CHIS 2023
Adult Korean CATI Questionnaire
(Interviewer- administered)
Version 3.03
August 29, 2024
Adult Respondents Age 18 and Older

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

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Guide to Questionnaire Formatting

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

Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. **'QA23_A1'**: Adult questionnaire, Section A, question #1. The question # in the QID denotes question order. This may vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Lowercase text	On CATI, this text is read to the respondent.
Uppercase text	On CATI, this text is NOT read to the respondent.
If Needed statement	On CATI, this text is only read if interviewer deems it helpful for respondent.
Interviewer Note	On CATI, this serves as additional instruction for the interviewer and is not read at loud.
Range	On CATI, this text is not read. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the current question.
Dynamic text	{…} and (….) Denotes that text is automatically filled based on previous responses.

PROGRAMMING NOTE 'QA23_A1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA23_A1'   What is your date of birth?

AA1

MONTH _____ [Range: 1-12]

- ○   JANUARY 1
- ○   FEBRUARY...2
- ○   MARCH 3
- ○   APRIL..4
- ○   MAY 5
- ○   JUNE..6
- ○   JULY 7
- ○   AUGUST 8
- ○   SEPTEMBER...9
- ○   OCTOBER 10
- ○   NOVEMBER..11
- ○   DECEMBER..12
- ○   REFUSED..-7
- ○   DON'T KNOW..-8

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

'QA23_G20'

AH44A

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

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

❍	YES 1		
❍	NO...2	**[GO TO 'QA23_A23']**
❍	REFUSED .... -7	**[GO TO 'QA23_A23']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_A23']**

'QA23_C37'

AC187

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

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

❍	IN THE PAST WEEK 1	
❍	IN THE PAST TWO WEEKS 2	
❍	IN THE PAST MONTH.................................3	**[GO TO 'QA23_C42']**
❍	LONGER THAN A MONTH AGO, BUT WITHIN THE PAST YEAR...........................4	**[GO TO 'QA23_C42']**
❍	NO ONE HAS SMOKED TOBACCO OR VAPED AROUND ME WITHIN THE PAST YEAR 5	**[GO TO 'QA23_C42']**
❍	REFUSED .... -7	**[GO TO 'QA23_C42']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_C42']**

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

Section A: Demographic Information, Part I

Age

PROGRAMMING NOTE 'QA23_A1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA23_A1'   What is your date of birth?

귀하의 생년월일은 어떻게 되십니까?

| AA1 |

MONTH _____ [RANGE: 1-12]

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

DAY _____ [RANGE: 1-31]

YEAR _____ [RANGE: 1907-2004]

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

> **PROGRAMMING NOTE 'QA23_A2':**
> IF **'QA23_A1'** = -7 OR -8 (REF/DK), CONTINUE WITH **'QA23_A2'**;
> ELSE GO TO **'QA23_A5'**

'QA23_A2'　　　What month and year were you born?

귀하는 몇 년 몇 월에 출생하셨습니까?

AA1A

MONTH _____ [RANGE: 1-12]

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

YEAR _____ [RANGE: 1907-2004]

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

'QA23_A3'　　　What is your age, please?

나이를(연세를) 말씀해 주시겠습니까?

AA2

_____YEARS OF AGE　 [RANGE: 0-120]

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

'QA23_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 18세와 29세 사이, 30세와 39세 사이, 40세와 44세 사이, 45세와 49세 사이, 50세와 64세 사이, 또는 65세 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 'QA23_A4':** AAGE ENUM.AGE
> CALCULATE VALUE OF AAGE BASED ON **'QA23_A1'**, **'QA23_A2'**, OR **'QA23_A3'** TO USE IN ALL AGE-RELATED QUESTIONS;
> IF **'QA23_A1'**, **'QA23_A2'**, OR **'QA23_A3'**= -7 OR -8 (REF/DK), THEN USE **'QA23_A4'**;
> ELSE USE ENUM.AGE

Gender Identity

'QA23_A5'   What sex were you assigned at birth, on your original birth certificate?

출생 시 귀하의 출생 증명서에 어떤 성별로 기재되었습니까?

AD65E

- ❍   Female 2
- ❍   *여성*
- ❍   Male 1
- ❍   *남성*
- ❍   Don't know 3
- ❍   *모름*
- ❍   Prefer not to answer....................................9
- ❍   *대답하고 싶지 않음*
- ❍   REFUSED ....-7

'QA23_A6'   What is your current gender?

- 귀하의 현재 성별은 무엇입니까?

AD66C

❍	Female 2	**[GO TO 'PN_QA23_A8']**
❍	*여성*	
❍	Male 1	**[GO TO 'PN_QA23_A8']**
❍	*남성*	
❍	Transgender...3	**[GO TO 'PN_QA23_A8']**
❍	*트랜스젠더*	
❍	Non-binary..5	**[GO TO 'PN_QA23_A8']**
❍	*논바이너리*	
❍	I use a different term: (___).........................7	
❍	*다른 용어인 (_____)을(를) 사용한다*	
❍	Don't know 8	**[GO TO 'PN_QA23_A8']**
❍	*모름*	
❍	Prefer not to answer....................................9	**[GO TO 'PN_QA23_A8']**
❍	*대답하고 싶지 않음*	
❍	REFUSED ....-7	
❍	DON'T KNOW ....-8	

PROGRAMMING NOTE 'QA23_A7':
IF **'QA23_A6'** = 07 (I USE A DIFFERENT TERM) CONTINUE;
ELSE SKIP TO **'QA23_A8'**

'QA23_A7'   What is your current gender identity?

현재 귀하의 성별이 무엇이라고 생각하십니까?

AD67B

- ○   SPECIFY: (_____) .... -3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_A8':
IF ['QA23_A5' = 1 (MALE AT BIRTH) AND **'QA23_A6'** = 2, 3, 5, 7] OR ['QA23_A5' = 2 (FEMALE AT BIRTH) AND **'QA23_A6'** = 1, 3, 5, 7] THEN CONTINUE WITH **'QA23_A8'**;
ELSE SKIP to **'QA23_A9'**

'QA23_A8'   Just to confirm, you were assigned {INSERT RESPONSE FROM **'QA23_A5'**} at birth and now describe yourself as {INSERT RESPONSE FROM {**'QA23_A6'**}. Is that correct?

출생 당시 성별은 *{INSERT RESPONSE FROM AD65D }*였고, 지금은 본인을 *{INSERT RESPONSE FROM AD66 OR AD67B}. }*라고 생각하신다고 하셨는데요, 맞습니까?

AD68B

- ○   YES 1
- ○   NO 2   **[GO TO 'QA23_A7']**
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

POST NOTE: ON SECOND ATTEMPT IF = 2, GO TO **'QA23_A7'** AND FLAG **'QA23_A8'** = 1

Ethnicity

'QA23_A9'   Are you Latino or Hispanic?

라티노나 히스패닉계이십니까?

AA4

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

'QA23_A10'   And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

그러면 어떤 라티노나 히스패닉계에 속하십니까?

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

Race

PROGRAMMING NOTE 'QA23_A11':
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR **'QA23_A11'**,
CONTINUE WITH **'PN_QA23_A14'**;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

DISPLAY INSTRUCTIONS:
IF **'QA23_A9'** = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";

'QA23_A11'　　{You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

{본인이 라티노 또는 히스페닉계라고 말씀하셨는데요} 다음 중 귀하에게 해당되는 인종을 하나 혹은 그 이상 선택해 주십시오. 자신을 하와이 원주민, 태평양 섬 원주민, 아메리칸 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중 어느 쪽이라고 설명하시겠습니까?

AA5A

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

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

[CODE ALL THAT APPLY]

❑　　WHITE..1
❑　　BLACK OR AFRICAN AMERICAN ....2　　**[GO TO 'PN_QA23_A13']**
❑　　ASIAN ....3　　**[GO TO 'PN_QA23_A17']**
❑　　AMERICAN INDIAN OR ALASKA NATIVE .4　　**[GO TO 'PN_QA23_A14']**
❑　　PACIFIC ISLANDER...................................5　　**[GO TO 'PN_QA23_A18']**
❑　　NATIVE HAWAIIAN ....6　　**[GO TO 'PN_QA23_A19']**
❑　　OTHER (SPECIFY:_____)..................... 91　　**[GO TO 'PN_QA23_A19']**

○   REFUSED .... -7   **[GO TO 'QA23_A21']**
○   DON'T KNOW .... -8   **[GO TO 'QA23_A21']**

'QA23_A12'   What are your white origin or origins?

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

AA5H

귀하는 어느 백인계 혈통에 해당되십니까?

예. 독일인, 아일랜드인, 영국인, 이탈리아인, 아르메니아인, 이란인 등

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

PROGRAMMING NOTE 'QA23_A13':
IF **'QA23_A11'** = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH **'QA23_A13'**;
ELSE GO TO **'PN_QA23_A14'**

'QA23_A13'   What are your Black origin or origins?

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

AA5I

귀하는 어느 흑인계 혈통에 해당되십니까?

예. 아프리카계 미국인, 나이지리아인, 에티오피아인, 자메이카인, 아이티인,

가나인 등

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

PROGRAMMING NOTE 'QA23_A14':
IF **'QA23_A11'** = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH **'QA23_A14'**;
ELSE GO TO **'PN_QA23_A17'**

'QA23_A14'   You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

아메리칸 인디언이나 알래스카 원주민이라고 말씀하셨는데요, 어떤 부족에 속하십니까?

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

'QA23_A15'   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_QA23_A17']**
❍   REFUSED .... -7   **[GO TO 'PN_QA23_A17']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_A17']**

'QA23_A16'   Which tribe are you enrolled in?

귀하는 어느 부족으로 등록했습니까?

AA5D

[CODE ALL THAT APPLY]

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

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

BLACKFEET
❍   BLACKFOOT/BLACKFEET 4
CHEROKEE
❍   WESTERN CHEROKEE..............................5
❍   CHEROKEE (NOT SPECIFIED)..................6
❍   OTHER CHEROKEE (SPECIFY: _____) 7
CHOCTAW
❍   CHOCTAW OKLAHOMA 8
❍   CHOCTAW (NOT SPECIFIED) 9
❍   OTHER CHOCTAW (SPECIFY: _____). 10
NAVAJO
❍   NAVAJO (NOT SPECIFIED)..................... 11
POMO
❍   HOPLAND BAND, HOPLAND 12
        RANCHERIA
❍   SHERWOOD VALLEY RANCHERIA 13

	❍	POMO (NOT SPECIFIED)	14
	❍	OTHER POMO (SPECIFY: _____)	15
PUEBLO			
	❍	HOPI	16
	❍	YSLETA DEL SUR PUEBLO OF TEXAS	17
	❍	PUEBLO (NOT SPECIFIED)	18
	❍	OTHER PUEBLO (SPECIFY: _____)	19
SIOUX			
	❍	OGLALA/PINE RIDGE SIOUX	20
	❍	SIOUX (NOT SPECIFIED)	21
	❍	OTHER SIOUX (SPECIFY: _____)	22
YAQUI			
	❍	PASCUA YAQUI TRIBE OF ARIZONA	23
	❍	YAQUI (NOT SPECIFIED)	24
	❍	OTHER YAQUI (SPECIFY: _____)	25
OTHER			
	❍	OTHER (SPECIFY: _____)	91
	❍	REFUSED	-7
	❍	DON'T KNOW	-8

PROGRAMMING NOTE 'QA23_A17':
IF **'QA23_A11'** = 3 (ASIAN) CONTINUE WITH **'QA23_A17'**;
ELSE GO TO **'PN_QA23_A18'**

'QA23_A17'   You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

아시아인이라고 말씀하셨는데요, 중국계라던지, 필리핀계, 또는 베트남계 등, 구체적으로 어느 민족이십니까?

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 'QA23_A18':
IF 'QA23_A11' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA23_A18';
ELSE GO TO 'PN_QA23_A19'

'QA23_A18'   You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

태평양 섬 원주민이라고 말씀하셨는데요. 사모아족, 통가족, 또는 괌족 등, 구체적으로 어느 민족 이십니까?

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 'QA23_A19':
IF 'QA23_A9' = 1 (LATINO) AND ['QA23_A11' = 6 (NATIVE HAWAIIAN) OR 'QA23_A11' = 5 (OTHER PACIFIC ISLANDER) OR 'QA23_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA23_A11' = 3 (ASIAN) OR 'QA23_A11' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA23_A11' = 1 (WHITE) OR 'QA23_A11' = 91 (OTHER)], CONTINUE WITH 'QA23_A19';
ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA23_A11' , 'QA23_A17' , OR 'QA23_A18' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QA23_A19' ;
ELSE SKIP TO 'QA23_A21'

'QA23_A19'   You said that you are: {INSERT MULTIPLE RESPONSES FROM 'QA23_A10', 'QA23_A11', 'QA23_A17' AND 'QA23_A18'}.

Do you identify with any one race in particular?

AA5G

귀하께서는 다음에 해당된다고 하셨습니다. {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}. 귀하는 한 특정한 인종에 속한다고 말씀하실 수 있습니까?

    ❍   YES 1
    ❍   NO...2   **[GO TO 'QA23_A21']**
    ❍   REFUSED .... -7   **[GO TO 'QA23_A21']**
    ❍   DON'T KNOW .... -8   **[GO TO 'QA23_A21']**

PROGRAMMING NOTE FOR 'QA23_A20':
IF 'QA23_A9' = 1 (YES, LATINO) AND 'QA23_A10' ≠ (-7 OR -8), DO NOT DISPLAY 'QA23_A20' = 14 (LATINO);
IF 'QA23_A11' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA23_A18' (1 TO 4) OR 91], DO NOT DISPLAY 'QA23_A20' = 17 (OTHER PACIFIC ISLANDER);
IF 'QA23_A11' = 3 AND 'QA23_A17' = [(1 TO 17) OR 91], DO NOT DISPLAY 'QA23_A20' = 19 (ASIAN)

'QA23_A20'   Which do you <u>most</u> identify with?

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

AA5F

이 중에서, 귀하를 가장 잘 나타낸다고 생각되는 것은 무엇입니까?

❍   MEXICAN/MEXICAN AMERICAN/
        CHICANO...1
❍   SALVADORAN 4
❍   GUATEMALAN 5
❍   COSTA RICAN 6
❍   HONDURAN 7
❍   NICARAGUAN 8
❍   PANAMANIAN 9
❍   PUERTO RICAN.................................... 10
❍   CUBAN.. 11
❍   SPANISH-AMERICAN (FROM SPAIN) 12
❍   LATINO, OTHER SPECIFY 13
❍   LATINO 14
❍   NATIVE HAWAIIAN 16
❍   OTHER PACIFIC ISLANDER 17
❍   AMERICAN INDIAN OR
        ALASKA NATIVE 18
❍   ASIAN 19
❍   BLACK OR AFRICAN AMERICAN 20
❍   WHITE 21
❍   RACE, OTHER SPECIFY 22
❍   BANGLADESHI 30
❍   BURMESE 31
❍   CAMBODIAN 32
❍   CHINESE 33
❍   FILIPINO 34
❍   HMONG 35
❍   INDIAN (INDIA) 36
❍   INDONESIAN 37
❍   JAPANESE 38
❍   KOREAN 39
❍   LAOTIAN... 40
❍   MALAYSIAN.. 41
❍   PAKISTANI 42
❍   SRI LANKAN... 43
❍   TAIWANESE 44
❍   THAI... 45
❍   VIETNAMESE 46
❍   ASIAN, OTHER SPECIFY 49
❍   SAMOAN/AMERICAN SAMOAN.............. 50
❍   GUAMANIAN 51
❍   TONGAN... 52
❍   FIJIAN 53
❍   PACIFIC ISLANDER, OTHER SPECIFY.. 55
❍   BOTH/ALL/MULTIRACIAL........................ 90
❍   NONE OF THESE.................................... 95
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Language Spoken at Home

'QA23_A21'   What languages do you speak at home?

집에서는 어떤 언어를 사용하십니까?

AH36

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

Additional Language Use

PROGRAMMING NOTE 'QA23_A22':
IF **'QA23_A21'** = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE **'QA23_A24'**;

DISPLAY INSTRUCTIONS:
IF **'QA23_A21'** > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH **'QA23_A22'** AND DISPLAY:
"Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

SET **'QA23_A22'** ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME **'QA23_A22'** WAS ASKED

'QA23_A22'   {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English…

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*
- ❍   Well 2
- ❍   *잘 한다*
- ❍   Not well 3
- ❍   *잘 못한다*
- ❍   Not at all 4
- ❍   *전혀*

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

Educational Attainment

'QA23_A23'   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 2
❍	HIGH SCHOOL OR EQUIVALENT 3
❍	4-YEAR COLLEGE OR UNIVERSITY
❍	GRADUATE OR.......................................4
	PROFESSIONAL SCHOOL.......................5
❍	2-YEAR JUNIOR OR
	COMMUNITY COLLEGE............................6
❍	VOCATIONAL, BUSINESS, OR
	TRADE SCHOOL.....................................7
❍	REFUSED .... -7
❍	DON'T KNOW (OUT OF RANGE) .... -8

GRADE

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

HIGH

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

COLLEGE

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

Graduate

❍	1ST YEAR OF GRADUATE OR
	PROFESSIONAL SCHOOL...................... 18
❍	2ND YEAR OF GRADUATE OR
	PROFESSIONAL SCHOOL (MA/MS) 19
❍	3RD YEAR OF GRADUATE OR
	PROFESSIONAL SCHOOL...................... 20
❍	MORE THAN 3 YEARS OF GRADUATE
	OR PROFESSIONAL SCHOOL (PHD) 21

COMMUNITY

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

BUSINESS

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

Marital Status

'QA23_A24'   Are you <u>now</u> married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

AH43

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

❍ MARRIED 1
❍ LIVING WITH PARTNER 2
❍ WIDOWED 3   **[GO TO 'PN_QA23_A28']**
❍ DIVORCED 4   **[GO TO 'PN_QA23_A28']**
❍ SEPARATED 5   **[GO TO 'PN_QA23_A28']**
❍ NEVER MARRIED 6   **[GO TO 'PN_QA23_A28']**
❍ REFUSED .... -7   **[GO TO 'PN_QA23_A28']**
❍ DON'T KNOW .... -8   **[GO TO 'PN_QA23_A28']**

Spouse/Partner

PROGRAMMING NOTE 'QA23_A25':

DISPLAY INSTRUCTIONS:
IF **'QA23_A24'** = 1, THEN DISPLAY "spouse";
IF **'QA23_A24'** = 2, THEN DISPLAY "partner";

'QA23_A25'   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

'QA23_A26'   May I have your {spouse/partner}'s age and gender?

{배우자/동거인}의 이름과 나이(연세)를 말씀해 주시겠습니까?

| SC11A |

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

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

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

PROGRAMMING NOTE 'QA23_A27':
IF 'WSC6' = -3 IN SCREENER, CONTINUE WITH **'QA23_A27'**;
ELSE SKIP TO **'PN_QA23_A28'**

Adult Roster

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

귀하 본인{그리고 귀하의 배우자/파트너} 외에, 18세 이상의 다른 성인들이 현재 이 가구에 살고 있습니까?

| PRE-ROSTER |

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

PROGRAMMING NOTE 'QA23_A28':
IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GOTO **'QA23_B1'**

'QA23_A28'   How many children, age 11 and younger including babies, normally live in this household?

보통 이 가구에 살고 있는 사람들 중, 아기를 포함해서 나이가 만 11살 이하인 아이들은 모두 몇 명입니까?

| SC7B |

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

'QA23_A29'   And how many adolescents age 12-17, normally live in this household?

그리고 일반적으로 귀댁에 거주하는 12-17세의 청소년이 몇 명입니까?

| SC8B |

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

POST NOTE 'QA23_A29': SET KIDCNT = **'QA23_A28'** + **'QA23_A29'**

'QA23_A30'   {Let's start with the <u>oldest</u>} What is (the child's/this child's/the next child's} first name or initials?

{제일 큰 아이부터 시작해 보겠습니다} (아이의/이 아이의/그 다음 아이의} 이름 혹은 이니셜은 무엇입니까?

SC13A1

- ⭘   Name/ Initials given (SPECIFY) _____
- ⭘   *제시한 이름/이니셜*
- ⭘   REFUSED .... -7
- ⭘   DON'T KNOW .... -8

'QA23_A31'   What is (the child's/this child's) age?

(아이의/이 아이의) 나이는 몇 세입니까?

SC13A2

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

PROGRAMMING NOTE 'QA23_A32':
IF KIDCNT = 1 INSERT "the child's"
IF KIDCNT > 1 INSERT "this child's"

'QA23_A32'   What is {the child's/this child's} gender?

아이의/이 아이의} 성은 무엇입니까?

GENDER6

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

PROGRAMMING NOTE 'QA23_A33':
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK **'QA23_A33'** FOR EACH ROSTER MEMBER WITHOUT AN AGE
NOTE **'QA23_A33'** IS PART OF THE CHILD ROSTER (IF **'QA23_A31'** = -7, -8. ASK **'QA23_A33'** IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)
(IF **'QA23_A31'** = -3 AND **'QA23_A30'** = -7, -8 AND **'QA23_A31'** = -7, -8 INSERT "the child"
AND DO NOT DISPLAY CHILD NAME/SEX)

'QA23_A33'   Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY) ...

{CHILD NAME/아이}의 나이가

SC15A4

- ⭘   0 to 5 years old 1
- ⭘   *0 - 5세입니까, 또는*
- ⭘   6 to 11 years old 2
- ⭘   *6 - 11세입니까, 또는*
- ⭘   12 to 17 years old 3
- ⭘   *12 - 17세입니까?*
- ⭘   REFUSED .... -7
- ⭘   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_A34':
IF KIDCNT = 1 INSERT "the child"
IF KIDCNT > 1 INSERT "all the children"

'QA23_A34' Are you the parent or legal guardian of (the child/all the children) in your household?

(AR ADULT NAME /AGE/SEX) 님의 남편/아내/파트너의 이름을 알려주십시오./ 귀하의 이름 또는 이니셜은 무엇입니까?

SC14B4

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

PROGRAMMING NOTE 'QA23_A35':
IF **'QA23_A34'** = 2 ASK **'QA23_A35'** FOR EACH CHILD IN THE ROSTER

'QA23_A35' Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

귀하는 (CHILD NAME/AGE/SEX)의 부모 또는 법적 보호자입니까?

SC14B

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

PROGRAMMING NOTE 'QA23_A36':
IF NAME GIVEN AT **'QA23_A26'** INSERT **'QA23_A26'** NAME
ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
IF KIDCNT = 1 INSERT "the child"
IF KIDCNT > 1 INSERT "all the children"

'QA23_A36' Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

(AR ADULT NAME /AGE/SEX) 님의 남편/아내/파트너의 이름을 알려주십시오.'/ '귀하의 이름 또는 이니셜은 무엇입니까?

SC14C1

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

POST NOTE 'QA23_A36': IF **'QA23_A36'** = 1 AUTO POPULATE **'QA23_A37'** AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE 'QA23_A37':
IF **'QA23_A36'** = 2 ASK **'QA23_A37'** FOR EACH CHILD IN THE ROSTER

'QA23_A37'   Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

귀하는 (PERSON NAME/AGE/SEX)의 부모 또는 법적 보호자입니까?

SC14C2

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

PROGRAMMING NOTE 'QA23_A38':
IF **'QA23_A35'** = 1 THEN
CHILD1CNT = COUNT OF CHILDREN IN **'QA23_A35'** AGED 0 TO 5 YRS
CHILD2CNT = COUNT OF CHILDREN IN **'QA23_A35'** AGED 6 TO 11 YRS
TEENCNT = COUNT OF CHILDREN IN **'QA23_A35'** AGED 12 TO 17 YRS
# Child selection from only those with **'QA23_A35'**=1
IF CHILD2CNT = 0,
IF CHILD1CNT = 1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],
ELSE IF CHILD1CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD1CNT = 0,
IF CHILD2CNT = 1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],
ELSE IF CHILD2CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNTELSE,FOR
EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT)
FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CHILD2CNT)
SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB
Teen selection from only those with **'QA23_A35'** = 1
IF TEENCNT = 1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,
ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

'QA23_A38'   We have recorded 1 child 17 or younger in this household. Have we missed anyone aged 17 or younger who usually lives here but is temporarily away?

("저","저희")^는 이 가구에 17세 이하의 아이가 ('hkidHH') 명이라고 기록했는데요.

평소에는 이곳에 살지만 지금 잠시 동안 어디 가고 없어서 말씀하지 않은 17세 이하의

아이들이 혹시 있습니까

SC13A

   ❍   NO, NO ONE MISSED................................1
   ❍   YES 2   **[GOTO 'QA23_A30'_LOOP]**

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

POST NOTE 'QA23_A38': DO CHILD AND TEEN SELECTION BASED ON CRITERIA
CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD
TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN
SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED
SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'QA23_A39'   What is your relationship to {CHILD NAME/ AGE/SEX}?

귀하와{CHILD NAME/ AGE/SEX}(이)와의 관계는 어떻게 됩니까?

SC17B

❍	MOTHER (BIRTH/ADOPTIVE/STEP) 1
❍	FATHER (BIRTH/ADOPTIVE/STEP)...........2
❍	SISTER (BIRTH/ADOPTIVE/STEP) 3
❍	BROTHER (BIRTH/ADOPTIVE/STEP) 4
❍	GRANDMOTHER 5
❍	GRANDFATHER..6
❍	AUNT 7
❍	UNCLE 8
❍	COUSIN 9
❍	OTHER RELATIVE 10
❍	NONRELATIVE....................................... 11
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

POST NOTE 'QA23_A39': IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C "We would now like to ask you some questions about (CHILD). This section of the interview takes about 15 minutes."

