QA15_H44   You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?
귀하는 Covered California 의 SHOP 프로그램을 통해서 구입한 의료 의료 보험이 있다고 말씀하셨습니다. 귀하의 {배우자/동거인동거인}께서(는/도)이 의료 의료 보험의 혜택을 받습니까?

AH108

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

[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다."]

YES..1   **[GO TO PN QA15 _H46]**
NO..2
OTHER..3
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_H44:
IF QA15_H44 = 1, SET SPEMPSP = 1 AND SET SPINSURE =1 AND ARSAMESP=1 AND SPHBEX= 1;
PROGRAMMING NOTE QA15_H45:
IF QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA15_H45;
IF AREMPSP = 1 AND QA15_A16 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H46

QA15_H45   {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} <u>own</u> employer?
{귀하는 배우자의 직장이나 노동 조합을 통해 가입한 의료보험이 있다고 말씀하셨는데요./ 귀하는 동거인의 직장이나 노동 조합을 통해 가입한 의료보험이 있다고 말씀하셨는데요.} 귀하의 (배우자/동거인)께서는 {마찬가지로} 그 분 <u>자신이 다니는</u> 직장을 통해 의료 보험에 들어 있으십니까?

AI40A

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

POST-NOTE QA15_H45:
IF QA15_H45 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

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

QA15_H46   You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?
귀하께서 보험 회사에 직접 보험료를 내고 가입한 의료 보험의료 보험이 있다고 하셨는데요. {배우자/동거인}께서{는/도} 그 보험에 들어 있습니까?

> **AI41**

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

POST-NOTE QA15_H46:
IF QA15_H46 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

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

QA15_H47   You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?
귀하는 Covered California 로부터 직접 구입한 보험이 있다고 말씀하셨습니다. 귀하의{배우자/동거인}도 {또한} 이 보험의 혜택을 받습니까?

> **AH109**

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

> **POST-NOTE QA15_H47:**
> **IF QA15_H47 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;**
>
> **PROGRAMMING NOTE QA15_H48:**
> **IF ARMILIT = 1, CONTINUE WITH QA15_H48;**
> **IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";**
> **ELSE GO TO PROGRAMMING NOTE QA15_H49**

QA15_H48   You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?
{귀하께서도} 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스를 통해 의료 보험을 갖고 계신다고 하셨는데요, {배우자/동거인}께서도 이 보험 혜택을 받습니까?

> **AI42**

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

> **POST-NOTE QA15_H48:**
> **IF QA15_H48 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

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

QA15_H49   You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some
government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?
귀하는 {또한} {AIM/MRMIP/Family PACT/PCIP/some government health plan} 의료보험에
가입했다고 말씀하셨습니다. {배우자/동거인}도 이 보험의 혜택을 받으십니까?

AI42A

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

POST-NOTE QA15_H49:
IF QA15_H49 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H50:
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

QA15_H50   Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?
{배우자/동거인}께서 의료 보험을 가지고 있습니까? {지금까지 말씀드린 것 외의 다른 곳을} 통해
의료 보험을 가지고 있습니까?

AI46

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

QA15_H51   What type of health insurance does {he/she} have?
{그분은} 어떤 종류의 의료 보험을 가지고 있습니까?

AI47

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "다른 보험도 있습니까?"]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]
[IF NEEDED, SAY: "현재 또는 이전의 직장에서 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다."]

[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: "그 분은 이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?"]

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

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

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

QA15_H52   You said that (SPOUSE/PARTNER) has <u>no</u> health insurance from any source. Is this correct?
{배우자/동거인}께서 어떤 종류의 의료 보험도 전혀 없다고 하셨는데요. 맞습니까?

| AI48 |

YES	1	**[GO TO PN QA15_H56]**
NO	2	
REFUSED	-7	**[GO TO PN QA15_H56]**
DON'T KNOW	-8	**[GO TO PN QA15_H52H56]**

QA15_H53   What type of health insurance does {he/she} have?
그분은 어떤 종류의 의료보험을 가지고 있습니까?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

[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: "그 분은 이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?"]

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

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

PROGRAMMING NOTE QA15_H54:
IF QA15_H51 = (1, 2, 3, 10, 11) OR QA15_H53 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA15_H54;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE QA15_H56

QA15_H54	Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?
이보험에는 {배우자/동거인} 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로
가입하셨습니까?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household."]
[IF NEEDED, SAY: "이 가구 내에 거주하는 사람이 아니라도 상관 없습니다."]

IN SPOUSE'S/PARTNER'S NAME 1	**[GO TO PN QA15_H56]**
IN SOMEONE ELSE'S NAME 2
REFUSED .... -7	**[GO TO PN QA15_H56]**
DON'T KNOW .... -8	**[GO TO PN QA15_H56]**

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

QA15_H55	Is the plan in your name, parent's name, or someone else's name?
이 의료 보험에는 누구의 이름으로 가입하셨습니까? 귀하입니까, 부모님의
이름입니까, 아니면 그 밖의 다른 사람의 이름입니까?

AH63

IN ADULT RESPONDENT'S NAME 1
IN ADULT RESPONDENT'S PARENT'S NAME 2
IN SOMEONE ELSE'S NAME 3
REFUSED .... -7
DON'T KNOW .... -8

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

PROGRAMMING NOTE QA15_H56:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA15_H60;
ELSE IF [QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS)]
AND QA15_G31 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA15_H56;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H56   Does your {spouse's/partner's} employer offer health insurance to any of its employees?
귀하의 {배우자/ 동거인}의 직장에서는 직원들에게 의료 보험을 제공합니까?

AI43

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

QA15_H57   Is {he/she} eligible to be in this plan?
그 분께서는 이 보험에 가입할 자격이 되십니까?

AI44

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

QA15_H58   What is the ONE main reason why {he/she} isn't in this plan?
그 분께서 이 보험에 가입이 안 된 가장 주된 한 가지 이유는 무엇입니까?

AI45

                      COVERED BY ANOTHER PLAN 1   **[GO TO PN QA15_H60]**
                      TOO EXPENSIVE 2   **[GO TO PN QA15_H60]**
                      DOESN'T LIKE PLAN OFFERED 3   **[GO TO PN QA15_H60]**
                      DOESN'T NEED OR BELIEVE IN
                      HEALTH INSURANCE 4   **[GO TO PN QA15_H60]**
                      OTHER (SPECIFY: _____) 91   **[GO TO PN QA15_H60]**
                      REFUSED .... -7   **[GO TO PN QA15_H60]**
                      DON'T KNOW .... -8   **[GO TO PN QA15_H60]**

QA15_H59   What is the one main reason why {he/she} is not eligible for this plan?
그 분께서 이 보험에 가입할 자격이 없는 가장 주된 한 가지 이유는 무엇입니까?

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

PROGRAMMING NOTE QA15_H60:
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA15_H63;

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

ELSE CONTINUE WITH QA15_H60 DISPLAY;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other" ;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 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 [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND " ";

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";

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

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

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

QA15_H60   {Besides yourthe MediCARE plan you told me about earlier, I have some questions about **your** other health plancoverage./Next, I have some questions about **your** own main health plan.}
{앞서 말씀해 주신 메디케어 플랜 이외에도, **귀하의** 다른 의료보험에 대해서도 몇가지 여쭤보겠습니다. /다음에는 귀하의 주된 의료 보험에 대해 몇 가지 여쭤보겠습니다.}

Is your {Medi-Cal/other} health plan an HMO?
귀하의 {Medi-Cal/다른} 의료 보험은 HMO 입니까?

AI22C

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY: "HMO 란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다."]

[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: "귀하의 주 건강 플랜."]

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

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

QA15_H61   Is your health plan a PPO or EPO?
귀하의 의료 보험은 PPO 입니까, EPO 입니까?

AH122

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "EPO 는 Exclusive Provider Organization(독점적 외료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "PPO 는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "귀하의 주된 의료 보험."]

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

> **PROGRAMMING NOTE QA15_H62:**
> **IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "your main";**
> **IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "this"**

QA15_H62   What is the name of {your main/this} health plan?
{귀하의 주된/이} 의료 보험의 이름은 무엇입니까?

AI22A

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

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?"]

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
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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
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SAN MATEO HEALTH COMMISION .................... 86
SANTA BARBARA .............................................. 88
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MEDICARE ........................................................ 53
OTHER (SPECIFY: _____) ................. 85
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
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POST NOTE QA15_H62:
IF QA15_H62 = 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE QA15_H63:
IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR
AROTHER ≠ 1) AND QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

QA15_H63   {Next, I have some questions about **your** own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?
{다음으로는 귀하의 주된 의료 보험에 대해 몇가지 질문을 드리겠습니다.} 귀하의 보험은 처방약도 보장해 줍니까? 즉, 귀하의 의료보험은 처방약 비용을 일부라도 지불합니까?

> **AI25**

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

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

QA15_H64   Does your health plan have a deductible that is more than $1,000?
귀하의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000 이 넘습니까?

> **AH71**

[IF NEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

YES..1
NO..2   **[GO TO QA15_H66]**
YES, ONLY WHEN I GO OUT OF NETWORK 3   **[GO TO QA15_H66]**
REFUSED .... -7
DON'T KNOW .... -8

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

QA15_H65　　Does your health plan have a deductible that is more than $2,000?
의료 보험의 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

AH96

[IF EDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

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

QA15_H66   Does your health plan have a deductible for all covered persons that is more than $2,000?
귀하의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $2,000 이
넘습니까?

> **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: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]**

> YES 1
> NO 2   **[GO TO QA15_H68]**
> YES, ONLY WHEN I GO OUT OF NETWORK 3   **[GO TO QA15_H68]**
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H67:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H67;
ELSE GO TO PROGRAMMING NOTE QA15_H68

QA15_H67   Does your health plan have a deductible for all covered persons that is more than $4,000?
귀하의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $4,000 이
넘습니까?

> **AH97**

> **[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**
> **[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]**

> YES 1
> NO 2
> YES, ONLY WHEN I GO OUT OF NETWORK 3
> REFUSED .... -7
> DON'T KNOW .... -8

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

QA15_H68   Do you have a special account or fund you can use to pay for medical expenses?
귀하는 의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이 있습니까?

AH73

**[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts
(HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account
names include- Personal care accounts, Personal medical funds, or Choice funds, and are
different from employer-provided Flexible Spending Accounts."]**
**[IF NEEDED, SAY: "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health
Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 포함됩니다.
다른 계좌의 이름에는 Personal care account(개인 의료비 계좌), Personal medical fund(개인
의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 고용주가 제공하는 Flexible Spending
Account(가변 지출 계좌)와는 다른 계좌입니다."]**

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

QA15_H69   Thinking about your current health insurance, did you have this same insurance for <u>all</u> 12 of the
past 12 months?
지난 12 개월 동안 <u>계속해서</u> 현재와 같은 보험에 들어 있었습니까?

AI31

YES..1   **[GO TO PN QA15_H62H82]**
NO...2
REFUSED .... -7   **[GO TO QA15_H72]**
DON'T KNOW .... -8

QA15_H70   During the past 12 months, when you were not covered by your current health insurance, did you
have any other health insurance?
지난 12 개월 동안 지금의 그 의료 보험이 없었던 때에는, 어떤 다른 의료 보험이 있으셨습니까?

AI32

YES..1
NO...2   **[GO TO QA15_H73]**
REFUSED .... -7   **[GO TO QA15_H72]**
DON'T KNOW .... -8   **[GO TO QA15_H72]**

QA15_H71   Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
귀하가 들어있던 다른 의료보험은 어떤 것이었습니까? 메디-칼, 직장을 통해 가입한 보험,직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

MODIFIED AI33

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "다른 플랜이 또 있습니까?"]

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

QA15_H72   During the past 12 months, was there any time when you had no health insurance at all?
지난 12 개월 동안, 의료보험이 전혀 없던 때가 있었습니까?

AI34

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

QA15_H73   For how many months of the past 12 months did you have no health insurance at all?
지난 12 개월 동안, 의료보험이 전혀 없던 때가 있었습니까?

AI35

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

```
        _____ NUMBER OF MONTHS [HR: 0-11]        [IF 0 GO TO PN QA15-H82]

               REFUSED ............................................................. -7     [GO TO QA15_H82]
               DON'T KNOW ....................................................... -8     [GO TO QA15_H82]
```

QA15_H74   What is the ONE MAIN reason why you did not have any health insurance during those months?
그 기간 동안 의료 보험이 없으셨던 가장 주된 한 가지 이유는 무엇이었습니까?

AI36

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR
OWN CARE 8
OTHER (SPECIFY: _____):_____)   91
REFUSED .... -7
DON'T KNOW .... -8

QA15_H75   During the time that you were uninsured, did you try to find health insurance on your own?
의료 보험이 없으셨던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니까?

AH74

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

QA15_H76   What is the ONE MAIN reason why you do not have any health insurance?
아무런 의료 보험에도 들지 않으신 가장 주된 한 가지 이유는 무엇입니까?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...8
OTHER (SPECIFY::_____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_H77   During the time that you have been uninsured, have you tried to find health insurance on your own?
의료 보험이 없으셨던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니까?

AH75

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

QA15_H78   Were you covered by health insurance at any time during the past 12 months?
지난 12 개월 동안 의료보험 혜택을 받으신 적이 있으십니까?

AI27

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

QA15_H79   How long has it been since you last had health insurance?
의료 보험없이 지내신 기간은 얼마나 되었습니까?

AI28

        MORE THAN 12 MONTHS AGO, BUT NOT
        MORE THAN 3 YEARS AGO 1   **[GO TO PN QA15_H82]**
        MORE THAN 3 YEARS AGO 2   **[GO TO PN QA15_H82]**
        NEVER HAD HEALTH INSURANCE.......................3   **[GO TO PN QA15_H82]**
        REFUSED .... -7   **[GO TO PN QA15_H82]**
        DON'T KNOW .... -8   **[GO TO PN QA15_H82]**

QA15_H80   For how many months out of the last 12 months did you have health insurance?
지난 12 개월 중 몇 개월 동안 의료 보험에 가입되어 있으셨습니까?

AI29

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

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

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

QA15_H81   During that time when you had health insurance, was your insurance Medi-CAL, Healthy
Families, 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?
의료 보험이 있으시던 기간 동안, 귀하가 들어있던 보험은 어떤 것이었습니까? 메디-칼, 직장을
통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한
보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

> **AI30**

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

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

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

QA15_H82   In the past 12 months, did you try to purchase a health insurance plan directly from an insurance
company or HMO, or through Covered California?
지난 12개월 이내에, 귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서
의료 보험을 구입하려고 시도한 적이 있습니까?

> **AH103h**

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

QA15_H83   Was that directly from an insurance company or HMO, or through Covered California, or both
from an insurance company and through Covered California?
그것은 어떤 것이었습니까? 다음 보기 중 선택해 주십시오.

AH110h

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

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

QA15_H84   {First, think about your experience trying to purchase insurance directly from an insurance
company or HMO.}
먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해
주십시오.

How difficult was it to find a plan with the coverage you needed? Was it…
귀하에게 필요한 혜택을 제공하는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH98h

                   Very difficult,...1
                   매우 어려웠음...1
                   Somewhat difficult, ...2
                   약간 어려웠음...2
                   Not too difficult, or 3
                   별로 어렵지 않았음 3
                   Not at all difficult? 4
                   전혀 어렵지 않았음 4
                   REFUSED .... -7
                   DON'T KNOW .... -8

QA15_H85   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH99h

> Very difficult,...1
> 매우 어려웠음..1
> Somewhat difficult, ...2
> 약간 어려웠음..2
> Not too difficult, or 3
> 별로 어렵지 않았음 3
> Not at all difficult? 4
> 전혀 어렵지 않았음 4
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_H86   Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

AH100h

> YES 1
> NO...2   **[GO TO PN QA15-_H88]**
> REFUSED .... -7   **[GO TO PN QA15-_H88]**
> DON'T KNOW .... -8   **[GO TO PN QA15-_H88]**

QA15_H87   Who helped you?
누가 도움을 주었습니까?

AH101h

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

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

QA15_H88   {Now, think about your experience with Covered California.}
지금부터는 Covered California 에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was
it…
Covered California 를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나
어려웠습니까?

AH111h

Very difficult..1
매우 어려웠음...1
Somewhat difficult...2
약간 어려웠음...2
Not too difficult 3
별로 어렵지 않았음 3
Not at all difficult?..4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_H89   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH112h

Very difficult..1
매우 어려웠음...1
Somewhat difficult...2
약간 어려웠음...2
Not too difficult 3
별로 어렵지 않았음 3
Not at all difficult?..4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_H90   Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

AH113h

YES 1
NO...2   **[GO TO QA15_H92]**
REFUSED .... -7   **[GO TO QA15_H92]**
DON'T KNOW .... -8   **[GO TO QA15_H92]**

QA15_H91   Who helped you?
누가 도움을 주었습니까?