Section B: Health Conditions

General Health

'QA23_B1'   Would you say that in general your health is excellent, very good, good, fair, or poor?

그런대로 괜찮습니까, 아니면 좋지 않습니까?

AB1

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

Asthma

'QA23_B2'   Has a doctor <u>ever</u> told you that you have asthma?

귀하께서 천식이 있다고 의사가 한번이라도 말한 적이 있습니까?

AB17B

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

'QA23_B3'   Do you still have asthma?

아직도 천식이 있으십니까?

AB40

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

'QA23_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

'QA23_B5'   During the past 12 months, how many days of work did you miss due to asthma?

지난 12개월 동안, 천식때문에 직장에 나가지 못했던게 몇일이나 되십니까?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS   **(0 - 365)**

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

'QA23_B6'   Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor?

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

AB18

천식을 다스리기 위해 의사가 처방하거나 제공해 준 약을 현재 매일 복용하고 계십니까?

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

'QA23_B7'   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

의사나 다른 외료 제공자가 천식 관리 방법을 알려주기 위해 귀하와 함께 천식 관리 계획을 세운 적이 있습니까?

AB43

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

'QA23_B8'   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."]

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

Diabetes

PROGRAMMING NOTE 'QA23_B9':
IF **'QA23_A5'** = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA23_B9'   {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	**[GO TO 'QA23_B16']**
❍	BORDERLINE OR PRE-DIABETES............3	**[GO TO 'QA23_B16']**
❍	REFUSED ....-7	**[GO TO 'QA23_B16']**
❍	DON'T KNOW ....-8	**[GO TO 'QA23_B16']**

'QA23_B10'   Are you now taking insulin?

현재 인슐린을 투여하고 계십니까?

AB24

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

'QA23_B11'   Do you now take diabetic pills to lower your blood sugar?

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

AB25

현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

이 약들은 가끔 경구용 강하제 또는 경구용 혈당 강하제라고 불립니다.

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

'QA23_B12'   About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin 'A one C'?

의사나 기타 의료 서비스 제공자가}지난 12개월 동안 헤모글로빈 'A1C'를 검사한 것은 대략 몇 번이었습니까?

AB27

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

'QA23_B13'   During the past 12 months, has a doctor, nurse, or health professional told you your hemoglobin A1C level is less than 9%

[IF NEEDED: NORMAL LEVEL IS UNDER 5.7%; PREDIABETES IS BETWEEN 5.7 AND 6.4%; DIABETES IS OVER 6.5; AND UNCONTROLLED DIABETES IS OVER 9%.]

AB150

지난 12개월 동안 의사, 간호사 또는 의료 전문가가 귀하의 헤모글로빈 A1C 수치가 9% 미만이라고 말한 적이 있습니까?

[IF NEEDED: 정상 수준은 5.7% 미만이고, 당뇨병 전단계는 5.7~6.4%이고, 당뇨병은 6.5% 이상이고, 관리되지 않은 당뇨병은 9% 이상입니다.]

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

'QA23_B14'   When was the last time you had an eye exam in which the pupils were dilated?

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

| AB63 |

귀하가 가장 최근에 동공 확장제를 이용한 눈 검사를 받으신 것은 언제였습니까? 보통 이 검사를 받으면 일시적으로 눈이 밝은 빛에 민감해지게 됩니다.

○   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

'QA23_B15'   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

담당의사나 다른 외료 제공자들이 귀하에게 당뇨병을 관리하는 방법을 알려주기 위해 귀하와 함께 계획을 세운 적이 있습니까?

| AB112 |

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

Hypertension

'QA23_B16'   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 'QA23_B20']**
○   HIGH NORMAL/BORDERLINE/
      PRE-HYPERTENSION 3   **[GO TO 'QA23_B20']**
○   REFUSED .... -7   **[GO TO 'QA23_B20']**
○   DON'T KNOW .... -8   **[GO TO 'QA23_B20']**

'QA23_B17'   Are you now taking any medications for high blood pressure?

지금 고혈압 치료제를 투여하고 있습니까?

| AB30 |

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

'QA23_B18'   The last time you had your blood pressure checked by a doctor, nurse, or health professional in the past 12 months, was it under control (less than 140/90)?

지난 12개월 동안 마지막으로 의사, 간호사 또는 의료 전문가가 귀하의 혈압을 측정했을 때 혈압이 관리되고 있는 상태였습니까(140/90 미만)?

AB152

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

'QA23_B19'   During the past 12 months, did you reduce the salt in your diet to help control your high blood pressure?

지난 12개월 동안 고혈압 조절에 도움을 주기 위해 귀하의 식단에서 염분을 줄였습니까?

AB153

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

'QA23_B20'   During the past 12 months, has a doctor, nurse, or health professional ever told you that you had high cholesterol (high cholesterol is defined as a total cholesterol greater than **240**)?

*지난 12개월 동안 의사, 간호사 또는 의료 전문가가 귀하에게 콜레스테롤 수치가 높다고 말한 적이 있습니까(콜레스테롤은 **240**을 넘을 때 높은 것입니다)?*

AB154

- YES 1
- NO 2   **[GO TO 'QA23_B22']**
- DON'T KNOW 3   **[GO TO 'QA23_B22']**
- REFUSED .... -7   **[GO TO 'QA23_B22']**

'QA23_B21'   The last time a doctor, nurse, or health professional checked your cholesterol, was it less than **200**?

*가장 최근에 의사, 간호사 또는 의료 전문가가 귀하의 콜레스테롤을 검사했을 때 수치가 **200** 미만이었습니까?*

AB155

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

Heart Disease

'QA23_B22'   Has a doctor <u>ever</u> told you that you have any kind of heart disease?

귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

AB34

- YES 1
- NO 2

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

'QA23_B23'   Has a doctor, nurse, or other health professional ever told you that you had a **stroke**?

의사, 간호사 또는 기타 의료 전문가가 귀하에게 뇌졸중이 있다고 말한 적이 있습니까?

AC6

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

Section CV: COVID-19

'QA23_CV1'   Did you ever receive a positive test result for COVID-19?

COVID-19 테스트 결과 양성 판정을 받은 적이 있으십니까?

CV5B

    ❍   YES 1
    ❍   NO..2   **[GO TO 'QA23_CV4']**
    ❍   REFUSED .... -7   **[GO TO 'QA23_CV4']**
    ❍   DON'T KNOW .... -8   **[GO TO 'QA23_CV4']**

'QA23_CV2'   How did you get your positive test result for COVID-19?

코로나19 양성 검사 결과는 어떻게 확인했습니까?

CV23

    ❍   From a clinic, hospital, lab or
          other testing site...1
    ❍   *진료소, 병원, 실험실 또는 기타 검사장에서*
    ❍   From a self-test kit 2
    ❍   *자가 진단 키트에서*
    ❍   From both a testing site and a self-test kit ...3
    ❍   *검사장 및 자가 진단 키트 모두에서*
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'QA23_CV3'   Long-lasting COVID-19 symptoms could include tiredness, shortness of breath, changes to taste or smell, finding it hard to concentrate, or any other symptoms that impact on everyday functioning. Did you experience any of these symptoms for 2 months or longer?

코로나19(COVID-19) 장기증상에는피곤함, 숨가쁨, 미각또는후각의변화,

주의력저하및일상적인활동에영향을미치는기타증상이포함됩니다.

귀하는이러한증상을2개월이상경험하셨습니까?

CV15

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

'QA23_CV4'   Have you experienced any of the following situations because of the Coronavirus or COVID-19 pandemic?

코로나바이러스 또는 코로나 19(COVID-19) 팬데믹으로 인해 다음 상황을 경험한 적이

있습니까?

CV7B

    ❑   I've quit my regular job to take care
          of myself or a family member due to
          COVID-19 illness. 7
    ❑   *코로나 19(COVID-19)로 인해 아프게 된*

자신 또는 가족을 돌보기 위해 정규직을
그만두었다.

❑   I've had difficulty in obtaining childcare,
    or had an increase in childcare expenses ...8

❑   *보육 서비스를 이용하기가 힘들어졌거나*

    보육비가 증가했다

❍   I've had financial difficulties with paying
    rent or mortgage 9

❑   *임대료 또는 주택 담보 대출금을 내기가*

❑   *어려워졌다*

❍   I've been treated unfairly because of my
    race/ethnicity 11

❍   *나는 인종이나 민족 등을 이유로 불공정한*

    대우를 받았습니다

❑   I have had financial difficulties with
    paying Covid-19 medical bills 14

❑   *코로나19 의료비를 지불하는 데 금전적*
    어려움이 있었다

❍   None of these... 13

❍   *어느 것도 아님*

❍   REFUSED .... -7

❍   DON'T KNOW .... -8

'QA23_CV5'   Have you completed the primary vaccine series for COVID-19?

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

CV16A

코로나19에 대한 기본 백신 접종을 모두 완료했습니까?

기본 백신 접종 완료란 다음과 같은 경우입니다: 화이자 또는 모더나 백신 2회 접종,

존슨앤존슨 백신 1회 접종을 마친 것을 의미합니다.

❍   YES 1
❍   NO..2   **[GO TO 'QA23_CV7']**
❍   REFUSED .... -7   **[GO TO 'QA23_CV7']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_CV7']**

'QA23_CV6'   Have you received any additional doses or boosters after your primary vaccine series?

기본 백신 접종 후 추가 접종 또는 부스터 접종을 맞았습니까?

CV16B

❍   YES 1   **[GO TO 'QA23_CV8']**
❍   NO..2   **[GO TO 'QA23_CV8']**
❍   REFUSED .... -7   **[GO TO 'QA23_CV8']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_CV8']**

'QA23_CV7'   What are the reasons why you have not completed the primary vaccine series for COVID-19?

코로나19에 대한 기본 백신 접종을 귀하가 완료하지 않은 이유는 무엇입니까?

CV17

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

'QA23_CV8'   If health guidelines recommend additional COVID-19 vaccine doses will you get them?

보건 지침에서 추가로 코로나19 백신 접종을 권고한다면 접종하시겠습니까?

CV24

- ◯   YES...1   **[GO TO 'QA23_CV10']**
- ◯   NO...2
- ◯   REFUSED .... -7   **[GO TO 'QA23_CV10']**
- ◯   DON'T KNOW .... -8   **[GO TO 'QA23_CV10']**

'QA23_CV9'   What would make you more likely to get the additional COVID-19 vaccine doses?

귀하가 추가로 코로나19 백신 접종을 맞도록 하려면 어떻게 해야 합니까?

CV25

- ◯   _____ 91
- ◯   I would not get them....................................2
- ◯   *나는 접종을 맞지 않겠다*
- ◯   Don't know 3
- ◯   *모름*
- ◯   REFUSED .... -7

'QA23_CV10'   Do you have an N95, KN95 or KF94 mask?

N95, KN95 또는 KF94 마스크가 있습니까?

CV26

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

'QA23_CV11'   Can you get an N95, KN95, or KN94 mask if public health recommended it to protect you from COVID-19?

공중 보건 당국에서 코로나19 감염을 막기 위해 사용을 권장한다면 N95, KN95 또는 KN94 마스크를 구할 수 있습니까?

CV27

- ❍ Yes ....1 **[GO TO 'SECTION C']**
- ❍ *예*
- ❍ No...2
- ❍ *아니요*
- ❍ I would not wear one
- ❍ *나는 접종을 맞지 않겠다* ....3 **[GO TO 'SECTION C']**
- ❍ Don't know ....4 **[GO TO 'SECTION C']**
- ❍ *모름*
- ❍ REFUSED .... -7 **[GO TO 'SECTION C']**

'QA23_CV12' Why are you not able to get an N95, KN95, or KF94 mask?

N95, KN95 또는 KF94 마스크를 구할 수 없는 이유는 무엇입니까?

CV28

- ❑ They are too expensive...............................1
- ❑ *너무 비싸다*
- ❑ I don't know where to buy them/
  can't find them...2
- ❑ *어디에서 구매해야 하는지 모르거나 찾을 수*
  없다
- ❍ Don't know 3
- ❍ *모름*
- ❍ REFUSED .... -7

Section C: Health Behaviors

Physical Activities

'QA23_C1'   Moderate physical activities make you breathe somewhat harder than normal. Think about moderate physical activities you do in your <u>free time</u>, like walking, bicycling, dancing, swimming, and gardening. During the past 7 days, did you do any moderate physical activity for a total of 150 minutes (2.5 hours)?

가벼운 활동을 하면 평소보다 호흡이 조금 더 가빠집니다. 자전거 타기, 댄스, 수영, 정원 가꾸기 등 귀하가 여가 시간에 하는 가벼운 활동에 대해 질문을 드리겠습니다. 지난 7일 동안 가벼운 활동을 총 150분(2.5시간) 했습니까?

AC212

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

Cigarette Use

'QA23_C2'   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 'PN_QA23_C5']**
❍	REFUSED	-7	**[GO TO 'PN_QA23_C5']**
❍	DON'T KNOW	-8	**[GO TO 'PN_QA23_C5']**

'QA23_C3'   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	**[GO TO 'PN_QA23_C5']**
❍	SOME DAYS...	2	**[GO TO 'PN_QA23_C5']**
❍	NOT AT ALL..	3	
❍	REFUSED	-7	
❍	DON'T KNOW	-8	

PROGRAMMING NOTE 'QA23_C4':
IF **'QA23_C3'** = 3 THEN CONTINUE;
ELSE GOTO **'PN_QA23_C5'**

'QA23_C4'   How long has it been since you last smoked a cigarette, even one or two puffs?

한 두 모금 정도라도 마지막으로 담배를 피운 지 얼마나 되었습니까?

AC173

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

_____ AMOUNT OF TIME   **[IF 'QA23_C4'> 30 DAYS OR > 5 WEEKS OR > 1 MONTH OR = -7, -8, GO TO 'PN_QA23_C11']**

_____ UNIT OF TIME

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

PROGRAMMING NOTE 'QA23_C5':
IF **'QA23_C2'** = 2, -7, -8 OR **'QA23_C3'** = 1, 2 OR **'QA23_C4'**<= 30 DAYS OR **'QA23_C4'**<= 5 WEEKS OR **'QA23_C4'**<= 1 MONTH, CONTINUE WITH **'QA23_C5'**;
ELSE GO TO **'QA23_C16'**;

'QA23_C5'   During the past 30 days, on how many days did you smoke cigarettes?

AC174

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

지난 30일 중 며칠 동안 담배를 피웠습니까?

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

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

PROGRAMMING NOTE 'QA23_C6':
IF **'QA23_C3'** = 1 (SMOKE EVERY DAY), CONTINUE WITH **'QA23_C6'**;
ELSE IF **'QA23_C3'** = 2 (SMOKE SOME DAYS) OR **'QA23_C5'** > 0 (PAST 30-DAY SMOKER), GO TO **'QA23_C7'**;
ELSE GO TO **'QA23_C9'**;

'QA23_C6'   On average, how many cigarettes do you now smoke a day?

AD32

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

정기적으로 흡연을 하던 때에는 하루에 보통 몇 대를 피웠습니까?

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

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

Any answer, goto 'AC54B'

PROGRAMMING NOTE 'QA23_C7':
IF **'QA23_C3'** = 2 (SMOKE SOME DAYS) OR **'QA23_C5'** > 0 (PAST 30-DAY SMOKER), CONTINUE WITH **'QA23_C7'**;
ELSE GO TO **'QA23_C8'**

'QA23_C7'   In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

[IF NEEDED, SAY: "*If you did not smoke everyday in the past 30 days, consider the days you did smoke.*"
AND IF R SAYS *"A PACK"*, CODE THIS AS 20 CIGARETTES]

지난 30일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?

지난 30일 동안 담배를 매일 피우지 않았다면, 흡연한 일수를 생각해주십시오

AE16

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

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

PROGRAMMING NOTE 'QA23_C8':
IF **'QA23_C3'** = 1 (SMOKE EVERY DAY), THEN READ "How";
ELSE IF **'QA23_C3'** = 2 (SMOKE SOME DAYS) OR **'QA23_C5'** > 0 (PAST 30-DAY SMOKER), THEN READ "On days when you smoke, how";

'QA23_C8'   {On days when you smoke, how/How} soon after you are awake do you usually smoke your first cigarette?

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

AC54B

{흡연하는 날, 어떻게/어떻게}귀하가 보통 첫 담배를 피우는 것은 잠에서 깬 지 얼마

후입니까?

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

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

PROGRAMMING NOTE 'QA23_C9':
IF **'QA23_C3'** = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), CONTINUE WITH **'QA23_C9'**

'QA23_C9'   Were any of the cigarettes you smoked menthol flavored?

귀하가 피운 담배 중에 멘톨 향이 나는 것이 있었습니까?

AC175B

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

'QA23_C10'   How old were you when you smoked your first whole cigarette?

담배를 처음 피웠을 때 몇 살이었습니까?

AC176

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

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

PROGRAMMING NOTE 'QA23_C11':
IF **'QA23_C3'** = 1 (SMOKE EVERY DAY) OR **'QA23_C3'** = 2 (SMOKE SOME DAYS) OR **'QA23_C5'** > 0 (PAST 30-DAY SMOKER) OR **'QA23_C4'** <= 365 DAYS OR **'QA23_C4'** <= 52 WEEKS OR **'QA23_C4'** <= 1 YEAR, CONTINUE WITH **'QA23_C11'**;
ELSE GO TO **'QA23_C16'**;

'QA23_C11'   Were you smoking cigarettes at all around this time 12 months ago?

12개월 전쯤 이 시기에 담배를 피웠습니까?

AC177

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

PROGRAMMING NOTE 'QA23_C12':
IF **'QA23_C3'** = 1 (SMOKE EVERY DAY) OR **'QA23_C3'**= 2 (SMOKE SOME DAYS), CONTINUE WITH **'QA23_C12'**;
ELSE GO TO **'QA23_C16'**

'QA23_C12'   During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

지난 12개월 동안, 귀하는 금연을 하기 위한 목적으로 하루나 그 이상을 담배를 피우지 않은 적이 있습니까?

AC49

❍   YES 1
❍   NO...2   **[GO TO 'QA23_C14']**
❍   REFUSED .... -7   **[GO TO 'QA23_C14']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_C14']**

'QA23_C13'   I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

금연을 마지막으로 시도한 경험에 대해 물어보겠습니다.마지막으로 금연을 시도한 동안 얼마 동안 담배를 피우지 않고 버텼습니까?

AC178

❍   _____ AMOUNT OF TIME
❍   _____ UNIT OF TIME

❍   DAYS 1   **[HR: 0-365]**
❍   WEEKS 2   **[HR: 0-52]**
❍   MONTHS..3   **[HR: 0-12]**
❍   YEARS 4   **[HR: 0-10]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_C14'   In the past 12 months, did a doctor or other health professional advise you to quit smoking?

지난 12개월 동안, 의사 또는 다른 의료제공자가 귀하에게 금연에 대한 조언을 제공했습니까?

AC77

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

'QA23_C15'   Are you thinking about quitting smoking in the next six months?

향후 6 개월 이내에 담배를 끊으려고 생각하십니까?

AC50

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

E-cigarette Use

'QA23_C16'   Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

Do not include products used only for marijuana

AC81C

이러한 제품은 일반적으로 니코틴, 향, 기타 성분이 포함되어 있습니다. 그러한 제품은 전자담배, 베이핑 펜, 포드 모드, 후카 펜 또는 이-후카라고 불리기도 합니다. 유명한 브랜드로는 JUUL, Blu, NJOY, Suorin, Vuse 등이 있습니다. 답변에 JUUL 또는 JUULing(줄링) 사용 여부를 포함시켜 주십시오. 평생 동안 전자담배나 기타 전자 베이핑 제품을 사용해본 적이 있습니까

- ❍   YES 1
- ❍   NO...2   **[GO TO 'QA23_C28']**
- ❍   REFUSED .... -7   **[GO TO 'QA23_C28']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA23_C28']**

'QA23_C17'   In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

지난 30일 동안 전자담배나 기타 전자 베이핑 제품을 며칠이나 사용하셨습니까?

AC82C

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

'QA23_C18'   Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

사용하신 전자 담배가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

AC134

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

'QA23_C19'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

AC179

전자 담배나 기타 불연성 전자 흡연 제품에 어떤 향을 사용했습니까? 그것은...?

과일 향(예. 체리, 포도, 망고)이었습니까?

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

'QA23_C20'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

AC180

전자 담배 또는 기타 전자 베이핑 제품에 어떤 향을 사용했습니까?그것은...?

사탕 또는 달콤한 향(예. 초콜릿, 바닐라) 이었습니까?

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

'QA23_C21'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

AC181

전자 담배 또는 기타 전자 베이핑 제품에 어떤 향을 사용했습니까?그것은...?

알코올 또는 주류 향(예. 와인, 러시안 크림, 허니 버번, 코냑) 이었습니까?

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

'QA23_C22'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

AC182A

전자 담배 또는 기타 전자 베이핑 제품에 어떤 향을 사용했습니까?그것은…?

민트 향(예. 북극 얼음, 멘톨, 윈터그린) 이었습니까?

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

'QA23_C23'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

Menthol flavored?

AC182B

자 담배 또는 기타 전자 베이핑 제품에 어떤 향을 사용하셨습니까? 멘톨 향이었습니까?

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

'QA23_C24'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

Tobacco flavored?

AC183

전자 담배 또는 기타 전자 베이핑 제품에 어떤 향을 사용했습니까?그것은…?
담배 향이었습까?

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

'QA23_C25'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

Some other flavor?

AC184

전자 담배 또는 기타 전자 베이핑 제품에 어떤 향을 사용했습니까?그것은…?

기타 다른 향이었습니까?

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

PROGRAMMING NOTE 'QA23_C26':
IF **'QA23_C17'** = 1 TO 30 CONTINUE;
ELSE SKIP TO **'QA23_C28'**

'QA23_C26'   In the past 30 days, have you stopped using e-cigarettes or other electronic vaping products for one day or longer because you were trying to quit?

AC214

베이핑을 끊기 위해 지난 30일 중 전자 담배 또는 기타 전자 베이핑 제품의 사용을 하루 이상 중단한 적이 있습니까?

❍   YES 1
❍   NO...2
❍   NOT APPLICABLE 3
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA23_C27':
IF 'AC82C > 0', THEN CONTINUE;
ELSE SKIP TO **'QA23_C28'**

'QA23_C27'   Do you plan to quit using e-cigarette or other electronic vaping products for good…?

전자 담배 또는 기타 불연성 전자 흡연 제품을 더 이상 사용하지 않을 계획입니까?

AC185

❍   In the next 30 days.....................................1
❍   *향후 30일 이내*
❍   In the next 3 months 2
❍   *향후 3개월 이내*
❍   In the next 6 months 3
❍   *향후 6개월 이내*
❍   In the next year 4
❍   *내년*
❍   Do not have a plan to quit 5
❍   *끊을 계획이 없음*
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

'QA23_C28'   During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

AC135

지난 30일 중 며칠 동안 씹는 담배, 코담배(스너프) 또는 입담배(스누스)를 사용하셨습니까?

❍   0 DAYS 1   **[GO TO 'QA23_C30']**
❍   1-2 DAYS 2
❍   3-5 DAYS 3
❍   6-9 DAYS 4
❍   10-19 DAYS 5
❍   20-29 DAYS 6
❍   30 DAYS 7
❍   REFUSED ....-7   **[GO TO 'QA23_C30']**
❍   DON'T KNOW ....-8   **[GO TO 'QA23_C30']**

'QA23_C29' Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

사용하신 씹는 담배가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

AC136

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

'QA23_C30' During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

지난 30일 중 며칠 동안 시가릴로 또는 작은 시가를 피우셨습니까?

AC137

- ○ 0 DAYS 1   **[GO TO 'QA23_C32']**
- ○ 1-2 DAYS 2
- ○ 3-5 DAYS 3
- ○ 6-9 DAYS 4
- ○ 10-19 DAYS 5
- ○ 20-29 DAYS 6
- ○ 30 DAYS 7
- ○ REFUSED .... -7   **[GO TO 'QA23_C32']**
- ○ DON'T KNOW .... -8   **[GO TO 'QA23_C32']**

'QA23_C31' Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

피우신 시가릴로가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

AC138

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

'QA23_C32' During the past 30 days, on how many days did you smoke big cigars?

지난 30일 중 며칠 동안 큰 시가를 피우셨습니까?

AC139

- ○ 0 DAYS 1   **[GO TO 'QA23_C34']**
- ○ 1-2 DAYS 2
- ○ 3-5 DAYS 3
- ○ 6-9 DAYS 4
- ○ 10-19 DAYS 5
- ○ 20-29 DAYS 6
- ○ 30 DAYS 7
- ○ REFUSED .... -7   **[GO TO 'QA23_C34']**
- ○ DON'T KNOW .... -8   **[GO TO 'QA23_C34']**

'QA23_C33' Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

피우신 시가가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

AC140

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

'QA23_C34'　　During the past 30 days, on how many days did you use a hookah water pipe?

지난 30일 중 며칠 동안 물담배(후카)를 사용했습니까?

AC141

❍	0 DAYS 1	**[GO TO 'QA23_C36']**
❍	1-2 DAYS 2	
❍	3-5 DAYS 3	
❍	6-9 DAYS 4	
❍	10-19 DAYS 5	
❍	20-29 DAYS 6	
❍	30 DAYS 7	
❍	REFUSED ....-7	**[GO TO 'QA23_C36']**
❍	DON'T KNOW ....-8	**[GO TO 'QA23_C36']**

'QA23_C35'　　Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

사용하신 물담배(후카)가 민트, 과일, 사탕 또는 와인 같은 향이 있었습니까?