AH114h

          BROKER 1
          FAMILY MEMBER / FRIEND....................................2
          INTERNET 3
          CERTIFIED ENROLLMENT COUNSELOR 4
          OTHER (SPECIFY: _____):_____)92
          REFUSED .... -7
          DON'T KNOW .... -8

QA15_H92   Did you have all the information you felt you needed to make a good decision on a health plan?
귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고 생각하는 모든 정보를 가지고
있었습니까?

AH115h

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

PROGRAMMING NOTE QA15_H93:
IF QA15_G8G9 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_H93;
ELSE GO TO QA15_H94;

QA15_H93   Were you able to get information about your health plan options in your language?
귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로 제공받을 수 있었습니까?

AH116h

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

QA15_H94   Was the cost of the plan you selected very important, somewhat important, or not important in
choosing your plan?
의료 보험을 선택하는 데 있어서, 의료 보험 비용은 얼마나 중요했습니까? 매우 중요했음, 약간
중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH117h

          VERY IMPORTANT 1
          SOMEWHAT IMPORTANT.....................................2
          NOT IMPORTANT 3
          REFUSED .... -7
          DON'T KNOW .... -8

QA15_H95   Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH118h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_H96   Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 병원에서 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH119h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_H97   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
플랜의 네트워크 내에서 의사를 선정하는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH120h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....................................2
NOT IMPORTANT 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_H98:
IF QA15_H23 = 1 THEN DISPLAY "Bronze"
ELSE IF QA15_H23 = 2 THEN DISPLAY "Silver"
ELSE IF QA15_H23 = 3 THEN DISPLAY "Gold"
ELSE IF QA15_H23 = 4 THEN DISPLAY "Platinum"
ELSE IF QA15_H23 = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY " ";

QA15_H98   Finally, what was the <u>most</u> important reason you chose your
{Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care
from a specific doctor, that you could go to a certain hospital, the choice of providers in your
plan's network, or was it something else?
마지막으로 귀하가 {브론즈/실버/골드/플래티넘/최소 보장} 플랜을 선택하신 가장 중요한 이유는
무엇입니까? 비용, 원하는 의사, 원하는 병원, 네트워크 내에 속한 의사들 때문입니까, 아니면
다른 이유가 있습니까?

AH121h

```
COST ...............................................................1
SPECIFIC DOCTOR.................................................2
SPECIFIC HOSPITAL..............................................3
CHOICE OF DOCTORS IN NETWORK...................4
OTHER (SPECIFY: _____):_____)92
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA15_H99:
IF QA15_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR
QA15_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA15_B41 = 1 (HOSPITALIZED FOR HEART
DISEASE) THEN GO TO PROGRAMMING NOTE QA15_H100;
ELSE CONTINUE WITH QA15_H99

QA15_H99   During the past 12 months, were you a patient in a hospital overnight or longer?
지난 12 개월 동안, 환자로서 하룻밤 이상 병원에 입원했던 적이 있습니까?

AH14

```
YES...................................................................1
NO.....................................................................2     [GO TO PN QA15_H101]
REFUSED ............................................................ -7     [GO TO PN QA15_H101]
DON'T KNOW ....................................................... -8     [GO TO PN QA15_H101]
```

PROGRAMMING NOTE QA15_H100:
IF ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12
MONTHS), THEN CONTINUE WITH QA15_H100;
ELSE GO TO PROGRAMMING NOTE QA15_H101

QA15_H100   Was any of that hospital care paid for by Medi-Cal?
그 병원비 중 메디-칼로 보장된 비용이 조금이라도 있었습니까?

AH76

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

PROGRAMMING NOTE FOR QA15_H101:
IF [ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12
MONTHS)] AND QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR SC14AQA15_G18 = 1 (R IS
PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH
QA15_H101;
ELSE SKIP TO PROGRAMMING NOTE QA15_I1

QA15_H101   During the last 12 months, did you get prenatal care that you didn't have to pay for?
지난 12 개월 동안, 출산 전 진료를 받았는데 귀하가 비용을 지불할 필요가 없었던 적이
있었습니까?

AH77

YES 1
NO 2   **[GO TO PN QA15_I1]**
REFUSED .... -7   **[GO TO PN QA15_I1]**
DON'T KNOW .... -8   **[GO TO PN QA15_I1]**

QA15_H102   Was it paid for by Medi-Cal?
그 비용은 메디-칼로 보장되었습니까?

AH78

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

Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA15_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA15_I39 TO ASK ABOUT SELECTED
ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA15_I2;
ELSE CONTINUE WITH QA15_I1

QA15_I1   These next questions are about health insurance (CHILD) may have.
다음은 (CHILD)(이)의 의료 보험에 대한 질문입니다.

Does (CHILD) have the same insurance as you?
(CHILD)(이)가 귀하와 같은 의료 보험을 갖고 있습니까?

CF10A

YES 1   **[GO TO QA15_I19]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I1:
IF QA15_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

> **PROGRAMMING NOTE QA15_I2:**
> **IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;**
> **ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;**
> **ELSE CONTINUE WITH QA15_I2**

QA15_I2   Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
(CHILD)(이)가 {귀하의 배우자/ 귀하의 동거인/ 배우자 이름/ 동거인 이름}과 같은 보험을 갖고 있습니까?

> **MA1**

YES	1	**[GO TO QA15_I19]**
NO	2	
REFUSED	.... -7	
DON'T KNOW	.... -8	

> **POST-NOTE QA15_I2:**
> **IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPIHS = 1, SET CHIHS = 1**
> **IF QA15_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**
> **IF QA15_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1**

QA15_I3   Is {he/she} currently covered by Medi-CAL?
이 자녀는 현재 메디칼 (Medi-CAL) 에 들어 있습니까?

> **CF1**

> **[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]**
> **[IF NEEDED, SAY: "메디-칼은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]**

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

> **POST-NOTE QA15_I3:**
> **IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1**

QA15_I4   Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
(CHILD) 는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해 제공되는 의료 보험이나 HMO에 가입되어있습니까?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

```
YES .......................................................................1
NO.........................................................................2      [GO TO PN QA15_I6]
REFUSED ............................................................ -7      [GO TO PN QA15_I6]
DON'T KNOW ....................................................... -8      [GO TO PN QA15_I6]
```

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5   Is this plan through an employer, through a union, or through Covered California's SHOP program?
이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 입니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

AI90

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]
[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다"]

```
EMPLOYER ...........................................................1
UNION..................................................................2
SHOP / COVERED CALIFORNIA ...........................3
OTHER (SPECIFY: _____):_____) 91
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
```

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1

```
PROGRAMMING NOTE QA15_I6:
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6
```

QA15_I6 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
(CHILD} (이)는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

> **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: "암이나 뇌졸증 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 의료 보험은 포함시키지 마십시오."]**

> YES 1
> NO..2 **[GO TO PN QA15_I13]**
> REFUSED .... -7 **[GO TO PN QA15_I13]**
> DON'T KNOW .... -8 **[GO TO PN QA15_I13]**

```
POST-NOTE QA15_I6:
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1
```

```
PROGRAMMING NOTE QA15_I7:
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8
```

QA15_I7 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
귀하는 이 의료 보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

> **AI91**

> INSURANCE COMPANY OR HMO..........................1
> COVERED CALIFORNIA..2
> OTHER (SPECIFY: _____).................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

```
POST-NOTE FOR QA15_I7:
IF QA15_I7 = 2, THEN SET CHHBEX = 1
```

```
PROGRAMMING NOTE QA15_I8
IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;
```

QA15_I8   Was this a bronze, silver, gold or platinum plan?
이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AI92

> BRONZE 1
> SILVER 2
> GOLD 3
> PLATINUM 4
> MEDI-CAL / MEDICAID 5
> MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
> OTHER (SPECIFY: _____)..................... 91
> REFUSED .... -7
> DON'T KNOW .... -8

```
PROGRAMMING NOTE QA15_I9
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA15_I9;
ELSE GO TO PROGRAMMING NOTE QA15_I10;
```

QA15_I9H9   Was there a subsidy or discount on the premium for this plan?
이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니까?

AI93

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

PROGRAMMING NOTE QA15_I10:
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I10;
ELSE GO TO PROGRAMMING NOTE QA15_I13

QA15_I10   Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
귀하는 (CHILD) 의 의료 보험료나 관련 비용의 전부 혹은 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(Co-pays)이나 본인 부담금(deductibles)에 대한 비용은 포함시키지 마십시오.

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: "공동 부담액(co-pay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "공제액(deductibles)이란 보험회사에서 지불해주기 전에 본인이 지불하는 의료비용입니다."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

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

QA15_I11   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?
직장 노동조합, 전문인 단체 등 다른 사람이 아이의 의료보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

AI50

```
YES ........................................................................1
NO ..........................................................................2    [GO TO PN QA15_I13]
REFUSED ............................................................... -7   [GO TO PN QA15_I13]
DON'T KNOW ........................................................ -8   [GO TO PN QA15_I13]
```

QA15_I12   Who else pays all or some portion of the cost for (CHILD)'s health plan?
그 외에 또 누가 (CHILD) (이)의 의료 보험비용의 전부 또는 일부를 지불합니까?

AI51

[CODE ALL THAT APPLY.]

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION	3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER	4
SPOUSE'S/PARTNER'S FORMER EMPLOYER	5
PROFESSIONAL/FRATERNAL ORGANIZATION	6
MEDICAID/MEDI-CAL ASSISTANCE	7
COVERED CALIFORNIA	10
OTHER	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_I12:
IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA15_I12 = 7, SET CHMCAL = 1
IF QA15_I12 = 10, SET CHHBEX = 1;

QA15_I13   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
자녀분은 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른 군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

CF6

YES	1	**[GO TO PN QA15_I19]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I13:
IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA15_I14   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids,or something else?
{자녀분/ 이 아이} (은)는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Health Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

CF7

> **[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]**
> **[IF NEEDED, SAY: "에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP) 또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다."]**

AIM 1	**[GO TO PN QA15_I19]**
"MISTER MIP"/MRMIP..2	**[GO TO PN QA15_I19]**
HEALTHY KIDS 3	**[GO TO PN QA15_I19]**
NO OTHER PLAN...4	
SOMETHING ELSE (SPECIFY: _____) .. 91	**[GO TO PN QA15_I19]**
REFUSED .... -7	
DON'T KNOW .... -8	

POST-NOTE QA15_I14:
IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15   Does {he/she} have any health insurance coverage through a plan that I missed?
자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

CF8

YES...1	
NO...2	**[GO TO PN QA15_I18]**
REFUSED .... -7	**[GO TO PN QA15_I18]**
DON'T KNOW .... -8	**[GO TO PN QA15_I18]**

QA15_I16   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?
자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

CF9

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

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

POST-NOTE QA15_I16:
IF QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA15_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA15_I16 = 8, SET CHIHS = 1
IF QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA15_I16 = -7 OR -8, SET CHINSURE = 1

> **PROGRAMMING NOTE QA15_I17:**
> **IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;**
> **ELSE SKIP TO PROGRAMMING NOTE QA15_I18**

QA15_I17   Just to verify, you said that (CHILD) gets health insurance through Medicare?
재확인하는 차원에서 다시 여쭈어 봅니다. (CHILD)이(가) 메디케어 혜택을 받는다고 하셨습니까?

CF9VER

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

> **PROGRAMMING NOTE QA15_I18:**
> **IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;**
> **ELSE GO TO QA15_I19;**

QA15_I18   What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
(CHILD) 이(가) 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는 무엇입니까?

CF1A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE 2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE 5
DON'T BELIEVE IN HEALTH INSURANCE 6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED 9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I19:
IF QA15_I1 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I19 = QA15_H9 AND QA15_I21 = QA15_H10 AND SKIP TO QA15_I22;
ELSE IF QA15_I1 = 1, THEN QA15_I19 = QA15_H60 AND QA15_I21 = QA15_H62 AND QA15_I22 = QA15_H63 AND GO TO PN QA15_I23;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA15_I19;
ELSE GO TO PN QA15_I23

QA15_I19   Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
(CHILD} (이)의 주된 의료 보험이 HMO, 즉 건강 관리 기구입니까?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]
[IF NEEDED, SAY: "HMO 란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다."]

```
YES ........................................................1      [GO TO QA15_I21]
NO ..........................................................2
REFUSED ............................................... -7
DON'T KNOW ........................................ -8
```

PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20   Is (CHILD)'s health plan a PPO or EPO?
(CHILD)의 의료 보험은 PPO 입니까, EPO 입니까?

AI115

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "EPO 는 Exclusive Provider Organization(독점적 외료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "PPO 는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험."]

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

QA15_I21   What is the name of (CHILD)'s main health plan?
(CHILD) (이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "혹시 (CHILD) (이)의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있으십니까?"]

```
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
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REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
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QA15_I22   Is (CHILD) covered for prescription drugs?
(CHILD)(이)의 보험은 처방약도 보장해 줍니까?

CF14

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

PROGRAMMING NOTE FOR QA15_I23:
IF (ARINSURE ≠ 1 OR QA15_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA15_I23;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I23   Does (CHILD)'s health plan have a deductible that is more than $1,000?
              (CHILD) (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000 이 넘습니까?

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: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

YES 1
NO 2   **[GO TO QA15_I25]**
YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO QA15_I25]**
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE FOR QA15_I24:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I24;
ELSE GO TO QA15_I25

QA15_I24   Does (CHILD)'s health plan have a deductible that is more than $2,000?
              (CHILD)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

AI85

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

YES 1   **[GO TO PN QA15_I26]**
NO 2
YES, ONLY WHEN GO OUT OF NETWORK 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_I25   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?
(CHILD) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이
$2,000 이 넘습니까?

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: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기
전에 귀하가 지불해야 하는 금액을 말합니다."]**

YES 1
NO 2   **[GO TO PN QA15_I27]**
YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO PN QA15_I27]**
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE FOR QA15_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I26;
ELSE GO TO PROGRAMMING NOTE QA15_I27

QA15_I26   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000?
(CHILD) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이
$4,000 이 넘습니까?

AI86

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

```
YES ............................................................1
NO...............................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ................................................ -7
DON'T KNOW ........................................ -8
```

PROGRAMMING NOTE QA15_I27:
IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I27   Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?
(CHILD}의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 있습니다.

그밖에 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 직장에서 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다."]

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

PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28   What is the <u>one main</u> reason (CHILD) does not have any health insurance?
(CHILD) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

CF18

CAN'T AFFORD/TOO EXPENSIVE 1	
NOT ELIGIBLE DUE TO WORKING STATUS/	
CHANGED EMPLOYER/LOST JOB 2	
NOT ELIGIBLE DUE TO HEALTH OR	
OTHER PROBLEMS 3	
NOT ELIGIBLE DUE TO CITIZENSHIP/	
IMMIGRATION STATUS 4	
FAMILY SITUATION CHANGED...........................5	
DON'T BELIEVE IN INSURANCE 6	
SWITCHED INSURANCE COMPANIES,	
DELAY BETWEEN 7	
CAN GET HEALTH CARE FOR FREE/PAY	
FOR OWN CARE..8	
OTHER (SPECIFY: _____).................... 91	
REFUSED .... -7	
DON'T KNOW .... -8	

QA15_I29   Was (CHILD) covered by health insurance at any time during the past 12 months?
(CHILD) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

CF20

YES...1	**[GO TO QA15_I31]**
NO...2	
REFUSED .... -7	
DON'T KNOW .... -8	

QA15_I30   How long has it been since (CHILD) last had health insurance?
(CHILD) (이)가 의료 보험 없이 지낸 기간은얼마나 되었습니까?

CF21

MORE THAN 12 MONTHS, BUT NOT	
MORE THAN 3 YEARS AGO 1	**[GO TO PN QA15_I39]**
MORE THAN 3 YEARS AGO 2	**[GO TO PN QA15_I39]**
NEVER HAD HEALTH INSURANCE COVERAGE ..3	**[GO TO PN QA15_I39]**
REFUSED .... -7	**[GO TO PN QA15_I39]**
DON'T KNOW .... -8	**[GO TO PN QA15_I39]**

QA15_I31   For how many of the last 12 months did {he/she} have health insurance?
지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]
_____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN QA15_I39]**

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

QA15_I32   Duri0ng 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?
(CHILD)(이)가 의료 보험이 있던 기간 동안 들어있던 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

CF23

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

MEDI-CAL 1   **[GO TO PN QA15_I39]**
HEALTHY FAMILIES 2   **[GO TO PN QA15_I39]**
THROUGH CURRENT OR FORMER EMPLOYER
UNION...3   **[GO TO PN QA15_I39]**
HEALTHY KIDS 4   **[GO TO PN QA15_I39]**
PURCHASED DIRECTLY..5   **[GO TO PN QA15_I39]**
COVERED CALIFORNIA..6   **[GO TO PN QA15_I39]**
OTHER HEALTH PLAN... 91   **[GO TO PN QA15_I39]**
REFUSED .... -7   **[GO TO PN QA15_I39]**
DON'T KNOW .... -8   **[GO TO PN QA15_I39]**

QA15_I33   Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?
(CHILD) (은)는 지난 12 개월 <u>내내</u> 현재와 같은 의료 보험에 들어 있었습니까?

CF24

YES 1   **[GO TO PN QA15_I39]**
NO..2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ...3   **[GO TO PN QA15_I39]**
REFUSED .... -7
DON'T KNOW .... -8

QA15_I34   When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?
자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

CF25

YES 1
NO..2   **[GO TO QA15_I36]**
REFUSED .... -7   **[GO TO QA15_I36]**
DON'T KNOW .... -8   **[GO TO QA15_I36]**

QA15_I35   Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
이 다른 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

CF26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

MEDI-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 4
PURCHASED DIRECTLY...5
COVERED CALIFORNIA...6
OTHER HEALTH PLAN.. 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_I36   During the past 12 months, was there any time when {he/she} had no health insurance at all?
지난 12 개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

CF27

YES 1
NO..2   **[GO TO PN QA15_I39]**
REFUSED .... -7   **[GO TO PN QA15_I39]**
DON'T KNOW .... -8   **[GO TO PN QA15_I39]**

QA15_I37   For how many of the past 12 months did {he/she} have no health insurance?
지난 12 개월 동안(CHILD)이(가) 의료보험이 없었던 기간은 몇 개월입니까?

CF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QA15_I38   What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
(CHILD) (이)가 보험에 들어있지 않았던 동안, 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

CF29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES, OTHER PROBLEMS   3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...8
OTHER (SPECIFY).. 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I39:
IF NO TEEN SELECTED, GO TO PN QA15_I78;
  IF ARINSURE = 1, CONTINUE WITH QA15_I39;
  IF ARINSURE = 0, GO TO PN QA15_I40;
  ELSE CONTINUE WITH QA15_I39

QA15_I39   These next questions are about health insurance (TEEN) may have.
             다음은 (TEEN)(이)의 의료 보험에 대한 질문입니다.

             Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
             (TEEN) (이)가 귀하와 같은 의료 보험을 갖고 있습니까?

IA10A

             YES 1   [GO TO QA15_I58]
             NO...2
             REFUSED .... -7
             DON'T KNOW .... -8

POST-NOTE QA15_I39:
IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARIHS = 1, SET TEIHS = 1
IF QA15_I39 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA15_I40:
IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
ELSE IF QA15_I39 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
ELSE CONTINUE WITH QA15_I40

QA15_I40   Does (TEEN) have the same insurance as your spouse?
                  (TEEN) (이)가 귀하의 배우자와 같은 보험을 갖고 있습니까?

MA5

```
                       YES ......................................................1      [GO TO QA15_I58]
                       NO........................................................2
                       REFUSED ............................................. -7
                       DON'T KNOW ........................................ -8
```

POST-NOTE QA15_I40:
IF QA15_I40 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

PROGRAMMING NOTE QA15_I41:
IF CHINSURE ≠ 1, THEN SKIP TO QA15_I42;
ELSE IF (QA15_I39= 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;
ELSE CONTINUE WITH QA15_I41;

QA15_I41   Does (TEEN) have the same insurance as (CHILD)?
                 (TEEN) (은) 는 (CHIL) (와)과 같은 보험을 갖고 있습니까?

MA6

                 YES 1   **[GO TO PN QA15_I72]**
                 NO..2
                 REFUSED .... -7
                 DON'T KNOW .... -8

POST-NOTE QA15_I41:
IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;
IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1

QA15_I42   Is {he/she} currently covered by Medi-CAL?
                 이 자녀는 현재 메디칼(Medi-CAL)에 들어 있습니까?

IA1

                 [IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
                 [IF NEEDED, SAY: "메디-칼(Medi-CAL)은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

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

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA15_I43   Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
(TEEN)(은)는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해서 가입한 의료 보험이나 HMO 에 들어 있습니까?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES 1
NO..2   **[GO TO QA15_I45]**
REFUSED .... -7   **[GO TO QA15_I45]**
DON'T KNOW .... -8   **[GO TO QA15_I45]**

POST-NOTE QA15_I43:
IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA15_I44   Is this plan through an employer, through a union, or through Covered California's SHOP program?
이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 있니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

AI94   **[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"].")]**

[IF NEEDED, SAY: "SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다."]

EMPLOYER 1
UNION...2
SHOP / COVERED CALIFORNIA 3
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QA15_I44:
IF QA15_I44 = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I45:
IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45

QA15_I45   Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
(TEEN) (이)는 귀하가 보험회사나 HMO 로부터 직접 구입했거나, Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

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: "암이나 뇌졸증 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 의료 보험은 포함시키지 마십시오."]

YES 1
NO...2   **[GO TO PN QA15_I52]**
REFUSED .... -7   **[GO TO PN QA15_I52]**
DON'T KNOW .... -8   **[GO TO PN QA15_I52]**

POST-NOTE QA15_I45:
IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:
IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
귀하는 이 의료보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

AI95

INSURANCE COMPANY OR HMO..........................1
COVERED CALIFORNIA...2
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QA15_I46:
IF QA15_I46 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I47
IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;

QA15_I47   Was this a bronze, silver, gold or platinum plan?
이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AI96

BRONZE 1
SILVER 2
GOLD 3
PLATINUM...4
MEDI-CAL / MEDICAID 5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
OTHER (SPECIFY: _____)...................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I48
IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;

QA15_I48   Was there a subsidy or discount on the premium for this plan?
이 의료 보험의 보험료에는 보조금이나 할인이 제공되었습니까?

AI97

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

PROGRAMMING NOTE QA15_I49:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I49;
ELSE GO TO PROGRAMMING NOTE QA15_I52

QA15_I49   Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of
            any co-pays or deductibles you or your family may have had to pay.
            귀하는 (TEEN) 의 의료 보험료나 관련 비용의 전부 혹은 일부를 지불하고 계십니까? 귀하나
            귀하의 가족이 지불해야 하는 공동 부담액(Co-pays)이나 본인 부담금(deductibles)에 대한 비용은
            포함시키지 마십시오.

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: "공동 부담액(co-pays)이란 다른 사람이 귀하의 의료보험료를 지불하는
상황에서 귀하가 의사의 진료를 받거나 의료 서비스를 사용할 때마다 지불해야 하는 의료비의
일부를 말합니다."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health
plan starts paying."]
[IF NEEDED, SAY: "공제액(deductibles)이란 보험회사에서 지불해주기 전에 본인이 지불하는
의료비용입니다."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance
plan."]
[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

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

QA15_I50   Does anyone else, such as an employer, a union, or professional organization pay all or some
            portion of the premium or cost for (TEEN)'s health plan?
            직장, 노동조합, 또는 전문인 단체와 같은 다른 사람이 (TEEN) (이)의 의료보험에 대한 보험료나
            비용의 전부 또는 일부를 지불합니까?

AI52

            YES...1
            NO..2   **[GO TO PN QA15_I52]**
            REFUSED .... -7   **[GO TO PN QA15_I52]**
            DON'T KNOW .... -8   **[GO TO PN QA15_I52]**

QA15_I51   Who else pays all or some portion of the cost for (TEEN)'s health plan?
그 외에 또 누가 (TEEN) (이)의 의료 보험 비용의 전부 또는 일부를 지불합니까?

AI53

[CODE ALL THAT APPLY.]

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

POST-NOTE QA15_I51:
IF QA15_I51 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA15_I51 = 7, SET TEMCAL = 1;
IF QA15_I51 = 10I54 = 51, SET TEHBEX =1;

PROGRAMMING NOTE QA15_I52:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;
ELSE CONTINUE WITH QA15_I52

QA15_I52   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
자녀분이 CHAMPUS/CHAMP VA, Tricare, 또는 군인이나 군인가족을 위한 의료혜택을 받고 있습니까?

IA6

YES 1   **[GO TO PN QA15_I58]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA15_I52:
IF QA15_I52 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA15_I53   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?
{자녀분/ 이 아이} (은)는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Healthy Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

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: "에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다. "]

```
AIM.............................................................1     [GO TO PN QA15_I58]
"MISTER MIP"/MRMIP............................................2     [GO TO PN QA15_I58]
Family PACT ...................................................3     [GO TO PN QA15_I58]
HEALTHY KIDS ................................................4     [GO TO PN QA15_I58]
NO OTHER PLAN.................................................5
SOMETHING ELSE (SPECIFY: _____) .. 91     [GO TO PN QA15_I58]
REFUSED ....................................................... -7
DON'T KNOW ................................................. -8
```

POST-NOTE QA15_I53:
IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA15_I54   Does {he/she} have any health insurance coverage through a plan that I missed?
자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

IA8

```
YES ...........................................................1
NO.............................................................2     [GO TO PN QA15_I58]
REFUSED ..................................................... -7     [GO TO PN QA15_I58]
DON'T KNOW ............................................. -8     [GO TO PN QA15_I58]
```

QA15_I55   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?
자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

IA9

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서였습니까, 학교를 통해서였습니까, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서였습니까, 아니면 의료 보험회사로부터 직접 구입하셨습니까?"]

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

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

POST-NOTE QA15_I55:
IF QA15_I55_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA15_I55_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA15_I55_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA15_I55_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA15_I55_8 = 1, SET TEIHS = 1;
IF QA15_I55 = 10, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55 = 11, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA15_I55_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA15_I55 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA15_I56:
IF QA15_I55I57 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57

QA15_I56   Just to verify, you said that (TEEN) gets health insurance through Medicare?
재확인 하는 차원에서 다시 여쭈어 봅니다. (TEEN)이(가) 메디케어 혜택을 받는다고 하셨습니까?

IA9VER

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

PROGRAMMING NOTE QA15_I57:
IF TEINSURE ≠ 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;

QA15_I57   What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
(TEEN) (이)가 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는 무엇입니까?

IA1A

```
                        PAPERWORK TOO DIFFICULT .............................1
                        DIDN'T KNOW IF ELIGIBLE ...................................2
                        INCOME TOO HIGH, NOT ELIGIBLE ....................3
                        NOT ELIGIBLE DUE TO CITIZENSHIP/
                        IMMIGRATION STATUS ........................................4
                        OTHER NOT ELIGIBLE...........................................5
                        DON'T BELIEVE IN HEALTH INSURANCE .............6
                        DON'T NEED IT BECAUSE HEALTHY ...................7
                        ALREADY HAVE INSURANCE ...............................8
                        DIDN'T KNOW IT EXISTED.....................................9
                        DON'T LIKE / WANT WELFARE .......................... 10
                        OTHER (SPECIFY:_____)................... 91
                        REFUSED ............................................................ -7
                        DON'T KNOW ....................................................... -8
```

```
PROGRAMMING NOTE QA15_I58:
IF QA15_I39 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I58 = QA15_H9H8 AND QA15_I60 =
QA15_H10 AND SKIP TO QA15_I61;
ELSE IF QA15_I39 = 1, THEN QA15_I58 = QA15_H60 AND QA15_I60 = QA15_H62 AND QA15_I61 =
QA15_H63 AND GO TO PN QA15_I62;
ELSE IF QA15_I41 = 1, THEN QA15_I58 = QA15_I19 AND QA15_I60 = QA15_I21 AND QA15_I61 = QA15_I22
AND GO TO PN QA15_I62;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA15_I58;
ELSE GO TO PROGRAMMING NOTE QA15_I62
```

QA15_I58   Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?
              (TEEN) (이)의 주된 의료 보험은 HMO, 즉 건강 관리 기구(Health Maintenance
              Organization)입니까?

MA8

              **[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO,
              {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes
              outside the network, generally it will not be paid unless it's an emergency."]**
              **[IF NEEDED, SAY: "HMO 란 Health Maintenance Organization(건강 관리 기구)의 약어입니다.
              HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은
              의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 진료비를 보험회사가 지불하지
              않습니다."]**

              **[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health
              plan."]**
              [IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험."]

              **[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE
              AS "NO."]**

                   YES 1   **[GO TO QA15_I60I59]**
                   NO 2
                   REFUSED .... -7
                   DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I59:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA15_I60;
ELSE CONTINUE WITH QA15_I59;

QA15_I59   Is (TEEN)'s health plan a PPO or EPO?
(TEEN)의 의료 보험은 PPO 입니까, EPO 입니까?

AI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "EPO 는 Exclusive Provider Organization(독점적 외료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]
[IF NEEDED, SAY: "PPO 는 Preferred Provider Organization(선호 외료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "자녀분의 주된 의료 보험."]

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

QA15_I60   What is the name of (TEEN)'s main health plan?
                     (TEEN) (이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

┌─────────┐
│ **MA7** │
└─────────┘
                     **[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an
                     insurance card or something else with the plan name on it?"]**
                     **[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "혹시 (TEEN) (이)의 의료 보험 이름이
                     적혀 있는 보험 카드나 서류 같은 것이 있으십니까?"]**

                          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
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OTHER (SPECIFY: _____) 85
REFUSED .... -7
DON'T KNOW .... -8

QA15_I61   Is (TEEN) covered for prescription drugs?
(TEEN)(이)의 보험은 처방약도 보장해 줍니까?

IA14

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

PROGRAMMING NOTE FOR QA15_I62:
IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN
CONTINUE WITH QA15_I62;
ELSE SKIP TO PN QA15_I67

QA15_I62   Does (TEEN)'s health plan have a deductible that is more than $1,000?
(TEEN) (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000 이 넘습니까?

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: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기
전에 귀하가 지불해야 하는 금액을 말합니다."]

```
                              YES ........................................................................1
                              NO..........................................................................2    [GO TO QA15_I64]
                              YES, ONLY WHEN GO OUT OF NETWORK .........3    [GO TO QA15_I64]
                              REFUSED .............................................................. -7
                              DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE QA15_I63:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I63;
ELSE GO TO QA15_I61

QA15_I63   Does (TEEN)'s health plan have a deductible that is more than $2,000?
(TEEN)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

AI87

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to
pay for your medical care."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기
전에 귀하가 지불해야 하는 금액을 말합니다."]