AC142

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

PROGRAMMING NOTE 'QA23_C36':
IF **'QA23_C3'** = 1, 2 OR **'QA23_C5'** > 0 OR **'QA23_C17'** > 0 OR **'QA23_C28'** > 1 OR **'QA23_C30'** > 1 OR **'QA23_C32'** > 1 OR **'QA23_C34'** > 1, CONTINUE WITH **'QA23_C36'**;
ELSE GO TO **'QA23_C37'**

'QA23_C36'　　When you first started using tobacco products, did you start with a flavored tobacco product, such as those flavored with mint or menthol, fruit, candy or wine?

담배 제품을 처음 사용하기 시작했을 때 민트나 멘톨, 과일, 사탕 또는 와인 향이 첨가된

담배 제품으로 시작했습니까?

AC186

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

'QA23_C37'　　"During the past year, when has someone else smoked tobacco or vaped around you in California?

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

지난 1년 동안 캘리포니아에서 다른 사람이 주변에서 담배를 피우거나 베이핑 제품을

피운 적이 언제 있었습니까?

AC187

❍	IN THE PAST WEEK 1	
❍	IN THE PAST TWO WEEKS 2	
❍	IN THE PAST MONTH...............................3	**[GO TO 'QA23_C42']**
❍	LONGER THAN A MONTH AGO, BUT	

	WITHIN THE PAST YEAR............................4	**[GO TO 'QA23_C42']**
❍	NO ONE HAS SMOKED TOBACCO OR VAPED AROUND ME WITHIN THE PAST YEAR 5	**[GO TO 'QA23_C42']**
❍	REFUSED .... -7	**[GO TO 'QA23_C42']**
❍	DON'T KNOW... -8	**[GO TO 'QA23_C42']**

'QA23_C38'   In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor….

on the sidewalks?

지난 2주 동안 간접 흡연이나 전자 담배 증기에 노출된 적이 있습니까...보도에서?

AC188

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

'QA23_C39'   {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor?} Were you exposed…

Inside your home?

AC189

{지난 2주 동안 간접 흡연이나 전자 담배 증기에 노출된적이 있습니까...

가정에서?

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

'QA23_C40'   {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor?} Were you exposed…

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

AC190

{지난 2주 동안 간접 흡연이나 전자 담배 증기에 노출된적이 있습니까...

직장에서(홈 기반 작업장은 포함하지 마세요) ? 지난 2주 동안 일하지 않았는지

알려주세요.

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

'QA23_C41'   {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor?} Were you exposed…?

At a public park or beach?

AC191

지난 2주 동안 간접 흡연이나 전자 담배 증기에 노출된 적이 있습니까...

공원이나 해변에서?

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

Marijuana Use

'QA23_C42'   There are many methods for consuming marijuana, also called cannabis weed, or hashish, and other products containing THC. Methods for consuming these products, include smoking, vaporizing, dabbing, eating, or drinking.

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

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

AC115

이러한 제품을 소비하는 방법으로는 연기를 피우기, 기화시키기, 바르기, 먹기, 또는 마시기 등 여러 가지가 있습니다. 마리화나나 대마수지를 한 번이라도 사용해보신 적이 있습니까? 다음 질문은 대마초나 위드, 대마수지로도 불리는 마리화나와, THC를 함유한 기타 제품에 대한 것입니다. 이러한 제품을 소비하는 방법으로는 연기를 피우기, 기화시키기, 바르기, 먹기, 또는 마시기 등 여러 가지가 있습니다. 마리화나나 대마수지를 한 번이라도 사용해보신 적이 있습니까?

    ❍   YES 1
    ❍   NO..2   **[GO TO 'QA23_C57']**
    ❍   REFUSED .... -7   **[GO TO 'QA23_C57']**
    ❍   DON'T KNOW... -8   **[GO TO 'QA23_C57']**

'QA23_C43'   How long has it been since you last used marijuana or hashish in any form?

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

AC116

마리화나 또는 대마수지를 가장 최근에 사용한 지가 얼마나 되었습니까?

마지막으로 마리화나 또는 해시시를 흡입한 이후 하루가 지나지 않은 경우, 0을 입력하십시오.

    ❍   DAYS [HR: 0-365]..1
    ❍   MONTHS [HR: 0-12] 2
    ❍   YEARS [0-99]...3
    ❍   REFUSED .... -7

❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_C44':
IF 'QA23_C43' > 30 DAYS OR >1 MONTH, THEN GO TO 'QA23_C57';
ELSE CONTINUE WITH 'QA23_C44';

'QA23_C44'   During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

지난 30일 동안, 마리화나, 대마수지, 또는 또 다른 THC 제품을 사용한 날이 며칠이었습니까?

AC117

❍	0 DAYS 1	**[GO TO 'QA23_C57']**
❍	1-2 DAYS 2	
❍	3-5 DAYS 3	
❍	6-9 DAYS 4	
❍	10-19 DAYS 5	
❍	20-29 DAYS 6	
❍	30 DAYS 7	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

'QA23_C45'   How often have you used tobacco and marijuana at the same time? Would you say…

담배와 마리화나를 동시에 사용한 적이 얼마나 자주 있었습니까? 다음 중에서 선택하십시오.

AC118

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

'QA23_C46'   During the past 30 days, how did you use marijuana? Did you…

Smoke it in a joint, bong, or pipe?

AC119

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까? 마리화나를 조인트, 봉, 또는 파이프로 흡연을 했습니까?

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

'QA23_C47'   During the past 30 days, how did you use marijuana? Did you…

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

AC120

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까? 시가의 속을 마리화나로 채운 일명 '블런트'를 일부 혹은 전부 흡연했습니까?

❍	YES 1

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

'QA23_C48'   [During the past 30 days, how did you use marijuana?] Did you…

Eat it?

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

AC121

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 먹었습니까?

예를 들어, 브라우니, 케이크, 쿠키 또는 캔디에 넣어 먹었다

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

'QA23_C49'   [During the past 30 days, how did you use marijuana?] Did you…

Drink it?

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

AC122

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 마셨습니까?

예를 들어, 차, 콜라, 알코올 또는 기타 음료에 넣어 마셨다

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

'QA23_C50'   During the past 30 days, how did you use marijuana?] Did you…

Vaporize it?

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

AC123

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 기화시켰습니까?

예를 들어, 전자담배형 기화기를 이용했다

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

'QA23_C51'   During the past 30 days, how did you use marijuana?] Did you…

Dab it?

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

AC124

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 몸에 발랐습니까?
예를 들어, 부탄 해시 오일, 왁스 또는 농축액을 사용해서 발랐다

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

'QA23_C52'   [During the past 30 days, how did you use marijuana?] Did you…

Use it some other way?

AC125

지난 30일 동안, 마리화나를 어떤 식으로 사용했습니까?] 다른 방법으로 사용했습니까?

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

'QA23_C53'   Was <u>any</u> of your marijuana use in the past month recommended by a doctor or other health care provider?

지난 1달 동안 의사 또는 기타 의료인이 권장한 방법으로 마리화나를 사용했습니까?

AC126

- ❍   YES 1
- ❍   NO 2   **[GO TO 'QA23_C55']**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_C54'   Was <u>all</u> of your marijuana use in the past month recommended by a doctor or other health care provider?

지난 1달 동안 의사 또는 기타 의료인이 권장한 방법으로 마리화나를 사용했습니까?

AC127

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

PROGRAMMING NOTE 'QA23_C55':
IF **'QA23_C43'** > 30 DAYS OR > 1 MONTH, THEN GO TO **'QA23_C57'** IF USED MORE THAN 1 METHOD USED IN **'QA23_C46'** – **'QA23_C52'** CONTINUE WITH **'QA23_C55'** AND DISPLAY ONLY RESPONSE OPTIONS WHERE = 1 FOR **'QA23_C46'-'QA23_C52'**;
ELSE GO TO **'QA23_C56'**

'QA23_C55'   During the past 30 days, how did you use marijuana or cannabis most often?

지난 30일 동안 마리화나 또는 카나비스(Cannabis)를 가장 자주 사용한 방법은
무엇입니까?

AC193

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

'QA23_C56'   Where did you get the marijuana or cannabis you used in the past 30 days?

지난 30일 동안 사용한 마리화나 또는 카나비스(Cannabis)는 어디서 구했습니까?

AC194

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

'QA23_C57'   During the past year, when has someone else smoked marijuana around you in California?

지난 1년 동안 캘리포니아에서 다른 누군가가 귀하의 주변에서 마리화나를 피운 적이

있습니까?

AC192

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

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

CBD Use

'QA23_C58'   CBD, or cannabidiol, is a chemical found in both marijuana and hemp plants that many people use for medicinal purposes. CBD does not make the user high.
These questions specifically ask about products that contain CBD, but not THC.

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

CBD 또는 칸다비디올은 마리화나와 대마 식물에서 발견되는 화학물질로서 많은 사람들이 의약용으로 사용합니다. CBD를 한 번이라도 어떤 형태로든 사용해 본 적이 있습니까?

AC195

- ❍   YES 1
- ❍   NO..2   **[GO TO 'QA23_C70']**
- ❍   REFUSED .... -7   **[GO TO 'QA23_C70']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA23_C70']**

'QA23_C59'   How long has it been since you last used CBD in any form?

어떤 형태로든 CBD를 마지막으로 사용한 지 얼마나 되었습니까?

AC196

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

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

POST NOTE 'QA23_C59': COMPUTE CBDLASTUSE = (YEAR*365) + (MONTH*30) + (DAY)
IF CBDLASTUSE > 30, GO TO **'QA23_C70'**

'QA23_C60'   During the past 30 days, on how many days did you use CBD or CBD product?

지난 30일 동안 CBD 또는 CBD 제품을 며칠 사용했습니까?

AC197

- ❍   0 DAYS 1   **[GO TO 'QA23_C70']**
- ❍   1-2 DAYS 2
- ❍   3-5 DAYS 3
- ❍   6-9 DAYS 4
- ❍   10-19 DAYS 5
- ❍   20-29 DAYS 6
- ❍   30 DAYS 7
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_C61'   During the past 30 days, how did you use CBD? Did you…

Take it orally?

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

AC198

지난 30일 동안 CBD를 어떻게 사용하셨습니까? 경구 복용하셨습니까?

예: 설하 팅크, 알약, 캡슐 또는 액상

> ❍   YES 1
> ❍   NO...2   **[GO TO 'QA23_C70']**
> ❍   REFUSED .... -7   **[GO TO 'QA23_C70']**
> ❍   DON'T KNOW .... -8   **[GO TO 'QA23_C70']**

'QA23_C62'   During the past 30 days, how did you use CBD? Did you…

Eat it?

[FOR EXAMPLE, EDIBLES, LIKE COOKIES OR GUMMIES]

AC199

지난 30일 동안 CBD를 어떻게 사용하셨습니까? 먹었습니까?

예: 먹을 수 있는 쿠키 또는 젤리

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

'QA23_C63'   During the past 30 days, how did you use CBD? Did you…

Drink it?

[FOR EXAMPLE, IN A TEA OR SODA]

AC200

지난 30일 동안 CBD를 어떻게 사용하셨습니까? 마셨습니까?

예: 차 또는 탄산음료

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

'QA23_C64'   During the past 30 days, how did you use CBD? Did you…

apply it on your skin?

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

AC201

지난 30일 동안 CBD를 어떻게 사용하셨습니까? 피부에 발랐습니까?

예를 들어, 피부에 바르는 크림, 로션 또는 오일

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

'QA23_C65'   During the past 30 days, how did you use CBD? Did you…

Smoke it?

AC202

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

지난 30일 동안 CBD를 어떻게 사용하셨습니까? 피웁니까?

예: 조인트(궐련 형태), 물담배, 시가(뭉툭한) 또는 파이프

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

'QA23_C66'   During the past 30 days, how did you use CBD? Did you…

vaporize it?

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

AC203

지난 30일 동안 CBD를 어떻게 사용했습니까? 기체화시켰습니까?.

예를 들어, 전자 담배 유형의 베이퍼

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

'QA23_C67'   During the past 30 days, how did you use CBD? Did you…

dab it?

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

AC204

지난 30일 동안 CBD를 어떻게 사용했습니까? 귀하는... 대빙(Dabbing) 했습니까?

예를 들어, 농축된 CBD 왁스, 수지 또는 오일을 가열하여 만든 연기를 흡입

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

'QA23_C68'   During the past 30 days, how did you use CBD? Did you…

use it some other way?

지난 30일 동안 CBD를 어떻게 사용하셨습니까? 다른 방법으로 사용했습니까?

AC205

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

> **PROGRAMMING NOTE 'QA23_C69':**
> IF USED MORE THAN 1 METHOD USED IN **'QA23_C61'** - **'QA23_C68'** CONTINUE WITH **'QA23_C69'**
> AND DISPLAY ONLY RESPONSE OPTIONS WHERE **'QA23_C61'** – **'QA23_C68'** = 1;
> ELSE GO TO **'QA23_C70'**

'QA23_C69'   During the past 30 days, how did you use CBD most often?

지난 *30*일 동안 *CBD*를 가장 자주 사용한 방법은 무엇입니까*?*

AC206

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

'QA23_C70'   Have you used heroin in the past 12 months?

지난 *12*개월 동안 헤로인을 사용한 적이 있었습니까*?*

AC128

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

'QA23_C71'   Have you used methamphetamines in the past 12 months?

지난 *12*개월 이내에 메스암페타민 사용*?*

AC166

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

Prescription painkiller Use

'QA23_C72'   Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. Have you used prescription painkillers in the past 12 months? Please include prescription painkillers, whether or not a doctor prescribed them.

방 진통제의 예로는 *Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet®* 및 *Methadone*이 있습니다*.* 지난 *12*개월 동안 처방 진통제를 사용한 적이 있습니까*?* 의사가 처방했는지 여부에 관계없이 처방 진통제를 포함해주세요*.*

AC215

- ❍   YES 1
- ❍   NO..2   **[GO TO 'QA23_C78']**
- ❍   REFUSED .... -7   **[GO TO 'QA23_C78']**

❍   DON'T KNOW .... -8   **[GO TO 'QA23_C78']**

'QA23_C73'   Think about the prescription painkiller you took in the last 12 months. Why did you take this prescription painkiller?

지난 12개월 동안 복용한 처방 진통제에 대해 질문을 드리겠습니다. 이 처방 진통제를 복용한 이유는 무엇입니까? 해당되는 모든 것을 선택해 주세요.

AC222

❑   Dental work/dental pain 1
❑   *치과 시술/치통*
❑   Pain after surgery, not accident related 2
❑   *사고와 관련되지 않은 수술 후 통증*
❑   Pain after an accident or injury 3
❑   *사고 또는 부상으로 인한 통증*
❑   Chronic pain, regardless of cause 4
❑   *다양한 원인으로 인해 발생할 수 있는 만성 통증*
❑   Recreational use 5
❑   *여가용 약물로 사용*
❑   Depression, anxiety, or stress.....................6
❑   *우울증, 불안 또는 스트레스*
❑   To treat substance use disorder 7
❑   *약물 사용 장애 치료를 위해*
❑   Addiction to painkillers 8
❑   *진통제 중독*
❑   Other (Specify) _____......................91
❑   *기타(직접 기재해주세요) _____*
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_C74'   Think about the prescription painkiller you took in the last 12 months. Where did you get it from?

지난 12개월 동안 복용한 처방 진통제에 대해 질문을 드리겠습니다. 이 진통제를 어떻게 구하셨습니까? 해당되는 모든 것을 선택해 주세요.

AC217

❍   A prescription from my doctor 1
❍   *의사의 처방*
❍   A prescription from someone else's doctor
             (a friend, a family friend) 2
❍   *타인(친구, 가족)을 위한 의사의 처방*
❍   Not from a prescription
             (bought or received from elsewhere) 3
❍   *처방전 없이(다른 곳에서 구입 또는 수령)*
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_C75':
IF 'QA23_C72' = 1 CONTINUE;
ELSE SKIP TO 'QA23_C78'

'QA23_C75'   In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

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

AC129

처방약 진통제의 예로는 Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® 및 Methadone이 있습니다. 이러한 처방전 진통제로는 바이코딘, 옥시코틴, 노르코, 하이드로코돈, 퍼코셋, 메타돈 등이 있습니다. 지난 12개월 동안 의사가 지시하지 않은 방식으로 처방전 진통제를 사용하신 적이 있었습니까?

- ○ YES 1
- ○ NO..2   **[GO TO 'QA23_C78']**
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

'QA23_C76'   Did you get the prescription(s) from one doctor or from more than one doctor?

이 처방전을 써준 의사가 한 명이었습니까 아니면 두 명 이상이었습니까

AC131

- ○ ONE DOCTOR..1
- ○ MORE THAN ONE DOCTOR 2
- ○ DIDN'T GET IT FROM A DOCTOR 3
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

'QA23_C77'   What condition or conditions have you taken the medicine for?

귀하는어떤 질환으로 인해 이 약을 복용하고 있습니까?\[{2}해당 사항을 모두 선택해 주십시오]

AC133

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

Alcohol Use

'QA23_C78'   In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

이 질문에서 한 잔이란 맥주 한 캔이나 병, 와인 쿨러 또는 와인 샴페인 셰리주 한 잔, 독주 혼합 음료 칵테일 한 잔을 의미합니다 한 번이라도 어떤 종류의 술이든 술을 마신 적이 있습니까? 한 두 모금 만 마셨던 것은 포함하지 마세요

AC207

❍   YES 1
❍   NO...2   **[GO TO 'QA23_C83']**
❍   REFUSED .... -7   **[GO TO 'QA23_C83']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_C83']**

'QA23_C79'   How long has it been since you last drank an alcoholic beverage?

마지막으로 술을 마신 지 얼마나 되었습니까?

AC208

❍   WITHIN THE PAST 30 DAYS 1
❍   MORE THAN 30 DAYS AGO, BUT
       WITHIN THE PAST 12 MONTHS 2   **[GO TO 'QA23_C83']**
❍   MORE THAN 12 MONTHS AGO 3   **[GO TO 'QA23_C83']**
❍   REFUSED .... -7   **[GO TO 'QA23_C83']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_C83']**

'QA23_C80'   Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

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

오늘을 포함하여 지난 30일 동안을 구체적으로 생각해보세요. 지난 30일 동안 한 잔 이상 술을 마신 날이 며칠인가요?

이 질문에서 한 잔이란 맥주 한 캔이나 병, 와인 쿨러 또는 와인 샴페인 셰리주 한 잔, 독주 혼합 음료 칵테일 한 잔을 의미합니다.

AC209

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

'QA23_C81'   On the days that you drank during the past 30 days, how many drinks did you usually have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

지난 30일 동안술을 마신 날 하루에 보통 몇 잔을 마셨습니까? 맥주 한 캔이나 병, 와인 쿨러 또는 와인 샴페인 셰리주 한 잔, 독주 혼합 음료 칵테일 한 잔을 한 잔으로 계산하세요.

AC210

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

PROGRAMMING NOTE 'QA23_C82':
IF **'QA23_A5'** = 2 THEN DISPLAY "4 or more";
ELSE IF **'QA23_A5'** = 1 THEN DISPLAY "5 or more"

'QA23_C82'   During the past 30 days, on how many days did you have {4/5} or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other.

지난 30일 동안 같은 상황에서 {4 / 5} 잔 이상 음주한 날은 며칠입니까? '상황'이란 동시에 또는 서로 몇 시간 간격 이내를 의미합니다.

AC211

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

Gambling

'QA23_C83'   Gambling is an activity where you bet (or place a wager) on an uncertain outcome. It can take many forms for example, casino games, playing the lottery or scratch-offs, betting on sports, fantasy leagues, bingo, loteria, and some online games such as slots or cards.

Have you gambled in the past 12 months?

도박은 불확실한 결과에 돈을 거는(베팅하는) 행위입니다. 도박은 카지노 게임, 복권(즉석 복권 포함), 스포츠 베팅, 빙고, 로또 및 일부 온라인 게임(슬롯 머신이나 카드 게임) 등 다양한 형태를 취할 수 있습니다.

지난 12개월 동안 도박을 한 적이 있습니까?

AC218

❍   YES 1
❍   NO...2   **[GO TO 'QA23_GV1']**
❍   REFUSED .... -7   **[GO TO 'QA23_GV1']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_GV1']**

PROGRAMMING NOTE AC219:
IF **'QA23_C83'** = 1 CONTINUE;
ELSE GOTO **'QA23_GV1'**

'QA23_C84'   During the past 12 months, have you become restless, irritable or anxious when trying to stop/ cut down on gambling?

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

지난 12개월 동안 도박을 중단하거나 줄이려고 했을 때 안절부절하거나 짜증을 내거나 불안한 적이 있습니까?

AC219

[IF NEEDED READ: *예를 들어, 로또 또는 즉석 복권의 구매, 카지노 게임, 슬롯 머신 또는 온라인 카드 게임, 스포츠 베팅 등을 중단하거나 줄이려고 했을 때입니다.]*

❍   YES 1

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

'QA23_C85'   During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

지난 12개월 동안 가족이나 친구에게 본인이 얼마나 도박을 많이 하는지 숨기려고 한 적이 있습니까?

AC220

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

'QA23_C86'   During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

지난 12개월 동안 도박으로 인한 경제적 어려움 때문에 가족, 친구 또는 사회복지기관으로부터 생활비 지원을 받아야 했던 적이 있습니까?

AC221

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

Section GV: Gun Violence

'QA23_GV1'   How many firearms are kept in or around your home?

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

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

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

차고, 옥외 저장 공간 또는 자동차. 우리는 저희는 총기 관련 부상에 대해 관심이 있기 때문에 건강 설문조사에서 이러한 질문을 하는 것입니다./ 다음 질문은 총기에 관한 것입니다. 이에는 권총, 샷건, 및 소총이 포함되나 BB 총, 경주용 권총 또는 발사 할 수 없는 총은 포함되지 않습니다. 다음 장소에 보관하고 있는 것도 포함해주세요. 차고, 옥외 저장 공간 또는 자동차. 집 안이나 주변에 총기를 몇 개나 보관하고 있습니까?

AGV1

_____ Number of firearms [0-999]   **[IF 'QA23_GV1'= 0, GO TO 'QA23_GV5']**
[IF 'QA23_GV1'= 1, GO TO 'QA23_GV3']
[IF 'QA23_GV1'> 1, GO TO 'QA23_GV2']

_____ 총기 수
- ○   REFUSED .... -7   **[GO TO 'QA23_GV5']**
- ○   DON'T KNOW .... -8   **[GO TO 'QA23_GV5']**

'QA23_GV2'   How many of these firearms are handguns?

이 총기 중 몇 개가 권총입니까?

AGV2

_____Number of handguns [0-999]   **[IF 'QA23_GV2'> 1, GO TO 'QA23_GV4']**

_____ 권총 수
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'QA23_GV3'   Is that firearm a handgun?

총기는 권총입니까?

AGV3

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

'QA23_GV4'   Are any of your firearms kept loaded and unlocked?

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

총기를 장전하고 잠금 해제한 상태로 보관하고 계십니까?

[IF NEEDED: 잠금 해제는 방아쇠 잠금 장치, 케이블 잠금 장치, 잠금 상자 또는 캐비닛/컨테이너를 사용하지 않는다는 의미합니다.]

AGV9

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

PROGRAMMING NOTE 'QA23_GV5':
IF AGE < 21 YEARS THEN CONTINUE;
ELSE GO TO 'SECTION D'

'QA23_GV5'   If you wanted a firearm, do you think you would be able to get one within 2 days?

총기를 원한다면, 2 일 이내에 총기를 손에 넣을 수 있다고 생각하세요?

AGV8

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

Section D: General Health, Disability, and Sexual Health

Height and Weight

'QA23_D1'   These next questions are about your height and weight. How tall are you without shoes? You answer in feet and inches or centimeters"

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

신발을 신지 않았을 때 키가 얼마나 됩니까?/ 다음 질문들은 키와 체중에 관한 겁니다.신발을 신지 않았을 때 키가 얼마나 됩니까?

AE17

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

PROGRAMMING NOTE 'QA23_D2':

DISPLAY INSTRUCTIONS:
IF **'QA23_A5'** = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR **'QA23_A4'**< 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

'QA23_D2'   {When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms.

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

{임신 중이 아닐 때,} 신발을 신지 않은 상태에서 귀하의 몸무게는 얼마나 되십니까

AE18

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

Disability

'QA23_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
- ○   *예*
- ○   No...2   **[GO TO 'QA23_D5']**
- ○   *아니요*
- ○   REFUSED .... -7   **[GO TO 'QA23_D5']**
- ○   DON'T KNOW .... -8   **[GO TO 'QA23_D5']**

'QA23_D4'   Are you legally blind?

귀하께서는 법으로 규정한 시각장애인이십니까?

AL8

- ○   Yes 1

❍   *예*
❍   No..2
❍   *아니요*
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_D5'   Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

신체적, 정신적 또는 정서적 상태 때문에, 집중하거나 기억하거나 결정을 내리는 데 심각한 어려움이 있습니까?

AL10

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

'QA23_D6'   Do you have difficulty dressing or bathing?

옷을 입거나 목욕하는 데 어려움이 있습니까?

AL11

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

'QA23_D7'   Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

신체적, 정신적 또는 정서적 상태 때문에, 병원 방문 또는 장보기와 같은 일상적인 일을 혼자서 하는 데 어려움이 있습니까?

AL12

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

Sexual Partners

'QA23_D8'   We are asking a few questions about people's sexual experiences. All answers will be kept private.

In the <u>past 12 months</u>, how many sexual partners have you had?