```
                              YES ........................................................................1    [GO TO PN QA15_I65]
                              NO..........................................................................2
                              YES, ONLY WHEN GO OUT OF NETWORK .........3
                              REFUSED .............................................................. -7
                              DON'T KNOW ........................................................ -8
```

QA15_I64   Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?
(TEEN) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이
$4,000 이 넘습니까?

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: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기
전에 귀하가 지불해야 하는 금액을 말합니다."]**

                    YES 1
                    NO...2   **[GO TO PN QA15_I66]**
                    YES, ONLY WHEN GO OUT OF NETWORK 3   **[GO TO PN QA15_I66]**
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I65:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I65;
ELSE GO TO PROGRAMMING NOTE QA15_I66

QA15_I65   Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?
(TEEN) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이
$4,000 이 넘습니까?

AI88

**[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to
pay for your medical care."]**
**[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기
전에 귀하가 지불해야 하는 금액을 말합니다."]**

                    YES 1
                    NO...2
                    YES, ONLY WHEN GO OUT OF NETWORK 3
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I66:
IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67

QA15_I66   Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
(TEEN)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 있습니다. 또 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 직장에서 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다."]

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

> **PROGRAMMING NOTE QA15_I67:**
> **IF TEINSURE = 1, GO TO QA15_I72;**
> **ELSE CONTINUE WITH QA15_I67**

QA15_I67   What is the <u>one main</u> reason (TEEN) does not have any health insurance?
              (TEEN) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

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
> OTHER PROBLEMS 3
> NOT ELIGIBLE DUE TO CITIZENSHIP/
> IMMIGRATION STATUS 4
> FAMILY SITUATION CHANGED............................5
> DON'T BELIEVE IN INSURANCE 6
> SWITCHED INSURANCE COMPANIES,
> DELAY
> BETWEEN 7
> CAN GET HEALTH CARE FOR FREE/PAY
> FOR
> OWN CARE 8
> OTHER (SPECIFY: _____):_____)91
> REFUSED .... -7
> DON'T KNOW .... -88

QA15_I68   Was (TEEN) covered by health insurance at any time during the past 12 months?
              (TEEN) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

IA20

> YES..1   **[GO TO QA15_I70]**
> NO..2
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I69   How long has it been since (TEEN) last had health insurance?
              (TEEN) (이)가 의료 보험 없이 지낸 기간은얼마나 되었습니까?

IA21

> MORE THAN 12 MONTHS, BUT NOT
> MORE THAN 3 YEARS AGO 1   **[GO TO QA15_I78]**
> MORE THAN 3 YEARS AGO 2   **[GO TO QA15_I78]**
> NEVER HAD HEALTH INSURANCE COVERAGE ..3   **[GO TO QA15_I78]**
> REFUSED .... -7   **[GO TO QA15_I78]**
> DON'T KNOW/NOT SURE .... -8   **[GO TO QA15_I78]**

QA15_I70   For how many of the last 12 months did {he/she} have health insurance?
지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]   **[IF 0, THEN GO TO PN QA15_I78]**

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

QA15_I71   During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
(TEEN)(이)가 의료 보험이 있던 기간 동안, 들어있던 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험,직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

IA23

[CODE ALL THAT APPLY.][PROBE: "Any others?"]
[CODE ALL THAT APPLY.] [PROBE: "그 외에도 더 있습니까?"]

MEDI-CAL 1   **[GO TO QA15_I78]**
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 3   **[GO TO QA15_I78]**
PURCHASED DIRECTLY......................................5   **[GO TO QA15_I78]**
COVERED CALIFORNIA...6   **[GO TO QA15_I78]**
OTHER HEALTH PLAN....................................... 91   **[GO TO QA15_I78]**
REFUSED .... -7   **[GO TO QA15_I78]**
DON'T KNOW .... -8   **[GO TO QA15_I78]**

QA15_I72   Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?
(TEEN) (은)는 지난 12 개월 <u>내내</u> 현재와 같은 의료 보험에 들어 있었습니까?

IA24

YES..1   **[GO TO QA15_I78]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA15_I73   When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

IA25

YES..1
NO..2   **[GO TO QA15_I75]**
REFUSED .... -7   **[GO TO QA15_I75]**
DON'T KNOW .... -8   **[GO TO QA15_I75]**

QA15_I74   Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
이 다른 의료 보험은 어떤 것이었습니까? 메디-칼, 귀하의 직장을 통해 가입한 보험, 귀하가 직접 보험회사로 부터 구입한 보험, 혹은 귀하가 커버드 캘리포니아(Covered California)를 통해 구입한 보험이었습니까, 아니면 제가 말씀 드린 것 이외의 다른 보험이었습니까?

IA26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

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

QA15_I75   During the past 12 months, was there any time when {he/she} had no health insurance at all?
지난 12 개월동안, {CHILD NAME/AGE/SEX}에게 의료 보험이 전혀 없던 때가 있었습니까?

IA27

```
          YES ....................................................................1
          NO......................................................................2      [GO TO QA15_I78]
          REFUSED ........................................................... -7     [GO TO QA15_I78]
          DON'T KNOW ..................................................... -8     [GO TO QA15_I78]
```

QA15_I76   For how many of the past 12 months did {he/she} have no health insurance?
지난 12 개월 동안 자녀분에게 의료보험이 없었던 기간은 몇 개월입니까?

IA28

[IF < 1 MONTH, ENTER "1"]

```
          _____ MONTHS [RANGE: 1-12]

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

185

QA15_I77   What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?
(TEEN) (이)가 보험에 들어 있지 않았던 동안, 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

IA29

[IF R SAYS, "No need," PROBE WHY]

```
CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB ........................2
NOT ELIGIBLE DUE TO HEALTH OR
DELAY
BETWEEN ...............................................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR
OWN CARE ............................................................8
OTHER (SPECIFY: _____)..................... 91
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE QA15_I78:
IF NOT ANSWERED IN SECTION H (AH103h = -1 AND KAH103h =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95

QA15_I78   In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
지난 12 개월 이내에, 귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 의료 보험을 구입하려고 시도한 적이 있습니까?

AH103i

```
YES ........................................................................1
NO...........................................................................2     [GO TO PN QA15_I95]
REFUSED .............................................................. -7     [GO TO PN QA15_I95]
DON'T KNOW ........................................................ -8     [GO TO PN QA15_I95]
```

QA15_I79   Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
그것은 어떤 것이었습니까? 다음 보기 중 선택해 주십시오.

AH110i

DIRECTLY FROM AN INSURANCE
COMPANY OR HMO, OROR 1
THROUGH COVERED CALIFORNIA, OROR 2
BOTH, FROM AN INSURANCE COMPANY,
AND THROUGH COVERED CALIFORNIACALIFORNIA 3
REFUSED .... -7   **[GO TO PN QA15_I82]**
DON'T KNOW .... -8   **[GO TO PN QA15_I82]**

PROGRAMMING NOTE QA15_I80:
IF QA15_I79 = 1; THEN CONTINUE WITH QA15_I80 I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 I84 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA15_ I84;

QA15_I80   {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed? Was it…
귀하에게 필요한 혜택을 제공하는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH98i

Very difficult,...1
매우 어려웠음...1
Somewhat difficult, ...2
약간 어려웠음...2
Not too difficult, or 3
별로 어렵지 않았음 3
Not at all difficult? 4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_I81   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

AH99i

Very difficult,..1
매우 어려웠음...1
Somewhat difficult, ...2
약간 어려웠음...2
Not too difficult, or 3
별로 어렵지 않았음 3
Not at all difficult? 4
전혀 어렵지 않았음 4

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

QA15_I82   Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

AH100i

YES 1
NO 2   **[GO TO PN QA15_ I84]**
REFUSED .... -7   **[GO TO PN QA15_ I84]**
DON'T KNOW .... -8   **[GO TO PN QA15_ I84]**

QA15_I83   Who helped you?
누가 도움을 주었습니까?

AH101i

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

PROGRAMMING NOTE QA15_I84I94:
IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA15_ I88;

QA15_ I84   {Now, think about your experience with Covered California.}
지금부터는 Covered California 에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was it…
Covered California 를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나 어려웠습니까?

AH111i

Very difficult...1
매우 어려웠음..1
Somewhat difficult..2
약간 어려웠음..2
Not too difficult 3
별로 어렵지 않았음 3
Not at all difficult?...4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_I85   How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH112i

Very difficult...1
매우 어려웠음..1
Somewhat difficult..2
약간 어려웠음..2
Not too difficult 3
별로 어렵지 않았음 3
Not at all difficult?...4
전혀 어렵지 않았음 4
REFUSED .... -7
DON'T KNOW .... -8

QA15_ I86   Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

AH113i

YES 1
NO..2   **[GO TO QA15_ I88]**
REFUSED .... -7   **[GO TO QA15_ I88]**
DON'T KNOW .... -8   **[GO TO QA15_ I88]**

QA15_I87   Who helped you?
누가 도움을 주었습니까?

AH114i

> BROKER 1
> FAMILY MEMBER / FRIEND.................................2
> INTERNET 3
> CERTIFIED INSURANCE AGENTS.......................4
> OTHER (SPECIFY: _____):_____)91
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I88   Did you have all the information you felt you needed to make a good decision on a health plan?
귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고 생각하는 모든 정보를 가지고
있었습니까?

AH115i

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

PROGRAMMING NOTE QA15_I89:
IF QA15_G8G9 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89;
ELSE GO TO QA15_I90;

QA15_I89   Were you able to get information about your health plan options in your language?
귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로 제공받을 수 있었습니까?

AH116i

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

QA15_I90   Was the cost of the plan you selected very important, somewhat important, or not important in
choosing your plan?
본인의 의료 보험을 선택하는 데 있어서, 보험비용은 얼마나 중요했습니까? 매우 중요했음, 약간
중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH117i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT......................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I91   Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH118i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT......................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I92   Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 병원에서 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH119i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT......................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_I93   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
보험의 네트워크 내에서 의사를 선정하는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH120i

> VERY IMPORTANT 1
> SOMEWHAT IMPORTANT......................................2
> NOT IMPORTANT 3
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I94:
IF QA15_I8 = 1 OR QA15_I47 = 1, THEN DISPLAY "Bronze"
ELSE IF QA15_I8 = 2 OR QA15_I47 = 2, THEN DISPLAY "Silver"
ELSE IF QA15_I8 = 3 OR QA15_I47 = 3, THEN DISPLAY "Gold"
ELSE IF QA15_I8 = 4 OR QA15_I47 = 4, THEN DISPLAY "Platinum"
ELSE IF QA15_I8 = 6 OR QA15_I47 = 6, THEN DISPLAY "Minimum coverage"
ELSE DISPLAY " ";

QA15_I94   Finally, what was the <u>most</u> important reason you chose your
{Bronze/Silver/Gold/Platinum/Minimum coverage/ Coverage} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?
마지막으로 귀하께서 {브론즈/실버/골드/플래티넘/최소 보장} 플랜을 선택하신 가장 중요한 이유는 무엇입니까? 비용, 원하는 의사, 원하는 병원, 네트워크내에 속한 의사들 때문입니까, 아니면 다른 이유가 있습니까?

AH121i

COST 1
SPECIFIC DOCTOR..2
SPECIFIC HOSPITAL...3
CHOICE OF DOCTORS IN NETWORK...................4
OTHER (SPECIFY:_____)...................... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_I95:
IF NO TEEN SELECTED, GO TO SECTION J;
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA15_I95   In what country was (TEEN)'s {mother/father} born?
                 (TEEN)의 {어머니/ 아버지}는 어느 나라에서 출생하셨습니까?

AI56

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

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

PROGRAMMING NOTE QA15_I96:
IF QA15_I95I99 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH QA15_I96;
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA15_I96　　　Does (TEEN)'s {mother/father} now live in the U.S.?
　　　　　　　　(CHILD)의 {어머니/ 아버지}는 현재 미국에 살고 계십니까?

AI57

```
                         YES........................................................................1
                         NO..........................................................................2
                         MOTHER/FATHER DECEASED .............................3
                         MOTHER/FATHER NEVER LIVED IN US ..............4
                         REFUSED ............................................................. -7
                         DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA15_I97:
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA15_I96I95 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA15_I97　　　{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?
　　　　　　　　(TEEN)의 {어머니/ 아버지}는 미국 시민권자 {이십니까?/ 였습니까?}

AI58

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

```
                         YES........................................................................1     [GO TO PN QA15_I99]
                         NO..........................................................................2
                         APPLICATION PENDING ........................................3
                         REFUSED ............................................................. -7
                         DON'T KNOW ....................................................... -8
```

> **PROGRAMMING NOTE QA15_I98:**
> **IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";**
> **IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";**
> **IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";**
> **ELSE DISPLAY "Is"**

QA15_I98   {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?
(TEEN)의 {어머니/ 아버지}는 그린 카드를 소지한 영주권자{이십니까? /였습니까?}

> **AI59**

> **[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]**
> **[IF NEEDED, SAY: "흔히들 "그린 카드"라고는 하지만, 실제 색깔은 분홍색이나 파란색, 흰색일 수도 있습니다."]**

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

> **PROGRAMMING NOTE QA15_I99:**
> **IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";**
> **IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";**

QA15_I99   About how many years has (TEEN)'s {mother/father} lived in the United States?
(TEEN)의 {어머니/ 아버지}는 미국에서 대략 몇 년이나 사셨습니까?

> **AI60**

> **[IF < 1 YEAR, ENTER "1"]**

> _____ NUMBER OF YEARS

> _____ YEAR FIRST COME AND LIVE IN U.S.

> MOTHER/FATHER DECEASED 3
> MOTHER/FATHER NEVER LIVED IN US 4
> REFUSED .... -7
> DON'T KNOW .... -8

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA15_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";

ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

QA15_J1   {Now, I'd like to ask about the health care <u>you</u> receive.} During the past 12 months, how many times have you seen a medical doctor}?
이제는 받고 계시는 의료 서비스에 대해 여쭤보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 방문하셨습니까?

> **AH5**

_____ TIMES[HR: 0-365]

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

PROGRAMMING NOTE QA15_J2:
IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2;
ELSE GO TO PROGRAMMING NOTE QA15_J3

QA15_J2   About how long has it been since you last saw a doctor about your own health?
자신의 건강 문제 때문에 가장 최근에 의사를 본 게 얼마 전이었습니까?

> **AH6**

ONE YEAR AGO OR LESS.....................................0
MORE THAN 1 UP TO 2 YEARS AGO 1
MORE THAN 2 UP TO 5 YEARS AGO 2
MORE THAN 5 YEARS AGO 3
NEVER 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J3:
IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4;
ELSE CONTINUE WITH QA15_J3

QA15_J3   About how long has it been since you last saw a doctor or medical provider for a <u>routine check-up</u>?
귀하가 **일상적인 검진**을 받기 위해 의사나 외료 제공자를 마지막으로 방문한 지가 대략 얼마나 되었습니까?

AJ114   **[IF NEEDED: 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: "일상적인 검진이란 병이나 건강 문제가 없을 때 의사를 방문하는 것을 말합니다. 일상적인 검진을 할 때는 흡연과 같은 건강과 관련된 행동에 대한 질문을 할 수도 있습니다."]

ONE YEAR AGO OR LESS......................................0
MORE THAN 1 UP TO 2 YEARS AGO 1
MORE THAN 2 UP TO 5 YEARS AGO 2
MORE THAN 5 YEARS AGO 3
NEVER...4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J4:
IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5

QA15_J4   Do you have a personal doctor or medical provider who is your main provider?
귀하의 담당 의사 역할을 하는 주치의나 외료 제공자이 있습니까?

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: "여기에는 일반의, 전문의, 의사 보조원, 간호사, 또는 다른 외료 제공자가 포함될 수 있습니다."]

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

> **PROGRAMMING NOTE QA15_J5:**
> **IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;**
> **ELSE GO TO PROGRAMMING NOTE QA15_J7**

QA15_J5   How often does your doctor or medical provider listen carefully to you? Would you say…

담당 의사나 외료 제공자가 귀하의 말을 경청하는 경우는 얼마나 자주 있었습니까?

> **AJ112**

Never,..1	
전혀 없었음 1	
Sometimes, ...2	
가끔 2	
Usually, or 3	
보통 3	
Always? 4	
항상 4	
REFUSED .... -7	
DON'T KNOW .... -8	

QA15_J6   How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say…
담당의사나 외료 제공자이 귀하가 건강을 돌보기 위해 할 일에 대해 분명하게 설명해 준 경우는 얼마나 자주 있었습니까?

> **AJ113**

Never,..1	
전혀 없었음 1	
Sometimes, ...2	
가끔 2	
Usually, or 3	
보통 3	
Always? 4	
항상 4	
REFUSED .... -7	
DON'T KNOW -8	

> **PROGRAMMING NOTE QA15_J7:**
> **IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;**
> **ELSE GO TO PROGRAMMING NOTE QA15_J9;**
> **IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";**
> **ELSE DISPLAY "a";**

QA15_J7   Please tell me yes or no. In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?
지난 12 개월 동안, 귀하가 아프거나 다쳐서 담당의사 또는 외료 제공자와이틀 안에 진료 예약을 잡으려고 시도했던 적이 있으셨습니까?

> **AJ102**

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]
[IF NEEDED, SAY: "어젼트 케어 (urgent care), 즉 긴급 진료나 응급실에 가게 된 경우는 제외해 주십시오. 이 질문에는 진료 예약에만 해당됩니다."]

```
YES......................................................................1
NO........................................................................2     [GO TO QA15_J9]
REFUSED ........................................................... -7     [GO TO QA15_J9]
DON'T KNOW ...................................................... -8     [GO TO QA15_J9]
```

QA15_J8   How often were you able to get an appointment within two days? Would you say…
예약을 이틀 안에 할 수 있었던 경우가 얼마나 자주 있었습니까?

> **AJ103**

```
Never,...................................................................1
전혀 없었음 ...........................................................1
Sometimes, ..........................................................2
가끔 ......................................................................2
Usually, or ............................................................3
보통 ......................................................................3
Always?.................................................................4
항상 ......................................................................4
REFUSD .............................................................. -7
DON'T KNOW ...................................................... -8
```

QA15_J9   During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?
지난 12개월 동안, 귀하께서는 병원에 방문하는 대신 비디오를 통한 화상 대화나 전화 통화를 통해 의사나 외료 제공자의 진료를 받으신 적이 있으십니까?

AJ152

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]
[IF NEEDED, SAY: "예약을 하기 위한 통화나 처방약 리필과 관련된 통화는 제외해 주십시오. 간호사의 헬프라인에 걸었던 전화는 제외해 주십시오."]

```
YES ........................................................... 1
NO .............................................................. 2      [GO TO QA15_J11J14]
REFUSED ............................................... -7      [GO TO QA15_J11J14]
DON'T KNOW ........................................ -8      [GO TO QA15_J11J14]
```

QA15_J10   Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?
이 진료는 피부나 눈에 생긴 문제에 대한 것이었습니까, 정신 건강이나 정서 문제에 대한 것이었습니까, 아니면 기타 다른 건강문제와 관련된 것이었습니까?