실례지만, 지금부터는 성적인 경험에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신 내용에 대해서는 철저하게 비밀이 유지됩니다. 지난 12개월 동안, 성관계를 가진 상대방이 몇

명이나 됩니까?

AD43B

   ___NUMBER OF PARTNERS **[HR: 0-99,**   **[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D10']**

         SR: 0-20]

❍   REFUSED .... -7   **[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D9']**

❍   DON'T KNOW .... -8   **[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D9']**

'QA23_D9'   Can you give me your best guess of the number of sexual partners you have had <u>in the past 12 months</u>?

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

AD44B

소신껏 추측해 말씀해 주시겠습니까?

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

OR

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

Sexual Orientation

PROGRAMMING NOTE 'QA23_D10':
IF **'QA23_D8'** = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR **'QA23_D9'** =0, GO TO PROGRAMMING NOTE **'QA23_D11'**;
ELSE CONTINUE WITH **'QA23_D10'**;

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** OR **'QA23_D9'** = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

'QA23_D10'   {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 12개월 동안, 귀하께서 성관계를 가진 상대방은 남성이었습니까, 여성이었습니까, 아니면 둘 다였습니까?

AD45B

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

'QA23_D11'   Which of the following best represents how you think of yourself?

다음 중 귀하가 귀하 자신에 대해 어떻게 생각하는 지를 가장 잘 나타내는 것은 무엇입니까? [하나 선택]

AD46C

❍	Lesbian or Gay...2	**[GO TO PN_QA23_D13]**
❍	*레즈비언 또는 게이*	
❍	Straight, that is, not lesbian or gay 1	**[GO TO PN_QA23_D13]**
❍	*레즈비언 또는 게이가 아닌 이성애자*	
❍	Bisexual or pansexual.................................6	**[GO TO PN_QA23_D13]**
❍	*양성애자 또는 범성애자*	
❍	I use a different term: (___).........................7	
❍	*다른 용어(___)를 사용한다*	
❍	Don't know 8	**[GO TO PN_QA23_D13]**
❍	*모름*	
❍	Prefer not to answer....................................9	**[GO TO PN_QA23_D13]**
❍	*대답하고 싶지 않음*	

'QA23_D12'   What term do you use?

어떤 용어를 사용하십니까

AD86

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

Registered Domestic Partner

PROGRAMMING NOTE 'QA23_D13':
IF ['**QA23_A6'** = 1 (IDENTIFIES AS MALE) AND '**QA23_D10'** = 1 (MALE)] OR ['**QA23_A6'** = 2 (IDENTIFIES AS FEMALE) AND '**QA23_D10'** = 2 (FEMALE)] OR ['**QA23_D10'** = 3, -7, -8] OR [IF '**QA23_D8'** ≠1] CONTINUE WITH '**QA23_D13'**;
ELSE GO TO '**QA23_D14'**

'QA23_D13'   Are you legally married to someone of the same sex?

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

귀하는 동성인 사람과 법적으로 결혼하셨습니까?

AD60B

❍	YES 1	**[GO TO 'PN_QA23_D15']**
❍	NO...2	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

'QA23_D14'   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?

AD61B

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

Pre-Exposure Prophylaxis

PROGRAMMING NOTE 'QA23_D14':
IF ['QA23_A5' = 1 OR 'QA23_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'QA23_D10' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'QA23_D14';
ELSE IF ('QA23_A6' = 1 AND 'QA23_A5' = 2) OR ('QA23_A6' = 2 AND 'QA23_A5' = 1), THEN CONTINUE WITH 'QA23_D14';
ELSE IF 'QA23_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA23_D15';
ELSE IF 'QA23_A6' = 1 AND 'QA23_D11'= 2 OR 6, THEN CONTINUE WITH 'QA23_D15';
ELSE SKIP TO 'QA23_D18';

'QA23_D15'   People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.
At any time in the past 30 days, have you taken PrEP or Truvada®?

HIV가 없더라도 HIV 감염 위험을 낮추기 위해 하루에 한 알씩 복용할 수 있습니다. 이것을 노출 전 예방약, 즉 PrEP라고 합니다. 이때 복용하는 알약을 Truvada®라고도 합니다.
지난 30일 동안 언제라도 PrEP 또는 Truvada®를 복용한 적이 있습니까?

AD79

- ❍   YES 1   **[GO TO 'QA23_D19']**
- ❍   NO..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_D16'   In the past 12 months, have you taken any PrEP or Truvada®?

지난 12개월 동안, PrEP 또는 Truvada®를 복용한 적이 있습니까?

AD80

- ❍   YES 1   **[GO TO 'QA23_D19']**
- ❍   NO..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_D17'   Have you ever taken any PrEP or Truvada®?

PrEP 또는 Truvada®를 복용한 적이 있습니까?

AD81

- ❍   YES 1   **[GO TO 'QA23_D19']**
- ❍   NO..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_D18'   Before today, have you ever heard of PrEP or Truvada®?

오늘 이전에 PrEP 또는 Truvada®에 대해 들어본 적이 있습니까?

AD82

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

HIV Testing

'QA23_D19'   Have you ever been tested for HIV, the virus that causes AIDS?

AIDS를 일으키는 바이러스인 HIV의 감염여부를 검사 받은 적이 한번이라도 있습니까?

AD83

- ❍   YES 1
- ❍   NO...2   **[GO TO 'QA23_D21']**
- ❍   REFUSED .... -7   **[GO TO 'QA23_D21']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA23_D21']**

'QA23_D20'   For your most recent HIV test, were you offered the test or did you ask for the test?

가장 최근 받은 HIV 검사는 제안받은 것입니까 아니면 본인이 요청한 것입니까?

AD84

- ❍   I WAS OFFERED THE TEST 1   **[GO TO 'QA23_F1']**
- ❍   I ASKED FOR THE TEST...........................2   **[GO TO 'QA23_F1']**
- ❍   I WAS REQUIRED TO TAKE THE TEST....4
- ❍   I DON'T REMEMBER 3   **[GO TO 'QA23_F1']**
- ❍   OTHER (SPECIFY:_____) 91   **[GO TO 'QA23_F1']**
- ❍   REFUSED .... -7   **[GO TO 'QA23_F1']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA23_F1']**

'QA23_D21'   Were you ever offered an HIV test?

HIV 검사를 제안받은 적이 있습니까?

AD85

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

Section F: Mental Health

K6 Mental Health Assessment

'QA23_F1'   The following questions ask about how you have been feeling during the past 30 days.

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?

AJ29

다음의 질문들은 지난 30 일 동안의 귀하의 느낌에 관한 것입니다
귀하는 지난 30 일 동안 대략 얼마나 자주 신경과민을 느꼈습니까

- ❍ All of the time 1
- ❑ *항상 안전함*
- ❍ Most of the time 2
- ❍ *대부분 안전함*
- ❍ Some of the time 3
- ❑ *다소 느꼈음*
- ❍ A little of the time 4
- ❑ *거의 느끼지 않았음*
- ❍ None of the time..5
- ❑ *전혀 안전하지 않음*
- ❑ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_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?

귀하는 지난 30일 동안 대략 얼마나 자주… 절망감을 느꼈습니까?

AJ30

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

'QA23_F3'   During the past 30 days, about how often did you feel restless or fidgety?

[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?"]

불안감이나 조바심을 느꼈습니까?

AJ31

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

'QA23_F4'   How often did you feel so depressed that nothing could cheer you up?

[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?"]

그 어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 느꼈습니까?

AJ32

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

'QA23_F5'   During the past 30 days, about how often did you feel that everything was an effort?

[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?"]

모든 것이 다 힘들다고 느꼈습니까?

AJ33

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

'QA23_F6'   ... During the past 30 days, about how often did you feel worthless?

[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?"]

자신이 쓸모 없는 사람이라고 느꼈습니까?

AJ34

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

Repeated K6

'QA23_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   **[GO TO 'QA23_F14']**
> ❍   REFUSED .... -7   **[GO TO 'QA23_F14']**
> ❍   DON'T KNOW .... -8   **[GO TO 'QA23_F14']**

'QA23_F8'   The next questions are about the one month in the past 12 months when you were at your worst emotionally. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

다음의 질문들은 지난 12 개월 동안 정서적으로 최악의 상태였던 한 달 간에 대한
것입니다

AF63

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

'QA23_F9'   During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

절망감을 느꼈습니까?

AF64

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

'QA23_F10'   How often did you feel restless or fidgety?

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

불안감이나 조바심을 느꼈습니까?

AF65

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

'QA23_F11'   How often did you feel so depressed that nothing could cheer you up?

[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?"]

그 어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 느꼈습니까?

AF66

    ❍   ALL...1
    ❍   MOST...2
    ❍   SOME...3

❍	A LITTLE	4
❍	NONE / NEVER	5
❍	REFUSED	-7
❍	DON'T KNOW	-8

'QA23_F12'   How often did you feel that everything was an effort?

[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?"]

모든 것이 다 힘들다고 느꼈습니까?

AF67		

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

'QA23_F13'   How often did you feel worthless?

[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?]

자신이 쓸모 없는 사람이라고 느꼈습니까?

AF68		

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

Sheehan Scale

PROGRAMMING NOTE 'QA23_F14':
IF **'QA23_F1'**-**'QA23_F6'** > 0 THEN,
IF **'QA23_F1'**-**'QA23_F6'** = 1 THEN **'QA23_F1'**_R-**'QA23_F6'**_R = 4;
ELSE IF **'QA23_F1'**-**'QA23_F6'** = 2 THEN **'QA23_F1'**_R-**'QA23_F6'**_R = 3;
ELSE IF **'QA23_F1'**-**'QA23_F6'** = 3 THEN **'QA23_F1'**_R-**'QA23_F6'**_R = 2;
ELSE IF **'QA23_F1'**-**'QA23_F6'** = 4 THEN **'QA23_F1'**_R-**'QA23_F6'**_R = 1;
ELSE IF **'QA23_F1'**-**'QA23_F6'** = 5 THEN **'QA23_F1'**_R-**'QA23_F6'**_R = 0;
ELSE **'QA23_F1'**_R-**'QA23_F6'**-R = **'QA23_F1'**-**'QA23_F6'**;
IF **'QA23_F8'**-**'QA23_F13'** > 0 THEN,
IF **'QA23_F8'**-**'QA23_F13'** = 1 THEN **'QA23_F8'**_R-**'QA23_F13'**_R = 4;
ELSE IF **'QA23_F8'**-**'QA23_F13'** = 2 THEN **'QA23_F8'**_R-**'QA23_F13'**_R = 3;
ELSE IF **'QA23_F8'**-**'QA23_F13'** = 3   THEN **'QA23_F8'**_R-**'QA23_F13'**_R = 2;
ELSE IF **'QA23_F8'**-**'QA23_F13'** = 4 THEN **'QA23_F8'**_R-**'QA23_F13'**_R = 1;
ELSE IF **'QA23_F8'**-**'QA23_F13'** = 5 THEN **'QA23_F8'**_R-**'QA23_F13'**_R = 0;
ELSE **'QA23_F8'**_R-**'QA23_F13'**_R = **'QA23_F8'**-**'QA23_F13'**;

IF (**'QA23_F1'**_R - **'QA23_F6'**_R) >= 0 (NON-MISSING) THEN DO;
IF (**'QA23_F1'**_R + **'QA23_F2'**_R + **'QA23_F3'**_R + **'QA23_F4'**_R + **'QA23_F5'**_R + **'QA23_F6'**_R) > 8 OR
(**'QA23_F8'**_R + **'QA23_F9'**_R + **'QA23_F10'**_R + **'QA23_F11'**_R + **'QA23_F12'**_R + **'QA23_F13'**_R) >

8, THEN CONTINUE WITH **'QA23_F15'** INTRO;

IF (**'QA23_F8'**_R – **'QA23_F13'**_R) 7 OR
(**'QA23_F8'**_R + **'QA23_F9'**_R + **'QA23_F10'**_R + **'QA23_F11'**_R + **'QA23_F12'**_R + **'QA23_F13'**_R) >
7, THEN CONTINUE WITH **'QA23_F15'** INTRO;

IF **'QA23_F7'** = 1 THEN DISPLAY "again, please";
ELSE SKIP TO **'QA23_F20'**;

'QA23_F14'   Think {again, please,} about the month in the past 12 months when you were at your worst emotionally.

지난 12개월 동안 정서 상태가 최악이었던 달을 떠올려 주십시오.

AF69B_INTRO

PROGRAMMING NOTE **'QA23_F15'**:
IF AGE > 70 GO TO **'QA23_F16'**;
ELSE CONTINUE WITH **'QA23_F15'**;

'QA23_F15'   Did your emotions interfere a lot, some, or not at all with your performance at work/school?

귀하의 감정이 직장/학교에서의 성과에 방해가 되는 정도가 많습니까, 약간 있습니까, 전혀 없습니까?

AF69B

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

'QA23_F16'   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

'QA23_F17'   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

'QA23_F18'   Did your emotions interfere a lot, some, or not at all with your 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

'QA23_F19'   Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

지금부터는 지난 12 개월 동안에 대해 생각해 보십시오. 지난 365 일 중에서 신경과민, 우울한 기분 또는 감정적인 스트레스 때문에 일이나 정상적인 활동을 전혀 할 수 없었던 날은 대략 며칠이나 됩니까?

AF73B

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

Access & Utilization

'QA23_F20'   Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

지난 12개월 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 'QA23_F22']**
- REFUSED .... -7   **[GO TO 'QA23_F22']**
- DON'T KNOW .... -8   **[GO TO 'QA23_F22']**

'QA23_F21'   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

'QA23_F22'   In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

지난 12개월 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	

'QA23_F23'   In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, <u>or</u> your use of alcohol or drugs?

지난 12개월 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 'QA23_F24':
IF **'QA23_F22'** = 1 OR **'QA23_F23'** = 1, THEN CONTINUE;
ELSE GOTO **'QA23_F28'**

'QA23_F24'   Think about your problems with mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months. Did you receive care from an in-person visit, video visit, or telephone visit?

지난 12개월 동안 귀하의 정신건강, 심리적/정서적, 신경성 문제 또는 음주 및 약물 사용에 관련된 문제에 대해 질문을 드리겠습니다. 대면 상담, 화상 상담 또는 전화 상담을 통해 진료를 받으셨습니까? (해당 사항을 모두 선택해주세요)

AF114

❑	IN-PERSON VISIT 1	**[GO TO 'QA23_F25']**
❑	VIDEO VISIT 2	**[GO TO 'QA23_F26']**
❑	TELEPHONE VISIT 3	**[GO TO 'QA23_F27']**
❍	NO...4	**[GO TO 'PN_QA23_F28']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_F28']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_F28']**

'QA23_F25'   How satisfied are you with the in-person visit?

대면 상담을 통해 받은 진료에 대해 얼마나 만족했습니까?

AF115

❍	Very satisfied..1	
❍	*매우 만족*	
❍	Somewhat satisfied.....................................2	
❑	*다소 만족*	
❍	Somewhat dissatisfied 3	
❍	*다소 불만족*	
❍	Very dissatisfied...4	

- ❍   *매우 불만족*
- ❍   REFUSED ....-7
- ❍   DON'T KNOW .... -8

'QA23_F26'   How satisfied are you with the video visit?

화상 상담을 통해 받은 진료에 대해 얼마나 만족하셨습니까?

AF116

- ❍   Very satisfied...1
- ❍   *매우 만족*
- ❍   Somewhat satisfied 2
- ❑   *다소 만족*
- ❍   Somewhat dissatisfied 3
- ❍   *다소 불만족*
- ❍   Very dissatisfied 4
- ❍   *매우 불만족*
- ❍   REFUSED ....-7
- ❍   DON'T KNOW .... -8

'QA23_F27'   How satisfied are you with the telephone visit?

전화 상담을 통해 받은 진료에 대해 얼마나 만족하셨습니까?

AF117

- ❍   Very satisfied...1
- ❍   *매우 만족*
- ❍   Somewhat satisfied 2
- ❑   *다소 만족*
- ❍   Somewhat dissatisfied 3
- ❍   *다소 불만족*
- ❍   Very dissatisfied 4
- ❍   *매우 불만족*
- ❍   REFUSED ....-7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_F28':
IF **'QA23_F22'** = 1 OR **'QA23_F23'** = 1 THEN CONTINUE WITH **'QA23_F28'**;
ELSE SKIP TO **'QA23_F33'**

'QA23_F28'   Did you seek help for your mental or emotional health <u>or</u> 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 PROBLEMS...................3
- ❍   REFUSED ....-7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_F29':
IF **'QA23_F28'** = 1, display: "mental or emotional health";
IF **'QA23_F28'** = 2, display: "use of alcohol or drugs";
IF **'QA23_F28'** = 3, display: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO **'QA23_F30'**

'QA23_F29'   In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}?

Do not count overnight hospital stays.

지난 12개월 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   **[HR: 0-365, SR:0-52]**
   ○   REFUSED .... -7
   ○   DON'T KNOW .... -8

'QA23_F30'   Are you still receiving treatment for these problems from one or more of these providers?

이 문제와 관련해서, 귀하께서는 아직도 1명 이상의 이런 외료 제공자나 전문가로부터 치료를 받는 중이십니까?

AF78

   ○   YES 1   **[GO TO 'QA23_F33']**
   ○   NO 2
   ○   REFUSED .... -7   **[GO TO 'QA23_F33']**
   ○   DON'T KNOW .... -8   **[GO TO 'QA23_F33']**

'QA23_F31'   Did you complete the recommended full course of treatment?

귀하는 권고 받은 전체 치료 과정을 완료하셨습니까?

AF79

   ○   YES 1   **[GO TO 'QA23_F33']**
   ○   NO 2
   ○   REFUSED .... -7   **[GO TO 'QA23_F33']**
   ○   DON'T KNOW .... -8   **[GO TO 'QA23_F33']**

'QA23_F32'   What is the <u>main reason</u> you are no longer receiving treatment?

귀하께서 더 이상 치료를 받지 않으시는 주된 이유는 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	

'QA23_F33'   During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

지난 12개월 동안, 정서적인 문제 또는 개인적인 문제로 항우울제나 진정제 같은 처방약을 2주 이상 동안 거의 매일 복용한 적이 있습니까?

AJ5

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

Stigma

PROGRAMING NOTE 'QA23_F34':
IF **'QA23_F20'** = 1 AND (**'QA23_F22'** ≠ 1 AND **'QA23_F23'** ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH **'QA23_F34'**;
ELSE SKIP TO **'QA23_F38'**

'QA23_F34'   Here are some reasons people have for not seeking help even when they think they might need it. Please mark 'yes' or 'no' for whether each statement applies to why you did not see a professional.

You were concerned about the cost of treatment.

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.

치료비가 걱정되었다.

AF82

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

'QA23_F35'   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	

'QA23_F36'   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

'QA23_F37'   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

Climate Change

> **PROGRAMMING NOTE 'QA23_F38':**
> IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS OF YOUR HOUSEHOLD"

'QA23_F38'   Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires.

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

폭염, 홍수, 산불, 산불로 인한 연기, 산불을 예방하기위한 공공 안전 전력 차단 등

캘리포니아에서 증가하고 있는, 날씨와 관련된 위험한 비상사태.

지난 2년 중 귀하 또는 귀하의 가족이 개인적으로 이러한 비상사태를 경험한 적이

있습니까

지난 2년 동안 귀하 또는 귀하의 가족이 개인적으로

AF110B

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

'QA23_F39'   ….. Wildfire?

폭염을 경험한 적이 있습니까?

AF110C

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

'QA23_F40'   ….. Smoke from wildfire?

….. 산불로 인한 연기를 경험한 적이 있습니까?

AF110D

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

◯   DON'T KNOW .... -8

'QA23_F41'   ….. Flood/rising sea levels/mudslide?

….. *홍수/해수면 상승/산사태를 경험한 적이 있습니까?*

| AF110E |

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

PROGRAMMING NOTE 'QA23_F42':

DISPLAY INSTRUCTIONS:
IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE PHYSICAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"
IF **'QA23_F38'** = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves', OR
'QA23_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR
OR **'QA23_F40'** = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR
OR 'AF112E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"
ALWAYS DISPLAY 'Not applicable'
ELSE GOTO 'SECTION G'

'QA23_F42'   Was your physical health {or the physical health of members of your household} harmed by any of these events?

다음의 사건으로 인해 귀하의 신체 건강(또는 가구 구성원의 신체 건강)에 해를

입었습니까?

| AF111B |

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

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

PROGRAMMING NOTE 'QA23_F43':

DISPLAY INSTRUCTIONS:
IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"
IF **'QA23_F38'** = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves', OR
'QA23_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR
OR **'QA23_F40'** = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR
OR 'AF112E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"
ALWAYS DISPLAY 'Not applicable'
ELSE GOTO 'SECTION G'

'QA23_F43'   Was your mental health {or the mental health of members of your household} harmed by any of these events?

다음의 사건으로 인해 귀하의 정신 건강(또는 가구 구성원의 정신 건강)에 해를 입었습니까?

AF112B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- ❑   Yes, from extreme heat waves 1
- ❑   *예, 폭염*
- ❑   Yes, from flooding 2
- ❑   *예, 홍수*
- ❑   Yes, from wildfires..3
- ❑   *예, 산불*
- ❑   Yes, from smoke from wildfires....................4
- ❑   *예, 산불로 인한 연기*
- ○   Not Applicable 5
- ○   *해당 사항 없음*
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_F44':
IF **'QA23_F40'** = 1 CONTINUE;
ELSE SKIP TO PROGRAMMING NOTE **'QA23_G1'** IN 'SECTION G'

'QA23_F44'   When you experienced wildfire smoke in your community, did you access a space that provided filtered air?

– 귀하가 지역 사회에서 산불로 인한 연기로 문제가 있었을 때 공기여과 필터 장치가 있는 장소를 이용하신 적이 있습니까?

AF118

- ❑   Yes, my home 1
- ❑   *예, 내 집에서*
- ❑   Yes, a friend or neighbour's home 2
- ❑   *예, 친구 또는 이웃의 집*
- ❑   Yes, a community cleaner air shelter...........3
- ❑   *예, 커뮤니티 청정 공기 대피소*
- ❑   Yes, a commercial building (mall, movie theater, etc.) 4
- ❑   *예, 상업용 건물(쇼핑몰, 영화관 등)*
- ○   No...5
- ○   *아니요*
- ○   Not applicable 6
- ○   *해당 사항 없음*
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'QA23_G1':

DISPLAY INSTRUCTIONS:
IF CHILD INTERVIEW COMPLETED AND **'QA23_A39'** = 1 AND 'CH12' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services." OR
IF CHILD INTERVIEW COMPLETED AND **'QA23_A39'** = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

'QA23_G1'   Now a few more questions about your background. {Your answers are confidential and will not be reported to Immigration Services.}

자, 지금부터는 귀하에 대한 기본적인 인적 사항을 몇 가지 여쭤보겠습니다 {귀하의 응답은 비밀로 유지되고 이민국에 보고되지 않습니다.

PROGRAMMING NOTE 'QA23_G2':
IF CHILD INTERVIEW COMPLETED AND **'QA23_A39'** = 1, MARK **'QA23_G2'** = 'CH11' AND GO TO **'QA23_G3'**;
IF CHILD INTERVIEW COMPLETED AND **'QA23_A39'** = 2, MARK **'QA23_G2'** = 'CH14' AND GO TO **'QA23_G3'**;
ELSE CONTINUE WITH **'QA23_G2'**;

'QA23_G2'   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 'QA23_G3':

IF **'QA23_G2'** ≠ 1, (NOT BORN IN US) GO TO **'PN_QA23_G5'**;

'ELSE IF **'QA23_G2'** = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH **'QA23_G3'**;

IF CHILD INTERVIEW COMPLETED ['QA23_A39'] = 1, 2 AND **'QA23_G2'** = 1 DISPLAY "You previously mentioned you were born in the United States."];

ELSE DISPLAY "In what country was your mother born"

'QA23_G3'   {You previously mentioned you were born in the United States}. In what country was your mother born?

{귀하는 앞서 미국에서 태어나셨다고 말씀하셨습니다}. 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

'QA23_G4'   In what country was your father born?

모친께서는 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

Citizenship and Immigration

PROGRAMMING NOTE 'QA23_G5':
IF **'QA23_G2'** = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND [('QA23_A39' = 1 AND 'CH11A' = 1) OR ('QA23_A39' = 2 AND 'CH14A' = 1)], CODE **'QA23_G5'** = 1 AND GO TO **'PN_QA23_G11'**; ELSE CONTINUE WITH **'QA23_G5'**

'QA23_G5'   Are you a citizen of the United States?

귀하는 미국 시민권자이십니까? / 다음의 질문은 시민권과 이민에 대한 것입니다.귀하는 미국 시민권자이십니까?

AH39

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

PROGRAMMING NOTE 'QA23_G6':
IF **'QA23_G5'** = 2, 3 CONTINUE ELSE GOTO **'QA23_G7'**
IF **'QA23_G2'** = 2 (AMERICAN SAMOA), GO TO **'PN_QA23_G9'**

'QA23_G6'   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.]

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

'QA23_G7'   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 US)
| ❍ | REFUSED .... -7 |
| ❍ | DON'T KNOW .... -8 |

PROGRAMMING NOTE 'QA23_G9':
IF **'QA23_G5'** = 1 (NATURALIZED) OR **'QA23_G6'** = 1 (HAS GREEN CARD), GO TO **'QA23_G11'**;
ELSE CONTINUE WITH **'QA23_G9'**

'QA23_G9'   Are you currently here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?

다음 중 현재 해당사항이 있습니까? 관광 비자, 학생 비자, 취업 비자 또는 취업 허가, 또는 제한된(기간) 동안 미국 거주를 허가하는 다른 서류?

AG36B

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

❍	TOURIST VISA 1
❍	STUDENT VISA..2
❍	WORK VISA OR PERMIT............................3
❍	DEFERRED ACTION FOR

CHILDHOOD ARRIVALS OR "DACA".........4
❍ ANOTHER DOCUMENT WHICH
  PERMITS STAY FOR LIMITED TIME 6
❍ REFUGEE/ASYLUM STATUS....................8   **[GO TO 'QA23_G11']**
❍ OTHER (SPECIFY: _____).................91
❍ REFUSED ....-7   **[GO TO 'QA23_G11']**
❍ DON'T KNOW ....-8   **[GO TO 'QA23_G11']**

'QA23_G10'   Is this visa or document still valid or has it expired?

이 비자 또는 서류는 지금 현재도 유효합니까, 아니면 유효기간이 지났습니까?

| AG37B |

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

Living with Parents

PROGRAMMING NOTE 'QA23_G11':
IF [AAGE < 30 OR **'QA23_A4'** = 1 (AGE 18-29)] AND [**'QA23_A25'** = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR **'QA23_A24'** = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH **'QA23_G11'**;
ELSE GO TO **'PN_QA23_G20'**

'QA23_G11'   Are you now living with either of your parents?

현재 본인의 부모님 중 한 분이라도 같이 살고 계십니까?

| AH43A |

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

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

Teen Permission

'QA23_G12'   {Earlier you mentioned you had at least one adolescent age 12 to 17 in your household.}
We would like to survey {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take {him/her} about 15 minutes to complete.
Your teen's answers may help other teens in your community and across California.

귀하는 앞에서 가족 중에 12세부터 17세까지의 청소년이 최소 한 명 있다고 말씀하셨습니다. '저희 연구를 위해 {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} 님과 설문조사를 진행하고 싶습니다. 웹 설문조사이며 완료하는 데 약 15분 정도 걸립니다. 귀 자녀의 응답은 지역사회와 캘리포니아 주의 다른 십대들에게 도움이 될 수 있습니다.

| TP1 |

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

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

감사의 표시로 설문조사를 완료해주신 십대 자녀에게 $10의 기프트카드를 보내드리겠습니다.

십대 자녀가 설문조사를 완료하는 방법에 관한 설명이 담긴 설문조사 정보를 댁으로 우편을 통해 보내드리겠습니다.

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

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

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

십대 설문조사에서의 질문들은 귀하가 대답하고 계신 질문들과 많이 비슷하지만 훨씬 더 짧습니다. 일반적인 건강, 식습관, 운동 및 그 밖에 흡연, 음주, 약물 사용과 같은 건강에 좋고 나쁜 습관을 포함하여 다양한 건강 문제가 포함됩니다. 괴롭힘, 폭력, 성적 행태에 관한 질문도 있습니다. 자살 생각이나 자살 시도가 아주 심각한 건강 문제이기 때문에 그에 관한 몇 가지 질문이 있습니다. 도움이 필요한 십대들에게는 상담과 지원 정보를 제공합니다. 귀하의 자녀는 어떤 질문이든 건너뛸 수도 있고 언제든지 설문조사를 중단할 수 있습니다.

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

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

를 클릭하셔서 저희가 귀 자녀에게 연락하려는 방법에 대해 알아보십시오.

귀하의 집으로 우편물을 보내드릴테니 봉인된 봉투를 십대 자녀에게 전달해주시기를 부탁드립니다. 이 봉투에는 연구 링크와 고유의 보안 액세스 코드가 들어 있습니다. 귀하가 허락하시면, 귀 자녀가 웹에서 설문조사를 완료하지 않은 경우에 가장 적당한 전화번호를 받아서 전화로 설문조사를 완료할 수도 있습니다. 저희가 가지고 있는 귀 자녀의 이름과 연락처 정보는 연구 완료 후 저희 기록에서 삭제할 것입니다

3.   Click here for our privacy protection policy

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

귀하의 응답과 마찬가지로, 자녀분의 응답도 엄격히 비밀이 유지되고 연구 목적으로만 다른 십대들의 응답과 통합됩니다. 자녀분의 이름은 절대 응답과 연결이 되지 않습니다. 저희가 가지고 있는 자녀분의 이름과 연락처 정보는 연구 완료 후 저희 기록에서 삭제할 것입니다. 연구 참여자의 권리에 관한 자세한 정보는 (310) 825-8714로 조사 대상자 보호실로 문의해 주십시오.

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?
확인 차☞ 저희가 귀 자녀에게 연락하여 설문조사에 참여할 것인지 물어볼 수 있도록 허락하시겠습니까

- ❏ Yes 1
- ❏ *예*
- ❏ No...2
- ❏ *아니요*
- ❏ REFUSED .... -7
- ❏ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_G13':
IF **'QA23_G12'** = 2, -7, -8 SKIP TO **'QA23_G14'**;
ELSE CONTINUE WITH 'TP_1A';
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN **'QA23_G12'**, DO NOT DISPLAY "Questions in teen survey….in need.;
ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN **'QA23_G12'**, DO NOT DISPLAY "Like your answers, {his/her} answers….8714."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND **'QA23_G12'**=1, SKIP TO **'QA23_G15'**

'QA23_G13'   Thank you. Your teen's answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

감사합니다. 귀 자녀의 응답은 지역사회와 캘리포니아 주의 다른 십대들에게 도움이 될 수 있습니다. 진행하기 전에 귀하에게 보여드려야 하는 내용이 있습니다

TP1_A

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

십대 설문조사에서의 질문들은 귀하가 대답하고 계신 질문들과 많이 비슷하지만 훨씬 더 짧습니다. 일반적인 건강, 식습관, 운동 및 그 밖에 흡연, 음주, 약물 사용과 같은 건강에 좋고 나쁜 습관을 포함하여 다양한 건강 문제가 포함됩니다. 괴롭힘, 폭력, 성적 행태에 관한 질문도 있습니다. 자살 생각이나 자살 시도가 아주 심각한 건강 문제이기 때문에 그에 관한 몇 가지 질문이 있습니다. 도움이 필요한 십대들에게는 상담과 지원 정보를 제공합니다

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never

connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} 님은 어떤 질문이든 건너뛸 수 있고 언제든지 설문조사를 중단할 수 있습니다. 귀하의 응답과 마찬가지로, 자녀분의 응답도 엄격히 비밀이 유지되고 연구 목적으로만 다른 십대들의 응답과 통합됩니다. 자녀분의 이름은 절대 응답과 연결이 되지 않습니다. 저희가 가지고 있는 자녀분의 이름과 연락처 정보는 연구 완료 후 저희 기록에서 삭제할 것입니다

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

연구 참여자의 권리에 관한 자세한 정보는 (310) 825-8714로 조사 대상자 보호실로 문의해 주십시오.

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

확인 차, 저희가 귀 자녀에게 연락하여 설문조사에 참여할 것인지 물어볼 수 있도록 허락하시겠습니까?

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

PROGRAMMING NOTE 'QA23_G14':
IF **'QA23_G12'**_A = 2, -7, -8 CONTINUE WITH **'QA23_G14'** AND DISPLAY "However,….interview";
ELSE IF **'QA23_G12'**=2, CONTINUE WITH **'QA23_G14'** AND DISPLAY "Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 8714."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN **'QA23_G12'**, DO NOT DISPLAY "Questions in teen survey…. any time."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN **'QA23_G12'**, DO NOT DISPLAY "Like your answers, {his/her} answers ….8714."
ELSE SKIP TO **'QA23_G15'**

'QA23_G14'   We understand that you would prefer that your teen not participate in the survey.

자녀가 설문조사에 참여하기를 원치 않으신다해도 저희는 이해합니다

TP1_BRC

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

하지만 이것은 캘리포니아 주가 직면하고 있는 중요한 공중 보건 문제입니다. 자녀가 약물이나 성적 행태에 대한 질문에 답하게 하는 것에 불편함을 느껴 자녀가 설문조사에 참여하는 것을 허락하지 않는 부모님도 계십니다. 원하신다면 약물이나 성적 행태에 관한 질문은 설문에 포함시키지 않도록 할 수 있습니다.

{Questions in the teen survey are a lot like the ones you are answering, but it is much

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

십대 설문조사에서의 질문들은 귀하가 대답하고 계신 질문들과 많이 비슷하지만 훨씬 더 짧습니다. 일반적인 건강, 식습관, 운동 및 그 밖에 흡연, 음주, 약물 사용과 같은 건강에 좋고 나쁜 습관을 포함하여 다양한 건강 문제가 포함됩니다. 괴롭힘, 폭력, 성적 행태에 관한 질문도 있습니다. 자살 생각이나 자살 시도가 아주 심각한 건강 문제이기 때문에 그에 관한 몇 가지 질문이 있습니다. 도움이 필요한 십대들에게는 상담과 지원 정보를 제공합니다

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

하지만 이것은 캘리포니아 주가 직면하고 있는 중요한 공중 보건 문제입니다. 자녀가 약물이나 성적 행태에 대한 질문에 답하게 하는 것에 불편함을 느껴 자녀가 설문조사에 참여하는 것을 허락하지 않는 부모님도 계십니다. 원하신다면 약물이나 성적 행태에 관한 질문은 설문에 포함시키지 않도록 할 수 있습니다.

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

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} 님은 *어떤 질문이든 건너뛸 수 있고 언제든지 설문조사를 중단할 수 있습니다. 귀하의 응답과 마찬가지로, 자녀분의 응답도 엄격히 비밀이 유지되고 연구 목적으로만 다른 십대들의 응답과 통합됩니다. 자녀분의 이름은 절대 응답과 연결이 되지 않습니다. 저희가 가지고 있는 자녀분의 이름과 연락처 정보는 연구 완료 후 저희 기록에서 삭제할 것입니다.*

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

이러한 정보를 감안하여, 자녀에게 연락하여 설문조사에 참여를 요청할 수 있도록 다시 고려해 주시겠습니까?

❑	Yes 1	**[GO TO 'QA23_G15']**
❑	*예*	
❑	Yes if no questions on drugs........................2	**[GO TO 'QA23_G15']**
❑	*약물에 관한 질문을 배제한다면 허락합니다*	
❑	Yes if no questions on sexual behavior 3	**[GO TO 'QA23_G15']**
❑	*성적 행태에 관한 질문을 배제한다면 허락합니다*	
❑	Yes if no questions on drugs and sexual behavior 4	**[GO TO 'QA23_G15']**

❑   *약물과 성적 행태에 관한 질문을 배제한다면*
       허락합니다
❑   No...5   **[GO TO 'QA23_G18']**
❑   *아니요*
❑   REFUSED .... -7   **[GO TO 'QA23_G18']**
❑   DON'T KNOW .... -8   **[GO TO 'QA23_G18']**

'QA23_G15'   Thank you for permitting your teen to participate in this important
study. In order to properly contact your teen, please provide {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} first and last name. Remember {his/her} name is never connected with {his/her} answers.

귀하의 십대 자녀가 이 중요한 조사에 참여하도록 허락해주셔서 감사합니다. 귀하의 자녀에게 제대로 연락할 수 있도록 {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} 님의 성과 이름을 말씀해주시기 바랍니다. 자녀분의 이름은 절대 설문 답변과 연결이 되지 않습니다

TP_NAME

First name _____
이름_____

Last name _____
성_____

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

귀 자녀가 웹에서 설문조사를 완료하지 않은 경우에 저희가 자녀분에게 전화를 걸어 전화로 설문조사를 완료할 수 있도록 허락해주시기를 부탁드립니다. 저희가 {ADOLESCENT'S FIRST NAME} 님에게 설문조사를 완료하도록 연락을 하는 것이 중요하기 때문에 자녀분에게 연락할 가장 적당한 전화번호를 말씀해주시면 큰 도움이 될 것입니다. 이 전화번호는 연구 완료 후 삭제됩니다. 집 전화, 일반 전화 또는 휴대전화 번호일 수도 있습니다

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

저희가 {ADOLESCENT'S FIRST NAME} 님에게 연락하기 위해 전화를 걸 수 있는 집 전화, 일반 전화 또는 휴대전화 번호를 말씀해주시겠습니까?

＿＿＿ - ＿＿＿ - ＿＿＿＿

❑   Landline...1
❑   *일반전화*
❑   Cell phone   2   **[GO TO 'QA23_G16'**]
❑   *휴대전화*
❑   REFUSED .... -7
❑   DON'T KNOW .... -8

'QA23_G16'   Is the cell phone number you just provided your teen's personal phone number?

| TP2_CELL2 |

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

'QA23_G17'   Are you willing to let us send your teen a text message reminder to participate in the survey?

| TP3 |

- Yes 1   **[GO TO 'QA23_G19']**
- 예
- No...2   **[GO TO 'QA23_G19']**
- 아니요
- REFUSED .... -7   **[GO TO 'QA23_G19']**
- DON'T KNOW .... -8   **[GO TO 'QA23_G19']**

'QA23_G18'   We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

| TP6 |

자녀분이 설문조사에 참여하지 않기를 원하는 것을 저희는 이해합니다. 배려해주셔서 감사합니다.

PROGRAMMING NOTE 'QA23_G19':
IF **'QA23_G12'** = 1 OR **'QA23_G12'**_RC = 1,2,3, CONTINUE WITH **'QA23_G19'**;
ELSE SKIP TO **'QA23_G20'**

'QA23_G19'   Thank you for allowing your teen to participate. We have some more questions for you.

| TP_END |

자녀분이 참여하도록 허락해주셔서 감사합니다. 귀하에게 몇 가지 질문을 더 드리겠습니다.

Paid Child care

```
PROGRAMMING NOTE 'QA23_G20':
ANY CHILDREN IN 'QA23_A38' ARE AGE 13 OR LESS, CONTINUE WITH 'QA23_G20';
ELSE GO TO 'QA23_A23';
IF ANY CHILD IN ROSTER 'QA23_A38' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children
under age 14";
IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY
"you or your spouse";
ELSE IF 'QA23_A25' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"
```

'QA23_G20'   In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

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.]

- ○ YES 1
- ○ NO 2   **[GO TO 'QA23_A23']**
- ○ REFUSED .... -7   **[GO TO 'QA23_A23']**
- ○ DON'T KNOW .... -8   **[GO TO 'QA23_A23']**

'QA23_G21'   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 UNDERLINE TYPICAL WEEK LAST MONTH. YOU OR ANY OTHER ADULT IN YOUR HOUSEHOLD."]

- ○ $___ AMOUNT LAST MONTH   **[HR: 0-8,000]**
- ○ $__ AMOUNT IN TYPICAL WEEK   **[HR: 0-3,000]**

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

Veteran Status

'QA23_G22'   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 'QA23_G27']**
❍	REFUSED ....-7	**[GO TO 'QA23_G27']**
❍	DON'T KNOW ....-8	**[GO TO 'QA23_G27']**

'QA23_G23'   When did you serve?

언제 복무하셨습니까?

AG23

- ❍   FROM _____
- ❍   TO_____
- ❍   STILL SERVING, OR

[CHECK ALL THAT APPLY]

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

'QA23_G24'   Altogether, how long did you serve?

모두 합쳐서, 얼마나 오래 복무하셨습니까?

AG24

- ❑   _____ YEARS
- ❑   _____MONTHS
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

'QA23_G25'   Do you have a VA service-connected disability rating?

귀하는 퇴역군인 병역 관련 장애 등급을 받았습니까?

AG31

- ❍   YES 1
- ❍   NO..2   **[GO TO 'QA23_G27']**
- ❍   REFUSED ....-7   **[GO TO 'QA23_G27']**
- ❍   DON'T KNOW ....-8   **[GO TO 'QA23_G27']**

'QA23_G26'   What is your service-connected disability rating?

귀하의 군복무로 인한 장애등급은 어떻게 됩니까?

AG32

- ❍   0 PERCENT 1

- ❍ 10 OR 20 PERCENT 2
- ❍ 30 OR 40 PERCENT 3
- ❍ 50 OR 60 PERCENT 4
- ❍ 70 PERCENT OR HIGHER 5
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

Employment

'QA23_G27'   Which of the following were you doing last week?

다음 중 자신이 지난 주에 하신 일을 골라 주시겠습니까?

| AK1 |

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

- ❍ Working at a job or business.......................1   **[GO TO 'PN_QA23_G31']**
- ❍ *직장이나 사업체에서 일을 하셨습니까*
- ❍ With a job or business but not at work 2
- ❍ *직업이나 사업체에 소속되어 있긴 했지만*

    일은 하지 않으셨습니까
- ❍ Looking for work..3
- ❍ *일자리를 구하고 계셨습니까, 아니면*
- ❍ Not working at a job or business.................4
- ❍ *직장이나 사업체에서 일하지 않으셨습니까*
- ❍ REFUSED .... -7   **[GO TO 'PN_QA23_G31']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_QA23_G31']**

'QA23_G28'   What is the main reason you did not work last week?

지난 주에 일을 하지 않은 주된 이유는 무엇입니까?

| AK2 |

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

- ❍ 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 'QA23_G30']**
- ❍ DISABLED 6   **[GO TO 'QA23_G30']**
- ❍ UNABLE TO WORK TEMPORARILY 7
- ❍ ON LAYOFF OR STRIKE 8
- ❍ ON FAMILY OR MATERNITY LEAVE.........9
- ❍ OFF SEASON 10
- ❍ SICK.. 11
- ❍ OTHER... 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_G29'   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 'QA23_G30':
IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['**QA23_G29**' = 2 (DOES NOT USUALLY WORK) OR
'**QA23_G28**' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH '**QA23_G30**';
ELSE GO TO '**PN_QA23_G31**'

'QA23_G30'　　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_QA23_G35']**
❍	NO..2	**[GO TO 'PN_QA23_G35']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_G35']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_G35']**

PROGRAMMING NOTE 'QA23_G31':
IF '**QA23_G27**' = 1, 2, -7, OR -8 (working, with job, don't know, or refused) OR '**QA23_G29**' = 1 (usually works), CONTINUE WITH '**QA23_G31**';
ELSE GO TO '**PN_QA23_G35**'

'QA23_G31'　　On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

본인의 주된 직업에 대해서 말인데요, 귀하는 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 아니면 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

AK4

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

❍	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 'QA23_G32':

DISPLAY INSTRUCTIONS:
IF **'QA23_G31'** = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G. BUDGET OFFICE, POLICE, ETC.]";
ELSE DISPLAY "WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?" AND
[IF NEEDED, SAY: WHAT DO THEY MAKE OR DO AT THIS BUSINESS?']

'QA23_G32'   {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?"]
[INTERVIEWER: ENTER DESCRIPTION]

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

'QA23_G33'   What is the main kind of work you do?

본인이 주로 하시는 일은 무엇입니까?

AK6

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

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

PROGRAMMING NOTE 'QA23_G34':
IF **'QA23_G31'** = 2 (GOVERNMENT EMPLOYEE), CODE **'QA23_G34'** = 8 AND GO TO **'QA23_G35'**;
IF **'QA23_G31'** = 3 (SELF-EMPLOYED), CONTINUE WITH **'QA23_G34'** AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH **'QA23_G34'** AND DISPLAY "About" and "your employer";

'QA23_G34'   {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]

- 1 OR 2 1
- 3-9 2
- 10-24 3

❍   25-50 4
❍   51-100 5
❍   101-200 6
❍   201-999 7
❍   1,000 OR MORE.........................8
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA23_G35':
IF **'QA23_A24'** = 1 (MARRIED) OR **'QA23_D13'**= 1 OR **'QA23_D14'** = 1, CONTINUE WITH **'QA23_G35'**;
IF **'QA23_A24'** = 1, THEN DISPLAY "spouse"; ELSE IF **'QA23_D13'** = 1 OR **'QA23_D14'** = 1, THEN DISPLAY "partner";
ELSE GO TO **'QA23_H1'**

'QA23_G35'   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 'QA23_G37']**
❍   *직장이나 사업체에서 일을 하셨습니까*
❍   With a job or business but not at work.........2   **[GO TO 'QA23_G37']**
❍   *직업이나 사업체에 소속되어 있긴 했지만*
        일은 하지 않으셨습니까
❍   Looking for work...3
❍   *일자리를 구하고 계셨습니까*
❍   Not working at a job or business.................4
❍   *직장이나 사업체에서 일하지 않으셨습니까*
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

'QA23_G36'   Does your {spouse/partner} usually work?

귀하의 {배우자/동거인}는 평소에 일을 하십니까?

`AG11`

❍   YES..1
❍   NO..2   **[GO TO 'QA23_H1']**
❍   LOOKING FOR WORK...............................3   **[GO TO 'QA23_H1']**
❍   REFUSED ....-7   **[GO TO 'QA23_H1']**
❍   DON'T KNOW ....-8   **[GO TO 'QA23_H1']**

'QA23_G37'   On your {spouse's/partner's} <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm?

{배우자/동거인}의 주된 직업에 대해서 말인데요, 그 분은 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 또는 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

`AG9`

❍   PRIVATE COMPANY,
        NON-PROFIT ORGANIZATION
        FOUNDATION 1

98

- ❍   GOVERNMENT 2
- ❍   SELF-EMPLOYED.....................................3
- ❍   FAMILY BUSINESS OR FARM 4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Section H: Health Insurance

Usual Source of Care

'QA23_H1'   Is there a place that you usually go to when you are sick or need advice about your health?

{{아프거나 건강에 대한 조언이 필요할 때 보통 가시는 곳이 있습니까?/다음의 주제는
의료보험과 의료 서비스에 대한 것입니다. 아프거나 건강에 대한 조언이 필요할 때 보통
가시는 곳이 있습니까?

<u>**AH1**</u>

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

❍	YES 1	
❍	NO...2	**[GO TO 'QA23_H3']**
❍	DOCTOR/MY DOCTOR 3	**[GO TO 'QA23_H3']**
❍	KAISER 4	**[GO TO 'QA23_H3']**
❍	MORE THAN ONE PLACE.........................5	**[GO TO 'QA23_H3']**
❍	REFUSED ....-7	**[GO TO 'QA23_H3']**
❍	DON'T KNOW ....-8	**[GO TO 'QA23_H3']**

PROGRAMMING NOTE 'QA23_H2':

DISPLAY INSTRUCTIONS:
IF **'QA23_H1'** = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
ELSE IF **'QA23_H1'** = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF **'QA23_H1'** = 4 (KAISER) CIRCLE "1" FOR CONTINUE WITH **'QA23_H2'**
AND GO TO **'QA23_H3'**

'QA23_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 곳은개인 닥터 오피스, 클리닉이나 종합병원, 응급실, 또는
기타 다른 곳 중 어디입니까?

<u>**AH3**</u>

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

Emergency Room Visits

'QA23_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?

<u>**AH12**</u>

❍	YES 1

⚪   NO..2   **[GOTO 'QA23_H5']**
⚪   REFUSED .... -7   **[GOTO 'QA23_H5']**
⚪   DON'T KNOW .... -8   **[GOTO 'QA23_H5']**

'QA23_H4'   How many times did you do that?

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?"].

_____NUMBER OF TIMES [HR: 0 - 200]
⚪   REFUSED .... -7
⚪   DON'T KNOW .... -8

Medicare Coverage

'QA23_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   **[GOTO 'QA23_H8']**
⚪   NO..2
⚪   REFUSED .... -7   **[GOTO 'QA23_H14']**
⚪   DON'T KNOW .... -8   **[GOTO 'QA23_H14']**

POST NOTE 'QA23_H5': IF **'QA23_H5'** = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23_H6':
IF [AAGE > 64 OR **'QA23_A4'** = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND **'QA23_H5'** = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH **'QA23_H6'**;
ELSE GO TO PROGRAMMING NOTE **'QA23_H8'**

'QA23_H6'   Is it correct that you are not 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 _AI6']**
⚪   NOT CORRECT, R IS COVERED BY
        MEDICARE 2   **[GO TO 'PN_QA23_H8']**
⚪   AGE IS INCORRECT............................... 93
⚪   REFUSED .... -7   **[GO TO 'PN _AI6']**
⚪   DON'T KNOW .... -8   **[GO TO 'PN _AI6']**

POST NOTE 'QA23_H6': IF 'QA23_H6' = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA23_H7'   What is your age, please?

귀하의 나이가 어떻게 되십니까?

AI3

	_____ YEARS OF AGE	[HR: 18-105]	**[IF 'QA23_H7'>=0, GO TO 'PN_QA23_H15']**
❍	REFUSED .... -7		**[GO TO 'PN_QA23_H15']**
❍	DON'T KNOW .... -8		**[GO TO 'PN_QA23_H15']**

POST NOTE 'QA23_H7': AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = 'QA23_H7';
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'QA23_H8': IF ARMCARE = 1, CONTINUE WITH 'QA23_H8';
ELSE GO TO 'PN_QA23_H14'

'QA23_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	**[GO TO 'QA23_H10']**
❍	NO..2	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

POST NOTE 'QA23_H8': IF 'QA23_H8' = 1, SET ARMADV = 1

'QA23_H9'   Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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.]