AJ153

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: "다른 문제와 관련된 것은 없으셨습니까?"]

```
SKIN PROBLEM ....................................... 1
EYE PROBLEM ........................................ 2
MENTAL OR EMOTIONAL OR MENTAL HEALTH PROBLEM    3
OTHER HEALTH PROBLEM
(SPECIFY: _____) .................................. 91
REFUSED ........................................................ -7
DON'T KNOW ................................................. -8
```

PROGRAMMING NOTE QA15_J11J14:
IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA15_J11J14;
ELSE GO TO PROGRAMMING NOTE QA15_J16J19

QA15_J11J14 The last time you saw a doctor, did you have a hard time understanding the doctor?
지난 번에 의사를 보았을 때 의사가 하는 말이 알아듣기 힘들었습니까?

AJ8

```
YES ........................................................... 1      [GO TO PN QA15_J13J16]
NO .............................................................. 2
REFUSED ............................................... -7      [GO TO QA15_J16J19]
DON'T KNOW ........................................ -8      [GO TO QA15_J16J19]
```

```
PROGRAMMING NOTE QA15_J12J15:
IF QA15_J11J14 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT
CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],
CONTINUE WITH QA15_J12J15;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12J15 WAS ASKED;
ELSE SKIP TO PROGRAMMING NOTE QA15_J16J19
```

QA15_J12   In what language did the doctor speak to you?
그 의사는 귀하와 어떤 언어로 대화합니까?

AJ50

ENGLISH 1	**[GO TO QA15_J14J17]**
SPANISH 2	**[GO TO PN QA15_J16J19]**
CANTONESE..3	**[GO TO PN QA15_J16J19]**
VIETNAMESE 4	**[GO TO PN QA15_J16J19]**
TAGALOG...5	**[GO TO PN QA15_J16J19]**
MANDARIN 6	**[GO TO PN QA15_J16J19]**
KOREAN 7	**[GO TO PN QA15_J16J19]**
ASIAN INDIAN LANGUAGES.................................8	**[GO TO PN QA15_J16J19]**
RUSSIAN 9	**[GO TO PN QA15_J16J19]**
OTHER (SPECIFY: _____)..................... 91	**[GO TO PN QA15_J16J19]**
REFUSED .... -7	**[GO TO PN QA15_J16J19]**
DON'T KNOW .... -8	**[GO TO PN QA15_J16J19]**

QA15_J13   Was this because you and the doctor spoke different languages?
그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

AJ9

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

QA15_J14   Did you need someone to help you understand the doctor?
의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

AJ10

YES 1	
NO..2	**[GO TO PN QA15_J16J19]**
REFUSED .... -7	**[GO TO PN QA15_J16J19]**
DON'T KNOW .... -8	**[GO TO PN QA15_J16J19]**

QA15_J15   Who was this person who helped you understand the doctor?
의사의 말을 알아 듣도록 도와 주었던 사람이 누구였습니까?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

MINOR CHILD (UNDER AGE 18) 1
AN ADULT FAMILY MEMBER OR
FRIEND OF MINE...2
NON-MEDICAL OFFICE STAFF 3
MEDICAL STAFF INCLUDING
NURSES/DOCTORS 4
PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE) 5
OTHER (PATIENTS, SOMEONE ELSE).................6
DID NOT HAVE SOMEONE TO HELP....................7
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_J16J19:
IF QA15_G8G9 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16J19;
ELSE GO TO PROGRAMMING NOTE QA15_J17J20

QA15_J16   In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?
캘리포니아 주에서는 병원에서 진료를 받는 동안 통역 서비스를 무료로 받을 권리가 있습니다. 지금까지 이러한 권리가 있다는 것을 알고 계셨습니까?

AJ105

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

PROGRAMMING NOTE QA15_J17:
IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J17;
ELSE GO TO QA15_J19

QA15_J17   In the past 12 months, did you change where you usually go for health care?
지난 12 개월 동안, 진료를 받으러 다니던 병원을 바꾼 적이 있습니까?

AJ106

YES..1
NO..2   **[GO TO QA15_J19J22]**
REFUSED .... -7   **[GO TO QA15_J19J22]**
DON'T KNOW .... -8   **[GO TO QA15_J19J22]**

QA15_J18   Did you have to change because of your health insurance plan?
의료 보험 때문에 병원을 바꾸어야 했습니까?

AJ107

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]
[IF NEEDED, SAY: "의료 보험과 관련된 이유로 진료를 받으러 다니던 병원을 바꾸어야 했습니까?"]

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

QA15_J19   During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?
지난 12 개월 동안 의사가 처방해준 약을 사는 것을 미루거나 아예 사지 않으신 적이 있습니까?

AH16

YES 1
NO..2   **[GO TO QA15_J21J27]**
REFUSED .... -7   **[GO TO QA15_J21J27]**
DON'T KNOW .... -8   **[GO TO QA15_J21J27]**

QA15_J20   Was cost or lack of insurance a reason why you delayed or did not get the prescription?
비용 문제나 보험이 없던 것이 처방약을 늦게 받거나 받지 못한 이유였습니까?

AJ19

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

QA15_J21   During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?
지난 12 개월 동안 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것과 같은 귀하가 필요하다고 느끼신 진료를 미루거나 받지 않으신 적이 있습니까?

AH22

YES 1
NO..2   **[GO TO QA15_J26]**
REFUSED .... -7   **[GO TO QA15_J26]**
DON'T KNOW .... -8   **[GO TO QA15_J26]**

QA15_J22   Did you get the care eventually?
귀하는 결국 진료를 받았습니까?

AJ129

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

QA15_J23   Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
비용 문제나 보험이 없던 것이 필요한 진료를 연기했거나 받지 못한 이유였습니까?

AJ20

YES 1
NO..2   **[GO TO QA15_J25J31]**
REFUSED .... -7   **[GO TO QA15_J25J31]**
DON'T KNOW .... -8   **[GO TO QA15_J25J31]**

QA15_J24   Was that the <u>main</u> reason?
그것이 <u>주된</u> 이유였습니까?

AJ130

YES 1   **[GO TO PN QA15_J26]**
NO..2
REFUSED .... -7   **[GO TO PN QA15_J26]**
DON'T KNOW .... -8   **[GO TO PN QA15_J26]**

QA15_J25   What was the <u>one</u> main reason why you delayed getting the care you felt you needed?
귀하가 필요하다고 느낀 진료받기를 연기한 <u>한 가지</u> 주된 이유는 무엇이었습니까?

AJ131

COULDN'T GET APPOINTMENT 1
MY INSURANCE NOT ACCEPTED 2
INSURANCE DID NOT COVER 3
LANGUAGE PROBLEMS 4
TRANSPORTATION PROBLEMS...........................5
HOURS NOT CONVENIENT...................................6
NO CHILD CARE FOR CHILDREN AT HOME 7
FORGOT OR LOST REFERRAL............................8
I DIDN'T HAVE TIME 9
COULDN'T AFFORD/COST TOO MUCH 10
NO INSURANCE... 11
OTHER (SPECIFY: _____)........................... 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_J35 The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
다음의 질문들은 전문의에 대한 것입니다. 전문의란 외과의사, 심장과의사, 알러지의사, 피부과의사 같은 의사들, 그리고 의료 서비스의 한 분야를 전문적으로 진료하는 의사들을 말합니다.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?
지난 12 개월 동안, 귀하 또는 주치의가 귀하가 전문의의 진료를 받을 필요가 있다고 생각한 적이 있습니까?

AJ136

[IF NEEDED: Do not include dental visits.]
[IF NEEDED, SAY: "치과 방문은 포함시키지 마십시오."]

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

PROGRAMMING NOTE QA15_J27:
IF QA15_J26 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA15_J27;
ELSE GO TO QA15_J30

QA15_J27 During the past 12 months, did you have any trouble finding a medical specialist who would see you?
지난 12 개월 동안, 귀하를 진료할 전문의를 찾는 데 문제가 있었습니까?

AJ137

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

QA15_J28 During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?
지난 12 개월 동안, 전문의의 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

AJ138

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

PROGRAMMING NOTE QA15_J29:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J29;
ELSE SKIP TO QA15_J30

QA15_J29   During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?
지난 12 개월 동안, 전문의 병원에서 자기들은 귀하의 주 의료 보험을 받지 않는다고 말한 적이 있습니까?

AJ139

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

QA15_J30   Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?
이제 일반의에 대해 답변해 주십시오. 지난 12 개월 동안, 귀하를 진료해 줄 일반의를 찾는 데 문제가 있었습니까?

AJ133

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

QA15_J31   During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

지난 12 개월 동안, 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

AJ134

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

PROGRAMMING NOTE QA15_J32:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J32;
ELSE SKIP TO QA15_J33

QA15_J32   During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?
지난 12 개월 동안, 병원에서 귀하의 주 의료 보험을 받지 않겠다고 말한 적이 있습니까?

AJ135

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

QA15_J33   Have you ever used the Internet?
                      귀하는 인터넷을 사용한 적이 있습니까?

AJ108

                      **[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING
                      FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY
                      OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]**

                      YES 1
                      NO..2   **[GO TO QA15_J46]**
                      REFUSED .... -7   **[GO TO QA15_J46]**
                      DON'T KNOW .... -8   **[GO TO QA15_J35J46]**

QA15_J34   In the past 12 months, did you use the internet to look for health or medical information?
                      지난 12개월 동안, 건강이나 의료적인 정보를 찾기 위해 인터넷을 사용하셨습니까?

AJ109

                      **[IF NEEDED, SAY: "Include information about disease symptoms, diet, or nutrition,
                      physical activity, healthcare providers, and health insurance plans."]**
                      **[IF NEEDED, SAY: "병의 증상, 식생활이나 음식의 영양소, 신체적 활동, 의료 제공자에 대한 정보,
                      의료 보험에 대한 정보 등이 여기에 해당됩니다."]**

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

> **PROGRAMMING NOTE QA15_J35J46:**
> **IF QA15_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA15_J41;**
> **J52;ELSE CONTINUE WITH QA15_J35J46;**

QA15_J35   During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?
지난 12 개월 동안, 귀하는 의사나 외료 제공자로부터 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

AJ140

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

QA15_J36   During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?
지난 12 개월 동안, 귀하는 의사나 외료 제공자로부터 피임 방법이나 처방을 제공받은 적이 있습니까?

AJ141

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VASECTOMY OF PARTNER]

YES 1
NO..2   **[GO TO QA15_J39 J50]**
REFUSED .... -7   **[GO TO QA15_J39 J50]**
DON'T KNOW .... -8   **[GO TO QA15_J39 J50]**

QA15_J37   What <u>MAIN</u> birth control method or prescription did you receive?
귀하께서 제공 받으신 **주** 피임 방법이나 처방은 무엇이었습니까?

AJ142

[IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]
[IF MORE THAN ONE METHOD, ASK: "가장 최근에 제공받은 피임 방법은 어느 것입니까?"]

[INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT) 1
VASECTOMY (MALE STERILIZATION) 2
IUD (MIRENA, PARAGARD) 3
IMPLANT (IMPLANON, NEXPLANON) 4
BIRTH CONTROL PILLS...5
OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING/NUVA RING) 6
CONDOMS (MALE) 7
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_J38   Where did you receive the main birth control method or prescription?
귀하는 주 피임 방법이나 처방을 어디에서 제공받았습니까?

AJ143

PRIVATE DOCTOR'S OFFICE.................................1
HMO FACILITY 2
HOSPITAL OR HOSPITAL CLINIC 3
PLANNED PARENTHOOD......................................4
COUNTY HEALTH DEPARTMENT, FAMILY
PLANNING CLINIC, COMMUNITY CLINIC..............5
SCHOOL OR SCHOOL-BASED CLINIC 6
EMPLOYER OR COMPANY CLINIC........................7
INDIAN HEALTH SERVICE....................................8
PHARMACY...9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA15_J39:**
> **IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;**
> **IF QA15_A5 = 2 (FEMALE) AND IF QA15_D18 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA15_J44;**
> **IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;**
> **ELSE CONTINUE WITH QA15_J39**

QA15_J39   Are you or your male sex partner currently using a birth control method to <u>prevent pregnancy</u>? This includes male or female sterilization.
본인께서나, 아니면 상대방 남자분께서 <u>임신을 예방하기 위해</u> 피임을 하시나요? 여기엔 남성 또는 여성 불임 수술도 포함됩니다.

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]
[IF NEEDED, SAY: "불임 수술에는 난관을 묶는 난관 피임술, 정관 절제술, 또는 아이를 가질 수 없도록 하는 기타 수술 등이 있습니다."]

AF40

```
YES ........................................................................1
NO...........................................................................2     [GO TO QA15_J44J55]
NO MALE SEXUAL PARTNER ..............................3     [GO TO QA15_J44J55]
REFUSED ................................................................ -7     [GO TO QA15_J44J55]
DON'T KNOW ......................................................... -8     [GO TO QA15_J44J55]
```

QA15_J40   Which birth control method or methods are you using?
귀하께서는 어떤 방법으로 피임을 하십니까?

AJ154

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "다른 보험도 있습니까?"]

```
TUBAL LIGATION (TUBES TIED OR CUT) .............1
VASECTOMY (MALE STERILIZATION) ..................2
IUD (MIRENA, PARAGARD) ...................................3
IMPLANT (IMPLANON, NEXPLANON) ....................4
BIRTH CONTROL PILLS.........................................5
OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING/NUVA RING) ................................6
CONDOMS (MALE) ...............................................7
OTHER (SPECIFY: _____) .............. 91
REFUSED ............................................................. -7
DON'T KNOW ......................................................... -8
```

PROGRAMMING NOTE QA15_J41:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J41;

QA15_J41   During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?
지난 12 개월 동안, 귀하는 의사나 외료 제공자로부터 남성 또는 여성의 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

AJ144

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

QA15_J42   During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?
지난 12 개월 동안, 귀하는 의사나 외료 제공자로부터 콘돔이나 정관 수술 같은 남성 피임 방법을 제공받은 적이 있습니까?

AJ145

YES 1
NO..2   **[GO TO QA15_J44 J55]**
REFUSED .... -7   **[GO TO QA15_J44 J55]**
DON'T KNOW .... -8   **[GO TO QA15_J44 J55]**

QA15_J43   Where did you receive it?
그 피임 방법을 어디에서 제공받았습니까?

AJ146

PRIVATE DOCTOR'S OFFICE................................1
HMO FACILITY 2
HOSPITAL OR HOSPITAL CLINIC 3
PLANNED PARENTHOOD......................................4
COUNTY HEALTH DEPARTMENT, FAMILY
PLANNING CLINIC, COMMUNITY CLINIC..............5
SCHOOL OR SCHOOL-BASED CLINIC 6
EMPLOYER OR COMPANY CLINIC.......................7
INDIAN HEALTH SERVICE 8
PHARMACY...9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED .... -7
DON'T KNOW .... -8

QA15_J55   The next questions are about dental health.
About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.
다음 질문들은 치아 건강에 관한 것입니다.귀하가 마지막으로 치과 의사나
치과 클리닉을 방문한 지 대략 얼마나 되었습니까? 치 위생사와 모든 종류의
치과 진료 전문가들을 포함시키십시오.

<div>

AG1

HAVE NEVER VISIT...0 **[GO TO QA15_J46]**
6 MONTHS AGO OR LESS..1
MORE THAN 6 MONTHS UP TO 1 YEAR AGO..............2
MORE THAN 1 YEAR UP TO 2 YEARS AGO 3
MORE THAN 2 YEARS UP TO 5 YEARS AGO...............4
MORE THAN 5 YEARS AGO 5
REFUSED .... -7 **[GO TO QA15_J46]**
DON'T KNOW .... -8 **[GO TO QA15_J46]**

</div>

QA15_ J56   Was it for a routine checkup or cleaning, or was it for a specific problem?
치과에 간 이유는 정기 검진이나 클리닝을 위해서였습니까? 아니면, 치아에
어떤 문제가 생겨서였습니까?

AJ167

ROUTINE CHECKUP OR CLEANING 1
SPECIFIC PROBLEM..2
BOTH 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_J46   Do you now have any type of insurance that pays for part or all of your dental care?
귀하는 현재 치과 진료비를 전부 혹은 일부를 보조해 주는 보험이
있으십니까?

AG3

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

QA15_J47   How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?
귀하의 치아 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까?
그런대로 괜찮습니까, 아니면 좋지 않습니까?

AJ168

EXCELLENT 1
VERY GOOD 2
GOOD 3
FAIR 4
POOR..5
HAS NO NATURAL TEETH....................................6
DON'T KNOW .... -7
REFUSED .... -8

> **PROGRAMMING NOTE QA15_J48J58:**
> **IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J48J58;**
> **ELSE GO TO NEXT SECTION DM;**
> **[ADMINISTERED IN ENGLISH]**

QA15_J48   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?

AJ155

```
STRONGLY AGREE.................................................1
AGREE...................................................................2
DISAGREE..............................................................3
STRONGLY DISAGREE..........................................4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA15_J49   It's natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?

AJ156

```
STRONGLY AGREE.................................................1
AGREE...................................................................2
DISAGREE..............................................................3
STRONGLY DISAGREE..........................................4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA15_J50   Children should take care of their parents.

AJ157

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

```
STRONGLY AGREE.................................................1
AGREE...................................................................2
DISAGREE..............................................................3
STRONGLY DISAGREE..........................................4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA15_J51   You should behave in accordance with systems around you.

AJ158

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

```
STRONGLY AGREE.................................................1
AGREE...................................................................2
DISAGREE..............................................................3
STRONGLY DISAGREE                   .......4
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA15_J52   Everything will be fine if you do things the way you have always done.

AJ159

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J53   You tend to ask someone's opinions before taking actions.

AJ160

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J54   You are nervous about what other people say about you or how they feel about you.

AJ161

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J55   You should behave hoping that people around you have good impressions of you.

AJ162

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J56   You are careful about your behaviors and what you wear.

AJ163

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J57   You do not want to be embarrassed in front of people.

AJ164

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J58   You are concerned about your appearance.

AJ165

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J59   You are careful about not doing something that people may laugh at.

AJ166

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J65   You should behave hoping that people around you have good impressions of you.

AJ162

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J66   You are careful about your behaviors and what you wear.

AJ163

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J58   You are concerned about your appearancedo not want to be embarrassed in front of people.

AJ164

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J59   You are carefulconcerned about not doing something that people may laugh atyour appearance.

AJ165

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE..2
DISAGREE..3
STRONGLY DISAGREE..4
REFUSED .... -7
DON'T KNOW .... -8

QA15_J69   You are careful about not doing something that people may laugh at.

AJ166

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

STRONGLY AGREE...1
AGREE...2
DISAGREE..3
STRONGLY DISAGREE...4
REFUSED .... -7
DON'T KNOW .... -8

Section DM – Discrimination

QA15_DM1　　These next questions are about things that have happened to you while receiving medical care. The questions ask about times where you were treated unfairly.
다음에 드릴 질문들은 귀하께서 병원에서 치료를 받으셨을 때의 경험에 대한 것입니다.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?
귀하가 다른 인종이나 민족이었다면 더 나은 치료를 받을 수도 있었을 것이라고 느끼신 적이 한 번이라도 있었습니까?

DMC8

```
YES ....................................................................1
NO.......................................................................2      [GO TO QA15_DM3]
REFUSED ........................................................... -7      [GO TO QA15_DM3]
DON'T KNOW ...................................................... -8      [GO TO QA15_DM3]
```

QA15_DM2　　Think about the last time this happened. How long ago was that?
마지막으로 이런 경험을 한 것이 언제입니까?

DMC9

```
A YEAR AGO OR LESS .........................................1
MORE THAN 1 UP TO 2 YEARS AGO ...................2
MORE THAN 2 UP TO 3 YEARS AGO ...................3
MORE THAN 3 UP TO 5 YEARS AGO ...................4
MORE THAN 5 UP TO 10 YEARS AGO .................5
MORE THAN 10 UP TO 20 YEARS AGO ...............6
MORE THAN 20 YEARS AGO ...............................7
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

QA15_DM3　　<u>Over your entire lifetime</u>, how often have you been treated unfairly when getting medical care? Would you say…
<u>귀하가 이제까지 살아오면서,</u> 치료를 받을 때 부당한 대우를 받은 적이 얼마나 자주 있었습니까?

DMC3

```
Never,..................................................................1      [GO TO QA15_K1]
전혀 그런 적 없으셨습니까, ..................................1
Rarely,.................................................................2
거의 없으셨습니까, .............................................2
Sometimes, or......................................................3
가끔 있는 일이었습니까, 아니면 .............................3
Often? .................................................................4
자주 있는 일이었습니까?........................................4
REFUSED ........................................................... -7      [GO TO QA15_K1]
DON'T KNOW ...................................................... -8      [GO TO QA15_K1]
```

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QA15_DM4   Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...
다음 중 어느 것이 귀하가 이제까지 살아오면서 부당한 대우를 받은 주된 이유라고 생각하십니까?

DMC6B

Your ancestry or national origin 1
민족 또는 출신국 1
Because of your gender or sex 2
성별 2
Because of your race or skin color 3
인종 또는 피부색 3
Because of your age, or 4
연령 4
Because of the way you speak English, or 5
연령 4
For some other reason? (Specify: _____) 91
그 밖의 다른 이유? (구체적으로:_____) 6
REFUSED .... -7
DON'T KNOW .... -8

QA15_DM5   Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say…
지금까지 살아오면서, 이렇게 부당한 대우를 받은 경험들 때문에 얼마나 스트레스를 받으신 편입니까?

DMC7

Not at all stressful..1
전혀 스트레스를 받지 않았다 1
A little stressful 2
약간 스트레스를 받았다 2
Somewhat stressful, or 3
상당히 스트레스를 받았다 3
Extremely stressful?..4
매우 스트레스를 받았다 4
REFUSED .... -7
DON'T KNOW .... -8

Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA15_K1:
IF QA15_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA15_G23G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K5

QA15_K1   The next questions are about your employment.
다음의 질문들은 귀하의 고용 상태에 대한 것입니다.
How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?
귀하는 자신의 <u>모든</u> 직장 또는 사업체에서 <u>보통</u> 주 당 몇 시간씩 일하십니까?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

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

QA15_K2   How long have you worked at your <u>main</u> job?
지금 <u>주로</u> 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

AK7

[IF NEEDED, SAY: "That is, for your <u>current</u> employer."]
[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]
[IF NEEDED, SAY: "<u>지금</u> 다니시는 직장을 말합니다."]

_____ MONTHS [HR: 0-12]

_____ YEARS [HR: 0-50]

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

PROGRAMMING NOTE QA15_K4:
IF QA15_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G23G24 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K4;
ELSE SKIP TO PROGRAMMING NOTE QA15_K5

QA15_K4   What is your best estimate of all your earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
<u>지난 달</u>, 귀하가 시간당 임금과 월급, 팁, 커미션 등을 포함한 모든 직장과 비즈니스에서 번 소득은 모두 얼마입니까? 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

AK10

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_K5;
IF QA15_G29G30 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G30G31 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA15_K5 AND:
IF QA15_G21G22 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23G24 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF QA15_G21G22 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23G24 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY "The next question is about your partner's employment."
IF QA15_A16 = 1 THEN DISPLAY "spouse";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1THEN DISPLAY "partner";
ELSE SKIP TO QA15_K7

QA15_K5   {The next question is about your spouse's employment.}
{다음 질문은 귀하의 배우자의 고용 상태에 대한 것입니다.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
귀하의 {남편/부인/배우자}는 그 분의 모든 직장 또는사업체에서보통주 당몇 시간씩 일하십니까?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

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

PROGRAMMING NOTE QA15_K6:

IF QA15_K5 ≠ 0 CONTINUE WITH QA15_K6;

IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1, THEN DISPLAY "partner's";
ELSE GO TO QA15_K7

QA15_K6   What is your best estimate of all your {spouse's/partner's} earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?
지난 달, 귀하의 {배우자/동거인} (이/가) 시간당 임금과 월급, 팁, 커미션 등을 포함한 모든 직장과 비즈니스에서 번 소득은 모두 얼마입니까? 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

QA15_K7   What is your best estimate of your <u>household's total annual</u> income from all sources <u>before taxes</u> in 2014?
세금을 공제하기 전 2014 년 <u>귀하 가구의 연간 총 수입은</u> 얼마나 됩니까? 아시는 대로 말씀해 주십시오.

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]
[IF NEEDED, SAY: "직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 지원 등을 포함해 주십시오. 아울러, 이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의 수입도 포함해 주십시오."]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

REFUSED .... -7   **[GO TO PN QA15_K9]**
DON'T KNOW .... -8   **[GO TO PN QA15_K9]**

QA15_K8   PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?
귀하의 총 가구수입을 (AMOUNT) 라고 기록했는데, 맞습니까?

AK22A

YES 1   **[GO TO PN QA15_K15]**
NO 2   **[GO BACK TO QA15_K7]**

PROGAMMING NOTE QA15_K9:
IF QA15_K7 = -7 OR -8 CONTINUE WITH QA15_K9;
ELSE GO TO PROGRAMMING NOTE QA15_K15

QA15_K9   We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is more than $20,000 per year or is it less?
저희가 정확하게 알 필요는 없습니다. 그렇지만, 귀댁의 <u>세금 공제전 연간 가구당</u> 총수입이 $20,000 이상입니까, 이하입니까?

AK11

MORE 1   **[GO TO QA15_K11]**
EQUAL TO $20K OR LESS....................................2
REFUSED .... -7   **[GO TO PN QA15_K15]**
DON'T KNOW .... -8   **[GO TO PN QA15_K15]**

QA15_K10   Is it …
                      수입이…

AK12

        $5,000 or less,...1   **[GO TO PN QA15_K15]**
        $5,000 이하입니까,...1   **[GO TO PN QA15_K15]**
        $5,001 to $10,000, ...2   **[GO TO PN QA15_K15]**
        $5,001 에서 $10,000 사이입니까, ...2   **[GO TO PN QA15_K15]**
        $10,001 to $15,000, or...3   **[GO TO PN QA15_K15]**
        $10,001 에서 $15,000 사이입니까, 아니면 3   **[GO TO PN QA15_K15]**
        $15,001 to 20,000? 4   **[GO TO PN QA15_K15]**
        $15,001 에서$20,000 사이입니까?.........................4   **[GO TO PN QA15_K15]**
        REFUSED .... -7   **[GO TO PN QA15_K15]**
        DON'T KNOW .... -8   **[GO TO PN QA15_K15]**

QA15_K11   Is it more or less than $70,000 per year?
                      수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?

AK13

        MORE 1   **[GO TO QA15_K13]**
        EQUAL TO $70K OR LESS.....................................2
        REFUSED .... -7   **[GO TO PN QA15_K15]**
        DON'T KNOW .... -8   **[GO TO PN QA15_K15]**

QA15_K12   Is it …
                      귀가구의 연간 수입이…

AK14

        $20,001 to $30,000, ...1   **[GO TO PN QA15_K15]**
        $20,001 에서 $30,000 사이....................................1   **[GO TO PN QA15_K15]**
        $30,001 to $40,000, ...2   **[GO TO PN QA15_K15]**
        $30,001 에서 $40,000 사이....................................2   **[GO TO PN QA15_K15]**
        $40,001 to $50,000, ...3   **[GO TO PN QA15_K15]**
        $40,001 에서 $50,000 사이....................................3   **[GO TO PN QA15_K15]**
        $50,001 to $60,000, or...4   **[GO TO PN QA15_K15]**
        $50,001 에서 $60,000 사이....................................4   **[GO TO PN QA15_K15]**
        $60,001 to $70,000? 5   **[GO TO PN QA15_K15]**
        $60,001 에서 $70,000 사이....................................5   **[GO TO PN QA15_K15]**
        REFUSED .... -7   **[GO TO PN QA15_K15]**
        DON'T KNOW .... -8   **[GO TO PN QA15_K15]**

QA15_K13   Is it more or less than $135,000 per year?
                      수입이 연 $135,000 이상입니까, 이하입니까?

AK15

        MORE 1   **[GO TO PN QA15_K15]**
        EQUAL TO $135K OR LESS...................................2
        REFUSED .... -7   **[GO TO PN QA15_K15]**
        DON'T KNOW .... -8   **[GO TO PN QA15QA31_K15]**

QA15_K14   Is it …
수입이…

AK16

$70,001 to $80,000, ...1
$70,001 에서 $80,000 사이입니까, ...1
$80,001 to $90,000, ...2
$80,001 에서 $90,000 사이입니까, ...2
$90,001 to $100,000, or 3
$90,001 에서 $100,000 사이입니까, 아니면 3
$100,001 to $135,000? 4
$100,001 에서 $135,000 사이입니까? 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K16;
ELSE CONTINUE WITH QA15_K15

QA15_K15   Including yourself, how many people living in your household are supported by your total household income?
가구 구성원 중 이 총 가구 수입으로 부양받는 사람들이 본인을 포함하며 몇 명입니까?

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K16:
QA15_K16 MUST BE LESS THAN QA15_K15;
IF R IS ONLY MEMBER OF HH, GO TO QA15_K17;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA15_K15 GO TO PROGRAMMING NOTE QA15_K1919;
ELSE CONTINUE WITH QA15_K16

QA15_K16   How many of these {INSERT NUMBER FROM QA15_K15} people are children under the age of 18?
{INSERT NUMBER FROM QA15_K15} 중 몇 명이 18 세 미만의 자녀분이십니까?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

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

QA15_K17   Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?
현재 함께 살고 있지는 않지만 미국에 살고 있고, 이 총 가구 수입에 의존하는 다른 사람들이 있습니까?

AK32

                    YES 1
                    NO...2   **[GO TO PN QA15_K19]**
                    REFUSED .... -7   **[GO TO PN QA15_K19]**
                    DON'T KNOW .... -8   **[GO TO PN QA15_K19]**

QA15_K18   How many?
그러한 사람들이 몇 명이나 됩니까?

AK33

                    _____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K19:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA15_K15 AND QA15_K16 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2012 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2012" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)
IF EITHER QA15_K15 OR QA15_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA15_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K25;
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, ASK QA15_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF QA15_K9 = -7 OR QA15_K11 = -7 OR QA15_K13 = -7, GO TO PROGRAMMING NOTE QA15_K25
ELSE GO TO PROGRAMMING NOTE QA15_K20

QA15_K19   I need to ask just one more question about income.
수입에 관한 질문을 하나만 더 드리겠습니다.

Was your total annual household income before taxes less than or more than ${POVRT50}?
귀하의 가구의 연간 세금 전 총수입이 ${POVRT50}이하입니까? 이상입니까?

AK29

EQUAL TO OR LESS 1	**[GO TO PN QA15_K25]**
MORE 2	**[GO TO PN QA15_K25]**
REFUSED .... -7	**[GO TO PN QA15_K25]**
DON'T KNOW .... -8	**[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K20:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, THEN CONTINUE WITH QA15_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K21

QA15_K20   I need to ask just one or two more questions about income.
수입에 관해 한두 가지 질문을 드리겠습니다.

Was your total annual household income before taxes less than or more than ${POVRT100}?
귀하의 가구의 연간 세금 전 총수입이 ${POVRT100} 이하입니까? 이상입니까?

[AK18A]

EQUAL TO OR LESS 1   **[GO TO PN QA15_K25]**
MORE 2
REFUSED .... -7   **[GO TO PN QA15_K25]**
DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K21:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, THEN CONTINUE WITH QA15_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY
AMOUNT);
IF QA15_K20 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QA15_K22

QA15_K21   {I need to ask just one more question about income. Was your total annual household income
before taxes/ Was it} less than or more than ${POVRT133}?
{귀하의 가구의 연간 세금 전 총수입이} ${POVRT133} 이하입니까? 이상입니까?

[AK30]

EQUAL TO OR LESS 1   **[GO TO PN QA15_K25]**
MORE 2   **[GO TO PN QA15_K25]**
REFUSED .... -7   **[GO TO PN QA15_K25]**
DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, CONTINUE WITH QA15_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K23

QA15_K22   I need to ask just one more question about income. Was your total annual household income
before taxes less than or more than ${POVRT200}?
수입에 관한 질문을 하나만 더 드리겠습니다.귀하의 가구의 연간 세금 전
총수입이${POVRT200}이하입니까, 이상입니까?

[AK18B]

EQUAL TO OR LESS 1   **[GO TO PN QA15_K25]**
MORE 2   **[GO TO PN QA15_K25]**
REFUSED .... -7   **[GO TO PN QA15_K25]**
DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K23:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10,
QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K23 USING POVRT300 (300% POVERTY CUTOFF
DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K24

QA15_K23   I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT300}?
수입에 관한 질문을 하나만 더 드리겠습니다.귀하의 가구의 연간 세금 전
총수입이\${POVRT300}이하입니까, 이상입니까?

AK18C

                    EQUAL TO OR LESS 1   **[GO TO PN QA15_K25]**
                    MORE 2   **[GO TO PN QA15_K25]**
                    REFUSED .... -7   **[GO TO PN QA15_K25]**
                    DON'T KNOW .... -8   **[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K24:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12,
OR QA15_K14, THEN CONTINUE WITH QA15_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K25

QA15_K24   I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \${POVRT400}?
수입에 관해 한 가지만 더 질문을 드리겠습니다. 귀하의 가구의 총 연간 세금 전
수입이\${POVRT400}이하입니까, 이상입니까?

AK31

                    EQUAL TO OR LESS 1
                    MORE 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA15_K25:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (INSMD=1 OR
ARINSURE ≠ 1)],), CONTINUE WITH QA15_K25;
ELSE GO TO QA15_L1

PROGRAMMING NOTE QA15_K25:
IF QA15_K15 = 1, THEN DISPLAY "I",
ELSE IF QA15_K15 > 1 DISPLAY "We"

QA15_K25   These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
다음 질문들은 지난 12 개월 동안 댁에서 드신 음식에 대해, 그리고 식비를 부담하실 수 있었는지에 관한 겁니다.

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."

사람들이 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 귀하 본인과 귀하 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."
첫번째 문장은 "{}이/가 산 음식은 금방 떨어졌고, {}은/는 음식을 더 살 돈이 없었다"입니다. 지난 12 개월 동안의 귀하 본인과 귀하 가정의 경우에, 이 말이 여러번 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?

AM1

OFTEN TRUE 1
SOMETIMES TRUE..2
NEVER TRUE 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_K26:
IF QA15_K15 = 1, THEN DISPLAY "I",
ELSE IF QA15_K15 > 1 DISPLAY "We"

QA15_K26   The second statement is:
"{I/We} couldn't afford to eat balanced meals."
Was that often true, sometimes true, or never true for you and your household in the last 12 months?
두번째 문장은 "{내/우리}가 골고루 영양분을 섭취할 수 있는 식사를 할 금전적 여유가 없었다"입니다. 지난 12 개월 동안 귀하와 귀 가구를 생각할 때, 이것은 흔히 있는 일, 가끔 있는 일, 전혀 일어나지 않은 일 중 무엇입니까?

| AM2 |