❍	YES 1		
❍	NO..2	**[GO TO 'PN_QA23_H14']**	
❍	REFUSED ....-7	**[GO TO 'PN_QA23_H14']**	
❍	DON'T KNOW ....-8	**[GO TO 'PN_QA23_H14']**	

POST NOTE FOR 'QA23_H9': IF **'QA23_H9'**= 1, SET ARSUPP= 1

PROGRAMMING NOTE 'QA23_H10':

IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE **'QA23_H14'**;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'QA23_H10'   For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

의 경우, 귀하는 이 보험에 직접 가입하셨습니까? 또는 이전 혹은 현 직장, 노동 조합, 가족 운영 사업, AARP, 또는 다른 방법을 통해 가입하게 되셨습니까? AARP 란 미국 퇴직자 협회를 말합니다

AH126

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

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

'QA23_H11'   Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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: "A <u>DEDUCTIBLE </u>IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

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

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

'QA23_H12' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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_QA23_H14']**
- ○ REFUSED .... -7 **[GO TO 'PN_QA23_H14']**
- ○ DON'T KNOW .... -8 **[GO TO 'PN_QA23_H14']**

'QA23_H13' 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?"]

[CODE ALL THAT APPLY]

[PROBE: "ANY OTHERS?"]

- ❑ YOUR CURRENT EMPLOYER 1
- ❑ YOUR FORMER EMPLOYER 2
- ❑ UNION..3
- ❑ SPOUSE'S/PARTNER'S CURRENT EMPLOYER 4
- ❑ SPOUSE'S/PARTNER'S FORMER EMPLOYER 5
- ❑ PROFESSIONAL/FRATERNAL ORGANIZATION..6
- ❑ MEDICAID/MEDI-CAL ASSISTANCE 7
- ❑ OTHER.. 91
- ○ REFUSED .... -7

❍   DON'T KNOW .... -8

POST NOTE FOR 'QA23_H13': IF 'QA23_H13' = 7, SET ARMCAL = 1;

MediCal Coverage

PROGRAMMING NOTE 'QA23_H14': IF ARMCAL = 1, DISPLAY "Is it correct that you are"; ELSE DISPLAY "Are you"

'QA23_H14'   {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: " MEDI-CAL IS A HEALTH INSURANCE PROGRAM FOR LOW-INCOME INDIVIDUALS IN CALIFORNIA."]

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

POST NOTE FOR 'QA23_H14': IF 'QA23_H14' = 1, SET ARMCAL = 1 AND SET ARINSURE = 1; IF ARMCAL = 1 AND 'QA23_H14' = 2, SET ARMCAL = 0

Employer-Based Coverage

PROGRAMMING NOTE 'QA23_H15': DISPLAY INSTRUCTIONS: IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other"; ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other"; ELSE DISPLAY "a"

'QA23_H15'   {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

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?"]

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

POST NOTE FOR 'QA23_H15': IF 'QA23_H15' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'QA23_H16':
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'AI11;
ELSE GO TO **'PN_QA23_H18'**

'QA23_H16'   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."**]

- YES 1
- NO...2   **[GO TO 'PN_QA23_H18']**
- REFUSED .... -7   **[GO TO 'PN_QA23_H18']**
- DON'T KNOW .... -8   **[GO TO 'PN_QA23_H18']**

POST NOTE 'QA23_H16': IF **'QA23_H16'** = 1, SET ARDIRECT = 1 AND SET ARINSURE =1

PROGRAMMING NOTE 'QA23_H17':
IF ARDIRECT = 1, THEN CONTINUE WITH **'QA23_H17'**;
ELSE GO TO **'PN_QA23_H18'**

'QA23_H17'   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 'QA23_H17': IF **'QA23_H17'** = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA23_H18':
IF 'QA23_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_H18';
ELSE GO TO 'PN_QA23_H20'

'QA23_H18'   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."]

◯   IN MY OWN NAME.....................................1   **[GO TO 'PN_QA23_H20']**

◯   IN SOMEONE ELSE'S NAME 2
◯   REFUSED .... -7   **[GO TO 'PN_QA23_H20']**

◯   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H20']**

POST NOTE 'QA23_H18': IF 'QA23_H15' = 1 AND 'QA23_H18' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF 'QA23_H15' = 1 AND 'QA23_H18' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA23_H16' = 1 AND 'QA23_H18' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF 'QA23_H16' = 1 AND 'QA23_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
IF 'QA23_H16' = 1 AND 'QA23_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE =
PROGRAMMING NOTE 'QA23_H19': IF 'QA23_A24' = 1 (MARRIED) OR 'QA23_D13' = 1 OR
'QA23_D14'= 1OR IF 'QA23_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23_A4' =1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23_H19' ;
ELSE GO TO PROGRAMMING NOTE 'QA23_H20';
IF 'QA23_A24' = 1, THEN DISPLAY "spouse's name";

IF 'QA23_A24' ≠ 1 AND ('QA23_D13'= 1 OR 'QA23_D14'= 1), THEN DISPLAY "partner's name;

IF 'QA23_G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'QA23_H19':
IF 'QA23_A24' = 1 (MARRIED) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1OR IF 'QA23_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23_A4'= 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23_H19';
ELSE GO TO PROGRAMMING NOTE 'QA23_H20';
IF 'QA23_A24' = 1, THEN DISPLAY "spouse's name";

IF 'QA23_A24' ≠ 1 AND ('QA23_D13' = 1 OR 'QA23_D14' = 1), THEN DISPLAY "partner's name;

IF 'QA23_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA23_H19'   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 'QA23_H19': IF **'QA23_H15'**= 1 AND **'QA23_H19'**= 1 SET AREMPSP= 1 AND
AREMPOTH= 0 AND ARSAMESP = 1;
IF **'QA23_H17'** = 2 AND **'QA23_H19'** = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP =
1 AND SPHBEX = 1;
IF **'QA23_H15'** = 1 AND **'QA23_H19'** = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;
IF **'QA23_H16'** = 1 AND **'QA23_H19'** = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP = 1;
IF **'QA23_H16'** = 1 AND **'QA23_H19'** = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA23_H20':
IF **'QA23_H15'** = 1 (EMPLOYER-BASED COVERAGE) AND **'QA23_G34'**=< 5 (FIRM SIZE <=100),
CONTINUE WITH **'QA23_H20'** AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE **'QA23_H21'**;

'QA23_H20'   How did {you/he or she} sign up for this health insurance – through an employer, through
a union, or through Covered California's SHOP program?

{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"]

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

POST NOTE FOR 'QA23_H20': IF **'QA23_H20'** = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'QA23_H21':
IF ARHBEX = 1, THEN CONTINUE WITH **'QA23_H21'**;
ELSE GO TO **'PN_QA23_H23'**;

'QA23_H21'   Was this a bronze, silver, gold or platinum plan?

이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AH106

- ❍ BRONZE 1
- ❍ SILVER 2
- ❍ GOLD 3
- ❍ PLATINUM 4
- ❍ MEDI-CAL / MEDICAID 5
- ❍ MINIMUM COVERAGE PLAN/
CATASTROPHIC 6

❍ OTHER (SPECIFY: _____) 92
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_H22':
IF **'QA23_H20'** = 3, THEN GO TO **'QA23_H23'**;
ELSE CONTINUE WITH **'QA23_H22'**;

'QA23_H22' 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 'QA23_H23':
IF **'QA23_H15'** = 1 (EMPLOYER-BASED COVERAGE) OR **'QA23_H16'** = 1 (PURCHASED OWN
COVERAGE), CONTINUE WITH **'QA23_H23'**;
ELSE GO TO **'PN_QA23_H28'**

'QA23_H23' Do you pay any or all of the premium or cost for this health plan? Do not include the cost
of any co-pays or deductibles you or your family may have had to pay.

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 SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE
COVERAGE."]

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

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

❍ YES 1
❍ NO...2 **[GO TO
                     'PN_QA23_H26']**
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

'QA23_H24' How much do you {does your family} pay each month for your {your family} health
insurance plan? Your best guess is fine.

귀하의 가족은 귀하는 가족의귀하의 건강 보험료로 매달 얼마를 지불합니까?

AH128

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

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

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

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

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

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

'QA23_H25'   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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_QA23_H28']**
❍   REFUSED .... -7   **[GO TO 'PN_QA23_H28']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H28']**

PROGRAMMING NOTE 'QA23_H26':
IF **'QA23_H23'** = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

'QA23_H26'   Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

{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?]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

❑   YOUR CURRENT EMPLOYER 1
❑   YOUR FORMER EMPLOYER 2
❑   UNION...3
❑   SPOUSE'S/ PARTNER'S
      CURRENT EMPLOYER 4
❑   SPOUSE'S/ PARTNER'S
      FORMER EMPLOYER 5

❑   PROFESSIONAL/
FRATERNAL ORGANIZATION 6
❑   MEDICAID/MEDI-CAL ASSISTANCE 7
❑   MEDICARE 9
❑   COVERED CALIFORNIA......................... 11
❑   OTHER... 91
○   REFUSED .... -7
○   DON'T KNOW .... -8

POST NOTE 'QA23_H26': IF **'QA23_H26'** = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF **'QA23_H26'** = 4 OR 5, THEN SET AREMPSP= 1;
IF **'QA23_H26'** = 6, THEN SET AROTHER= 1;
IF **'QA23_H26'** = 9, SET ARMCARE = 1 AND SET ARDIRECT= 0;
IF **'QA23_H26'** = 7, SET ARMCAL = 1 AND SET ARDIRECT= 0;
IF **'QA23_H26'** = 11, SET ARHBEX= 1;
IF **'QA23_H26'** = 91, THEN SET AROTHER= 1

'QA23_H27'   How much do they contribute to your plan each month?

달 보험료로 얼마를 내십니까?

AH129

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

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

PROGRAMMING NOTE 'QA23_H28':
IF ['**QA23_G27'** = 1 OR 2 (R WORKED LAST WEEK) OR **'QA23_G29'**= 1 (R USUALLY WORKS)] AND
'QA23_G31'≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED
COVERAGE), CONTINUE WITH **'QA23_H28'**;
ELSE GO TO PROGRAMMING NOTE **'QA23_H32'**

'QA23_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_QA23_H32']**
○   REFUSED .... -7   **[GO TO 'PN_QA23_H32']**
○   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H32']**

'QA23_H29'   Are you eligible to be in this plan?

이 보험에 가입할 자격이 되십니까?

AI14

○   YES 1
○   NO..2   **[GO TO 'PN_AI5A']**
○   REFUSED .... -7   **[GO TO 'PN_QA23_H32']**
○   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H32']**

'QA23_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_QA23_H31']**

❍   *다른 보험이 보장*
❍   Plan too expensive.....................................2   **[GO TO 'PN_QA23_H31']**

❍   *플랜이 너무 비쌌음*
❍   Didn't like plan offered 3   **[GO TO 'PN_QA23_H31']**

❍   *제공된 보험이 마음에 들지 않음*
❍   Don't need or believe in health insurance....4   **[GO TO 'PN_QA23_H31']**

❍   *건강보험이 필요 없거나 건강보험이 필요하다고 생각하지 않음*

❍   Other (Specify: _____)...........................91   **[GO TO 'PN_QA23_H31']**

❍   *기타(구체적으로 기입:*
❍   REFUSED .... -7   **[GO TO 'PN_QA23_H32']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H32']**

'QA23_H31'   What is the one 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.....................1
  THIS EMPLOYER LONG ENOUGH
  TO BE COVERED
- ❍   CONTRACT OR TEMPORARY...................2
  EMPLOYEES NOT ALLOWED IN PLAN
- ❍   DON'T WORK ENOUGH HOURS...............3
  PER WEEK OR WEEKS PER YEAR
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

CHAMPUS/CHAMPVA, TRICARE, VA Coverage

PROGRAMMING NOTE 'QA23_H32':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH **'QA23_H32'**;
ELSE GO TO **'PN_QA23_H33'**

'QA23_H32'   Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

AI16

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

POST NOTE 'QA23_H32': IF **'QA23_H32'** = 1, SET ARMILIT= 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

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PROGRAMMING NOTE 'QA23_H33':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN,
MILITARY PLAN) CONTINUE WITH **'QA23_H33'**;
ELSE GO TO PROGRAMMING NOTE **'QA23_H34'**

'QA23_H33'   Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

[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.]

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: *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
- ◯   REFUSED .... -7
- ◯   DON'T KNOW .... -8

POST NOTE 'QA23_H33': IF **'QA23_H33'**= 1, SET AROTHGOV= 1 AND SET ARINSURE = 1

Other Coverage

PROGRAMMING NOTE 'QA23_H34':
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN,
MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH **'QA23_H34'**;
ELSE GO TO PROGRAMMING NOTE **'QA23_H38'**

'QA23_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_QA23_H38']**
- ◯   REFUSED .... -7   **[GO TO 'PN_QA23_H38']**
- ◯   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H38']**

'QA23_H35'   What type of health insurance do you have?

어떤 종류의 의료 보험을 가지고 있습니까?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

- ❑   THROUGH CURRENT OR
         FORMER EMPLOYER/UNION....................1
- ❑   THROUGH SCHOOL, PROFESSIONAL
         ASSOCIATION, TRADE GROUP, OR
         OTHER ORGANIZATION 2
- ❑   PURCHASED DIRECTLY FROM
         HEALTH PLAN 3
- ❑   MEDICARE 4
- ❑   MEDI-CAL 5

❑   CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH
CARE 7

❑   INDIAN HEALTH SERVICE
TRIBAL HEALTH PROGRAM OR
URBAN INDIAN CLINIC 8

❑   COVERED CALIFORNIA......................... 10

❑   SHOP THROUGH
COVERED CALIFORNIA......................... 11

❑   OTHER GOVERNMENT HEALTH
PLAN... 91

❑   OTHER NON-GOVERNMENT HEALTH
PLAN... 92

○   REFUSED .... -7

○   DON'T KNOW .... -8

POST NOTE 'QA23_H35': IF **'QA23_H35'**= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF **'QA23_H35'**= 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF **'QA23_H35'**= 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF **'QA23_H35'**= 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF **'QA23_H35'**= 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF **'QA23_H35'**= 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF **'QA23_H35'**= 8, SET ARIHS = 1;
IF **'QA23_H35'**= 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH =1;
IF **'QA23_H35'**= 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
IF **'QA23_H35'**= 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF **'QA23_H35'**= 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23_H36':
IF **'QA23_H35'** = 1, 2, OR 3 CONTINUE WITH **'QA23_H36'**;
ELSE GO TO **'PN_QA23_H38'**

'QA23_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?"]

○   IN MY OWN NAME 1   **[GO TO 'PN_QA23_H38']**

○   IN SOMEONE ELSE'S NAME 2

○   REFUSED .... -7   **[GO TO 'PN_QA23_H38']**

○   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H38']**

POST NOTE 'QA23_H36': IF (**'QA23_H35'** = 1 OR 2 OR KAI19 =11) AND **'QA23_H36'** = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF (**'QA23_H35'** = 3 OR 10) AND **'QA23_H36'** = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF (**'QA23_H35'** = 1 OR 2) AND (**'QA23_H36'** = 2, *-7, OR -8*), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;

IF **'QA23_H35'** = 1 AND (**'QA23_H36'** = 2, *-7, OR -8*) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23_H37':
IF **'QA23_A24'** = 1 (MARRIED) OR **'QA23_D13'**= 1 OR **'QA23_D14'**= 1 OR IF **'QA23_G11'**= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH **'QA23_H37'**;
ELSE GO TO PROGRAMMING NOTE **'QA23_H38'**;
IF **'QA23_A24'** = 1 THEN DISPLAY "spouse's name";
IF **'QA23_A24'** ≠ 1 AND (**'QA23_D13'**= 1 OR **'QA23_D14'**= 1), THEN DISPLAY "partner's name";
IF **'QA23_G11'** = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA23_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 'QA23_H37': IF **'QA23_H37'**= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF **'QA23_H37'**= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA23_H38':
IF ARIHS ≠ 1 AND **'QA23_A11'**= 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH **'QA23_H38'**;
ELSE GO TO 'PN_AI37 Intro'

'QA23_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 'QA23_H38': IF **'QA23_H38'** = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE 'QA23_H39':
IF ['**QA23_A24'** = 1 (MARRIED) OR **'QA23_D13'** = 1 OR **'QA23_D14'** = 1] AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
IF **'QA23_A24'** = 1, THEN DISPLAY "spouse";
ELSE IF **'QA23_D13'** = 1 OR **'QA23_D14'** = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE **'QA23_H61'**

'QA23_H39'   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 'QA23_H40':
IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH **'QA23_H40'** WITHOUT DISPLAY

ELSE IF ARMCARE = 1, CONTINUE WITH **'QA23_H40'** AND DISPLAY "You said that you are covered by Medicare." AND "also";
ELSE GO TO **'PN_QA23_H43'**

'QA23_H40'   {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? /{본인께서 메디케어 혜택을 받으신다고 하셨는데요.} (귀하의 배우자/동거인){도} 메디케어를 받으십니까?

[AI37]

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

POST NOTE 'QA23_H40': IF **'QA23_H40'** = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H41':

IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE **'QA23_H42'**; DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH **'QA23_H41'** WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH **'QA23_H41'** AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
IF **'QA23_A24'**= 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF **'QA23_D13'**= 1 OR **'QA23_D14'**= 1THEN DISPLAY "partner's";

'QA23_H41'   {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

{본인께서 메디케어 어드밴티지 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
- ❍ *예*
- ❍ No 2
- ❍ *아니요*
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

POST NOTE 'QA23_H41': IF **'QA23_H41'** = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H42':
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE **'QA23_H43'**;

ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH **'QA23_H42'** WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH **'QA23_H42'** AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF **'QA23_A24'** = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF **'QA23_D13'** = 1 OR **'QA23_D14'** = 1THEN DISPLAY "partner";
ELSE GO TO **'PN_QA23_H43'**

'QA23_H42' {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 'QA23_H42': IF **'QA23_H42'** = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H43': IF ARMCAL = 1, CONTINUE WITH **'QA23_H43'**;
DISPLAY "also" IF ARMCARE = 1;
ELSE GO TO **'PN_QA23_H44'**

'QA23_H43' 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 'QA23_H43': IF **'QA23_H43'** = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H44':
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH **'QA23_H44'**;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE **'QA23_H45'**

'QA23_H44'   You said you have insurance from <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?

귀하는 자신의 현재 또는 예전 직장이나 노동 조합에서 나온 의료 보험이 있다고 말씀하셨는데요. 귀하의 (배우자/동거인) 께서는(도) 귀하의 직장이나 노동조합에서 나온 의료 보험의 혜택을 받으십니까?

AI40

❍   YES 1   **[GO TO 'PN_QA23_H47']**
❍   NO...2
❍   OTHER 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA23_H44': IF **'QA23_H44'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA23_H45':
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH **'QA23_H45'**;
IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE **'QA23_H46'**

'QA23_H45'   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_QA23_H47']

❍	NO	2
❍	OTHER	3
❍	REFUSED	-7
❍	DON'T KNOW	-8

POST NOTE 'QA23_H45': IF **'QA23_H45'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1 AND SPHBEX= 1;

PROGRAMMING NOTE 'QA23_H46':
IF **'QA23_G35'** = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR **'QA23_G36'** = 1 (USUALLY WORKS), CONTINUE WITH **'QA23_H46'**;
IF AREMPSP = 1 AND **'QA23_A24'** = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (**'QA23_D13'** = 1 OR **'QA23_D14'** = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO **'PN_QA23_H47'**

'QA23_H46'   {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

{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 자신이 다니는 직장을 통해 의료 보험에 들어 있으십니까?

AI40A

❍	YES	1
❍	NO	2
❍	OTHER	3
❍	REFUSED	-7
❍	DON'T KNOW	-8

POST NOTE 'QA23_H46': IF **'QA23_H46'** = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H47':

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH **'QA23_H47'**;

IF ARMCARE = 1 OR ARMCAL= 1 OR AREMPOWN= 1, DISPLAY "also";
ELSE GO TO **'PN_QA23_H48'**

'QA23_H47'   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
❍	OTHER	3
❍	REFUSED	-7
❍	DON'T KNOW	-8

POST NOTE 'QA23_H47': IF **'QA23_H47'**= 1, SET SPDIRECT= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA23_H48':
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH **'QA23_H48'**;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO **'PN_QA23_H49'**

'QA23_H48'   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 'QA23_H48': IF **'QA23_H48'**= 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE 'QA23_H49':
IF ARMILIT = 1, CONTINUE WITH **'QA23_H49'**;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO **'PN_QA23_H50'**

'QA23_H49'   You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

{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

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

POST NOTE 'QA23_H49': IF **'QA23_H49'** = 1, SET SPMILIT = 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA23_H50':
IF AROTHGOV = 1, CONTINUE WITH **'QA23_H50'**;
IF **'QA23_H36'** = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1,
DISPLAY "also";
ELSE GO TO **'PN_QA23_H51'**

'QA23_H50'   You said you {also} have health insurance through 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 'QA23_H50': IF **'QA23_H50'**= 1, SET SPOTHGOV= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1

PROGRAMMING NOTE 'QA23_H51':
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

'QA23_H51'   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_QA23_H53']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA23_H57']**
- ❍   DON'T KNOW... -8   **[GO TO 'PN_QA23_H57']**

'QA23_H52'   What type of health insurance does {he/she} have?

{그분은} 어떤 종류의 의료 보험을 가지고 있습니까?

AI47

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

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

[*IF NEEDED, SAY: 현재 또는 이전의 직장에서 제공하거나 의료보험 회사에서 직접 구입한 것 등이 있습니다.*]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: 은 이 의료보험에 어떻게 취득하셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사에서 직접 가입하셨습니까?]

[CODE 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 HEALTH PLAN 3
- ❑ MEDICARE 4
- ❑ MEDI-CAL 5
- ❑ CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
- ❑ INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, OR URBAN INDIAN CLINIC 8
- ❑ COVERED CALIFORNIA.......................... 10
- ❑ SHOP THROUGH COVERED CALIFORNIA... 11
- ❑ OTHER GOVERNMENT HEALTH PLAN 91
- ❑ OTHER NON-GOVERNMENT HEALTH PLAN 92
- ◯ REFUSED .... -7
- ◯ DON'T KNOW .... -8

POST NOTE 'QA23_H52': IF **'QA23_H52'** = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF **'QA23_H52'**= 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF **'QA23_H52'**= 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF **'QA23_H52'**= 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF **'QA23_H52'**= 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF **'QA23_H52'**= 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF **'QA23_H52'**= 8, SET SPIHS = 1;
IF **'QA23_H52'**= 10, SET SPHBEX = 1 AND SPDIRECT =1 AND SPINSURE = 1 AND SPDIROTH= 1;
IF **'QA23_H52'**= 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
IF **'QA23_H52'**= 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF **'QA23_H52'**= 92, *-7, OR -8*, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H53':

IF SPINSURE ≠ 1, CONTINUE WITH **'QA23_H53'** ;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING

NOTE **'QA23_H55'**;
ELSE GO TO PROGRAMMING NOTE **'QA23_H57'**

'QA23_H53'   You said that (SPOUSE/PARTNER) has no 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_QA23_H57']**

- ❍   NO 2
- ❍   REFUSED .... -7   **[GO TO 'PN_QA23_H57']**

- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H57']**

'QA23_H54'   What type of health insurance does {he/she} have?

그분은 어떤 종류의 의료보험을 가지고 있습니까?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

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

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

POST NOTE 'QA23_H54': IF **'QA23_H54'** = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF **'QA23_H54'** = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF **'QA23_H54'** = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF **'QA23_H54'** = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF **'QA23_H54'** = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF **'QA23_H54'** = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF **'QA23_H54'** = 8, SET SPIHS = 1;
IF **'QA23_H54'** = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND
SPDIROTH = 1;
IF **'QA23_H54'** = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;
IF **'QA23_H54'** = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF **'QA23_H54'** = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE 'QA23_H55':
IF 'QA23_H52'= (1, 2, 3, 10, 11) OR 'QA23_H54'= (1, 2, 3, 10, 11) THEN CONTINUE WITH
'QA23_H55';
IF 'QA23_A24'= 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1 THEN DISPLAY "partner's";
ELSE SKIP TO 'PN_QA23_H57'

'QA23_H55'   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]

- ❍   IN SPOUSE'S/PARTNER'S NAME..............1   **[GO TO 'PN_QA23_H57']**

- ❍   IN SOMEONE ELSE'S NAME 2
- ❍   REFUSED .... -7   **[GO TO 'PN_QA23_H57']**
- ❍   DON'T KNOW... -8   **[GO TO 'PN_QA23_H57']**

POST NOTE 'QA23_H55': IF 'QA23_H55'= 1 AND ['QA23_H52'= (1 OR 2) OR 'QA23_H54'= (1 OR 2)],
SET SPEMPOW= 1 AND SPEMPOT = 0;
IF 'QA23_H55' = 1 AND ['QA23_H52' = 3 OR 'QA23_H54' = 3], SET KSPDIROW = 1;
IF 'QA23_H55' = 1 AND ['QA23_H52' = 10 OR 'QA23_H54' = 10], SET SPHBEX = 1 AND SPDIROW = 1;
IF 'QA23_H55' = 1 AND ['QA23_H52' = 11 OR 'QA23_H54' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;
IF 'QA23_H55' = 1 AND ['QA23_H52' = 11 OR 'QA23_H54' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA23_H56'   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 MY NAME..1
- ❍   IN MY PARENT'S NAME 2
- ❍   IN SOMEONE ELSE'S NAME 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

POST NOTE 'QA23_H56': IF 'QA23_H56'= 1 AND ['QA23_H52'= (1 OR 2) OR 'QA23_H54'= (1 OR 2)],
SET SPEMPAR= 1 AND SPEMPOT= 0 AND ARSAMES= 1;
IF 'QA23_H56' = 1 AND ['QA23_H52' = 3 OR 'QA23_H54' = 3], SET SPDIRAR= 1 AND ARSAMES= 1;
IF 'QA23_H56'= 1 AND ['QA23_H52' = 10 OR 'QA23_H54' = 10], SET SPHBEX = 1 AND SPDIRAR = 1
AND ARSAMES=1;
IF 'QA23_H56'= 1 AND ['QA23_H52'= 11 OR 'QA23_H54'= 11], SET SPHBEX= 1 AND SPEMPAR= 1
AND ARSAMES= 1;
IF 'QA23_H56'= 2, SET SPARPAR= 1 AND SET SPEMPOT= 0;

PROGRAMMING NOTE 'QA23_H57':
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA23_H61';
ELSE IF [('QA23_G35' =1 OR 2) OR('QA23_G36'=1)] AND 'QA23_G37'≠3 CONTINUE WITH
'QA23_H57';
IF 'QA23_A24' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA23_D13' = 1 OR 'QA23_D14'= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE 'QA23_H61'

'QA23_H57'   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
- ❍   REFUSED .... -7   **[GO TO 'PN_QA23_H61']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H61']**

'QA23_H58'   Is {he/she} eligible to be in this plan?