```
OFTEN TRUE ..............................................1
SOMETIMES TRUE................................................2
NEVER TRUE ..............................................3
REFUSED ............................................... -7
DON'T KNOW ...................................... -8
```

QA15_K27   Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
귀하의 가정에서 귀하나 다른 성인이 지난 12 개월 동안 음식을 살 충분한 돈의 여유가 없었기때문에 식사의 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오로 대답해주십시오.

| AM3 |

```
YES.......................................................1
NO..........................................................2     [GO TO QA15_K29]
REFUSED .............................................. -7     [GO TO QA15_K29]
DON'T KNOW ........................................ -8     [GO TO QA15_K29]
```

QA15_K28   How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?
그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2 개월 동안만 있었습니까?

| AM3A |

```
ALMOST EVERY MONTH.........................................1
SOME MONTHS BUT NOT EVERY MONTH ..........2
ONLY IN 1 OR 2 MONTHS.....................................3
REFUSED .............................................. -7
DON'T KNOW ...................................... -8
```

QA15_K29   In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
지난 12 개월 동안 음식을 살 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

| AM4 |

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

QA15_K30   In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
지난 12 개월 동안 귀하가 음식을 살 충분한 돈이 없었기 때문에 배가 고팠지만 음식을 걸렀던 적이 있습니까?

AM5

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

Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L: ....
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (INSMD=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L;

QA15_L1   Are you now receiving TANF or CalWORKs?
귀하는 현재 탠프(TANF)나 캘웍스(CalWORKs)를 받고 있습니까?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: "TANF 는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS 는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC 를 대체한 것입니다."]

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

PROGRAMMING NOTE QA15_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;

QA15_L2   Is (TEEN) now receiving TANF or CalWORKs?
{청년,남/여}(이)가 AFDC 나 TANF 나 칼워크스를 현재 받고 있습니까?

IAP1

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]
[IF NEEDED, SAY: "TANF 는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS 는 캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의 캘리포니아 주 복지 제공 프로그램인 AFDC 를 대체한 것입니다."]

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

QA15_L3   Are you receiving Food Stamp benefits, also known as CalFresh?
                   귀하는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고 계십니까?

┌─────────┐
│   **AL5**   │
└─────────┘

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "이 혜택은 **EBT** 카드를 통해서 받을 수 있습니다. **EBT** 는 **Electronic Benefits Transfer card(**전자식 혜택 이체 카드**)**의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다."**]**

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

> **PROGRAMMING NOTE QA15_L4:**
> **IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;**
> **ELSE GO TO QA15_L5**

QA15_L4   Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
{ADOLESCENT /AGE/SEX}(이)는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고 있습니까?

> **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: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT 는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다."]

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

QA15_L5   Are you receiving SSI?
SSI 를 받고 계십니까?

> **AL6**

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]
[IF NEEDED, SAY: "SSI 는 생활보조금을 말합니다. 사회보장금하곤 다릅니다."]

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

> **PROGRAMMING NOTE QA15_L6:**
> **IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA15_L6;**
> **ELSE GO TO PROGRAMMING NOTE QA15_L7**

QA15_L6   Are you on WIC?
WIC(윅) 혜택을 받고 계십니까?

> **AL7**

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]
[IF NEEDED, SAY: "WIC(윅)은 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다."]

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

PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND (POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7; ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K15.

IF QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K15 = 1 DISPLAY $2000;
IF QA15_K15 = 2 DISPLAY $3000;
IF QA15_K15 = 3 DISPLAY $3150;
IF QA15_K15 = 4 DISPLAY $3300;
IF QA15_K15 = 5 DISPLAY $3450;
IF QA15_K15 = 6 DISPLAY $3600;
IF QA15_K15 = 7 DISPLAY $3750;
IF QA15_K15 = 8 DISPLAY $3900;
IF QA15_K15 = 9 DISPLAY $4050;
IF QA15_K15 ≥ 10 DISPLAY $4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

QA15_L7   Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?
귀하가 소유한 주택이나 자동차의 가치를 제외하고, {귀하/ 귀하의 가족} (이/가) 소유한 현금, 저축, 투자금 등 자산의 총 가치가 {PROPERTY LIMIT}를 넘습니까?

> **AL9**

YES 1	**[SKIP TO QA15_L14]**
NO..2	
REFUSED .... -7	
DON'T KNOW .... -8	

PROGRAMMING NOTE QA15_L8:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L8   About how much {do {you/does your family} have in cash, savings, and investments?
{귀하/ 귀하의 가족}은 현금, 저축, 투자한 금액으로 대략 얼마나 갖고 계십니까?

```
AL34
```

[IF NEEDED, SAY: "Again, do not count the value of any house or car you may own."]
**[IF NEEDED, SAY: "다시 말씀드리지만, 귀하의 집이나 자동차의 가치는 포함하지 말아
주십시오."]**

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L9:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L9   Besides your primary car or truck, {do you/does your family} own other cars or trucks?
귀하가 주로 쓰는 자동차나 트럭 이외에, {귀하/ 귀하의 가족} (은)는 다른 자동차나 트럭들을
소유하고 계십니까?

```
AL35
```

YES...1
NO...2   **[SKIP TO QA15_L12]**
REFUSED .... -7   **[SKIP TO QA15_L12]**
DON'T KNOW .... -8   **[SKIP TO QA15_L12]**

QA15_L10   Are these cars or trucks only for personal use? Do not include cars or trucks used for
transporting disabled persons or for business purposes.
이 자동차나 트럭들은 개인 용도로만 사용하십니까? 장애인의 이동을 돕는다든지, 일이나 업무용
자동차나 트럭은 포함하지 말아 주십시오.

```
AL36
```

YES...1
NO...2   **[GO TO PN QA15_L12]**
REFUSED .... -7   **[GO TO PN QA15_L12]**
DON'T KNOW .... -8   **[GO TO PN QA15_L12]**

PROGRAMMING NOTE QA15_L11:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "your family"; ELSE DISPLAY "your";

QA15_L11   Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?
{귀하/ 귀하의 가족} 이(가) 갚아야 할 대출금을 제외하면, 이들 자동차와 트럭의 가격은 얼마
정도라고 생각하십니까?

AL37

[IF NEEDED: Do not include your primary cars or trucks.]
[IF NEEDED: 귀하가 주로 쓰는 자동차나 트럭들은 포함하지 마십시오.]

[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or
business purposes.]
[IF NEEDED: 장애인의 이동을 돕거나, 업무용 자동차나 트럭들은 포함하지 말아 주십시오.]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L12:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "Does your family"; ELSE DISPLAY "Do you"

QA15_L12   {Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?
{귀하/ 귀하의 가족} 은(는) 오토바이, 보트, 트레일러, 그 밖에 비 상업용 운송 수단이 있으십니까?

AL38

YES 1
NO..2   **[SKIP TO QA15_L14]**
REFUSED .... -7   **[SKIP TO QA15_L14]**
DON'T KNOW .... -8   **[SKIP TO QA15_L14]**

PROGRAMMING NOTE QA15_L13:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "your family"; ELSE DISPLAY "you"

QA15_L13   Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat,
trailer, or other non-commercial vehicle {you/your family} own?
{귀하/ 귀하의 가족} 이(가) 갚아야 할 대출금을 제외하면, {귀하/ 귀하의 가족}이(가) 이 소유한 이들
오토바이, 보트, 트레일러, 그 밖의 비상업용 차량의 가치는 얼마 정도라고 생각하십니까?

AL39

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L14:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your
partner";
ELSE DISPLAY "you"

QA15_L14   Did {you or your spouse/you or your partner/you} receive any money last month for child support?
{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하} 은(는) 지난 달에 자녀 양육비 조로
받으신 돈이 조금이라도 있습니까?

AL15

YES 1
NO..2   **[GO TO PN QA15_L16]**
REFUSED .... -7   **[GO TO PN QA15_L16]**
DON'T KNOW .... -8   **[GO TO PN QA15_L16]**

PROGRAMMING NOTE QA15_L15:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L15   What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?
{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하} (이) 가 지난 달에 자녀 양육비로 받은 것은 {모두 합해서} 총 얼마였습니까?

AL16

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L16:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA15_L16   Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?
{귀하나 귀하의 동거인 또는 두 분 모두/ 귀하나 귀하의 배우자 또는 두 분 모두/ 귀하} 이(가) 지난 달에 자녀 양육비 조로 보내신 돈이 조금이라도 있습니까?

AL17

YES, RESPONDENT PAID 1
YES, SPOUSE/PARTNER PAID 2
YES, BOTH PAID..3
NO...4   **[GO TO PN QA15_L18]**
REFUSED .... -7   **[GO TO PN QA15_L18]**
DON'T KNOW .... -8   **[GO TO PN QA15_L18]**

PROGRAMMING NOTE QA15_L17:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or
your partner or both of you";
ELSE DISPLAY "you"

QA15_L17   What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in a child support last month?
{귀하나 귀하의 동거인 또는 두 분 모두/ 귀하나 귀하의 배우자 또는 두 분 모두/ 귀하}이(가) 지난 달에 자녀 양육비로 지불한 돈은 총 얼마입니까?

> **AL18**

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L15:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your
partner";
ELSE DISPLAY "you"

QA15_L18   Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?
{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}은(는) 지난 달에 종업원 상해 보상금, 즉 워커스 컴펜세이션(Workers compensation) 금액을 조금이라도 받으셨습니까?

> **AL32**

YES 1
NO 2   **[GO TO PN QA15_L20L19]**
REFUSED .... -7   **[GO TO PN QA15_L20L19]**
DON'T KNOW .... -8   **[GO TO PN QA15_L20L19]**

PROGRAMMING NOTE QA15_L19:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L19   What was the {combined} total amount that you {and your spouse/and your partner} received
              from workers compensation last month?
              {귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}이(가) 지난 달에 받은 종업원 상해
              보상금의 합산 총액은 얼마였습니까?

AL33

              [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

              $_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L20:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA15_A16 = 1 (MARRIED) AND QA15_G12
= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA15_L20 AND DISPLAY "you or your
spouse";
ELSE IF AGE ≥ 65 AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH
QA15_L20 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA15_L20 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA15_L22

QA15_L20   Did {you or your spouse/you or your partner/you} receive any Social Security or Pension
              payments last month?
              {귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}은(는) 지난달 소셜 시큐리티(Social
              Security), 즉 사회보장금이나 연금 (Pension payments)을 받았습니까?

AL18A

              YES 1
              NO 2   **[GO TO PN QA15_L22]**
              REFUSED .... -7   **[GO TO PN QA15_L22]**
              DON'T KNOW .... -8   **[GO TO PN QA15_L22]**

QA15_L21   What was the total amount received last month from Social Security and Pensions?
              지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?

AL18B

              [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

              $_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L22L21:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA15_L22L21;
ELSE GO TO QA15_M1

QA15_L22   What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?
귀하가 메디칼(Medi-Cal)에 등록되어 있지 않은 **<u>한 가지</u>** 주된 이유는 무엇입니까?

<u>**AL19**</u>

PAPERWORK TOO DIFFICULT	1
DIDN'T KNOW IF ELIGIBLE	2
INCOME TOO HIGH, NOT ELIGIBLE	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
OTHER NOT ELIGIBLE	5
DON'T BELIEVE IN HEALTH INSURANCE	6
DON'T NEED IT BECAUSE HEALTHY	7
ALREADY HAVE INSURANCE	8
DIDN'T KNOW IT EXISTED	9
DON'T LIKE / WANT WELFARE	10
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

Section M – Housing and Social Cohesion

QA15_M1   These next questions are about your housing and neighborhood.
다음의 질문들은 귀하의 주거지와 이웃에 관한 것입니다.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]
[IF NEEDED, SAY: "두 가구가 사는 연립 주택(듀플렉스)은 한 건물 안에 두 가구가 사는 구조입니다."]

```
HOUSE ................................................................1
DUPLEX...............................................................2
BUILDING WITH 3 OR MORE UNITS....................3
MOBILE HOME....................................................4
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

QA15_M2   Do you own or rent your home?
현재 사시는 집은 본인 소유입니까, 아니면 렌트입니까?

AK25

```
OWN ....................................................................1
RENT ..................................................................2
OTHER ARRANGEMENT ......................................3
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

QA15_M3   About how long have you lived at your current address? 현재의 주소지에 대략 얼마나 오래 살았습니까?
[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

AM14

_____ MONTHSMONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

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

PROGRAMMING NOTE QA15_M4:
IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4

QA15_M4   About how long have you lived in your current neighborhood?
지금까지 현재의 동네에 사신 지는 대략 얼마나 되셨습니까?
[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

AM15

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

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

QA15_M5   The last time you moved, what was your main reason for moving?
가장 최근에 이사를 한 주된 이유는 무엇이었습니까?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD.......................2
FOR CHILD'S EDUCATION 3
TO ATTEND OR LEAVE COLLEGE 4
WORK RELATED 5
COULDN'T AFFORD MORTGAGE/RENT 6
OTHER HOUSING RELATED 7
BETTER NEIGHBORHOOD/LESS CRIME 8
OTHER... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_M6:
IF QA15_M6 THROUGH QA15_M10 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34,
CG42),, THEN CONTINUE WITH QA15_M6;
ELSE GO TO QA15_M11

QA15_M6   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
제가 읽어드릴 문장에 대해, 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서
하나를 선택해 주십시오.

People in my neighborhood are willing to help each other.
우리 동네 사람들은 서로 돕고 지내고 싶어한다.

AM19

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를
선택해 주십시오."]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

              STRONGLY AGREE..1
              AGREE..2
              DISAGREE...3
              STRONGLY DISAGREE..4
              REFUSED .... -7
              DON'T KNOW .... -8

QA15_M7   People in this neighborhood generally do NOT get along with each other.
이 동네 사람들은 보통 서로 친하게 지내지 않는다.

AM20

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를
선택해 주십시오."]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

              STRONGLY AGREE..1
              AGREE..2
              DISAGREE...3
              STRONGLY DISAGREE..4
              REFUSED .... -7
              DON'T KNOW .... -8

QA15_M8   People in this neighborhood can be trusted.
이 동네 사람들은 믿을 수 있다.

AM21

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오."]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

> STRONGLY AGREE...1
> AGREE...2
> DISAGREE...3
> STRONGLY DISAGREE...4
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_M9   You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.
나는 이 동네 어른들이 아이들이 안전한지, 문제를 당하지 않는지 지켜봐 준다고 믿는다.

AM35

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[IF NEEDED, SAY: "전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오."]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

> STRONGLY AGREE...1
> AGREE...2
> DISAGREE...3
> STRONGLY DISAGREE...4
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_M10   Do you feel safe in your neighborhood…
귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오

AK28

> All of the time, ...1
> 항상 안전함 1
> Most of the time,..2
> 대부분 안전함...2
> Some of the time, or..3
> 가끔 안전함 혹은 3
> None of the time...4
> 전혀 안전하지 않음 4
> REFUSED .... -7
> DON'T KNOW .... -8

QA15_M11   In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
지난 12 개월 동안, 보수를 받지 않고 자원봉사 또는 지역사회 봉사를 한 적이 있습니까?

AM36

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

QA15_M12   In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?
귀하는 지난 12 개월 동안 지역사회의 문제를 처리하는 지역 위원회, 이사회 또는 단체에서 자원 봉사를 한 적이 있습니까?

AM39

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

QA15_M13   In the past 12 months, have you gotten together informally with others to deal with community problems?
귀하는 지난 12 개월 동안 지역사회의 문제를 처리하기 위해 다른 사람들과 비공식적으로 모임을 가진 적이 있습니까?

AM40

[IF NEEDED SAY: "For example, with a neighborhood watch group."].]
[IF NEEDED SAY: "예를 들면, 이웃 안전 감시 그룹."]

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

PROGRAMMING NOTE QA15_M14:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_M14;
ELSE GO TO QA15_S1M16;
[ADMINISTERED IN ENGLISH]

QA15_M14   In the past 12 months, have you donated money to a charity or non-profit organization?

AM41

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

QA15_M15   In the next 12 months, how likely are you to donate money to a charity or non-profit organization?
Are you…

AM42

    Very likely,...1
    Somewhat likely 2,   2
    A little likely, or 3
    Not likely?...4
    REFUSED .... -7
    DON'T KNOW .... -8

249

M16:
IF R IS A RESIDENT OF BOYLE HEIGHTS, SANTA ANA, CENTAL/SOUTHEAST/SOUTHWEST FRESNO, CITY HEIGHTS, COACHELLA VALLEY, DEL NORTE AND ADJACENT TRIBAL LANDS, EAST OAKLAND, EAST SALINAS (ALISAL), LONG BEACH, RICHMOND, SACRAMENTO, SOUTH LOS ANGELES, SOUTH KERN, OR SOUTHWEST MERCED AND EAST MERCED COUNTY CONTINUE WITH QA15_M16; ELSE SKIP TO QA15_S1

QA15_M16   Have you ever heard of "Building Healthy Communities", a program supported by The California Endowment?
캘리포니아 기금에서 기원하는 "빌딩 헬시 커뮤니티(Building Healthy Communities)", 즉 "건강한 지역사회 건설"이라는 프로그램에 대해 한번이라도 들어보신 적 있으십니까?

AM43 (NEW)

[IF NEEDED, SAY: "The Building Healthy Communities program is a 10-year project to improve the health of kids and youth. It is working to improve job opportunities, schools, housing, safety, and access to healthy foods in the neighborhood."]
[IF NEEDED, SAY: "빌딩 헬시 커뮤니티" 또는 "건강한 지역사회 건설" 은 아동과 청소년의 건강을 향상시키기 위해 기획된 10 년짜리 프로젝트입니다. 이 프로젝트는 취업 기회와 학교, 주택, 안전, 동네에서 건강에 좋은 식품을 쉽게 구하는 문제 등을 개선하는데 주력하고 있습니다. "]

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

Section S – Suicide Ideation and Attempts

QA15_S1   The next section is about thoughts of hurting yourself. Again, if any question upsets you, you
don't have to answer it.
다음은 자해, 즉 자기 자신을 해치려는 생각들에 대한 것입니다. 앞서 말씀드렸듯이, 불편한 질문에
대해서는 대답하지 않으셔도 됩니다.

Have you <u>ever</u> seriously thought about committing suicide?
한 번이라도 자살에 대해서 심각하게 생각해본 적이 있습니까?

AF86

YES...	1	
NO	2	**[GO TO PN QA15_N1]**
REFUSED	-7	**[GO TO PN QA15_N1]**
DON'T KNOW	-8	**[GO TO PN QA15_N1]**

QA15_S2   Have you seriously thought about committing suicide at any time in the past 12 months?
지난 12 개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

AF87

YES...	1	
NO...	2	**[GO TO QA15_S4]**
REFUSED	-7	**[GO TO QA15_S4]**
DON'T KNOW	-8	**[GO TO QA15_S4]**

QA15_S3   Have you seriously thought about committing suicide at any time in the
past 2 months?
지난 2 개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

AF91

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

QA15_S4   Have you ever attempted suicide?
자살을 기도해본 적이 있습니까?

AF88

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

PROGRAMMING NOTE QA15_S5:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = 1 AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA15_S5

QA15_S5   Have you attempted suicide at any time in the past 12 months?
지난 12 개월 동안, 한 번이라도 실제로 자살을 기도했던 적이 있었습니까?

AF89

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

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

자살에 대한 생각이나 자살 기도와 관련해 누군가와 이야기하고 싶다면 통화 가능한 전화번호를 알려드리고 싶습니다. 상담자가 도움을 주기 위해 **24** 시간 대기하고 있습니다. 전화번호는 **1-800-273-TALK (8255)**입니다.

아니면, 도움이 될 만한 정보가 있는 인터넷 사이트를 방문하실 수도 있습니다. 인터넷 사이트 주소는 **www.suicidepreventionlifeline.org** 입니다.

POST-NOTE FOR SUICIDE RESOURCE:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE CONTINUE

QA15_S6   Would you like to discuss your thoughts with this person?
이 곳의 상담원과 이야기를 해 보고 싶으십니까?

AF90

```
YES .......................................................................1      [GO TO SUICIDE PROTOCOL]
NO ........................................................................2      [GO TO PN QA15_N1]
REFUSED .............................................................. -7      [GO TO PN QA15_N1]
DON'T KNOW ........................................................ -8      [GO TO PN QA15_N1]
```

Section N –Demographic Information Part III and Closing

> **PROGRAMMING NOTE QA15_N1:**
> **IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8:**
> **IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO QA15_N2**
> **IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;**

QA15_N1   Just a few final questions and then we are done.
이 제 몇 가지 질문만 더 드리면 됩니다.

To be sure we are covering the entire state, what county do you live in?
주 전체에서 빠진 지역이 없도록 하기 위한 확인 작업입니다. 어느 카운티에 거주하십니까?

AH42

County	
ALAMEDA	1
ALPINE	2
AMADOR	3
BUTTE	4
CALAVERAS	5
COLUSA	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES	19
MADERA	20
MARIN	21
MARIPOSA	22
MENDOCINO	23
MERCED	24
MODOC	25
MONO	26
MONTEREY	27
NAPA	28
NEVADA	29
ORANGE	30
PLACER	31
PLUMAS	32
RIVERSIDE	33
SACRAMENTO	34
SAN BENITO	35
SAN BERNARDINO	36
SAN DIEGO	37
SAN FRANCISCO	38

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SAN JOAQUIN.......................................................... 39
SAN LUIS OBISPO .................................................. 40
SAN MATEO ............................................................ 41
SANTA BARBARA ................................................... 42
SANTA CLARA ........................................................ 43
SANTA CRUZ .......................................................... 44
SHASTA .................................................................. 45
SIERRA ................................................................... 46
SISKIYOU ................................................................ 47
SOLANO .................................................................. 48
SONOMA ................................................................. 49
STANISLAUS........................................................... 50
SUTTER................................................................... 51
TEHAMA .................................................................. 52
TRINITY ................................................................... 53
TULARE ................................................................... 54
TUOLUMNE ............................................................. 55
VENTURA ................................................................ 56
YOLO ...................................................................... 57
YUBA ....................................................................... 58
REFUSED ................................................................ -7
DON'T KNOW ........................................................... -8
```

PROGRAMMING NOTE QA15_N2:
IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QA15_N2;
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT)), DISPLAY "Just a few final questions and then we are done.";
ELSE GO TO QA15_N3

QA15_N2   {Just a few final questions and then we are done.}
{몇 가지 질문만 더 드리면 끝납니다.}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.
귀하의 전화번호는 이 연구를 위해 컴퓨터에 의해 무작위로 선정되었습니다. 저희는 이 조사의 목적을 설명하는 편지를 댁에 보내드리기 위해 귀하의 전화번호와 일치하는 주소를 찾았습니다. 주거 환경과 건강과의 영향을 더 잘 이해하기 위해 귀하의 주소를 확인하고 싶습니다. 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

Do you now live at {R's ADDRESS AND STREET}?
지금 사시는 곳의 주소가 {R's ADDRESS AND STREET} 맞습니까?

AO1

```
YES .......................................................................1        [GO TO QA15_N6]
NO..........................................................................2
REFUSED .............................................................. -7
DON'T KNOW ......................................................... -8
```

PROGRAMMING NOTE QA15_N3:
IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT),
DISPLAY "Just a few final questions and then we are done".

QA15_N3   {Just a few final questions and then we are done.}

{이제 몇 가지 질문만 더 드리면 됩니다.}

What is your ZIP code?
귀하 거주지의 우편번호가 무엇입니까?

AM7

_____ ZIP CODE

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

QA15_N4   To help us better understand the environment you live in and how it may affect your health,
please tell me the address where you live. This information will be kept confidential and will be
destroyed after the entire survey has been completed.
귀하의 주거 환경과 그러한 환경이 건강에 미치는 영향을 저희가 더 잘 이해할 수 있도록 귀하의 집
주소를 말씀해 주시겠습니까? 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

AO2

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING)   **[GO TO QA15_N6]**

_____ STREET TYPE

_____ APT. NO

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

PROGRAMMING NOTE QA15_N5:
IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N6;
ELSE CONTINUE WITH QA15_N5

QA15_N5   Can you tell me just the name of the street you live on?
사시는 곳의 길 이름만 말씀해 주실 수 있습니까?

AM8

_____ NAME OF STREET

REFUSED .... -7   **[GO TO QA15_N7]**
DON'T KNOW .... -8   **[GO TO QA15_N7]**

QA15_N6   And what is the name of the street down the corner from you that crosses your street?
사시는 곳의 거리와 교차하는 가장 가까운 거리 이름은 무엇입니까?

AM9

_____ NAME OF CROSS-STREET

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

N7:
IF [AM7 = 90012 OR 90021 OR 90031 OR 90032 OR 90033 OR 90063 OR 90023 OR 90058 (BOYLE HEIGHTS)] OR [AM7 = 92104 OR 92116 OR 92115 OR 92105 OR 92102 (CITY HEIGHTS)] OR [AM7 = 00049 OR 00054 OR 95555 OR 95556 OR 95568 OR 96039 OR 95531 OR 95567 OR 95548 OR 95543 OR 95546 (DEL NORTE AND ADJACENT TRIBAL LANDS)] OR [AM7 = 94577 OR 94601 OR 94621 OR 94603 OR 94605 OR 94601 (EAST OAKLAND)] OR [AM7 = 93905 (EAST SALINAS/ALISAL)] OR [AM7 = 92254 OR 92274 OR 92236 OR 92201 (EASTERN COACHELLA VALLEY)] OR [AM7 = 93703 OR 93728 OR 93727 OR 93702 OR 93701 OR 93721 OR 93706 OR 93725 (CENTRAL/SOUTHEAST/SOUTHWEST FRESNO)] OR [AM7 = 90755 OR 90802 OR 90804 OR 90810 OR 90813 OR 90806 (WEST AND CENTRAL LONG BEACH)] OR [AM7 = 93653 OR 95306 OR 95365 OR 95340 OR 95369 OR 95333 OR 95348 OR 93610 OR 93541 (SOUTHWEST MERCED AND EAST MERCED COUNTY)] OR [AM7 = 94804 OR 94801 OR 94530 OR 94805 OR 94806 (RICHMOND)] OR [AM7 = 93241 OR 92707 OR 92701 OR 92703 OR 92704 OR 92705 (CENTRAL SANTA ANA)] OR [AM7 = 93307 OR 93203 OR 93313 OR 93304 (SOUTH KERN)] OR [AM7 = 90007 OR 90011 OR 90037 OR 90044 OR 90003 (SOUTH LOS ANGELES)] OR [AM7 = 95822 OR 95823 OR 95826 OR 95820 OR 95824 OR 95828 OR 95817 OR 95818 (SOUTH SACRAMENTO)],
CONTINUE WITH QA15_N7;
ELSE SKIP TO QA15_N8

QA15_N7   Have you ever heard of "Building Healthy Communities", a program supported by The California Endowment?

AM43

[IF NEEDED, SAY: "The Building Healthy Communities program is a 10-year project to improve the health of kids and youth. It is working to improve job opportunities, schools, housing, safety, and access to healthy foods in the neighborhood."]

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

PROGRAMMING NOTE QA15_N8N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14N13;
ELSE CONTINUE WITH QA15_N8N7

QA15_N8N7   I won't ask you for the number, but do you have a working cell phone?
귀하는 사용하시는 휴대폰이 있습니까? 전화번호는 묻지 않겠습니다.

AM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES 1
NO..2   **[GO TO PN QA15_N10N9]**
SHARES CELL PHONE 3
REFUSED .... -7   **[GO TO PN QA15_N10N9]**
DON'T KNOW .... -8   **[GO TO PN QA15_N10N9]**

QA15_N9   How many different cell phone numbers do you currently use for personal calls?
귀하께서 현재 개인적인 용도로 사용하시는 휴대폰 번호는 모두 몇개입니까?

AN10

_____ CELL PHONE NUMBERS

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

PROGRAMMING NOTE QA15_N10N9:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13N12;
ELSE CONTINUE WITH QA15_N10N9

QA15_N10   Is there a regular or landline telephone in your household?
귀하의 집에는 일반 유선전화가 있습니까?

AN6

YES 1
NO...2   **[GO TO PN QA15_N14N13]**
REFUSED .... -7   **[GO TO PN QA15_N14N13]**
DON'T KNOW .... -8   **[GO TO PN QA15_N14N13]**

QA15_N11   Is that telephone for personal use or business use only?
그 전화의 용도는 개인용 또는 업무용 중 어느 것입니까?

AN7

PERSONAL USE ONLY 1
BUSINESS USE ONLY...2   **[GO TO PN QA15_N14N13]**
BOTH PERSONAL USE AND BUSINESS USE.......3
REFUSED .... -7
DON'T KNOW .... -8

QA15_N12N11 How many telephone lines do you have for personal use?
귀하가 개인 용도로 사용하시는 유선 전화 번호는 모두 몇 개입니까?

AN11
(NEW)

_____ REGULAR OR LANDLINE NUMBERS

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

PROGRAMMING NOTE QA15_N13N12:
IF QA15_N8N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11N10 = 1 (HAS A LANDLINE FOR
PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS
USE), THEN CONTINUE WITH QA15_N13N12;
ELSE SKIP TO PROGRAMMING QA15_N14N13

QA15_N13   Of all the telephone calls that you receive, are...
걸려오는 전화를 어떻게 받으십니까?

AM34

All or almost all calls received on a cell phone, ... 1
모든 또는 거의 모든 전화를 휴대폰으로 받는다, ... 1
Some on cell phones & some on regular phones, or...... 2
일부 전화는 휴대폰으로 받고 다른 일부 전화는 일반
전화기로 받는다. 또는.. 2
Very few or none on cell phones.................................... 3
전혀 또는 거의 휴대폰으로 받지 않는다. 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA15_N14N13:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14N13

QA15_N14   Finally, do you think you would be willing to do a follow-up to this survey sometimesome
time in the future?
마지막으로, 앞으로 언젠가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

AM10

YES 1
MAYBE/PROBABLY YES 2
DEFINITELY NOT 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA15_S6 = (2, -7, -8),
AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address isat **www.suicidepreventionlifeline.org [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]**

앞에서 말씀드린 것처럼, 자살에 대한 생각이나 시도에 대해 상담을 받고 싶으시면 담당자가 하루 24 시 간 귀 하 에 게 도 움 이 되는 정보를 제공합니다. 저는 귀하가 적을 종이를 찾는 동안 기다린 후에 전화번호를 알려드릴 수 있 습 니 다.
무료전화번호는 1-800-273-TALK (8255)입니다.

또는 이 기관의 웹사이트 www.suicidepreventionlifeline.org 를 방문하실 수도 있습니다.

QA15_N15   Would you like to speak with someone now?
지금 이러한 상담을 받고 싶으십니까?

AN8

YES	 1	**[GO TO SUICIDE PROTOCOL]**
NO	 2	**[GO TO CLOSE1 AND CLOSE2]**
REFUSED	.... -7	**[GO TO CLOSE1 AND CLOSE2]**
DON'T KNOW	.... -8	**[GO TO CLOSE1 AND CLOSE2]**

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

CLOSE1   Let me check to see if there is anyone else.   **[GO TO HHSELECT]**
통화를 해야 하는 다른 분이 있는지 확인해 보겠습니다.

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.
시간을 내서 협조해 주신 것에 대해 감사드립니다. 귀하는 매우 중요한 보건 설문 조사에 도움을 주셨습니다. 질문이 있으시면 연구 책임자인 폰스(Ponce) 박사에게 무료 전화 1-866-275-2447 로 전화해 주십시오. 다시 한 번 감사드립니다. 안녕히 계십시오.