그 분께서는 이 보험에 가입할 자격이 되십니까?

AI44

- ❍   YES 1
- ❍   NO..2   **[GO TO 'PN_QA23_H60']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA23_H61']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H61']**

'QA23_H59'   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_QA23_H61']**
- ❍   PLAN TOO EXPENSIVE 2   **[GO TO 'PN_QA23_H61']**
- ❍   DIDN'T LIKE THE PLAN OFFERED 3   **[GO TO 'PN_QA23_H61']**
- ❍   DIDN'T NEED OR BELIEVE IN HEALTH INSURANCE................................4   **[GO TO 'PN_QA23_H61']**
- ❍   OTHER (SPECIFY: _____) 91   **[GO TO 'PN_QA23_H61']**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA23_H61']**
- ❍   DON'T KNOW .... -8

'QA23_H60'   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

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'QA23_H61':

IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠1

AND ARMCAL≠ 1 AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND

AROTHER≠ 1), THEN SKIP TO 'PN _AI25';

IF ARMCARE≠ 1 AND AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠ 1 AND ARMCAL≠ 1

AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND AROTHER≠ 1, THEN
SKIP TO GO TO **'QA23_H83'**;
ELSE CONTINUE WITH **'QA23_H61'** DISPLAY;
IF ['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF
ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1
OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER
= 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about
your other health plan." AND "other" ;
IF ['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF
ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you
told me about earlier, I have some questions about your other health plan." AND "Medi-CAL**;**

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1
OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY
"Besides your MediCARE plan you told me about earlier, I have some questions about your other health
plan." AND "other" ;
[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan
you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;IF
['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND
[(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR
ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE

MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND";
IF ['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND
[ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some

questions about your own main health plan." AND "Medi-Cal";

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR

ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE

MEDICARE), DISPLAY";

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";
ELSE DISPLAY, "Is your health plan an HMO?"

'QA23_H61'   {Besides your MediCARE plan you told me about earlier, I have some questions about <u>your</u> other health plan./Next, I have some questions about <u>your</u> own main health plan.}

Is your {Medi-Cal/other} health plan an HMO?

[IF NEEDED, SAY: **"**<u>HMO</u> stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency**."**]

[IF 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."]

{앞서 말씀해 주신 메디케어 플랜 이외에도, 귀하의 다른 의료보험에 대해서도 몇가지 여쭤보겠습니다. /다음에는 귀하의 주된 의료 보험에 대해 몇 가지 여쭤보겠습니다.}

귀하의 {Medi-Cal/다른} 의료 보험은 HMO 입니까?

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.

AI22C

❍	YES 1	**[GO TO 'PN_QA23_H63']**
❍	NO...2	
❍	REFUSED .... -7	
❍	DON'T KNOW.. -8	

PROGRAMMING NOTE 'QA23_H62':
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO **'QA23_H63'**;
ELSE CONTINUE WITH **'QA23_H62'**;

'QA23_H62'   Is your health plan a PPO or EPO?

[IF NEEDED, SAY: **"**<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider**.**]

[IF NEEDED, SAY: "<u>PPO</u> 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 R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

귀하의 의료 보험은 PPO 입니까, EPO 입니까?

"EPO는 Exclusive Provider Organization(독점적 의료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 의사와 전문의의 진료를 직접 받을 수 있습니다.

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

AH122

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

PROGRAMMING NOTE 'QA23_H63':
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH **'QA23_H63'** AND DISPLAY "your main";
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH **'QA23_H63'** AND DISPLAY "this"

'QA23_H63'   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?"]

- ○   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 'QA23_H63': IF **'QA23_H63'**= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA23_H64':

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1

OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR

AROTHER ≠ 1) AND **'QA23_A24'**= 1 (MARRIED) OR **'QA23_D13'**= 1 OR **'QA23_D14'**= 1 (LEGAL
SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA23_H64'   {Next, I have some questions about <u>your</u> own main health plan.} Are you covered for
your prescription drugs? That is, does some plan pay any part of the cost?

*{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

High Deductible Health Plans

PROGRAMMING NOTE 'QA23_H65':
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1
THEN CONTINUE WITH **'QA23_H65'**;
ELSE GO TO **'QA23_H70'**

'QA23_H65'   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 NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

  ❍   YES 1
  ❍   NO..2
  ❍   YES, ONLY WHEN I
         GO OUT OF NETWORK 3
  ❍   REFUSED ....-7
  ❍   DON'T KNOW ....-8

'QA23_H66'   Does your health plan have a deductible <u>for all covered persons</u> 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."]

  ❍   YES 1
  ❍   NO..2
  ❍   YES, ONLY WHEN I
         GO OUT OF NETWORK 3
  ❍   REFUSED ....-7
  ❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'QA23_H67':
IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH **'QA23_H67'**;
ELSE CONTINUE WITH **'QA23_H70'**

'QA23_H67'   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?

AH73B

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).]

[*이러한 계좌는 Health Savings Account(의료비 저축 계좌, HSA) {9}[10}또는{9}[1} Health Reimbursement Account(의료비 상환 계좌, HRA)라고도 합니다. {9}[10} 기타{9}[1} 유사한 계좌에는 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금), 고용주가 제공하는 Flexible Spending Account(가변 지출 계좌) 등이 있습니다.*]

  ❍   YES 1
  ❍   NO..2   **[GO TO 'QA23_H70']**
  ❍   REFUSED ....-7   **[GO TO 'QA23_H70']**
  ❍   DON'T KNOW ....-8   **[GO TO 'QA23_H70']**

'QA23_H68'   Do you have money in this account?

귀하는 이 계정에 돈을 갖고 있습니까?

AH130

❍	YES 1	
❍	NO..2	**[GO TO 'QA23_H70']**
❍	REFUSED .... -7	**[GO TO 'QA23_H70']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_H70']**

'QA23_H69'   How much money do you have in this account? Your best guess is fine.

귀하는 이 계정에 돈을 얼마나 갖고 있습니까? 가장 근접한 추정치도 괜찮습니다.

AH131

_____ (AMOUNT)

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

Coverage over Past 12 Months

'QA23_H70'   Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

지난 12 개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

AI31

❍	YES 1	
❍	NO..2	**[GO TO 'QA23_H72']**
❍	REFUSED .... -7	**[GO TO 'QA23_H78']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_H73']**

'QA23_H71'   How long have you had your current health insurance?

지난 12 개월 동안 지금의 그 의료 보험이 없었던 때에는, 어떤 다른 의료 보험이 있으셨습니까?

AH132

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

❍	_____ Number of Years	**[IF 'QA23_H71' >=0, GO TO 'QA23_H76']**
❍	_____ Number of Months	**[IF 'QA23_H71' >=0, GO TO 'QA23_H76']**
❍	REFUSED .... -7	**[GO TO 'QA23_H76']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_H76']**

'QA23_H72'   Out of the last 12 months, how many months did you have your current health insurance plan?

지난 12개월 중에서 몇 개월을 현재 건강 보험에 가입해 있었습니까?

AH133

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

_____ NUMBER OF MONTHS

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

'QA23_H73'   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 'QA23_H76']**
○   REFUSED .... -7   **[GO TO 'QA23_H76']**
○   DON'T KNOW .... -8   **[GO TO 'QA23_H76']**

'QA23_H74'   Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

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?

AI33

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

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

PROGRAMMING NOTE 'QA23_H75':
IF MORE THAN ONE RESPONSE FROM **'QA23_H74'**, THEN CONTINUE WITH **'QA23_H75'**;
ELSE GO TO **'QA23_H76'**

'QA23_H75'   Before your current plan, which health insurance did you have?

현재 건강 보험에 가입하기 전에, 어떤 건강 보험에 가입했었습니까?

AH134

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

PROGRAMMING NOTE 'QA23_H76':
IF **'QA23_H73'**≠1 OR **'QA23_H70'** = 1, THEN CONTINUE WITH **'QA23_H76'**;
ELSE GO TO **'QA23_H77'**

'QA23_H76'   Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

현재 건강 보험에 가입하기 전에 다른 건강 보험이 있었습니까? 예를 들면 Medi-CAL 이나 고용주를 통한 보험, 보험회사를 통해 직접 가입한 건강 보험, Covered California 를 통해 가입한 건강 보험 또는 기타 건강 보험입니다

AH135

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

No other health plan

PROGRAMMING NOTE 'QA23_H77':
IF **'QA23_H76'** = 95, THEN SKIP TO **'QA23_H78'**, ELSE CONTINUE.
IF ONLY ONE RESPONSE FROM **'QA23_H74'** THEN DISPLAY THAT RESPONSE
ELSE IF **'QA23_H75'** >0 DISPLAY RESPONSE FROM **'QA23_H75'**
ELSE IF **'QA23_H76'** >0 DISPLAY RESPONSE FROM **'QA23_H76'**
IF **'QA23_H74'** OR AH143 OR **'QA23_H76'**=1 DISPLAY "the MediCAL plan"
IF **'QA23_H74'** OR AH143 OR **'QA23_H76'**=3 DISPLAY "plan through current or former employer or union"
IF **'QA23_H74'** OR AH143 OR **'QA23_H76'**=5 DISPLAY "plan you purchased directly"
IF **'QA23_H74'** OR AH143 OR **'QA23_H76'**=6 DISPLAY "the Covered California plan"
IF **'QA23_H74'** OR AH143 OR **'QA23_H76'**=91 DISPLAY "the other health plan"

'QA23_H77'   How long did you have the {MediCAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

귀하는 { 현재 또는 이전의 고용주나 노동조합을 통해 가입한/ 귀하가 직접 구입한} {medi-CAL/ Covered California 플랜/기타 건강} 보험을 얼마나 오랫동안 가지고 계셨습니까?

AH136

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

◯   _____ NUMBER OF YEARS   **[IF>0 GOTO AH137]**
◯   _____ NUMBER OF MONTHS   **[IF>0 GOTO AH137]**
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

'QA23_H78'   During the past 12 months, did you change your health insurance plan?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

AH137

지난 12개월 동안, 귀하의 배우자는 귀하의 건강 보험 플랜을 변경했습니까?

보험 회사가 바뀌었든 바뀌지 않았든 상관 없이 건강 보험 플랜의 변화가 있었는지를 묻는 질문입니다.

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

PROGRAMMING NOTE 'QA23_H79':
IF **'QA23_H70'** = 2, -7, -8 OR **'QA23_H73'** = 1, -7, -8 THEN CONTINUE,
ELSE SKIP TO **'QA23_H80'**

'QA23_H79'   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
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_H80':
IF **'QA23_H79'** = 1 OR **'QA23_H73'** = 2, THEN CONTINUE WITH **'QA23_H80'**;
ELSE SKIP TO **'PN_QA23_H91'**.

'QA23_H80'   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 'QA23_H80'=0, GO TO 'PN_QA23_H91']**
- ○   REFUSED .... -7   **[GO TO 'PN_QA23_H91']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_QA23_H91']**

Reasons for Lack of Coverage

'QA23_H81'   What is the <u>one main</u> 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 STATUSB CHANGED EMPLOYER/ LOST JOB...2   **[GO TO 'QA23_H82']**
- ○   NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 3
- ○   NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 4

- FAMILY SITUATION CHANGED.................5
- DON'T BELIEVE IN INSURANCE 6
- DID NOT HAVE INSURANCE
  WHILE SWITCHING INSURANCE
  COMPANIES..7
- CAN GET HEALTH CARE FOR FREE/
  PAY FOR OWN CARE 8
- OTHER (SPECIFY: _____) 91
- REFUSED .... -7
- DON'T KNOW .... -8

'QA23_H82'   Was this due to a lost job, reduction in hours, change in employer, or something else?

그 이유는 무엇이었습니까?

AH140

- Lost job..1
- *실직*
- Reduction in hours 2
- *시간 단축*
- Change in employer....................................3
- *고용주 교체*
- Something else (Specify:_____)........... 91
- *기타(명시해주십시오:_____)*
- REFUSED .... -7
- DON'T KNOW .... -8

'QA23_H83'   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_QA23_H91']**
- NO...2   **[GO TO 'PN_QA23_H91']**
- REFUSED .... -7   **[GO TO 'PN_QA23_H91']**
- DON'T KNOW .... -8   **[GO TO 'PN_QA23_H91']**

'QA23_H84'   What is the <u>one main</u> 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   **[GO TO 'QA23_H85']**
- NOT ELIGIBLE DUE TO HEALTH OR
  OTHER PROBLEMS 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/

	IMMIGRATION STATUS 4
❍	FAMILY SITUATION CHANGED................5
❍	DON'T BELIEVE IN INSURANCE 6
❍	DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES ...7
❍	CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE 8
❍	OTHER (SPECIFY: _____) 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA23_H85'   Was this due to a lost job, reduction in hours, change in employer, or something else?

그 이유는 무엇이었습니까?

AH141

❑	LOST JOB.......................................1
❑	REDUCTION IN HOURS 2
❑	CHANGE IN EMPLOYE.............................3
❑	SOMETHING ELSE (SPECIFY:_____) 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA23_H86'   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

'QA23_H87'   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 'QA23_H89']**
❍	NO...2	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

'QA23_H88'   How long has it been since you last had health insurance?

의료 보험없이 지내신 기간은 얼마나 되었습니까?

AI28

❍	MORE THAN 12 MONTHS AGO, BUT ....1 NOT MORE THAN 3 YEARS	**[GO TO 'PN_QA23_H91']**
❍	MORE THAN 3 YEARS 2	**[GO TO 'PN_QA23_H91']**
❍	NEVER HAD HEALTH INSURANCE 3	**[GO TO 'PN_QA23_H91']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_H91']**
❍	DON'T KNOW .... -8	**[GO TO**

'PN_QA23_H91']

'QA23_H89'   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]   **[GO TO 'PN_QA23_H91']**

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

'QA23_H90'   During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

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?"]

(7 maximum responses)

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

PROGRAMMING NOTE 'QA23_H91':
IF ARINSURE ≠ 1 OR **'QA23_H74'**= 2 OR ARDIRECT= 1 OR **'QA23_H90'**= (5, 6) OR **'QA23_H74'**= (5, 6) OR ARHBEX =1 OR SPHBEX = 1;
THEN CONTINUE WITH **'QA23_H91'**;
ELSE GO TO **'PN_QA23_H108'**

'QA23_H91'   In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

지난 12 개월 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_QA23_H108']**

○   REFUSED ....-7   **[GO TO 'PN_QA23_H108']**

○   DON'T KNOW ....-8   **[GO TO 'PN_QA23_H108']**

'QA23_H92'   Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

그것은 어떻게 구입하셨습니까? 보험회사나 HMO 로부터 직접, 커버드 캘리포니아를 통해, 보험 회사와 커버드 캘리포니아 양쪽 모두를 통해 구입 중에서 골라 주십시오.

AH110H

○   DIRECTLY FROM AN INSURANCE COMPANY OR HMO 1

○   THROUGH COVERED CALIFORNIA 2

○   BOTH FROM AN INSURANCE COMPANY THROUGH COVERED CALIFORNIA..3

○   REFUSED ....-7   **[GO TO 'QA23_H95']**

○   DON'T KNOW ....-8   **[GO TO 'QA23_H95']**

PROGRAMMING NOTE 'QA23_H93':
IF **'QA23_H92'** = 1; THEN CONTINUE WITH **'QA23_H93'**;
IF **'QA23_H92'** = 3; THEN CONTINUE WITH **'QA23_H93'** AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE **'QA23_H97'**;

'QA23_H93'   {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

How difficult was it to find a plan with the coverage you needed? Was it…

AH98H

먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오

○   Very difficult..1

○   *매우 어려웠음*

○   Somewhat difficult.......................................2

○   *약간 어려웠음*

○   Not too difficult 3

○   *별로 어렵지 않았음*

○   Not at all difficult..4

○   *전혀 어렵지 않았음*

○   REFUSED ....-7

○   DON'T KNOW ....-8

'QA23_H94'   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*

○   Somewhat difficult.......................................2

○   *약간 어려웠음*

❑   Not too difficult 3
❑   *별로 어렵지 않았음*
❑   Not at all difficult...4
❑   *전혀 어렵지 않았음*
❑   REFUSED ....-7
❑   DON'T KNOW ....-8

'QA23_H95'   Did anyone help you find a health plan?

귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

AH100H

❑   Yes 1
❑   *예*
❑   No...2   **[GO TO 'PN_QA23_H97']**

❑   *아니요*
❑   REFUSED ....-7   **[GO TO 'PN_QA23_H97']**

❑   DON'T KNOW ....-8   **[GO TO 'PN_QA23_H97']**

'QA23_H96'   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 'QA23_H97':
IF **'QA23_H92'** = 2; THEN CONTINUE WITH **'QA23_H97'**;
IF **'QA23_H92'** = 3;
THEN CONTINUE WITH **'QA23_H97'** AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO **'PN_QA23_H91'**;

'QA23_H97'   {Now, think about your experience with Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it…

AH111H

지금부터는 Covered California 에 대한 귀하의 경험을 말씀해 주십시오

Covered California *를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나*

어려웠습니까?

❑   Very difficult...1
❑   *매우 어려웠음*
❑   Somewhat difficult 2
❑   *약간 어려웠음*
❑   Not too difficult 3

❍ *별로 어렵지 않았음*
❍ Not at all difficult..4
❍ *전혀 어렵지 않았음*
❍ REFUSED ....-7
❍ DON'T KNOW ....-8

'QA23_H98'   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*
❍ Somewhat difficult 2
❍ *약간 어려웠음*
❍ Not too difficult 3
❍ *별로 어렵지 않았음*
❍ Not at all difficult..4
❍ *전혀 어렵지 않았음*
❍ REFUSED ....-7
❍ DON'T KNOW ....-8

'QA23_H99'   Did anyone help you find a health plan?

귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

AH113H

❍ YES 1
❍ NO..2   **[GO TO 'PN_QA23_H101']**
❍ REFUSED ....-7   **[GO TO 'PN_QA23_H101']**
❍ DON'T KNOW ....-8   **[GO TO 'PN_QA23_H101']**

'QA23_H100'   Who helped you?

누가 도움을 주었습니까?

AH114H

❍ BROKER 1
❍ FAMILY MEMBER / FRIEND.....................2
❍ INTERNET 3
❍ CERTIFIED ENROLLMENT COUNSELLOR 4
❍ OTHER (SPECIFY: _____) 91
❍ REFUSED ....-7
❍ DON'T KNOW ....-8

'QA23_H101'   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 'QA23_H102':
IF **'QA23_A22'** > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
'QA23_H102';
ELSE GO TO **'QA23_H103'**;

'QA23_H102'   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

'QA23_H103'   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

'QA23_H104'   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

'QA23_H105'   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

'QA23_H106'   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 'QA23_H107':
IF **'QA23_H21'** = 1 THEN DISPLAY "Bronze"
ELSE IF **'QA23_H21'** = 2 THEN DISPLAY "Silver"
ELSE IF **'QA23_H21'** = 3 THEN DISPLAY "Gold"
ELSE IF **'QA23_H21'** = 4 THEN DISPLAY "Platinum"
ELSE IF **'QA23_H21'** = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY;

'QA23_H107'   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?

AH121H

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?

- ❍ 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 'QA23_H108':
IF ARINSURE = 1, CONTINUE WITH **'QA23_H108'**;
ELSE SKIP TO **'QA23_H109'**;

'QA23_H108'   Overall, how satisfied are you with your current health insurance plan? Are you…

현재 가입돼 있는 건강 보험 플랜에 대해 전반적으로 어느 정도로 만족하십니까? 귀하의 만족도는?

AH139
Very satisfied   1
- ❍ *매우 만족*
- ❍ Somewhat satisfied....................................2
- ❍ *다소 만족*
- ❍ Somewhat dissatisfied 3

❍   *다소 불만족*
❍   Very dissatisfied..4
❍   *매우 불만족*
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

Hospitalizations

'QA23_H109'   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
❍   REFUSED ....-7
❍   DON'T KNOW ....-8

Medical Debt

PROGRAMMING NOTE 'QA23_H110':

IF ARMCAL = 1 OR ARINSURE ≠ 1, SKIP TO **'QA23_H112'**;

ELSE IF **'QA23_H75'** = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your current health plan", AND CONTINUE WITH **'QA23_H110'**

'QA23_H110'   The following questions are about your current health plan. While you've had your current health plan, have you ever reached the limit of what your insurance company would pay for?
{다음 질문은 현재 건강 보험에 대한 것입니다.} 현재 건강보험에 가입한 후, 보험회사의 의료비 지불 한도까지 도달한 적이 있습니까?

AH79B

❍   YES..1
❍   NO..2   **[GO TO 'QA23_H112']**
❍   REFUSED ....-7   **[GO TO 'QA23_H112']**
❍   DON'T KNOW ....-8   **[GO TO 'QA23_H112']**

'QA23_H111'   Did this happen in the past 12 months?

이런 일이 지난 12개월 동안에 있었습니까?

AH80B

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

'QA23_H112'   During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

[IF NEEDED, SAY: "Dental bills should be included."]

AH81B

지난 12개월 동안, 본인이나 가족 구성원의 의료비를 지불하기 어려웠거나 지불할 수 없었던 적이 있었습니까?

❍   YES..1
❍   NO..2   **[GO TO 'PN_QA23_I1']**
❍   REFUSED ....-7   **[GO TO 'PN_QA23_I1']**
❍   DON'T KNOW ....-8   **[GO TO 'PN_QA23_I1']**

'QA23_H113'   What is the total amount of medical bills?

[IF NEEDED, SAY: "*The bills can be from earlier years as well as this year.*"]

의료비 총액이 얼마입니까?
올해뿐 아니라 올해 이전의 의료비도 포함됩니다.

AH83B

- ❍ LESS THAN $1,000 1
- ❍ $1,000 TO LESS THAN $2,000 2
- ❍ $2,000 TO LESS THAN $4,000 3
- ❍ $4,000 TO LESS THAN $8,000 4
- ❍ $8,000 OR MORE 5
- ❍ NONE..6
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_H114'   Were you or your family member uninsured at the time care was provided?

치료를 받을 당시에 본인이나 가족 구성원이 보험에 미가입된 상태였습니까?

AH84B

- ❍ YES..1
- ❍ NO...2
- ❍ MORE THAN ONE PERSON WITH
     MEDICAL BILL PROBLEMS,
     SOME UNINSURED AND
     SOME INSURED 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_H115'   Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

그런 의료비 부담으로 인해 식료품비나 난방비, 주택 임대료와 같은 기본적 지출을 할 수 없었습니까?

AH85B

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

'QA23_H116'   Because of these medical bills, did you take on credit card debt?

그런 의료비 부담으로 인해 귀하는 신용 카드 빚을 졌습니까?

AH86B

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

Section I: Child and Adolescent Health Insurance

Child's Health Insurance

PROGRAMMING NOTE 'QA23_I1':
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE **'QA23_I36'** TO ASK ABOUT SELECTED ADOLESCENT;

IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE **'QA23_I2'**;

ELSE CONTINUE WITH **'QA23_I1'**

'QA23_I1'   Does (CHILD) have the same <u>health</u> insurance as you?

(CHILD)(이)가 귀하와 같은 의료 보험을 갖고 있습니까?

CF10A

❍   YES 1   **[GO TO 'QA23_I18']**
❍   NO...2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA23_I1': IF **'QA23_I1'**= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND AREMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND AREMPPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF **'QA23_I1'**= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF **'QA23_I1'**= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'QA23_I1'**= 1 AND ARIHS= 1, SET CHIHS= 1
IF **'QA23_I1'**= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

PROGRAMMING NOTE 'QA23_I2':

IF SPINSURE ≠ 1, THEN SKIP TO **'QA23_I3'**;

ELSE IF **'QA23_I1'** = 2 AND ARSAMESP = 1, THEN SKIP TO **'QA23_I3'**;

ELSE CONTINUE WITH **'QA23_I2'**

'QA23_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 'QA23_I18']**
- NO..2
- REFUSED .... -7
- DON'T KNOW .... -8

POST NOTE 'QA23_I2': IF **'QA23_I2'**= 1 AND SPMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;

IF **'QA23_I2'**= 1 AND SPMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPEMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;

IF **'QA23_I2'**= 1 AND SPOTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPIHS= 1, SET CHIHS= 1

IF **'QA23_I2'**= 1 AND SPHBE= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPARPAR= 1, THEN SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1IF **'QA23_I2'**= 1 AND SPEMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPEMPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPEMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF **'QA23_I2'**= 1 AND SPOTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'QA23_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 health insurance program for low-income individuals in California]

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

POST NOTE 'QA23_I3': IF **'QA23_I3'** = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

Employer-Based Coverage (Child)

'QA23_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_QA23_I6']**
- REFUSED .... -7   **[GO TO 'PN_QA23_I6']**
- DON'T KNOW .... -8   **[GO TO 'PN_QA23_I6']**

POST NOTE 'QA23_I4': IF **'QA23_I4'**= 1, SET CHEMP= 1 AND CHINSURE= 1

'QA23_I5'   Is this plan through an employer, through a union, or through Covered California's SHOP program?

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

이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 입니까, 아니면 커버드 캘리포니아의 숍(SHOP) 프로그램을 통해서입니까?

SHOP 은 Small Business Health Options Program(소기업 건강 혜택 옵션 프로그램)의 약자입니다

AI90

- EMPLOYER 1
- UNION...2
- SHOP / COVERED CALIFORNIA 3
- OTHER (SPECIFY: _____) 91
- REFUSED .... -7
- DON'T KNOW .... -8

POST NOTE FOR 'QA23_I5': IF **'QA23_I5'**= 3, THEN SET CHHBEX= 1

Private Coverage (Child)

PROGRAMMING NOTE 'QA23_I6':
IF CHINSURE = 1 THEN GO TO AI93;
ELSE CONTINUE WITH **'QA23_I6'**

'QA23_I6'   Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

[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"]

CF4

(CHILD} (이)는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

[IF NEEDED, SAY: 암이나 뇌졸중 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_QA23_I12']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_I12']**
❍	DON'T KNOW............................. -8	**[GO TO 'PN_QA23_I12']**

POST NOTE 'QA23_I6': IF **'QA23_I6'**= 1, SET CHDIRECT= 1 AND CHINSURE= 1

PROGRAMMING NOTE 'QA23_I7':
IF CHDIRECT= 1, THEN CONTINUE WITH **'QA23_I7'**;
ELSE GO TO **'PN_QA23_I8'**

'QA23_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 'QA23_I7': IF **'QA23_I7'**= 2, THEN SET CHHBEX= 1

PROGRAMMING NOTE 'QA23_I8':

IF CHHBEX = 1 AND CHDIRECT= 1, THEN CONTINUE WITH **'QA23_I8'**;
ELSE GO TO **'PN_QA23_I9'**;

'QA23_I8'   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	**[GO TO 'PN_QA23_I12']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_I12']**
❍	DON'T KNOW... -8	

PROGRAMMING NOTE 'QA23_I9':
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH **'QA23_I9'**;
ELSE GO TO **'QA23_I12'**

'QA23_I9'   Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

AI54

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.

[IF NEEDED, SAY: *보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다*]

[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: *본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.*]

- ❍ YES 1
- ❍ NO...2 **[GO TO 'PN_QA23_I12']**
- ❍ REFUSED   -7 **[GO TO 'PN_QA23_I12']**
- ❍ DON'T KNOW .... -8

'QA23_I10'   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

직장 노동조합, 전문인 단체 등 다른 사람이 아이의 의료보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

AI50

- ❍ YES 1
- ❍ NO...2 **[GO TO 'PN_QA23_I12']**
- ❍ REFUSED .... -7 **[GO TO 'PN_QA23_I12']**
- ❍ DON'T KNOW .... -8

'QA23_I11'   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]

- ❑ YOUR CURRENT EMPLOYER 1
- ❑ YOUR FORMER EMPLOYER.....................2
- ❑ UNION..3
- ❑ SPOUSE'S/PARTNER'S CURRENT EMPLOYER 4

❑   SPOUSE'S/PARTNER'S
       FORMER EMPLOYER 5
❑   PROFESSIONAL/FRATERNAL
       ORGANIZATION...6
❑   MEDICAID/MEDI-CAL ASSISTANCE 7
❑   COVERED CALIFORNIA......................... 10
❑   OTHER...................................... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA23_I11': IF **'QA23_I11'**= 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF **'QA23_I11'**= 7, SET CHMCAL= 1
IF **'QA23_I11'**= 10, SET CHHBEX= 1;

CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE 'QA23_I12':
IF CHINSURE = 1, GO TO **'PN_QA23_I18'**;
ELSE CONTINUE WITH **'QA23_I12'**

'QA23_I12'   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_QA23_I18']**
❍   NO...2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA23_I12': IF **'QA23_I12'**= 1, SET CHMILIT= 1 AND CHINSURE= 1

AIM, MRMIP, HEALTHY KIDS, Other Government Coverage

'QA23_I13'   Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

[CF7]

{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?

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**
       AIM   **'PN_QA23_I18']**
❍   MRMIP 2   **[GO TO**
       MRMIP   **'PN_QA23_I18']**
❍   Healthy Kids 3   **[GO TO**

	Healthy Kids	**'PN_QA23_I18']**
❍	No other plan..4	
	기타 보험이 없음	
❍	Something else (Specify: _____)............91	**[GO TO**
	다른 보험(구체적으로 기입: _____)	**'PN_QA23_I18']**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

POST NOTE 'QA23_I13': IF **'QA23_I13'** = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage (Child)

'QA23_I14'   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_QA23_I17']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_I17']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_I17']**

'QA23_I15'   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

CF9

[CHECK ALL THAT APPLY]

[PROBE: "Any others?"]

❑	THROUGH CURRENT OR FORMER EMPLOYER/UNION...................1
❑	THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION 2
❑	PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE)..3
❑	MEDICARE 4
❑	MEDI-CAL 5
❑	CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY CARE 6
❑	INDIAN HEALTH SERVICE TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC 8
❑	COVERED CALIFORNIA.......................... 10
❑	SHOP THROUGH COVERED CALIFORNIA... 11
❑	OTHER GOVERNMENT HEALTH PLAN... 91

❑   OTHER NON-GOVERNMENT
HEALTH PLAN 92
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA23_I15': IF **'QA23_I15'** = 8, SET CHIHS = 1
IF **'QA23_I15'**= 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF **'QA23_I15'**= 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF **'QA23_I15'**= 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF **'QA23_I15'**= 92, SET CHOTHER = 1 AND CHINSURE = 1
IF **'QA23_I15'**= -7 OR -8, SET CHINSURE = 1

IF **'QA23_I15'**= 1, SET CHEMP = 1 AND CHINSURE = 1
IF **'QA23_I15'**= 2, SET CHEMP = 1 AND CHINSURE = 1
IF **'QA23_I15'**= 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF **'QA23_I15'**= 4, SET CHMCARE = 1 AND CHINSURE = 1
IF **'QA23_I15'**= 5, SET CHMCAL = 1 AND CHINSURE = 1
IF **'QA23_I15'**= 7, SET CHMILIT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA23_I16':
IF **'QA23_I15'** = 4 (CHILD HAS MEDICARE), CONTINUE WITH **'QA23_I16'**;
ELSE SKIP TO **'PN_QA23_I17'**

'QA23_I16'   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 'QA23_I17':
IF CHINSURE ≠ 1 CONTINUE WITH **'QA23_I17'**;
ELSE GO TO **'QA23_I18'**;

'QA23_I17'   What is the <u>one</u> 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
❍   DO NOT KNOW IF ELIGIBLE.....................2
❍   INCOME TOO HIGH, NOT ELIGIBLE 3
❍   NOT ELIGIBLE DUE TO
CITIZENSHIP/IMMIGRATION STATUS......4
❍   DO NOT BELIEVE IN HEALTH
INSURANCE 6
❍   DO NOT NEED INSURANCE BECAUSE
SHE/HE IS HEALTHY.................................7
❍   ALREADY HAVE INSURANCE 8
❍   DID NOT KNOW ABOUT IT 9
❍   DO NOT LIKE OR WANT WELFARE....... 10
❍   OTHER (SPECIFY: _____) 91

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

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'QA23_I18':
IF **'QA23_I1'** = 1 AND ARMCARE = 1 THEN CONTINUE WITH **'QA23_I18'**;
IF CHINSURE = 1, THEN CONTINUE WITH **'QA23_I18'**;
ELSE GO TO **'PN_QA23_I22'**

'QA23_I18'   Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

[IF NEEDED, SAY: "<u>HMO</u> 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."]

MA3

(CHILD} (이)의 주된 의료 보험이 HMO, 즉 건강 관리 기구입니까?

[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 'QA23_I20']**
    ❍   NO...2
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_I19':
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO **'QA23_I20'**;
ELSE CONTINUE WITH **'QA23_I19'**;

'QA23_I19'   Is (CHILD)'s health plan a PPO or EPO?

(CHILD)(이)의 건강 보험은 PPO 또는 EPO입니까?

AI115

[IF NEEDED, SAY: "<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: *"EPO 는 Exclusive Provider Organization(독점적 의료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 의사와 전문의의 진료를 직접 받을 수 있습니다.*]

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

[IF NEEDED, SAY: *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."]

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

'QA23_I20' 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?"]

- ❍ ACCESS SENIOR HEALTHCARE 1
- ❍ AETNA 2
- ❍ AETNA GOLDEN MEDICARE....................3
- ❍ AIDS HEALTHCARE FOUNDATION, LA 4
- ❍ ALAMEDA ALLIANCE FOR HEALTH 5
- ❍ ALTAMED HEALTH SERVICES.............. 83
- ❍ ANTHEM BLUE CROSSOF CALIFORNIA..7
- ❍ ASPIRE HEALTH PLAN 8
- ❍ BLUE CROSS CALIFORNIACARE 9
- ❍ BLUE CROSS SENIOR SECURE7 9
- ❍ BLUE SHIELD 65 PLUS 11
- ❍ BLUE SHIELD OF CALIFORNIA.............. 12
- ❍ BRAND NEW DAY (UNIVERSAL CARE). 13
- ❍ CALIFORNIA HEALTH AND
  WELLNESS PLAN 14
- ❍ CALIFORNIAKIDS (CALKIDS) 15
- ❍ CAL OPTIMA (CALOPTIMA ONE CARE) 16
- ❍ CALVIVA HEALTH.................................... 17
- ❍ CARE 1ST HEALTH PLAN........................ 18
- ❍ CAREMORE HEALTH PLAN..................... 19
- ❍ CENTER FOR ELDERS'
  INDEPENDENCE 21
- ❍ CEN CAL HEALTH 80
- ❍ CENTRAL CALIFORNIA ALLIANCE
  FOR HEALTH 22
- ❍ CENTRAL HEALTH PLAN......................... 23
- ❍ CHINESE COMMUNITY HEALTH PLAN . 24
- ❍ CHOICE PHYSICIANS NETWORK.......... 25
- ❍ CIGNA HEALTHCARE 26
- ❍ CITIZENS CHOICE HEALTHPLAN 27
- ❍ COMMUNITY CARE HEALTH PLAN 28
- ❍ COMMUNITY HEALTH GROUP 29
- ❍ CONTRA COSTA HEALTH PLAN............ 81
- ❍ DAVITA HEALTHCARE
  PARTNERS PLAN 31
- ❍ EASY CHOICE HEALTH PLAN................ 32
- ❍ EPIC HEALTH PLAN 33

❍ GEM CARE HEALTH PLAN 34
❍ GOLD COAST HEALTH PLAN................ 35
❍ GOLDEN STATE MEDICARE
HEALTH PLAN 36
❍ HEALTH NET... 38
❍ HEALTH NET SENIORITY PLUS............. 39
❍ HEALTH PLAN OF SAN JOAQUIN 40
❍ HEALTH PLAN SAN JP AUTHORITY 41
❍ HERITAGE PROVIDER NETWORK 42
❍ HUMANA GOLD PLUS............................ 43
❍ HUMANA HEALTH PLAN........................ 44
❍ IEHP (INLAND EMPIRE HEALTH PLAN) 45
❍ INTER VALLEY HEALTH PLAN 46
❍ HEALTH ADVANTAGE............................ 82
❍ KAISER PERMANENTE........................... 47
❍ KAISER PERMANENTE
SENIOR ADVANTAGE 48
❍ KERN FAMILY HEALTH CARE................ 49
❍ L.A. CARE HEALTH PLAN 50
❍ MD CARE.. 51
❍ MOLINA HEALTHCARE OF
CALIFORNIA.. 54
❍ MONARCH HEALTH PLAN...................... 55
❍ ON LOK SENIOR HEALTH SERVICES ... 56
❍ PARTNERSHIP HEALTHPLAN
OF CALIFORNIA 57
❍ PIH HEALTH CARE SOLUTIONS............ 58
❍ PREMIER HEALTH PLAN SERVICES..... 59
❍ PRIMECARE MEDICAL NETWORK 60
❍ PROVIDENCE HEALTH NETWORK 61
❍ SCRIPPS HEALTH PLAN SERVICES 68
❍ SEASIDE HEALTH PLAN........................ 69
❍ SAN FRANCISCO HEALTH PLAN........... 84
❍ SANTA CLARA FAMILY HEALTH
PLAN... 90
❍ SAN MATEO HEALTH COMMISION 86
❍ SANTA BARBARA................................... 88
❍ SATELLITE HEALTH PLAN 92
❍ SCAN HEALTH PLAN 67
❍ SHARP HEALTH PLAN 70
❍ SUTTER HEALTH PLAN 71
❍ SUTTER SENIOR CARE.......................... 72
❍ UNITED HEALTHCARE 73
❍ UNITED HEALTHCARE SECURE
HORIZON... 74
❍ UNIVERSITY HEALTHCARE
ADVANTAGE.. 75
❍ VALLEY HEALTH PLAN.......................... 76
❍ VENTURA COUNTY HEALTH
CARE PLAN... 77
❍ WESTERN HEALTH ADVANTAGE 78
❍ CHAMPUS/CHAMP-VA 93
❍ TRICARE/TRICARE FOR LIFE/
TRICARE PRIME..................................... 87
❍ VA HEALTH CARE SERVICES................ 89
❍ MEDI-CAL 52

❍   MEDICARE 53
❍   OTHER (SPECIFY: _____) 85
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'QA23_I20': IF **'QA23_I20'** = 93, 87, OR 89 THEN SET CHMILIT=1

'QA23_I21'   Is (CHILD) covered for prescription drugs?

(CHILD)(이)의 보험은 처방약도 보장해 줍니까?

CF14

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

High Deductible Health Plans (Child)

PROGRAMMING NOTE *FOR* 'QA23_I22':

IF (ARINSURE ≠ 1 OR **'QA23_I1'** ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH **'QA23_I22'**;
ELSE SKIP TO PROGRAMMING NOTE **'QA23_I25'**

'QA23_I22'   Does (CHILD)'s health plan have a deductible that is more than $1,000?

(CHILD) (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000이 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
❍   YES, BUT ONLY WHEN WE GO OUT
        OF NETWORK...3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_I23'   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 $2,000이 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
❍   YES, BUT ONLY WHEN WE GO OUT
        OF NETWORK...............................3
❍   REFUSED .... -7
❍   DON'T KNOW........................... -8

PROGRAMMING NOTE 'QA23_I24':
IF ('**QA23_I22**'= 1 OR 3) OR ('**QA23_I23**'= 1 OR 3), CONTINUE WITH '**QA23_I24**';
ELSE SKIP TO PROGRAMMING NOTE '**QA23_I25**'

'QA23_I24'   Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

AI81

(CHILD)(이)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

[IF NEEDED, SAY: **"**The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs]

[IF NEEDED, SAY: *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, FSA)와는 다른 계좌입니다.]*

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

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE 'QA23_I25':
IF CHINSURE = 1, GO TO '**QA23_I30**';
ELSE CONTINUE WITH '**QA23_I25**'

'QA23_I25'   What is the <u>one main</u> reason (CHILD) does not have any health insurance?

CF18

(CHILD) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

❍   Can't afford/Too expensive..........................1
        경제적으로 여력이 없음/ 너무 비쌌음
❍   Not eligible due to working status/
        Changed employer/Lost job 2
        *취업 상태로 인해 자격이 되지 않았다/회사를
        옮겼다/실직했다*
❍   Not eligible due to health or
        other problems 3
        *건강 문제 또는 다른 문제로 자격이 되지
        않았다*
❍   Not eligible due to citizenship/
        immigration status 4

시민권/이민 신분으로 자격이 되지 않았다
- ❍ Family situation changed 5
  가족 상황이 바뀌었다
- ❍ Don't believe in insurance............................6
  보험이 필요하다고 생각지 않는다
- ❍ Did not have insurance while switching
  insurance companies 7
  보험회사를 바꾸는 동안 보험이 없었다무료로
- ❍ Can get health care for free/
  Pay for own care 8
  무료로 의료 서비스를 받을 수 있다/자신이
  받는 의료 서비스를 직접 지불한다
- ❍ Other (Specify: _____)............... 91
  기타(구체적으로 기입:_____)
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

Coverage over Past 12 Months (Child)

'QA23_I26'   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 'QA23_I28']**
- ❍ NO...2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_I27'   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_IA10A]**
- ❍ MORE THAN 3 YEARS AGO 2   **[GO TO 'PN_IA10A]**
- ❍ NEVER HAD HEALTH INSURANCE
  COVERAGE...3   **[GO TO 'PN_IA10A]**
- ❍ REFUSED .... -7   **[GO TO 'PN_IA10A]**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_IA10A]**

'QA23_I28'   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]   **[GO TO 'PN_QA23_I36']**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_I29'   During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an

insurance company, a plan you purchased through Covered California, or some other plan?

(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?"]

(7 maximum responses)

❑	Medi-Cal...1 *Medi-Cal*	**[GO TO 'PN_QA23_I36']**
❑	Through current or former employer/union ..3 *현재 또는 이전 직장/노동조합을 통해서*	**[GO TO 'PN_QA23_I36']**
❑	Purchased directly ....5 *직접 구입했다*	**[GO TO 'PN_QA23_I36']**
❑	Covered California ....6 *Covered California를 통해 구입했다*	**[GO TO 'PN_QA23_I36']**
❑	Other health plan ....91 *다른 건강보험*	**[GO TO 'PN_QA23_I36']**
◯	REFUSED .... -7	**[GO TO 'PN_QA23_I36']**
◯	DON'T KNOW... -8	**[GO TO 'PN_QA23_I36']**

'QA23_I30'   Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

(CHILD) (은)는 지난 12개월 내내 현재와 같은 의료 보험에 들어 있었습니까?

CF24

◯	YES...1	**[GO TO 'PN_QA23_I36']**
◯	NO...2	
◯	HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)..3	
◯	REFUSED .... -7	
◯	DON'T KNOW .... -8	

'QA23_I31'   When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

아이에게 현재 들어 있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

CF25

◯	YES...1	**[GO TO 'QA23_I33']**
◯	NO...2	
◯	REFUSED .... -7	**[GO TO 'QA23_I33']**
◯	DON'T KNOW .... -8	**[GO TO 'QA23_I33']**

'QA23_I32'   Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

CF26

다른 의료보험은 Medi-Cal, 직장을 통해 가입한 보험, 보험회사를 통해 직접 가입한 보험, Covered California를 통해 가입한 보험 플랜, 또는 기타 다른 보험이었습니까?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(7 maximum responses)

- ❑   MEDI-CAL 1
- ❑   THROUGH CURRENT OR
  FORMER EMPLOYER/UNION 4
- ❑   PURCHASED DIRECTLY...........................5
- ❑   COVERED CALIFORNIA............................6
- ❑   OTHER HEALTH PLAN........................... 91
- ⭘   REFUSED .... -7
- ⭘   DON'T KNOW .... -8

'QA23_I33'   During the past 12 months, was there any time when {he/she} had no health insurance at all?

지난 12개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

CF27

- ⭘   YES 1
- ⭘   NO 2   **[GO TO 'PN_QA23_I36']**
- ⭘   REFUSED .... -7   **[GO TO 'PN_QA23_I36']**
- ⭘   DON'T KNOW .... -8   **[GO TO 'PN_QA23_I36']**

'QA23_I34'   For how many of the past 12 months did {he/she} have no health insurance?

지난 12개월 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

'QA23_I35'   [What is the <u>one main</u> 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
  경제적으로 여력이 없음/ 너무 비쌌음
- ⭘   Not eligible due to working status/ 2
  Changed employer/Lost job

취업 상태로 인해 자격이 되지 않았다/회사를 옮겼다/실직했다

❍　　　Not eligible due to health or 3
other problems
건강 문제 또는 다른 문제로 자격이 되지 않았다

❍　　　Not eligible due to citizenship/ 4
immigration status
시민권/이민 신분으로 자격이 되지 않았다

❍　　　Family situation changed 5
가족 상황이 바뀌었다

❍　　　Don't believe in insurance...........................6
보험이 필요하다고 생각지 않는다

❍　　　Did not have insurance while switching 7
insurance companies
보험회사를 바꾸는 동안 보험이 없었다무료로

❍　　　Can get health care for free/ 8
Pay for own care
무료로 의료 서비스를 받을 수 있다/자신이 받는 의료 서비스를 직접 지불한다

❍　　　Other (Specify: _____)............... 91
기타(구체적으로 기입:_____)

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

Teen's Health Insurance

PROGRAMMING NOTE 'QA23_I36':
IF NO TEEN SELECTED, GO TO PN **'QA23_J1'**;
IF ARINSURE = 1, CONTINUE WITH **'QA23_I36'**;

IF ARINSURE ≠ 1, GO TO PN **'QA23_I37'**;

ELSE CONTINUE WITH **'QA23_I36'**

'QA23_I36'　　　Does (TEEN) have the same health insurance as you

(TEEN)(이)는 {귀하/성인 응답자 이름 (님)}와(과) 같은 의료 보험을 가지고 있습니까?

IA10A

❍　　　YES ....1　　　**[GO TO 'QA23_I54']**
❍　　　NO..2
❍　　　REFUSED .... -7
❍　　　DON'T KNOW .... -8

POST NOTE 'QA23_I36': IF **'QA23_I36'** = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF **'QA23_I36'** = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF **'QA23_I36'** = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF **'QA23_I36'** = 1 AND ARIHS = 1, SET TEIHS = 1
IF **'QA23_I36'** = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE 'QA23_I37':

IF SPINSURE ≠ 1 THEN SKIP TO **'QA23_I38'**;

ELSE IF **'QA23_I36'**= 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE **'QA23_I38'**;
ELSE CONTINUE WITH **'QA23_I37'**

'QA23_I37'   Does (TEEN) have the same insurance as your spouse?

<TEEN>(이)가 귀하의 배우자와 같은 보험을 갖고 있습니까?

MA5

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

POST NOTE 'QA23_I37': IF **'QA23_I37'**= 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF **'QA23_I37'**= 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPOTHER= 1, SET TEOTHER= 1 AND SET TEINSURE = 1;
IF **'QA23_I37'**= 1 AND SPIHS= 1, SET TEIHS= 1

IF **'QA23_I37'**= 1 AND SPHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;
IF **'QA23_I37'**= 1 AND SPARPAR= 1, THEN SET TEOTHER= 1 AND SET TEINSURE= 1 AND SPSAMETE= 1

PROGRAMMING NOTE 'QA23_I38':

IF TEINSURE≠ 1 OR CHINSURE≠ 1, THEN SKIP TO **'QA23_I39'**;

ELSE IF (**'QA23_I36'**= 2 AND ARSAMECH= 1) OR (**'QA23_I37'**= 2 AND SPSAMECH= 1), THEN SKIP TO **'QA23_I39'**;
ELSE CONTINUE WITH **'QA23_I38'**;

'QA23_I38'   Does (TEEN) have the same insurance as (CHILD)?

<TEEN> (이)는 <CHILD> (이)와 같은 보험을 갖고 있습니까?

MA6

❍	YES	1	**[GO TO 'QA23_I66']**
❍	NO	2	
❍	REFUSED	-7	
❍	DON'T KNOW	-8	

POST NOTE 'QA23_I38': IF 'QA23_I38'= 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET
TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHEMP= 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA23_I38'= 1 AND CHIHS = 1, SET TEIHS = 1;
IF 'QA23_I38'= 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF 'QA23_I38'= 1 AND CHHBEX = 1, SET TEHBEX = 1

Medi-Cal Coverage (Teen)

'QA23_I39'   Is {he/she} currently covered by Medi-CAL?

<TEEN> (이)는 현재 메디칼(*Medi*-CAL)에 들어 있습니까?

IA1

[IF NEEDED, SAY: Medi-Cal is a health insurance program for low-income individuals in
California]

[IF NEEDED, SAY: *Medi-Cal은 캘리포니아주 내 저소득층을 위한 건강 보험
프로그램입니다.*]
   ❍   YES 1
   ❍   NO..2
   ❍   REFUSED .... -7
   ❍   DON'T KNOW .... -8

POST NOTE 'QA23_I39': IF 'QA23_I39'= 1, SET TEMCAL= 1 AND SET TEINSURE= 1

Employer-Based Coverage (Teen)

'QA23_I40'   Is (TEEN) covered by a health insurance plan or HMO through your own or someone
else's employment or union?

<TEEN>(이)는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해서 가입한 의료 보험이나
HMO에 들어 있습니까?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH
COVERED CALIFORNIA]

   ❍   YES 1
   ❍   NO..2   **[GO TO 'QA23_I42']**
   ❍   REFUSED .... -7   **[GO TO 'QA23_I42']**
   ❍   DON'T KNOW .... -8   **[GO TO 'QA23_I42']**

POST NOTE 'QA23_I40': IF 'QA23_I40'= 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA23_I41'   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 있습니까,
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: "SHOP은 커버드 캘리포니아가 주관하는 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 'QA23_I41': IF **'QA23_I41'** = 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

PROGRAMMING NOTE 'QA23_I42':
IF TEINSURE = 1 THEN GO TO **'QA23_I43'**;
ELSE CONTINUE WITH **'QA23_I42'**

'QA23_I42'   Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

[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]

IA4

<TEEN>(이)는 귀하가 보험회사나 HMO로부터 직접 구입했거나, Covered California를 통해서 구입한 의료 보험의 혜택을 받습니까?

[IF NEEDED, SAY: "암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 의료 보험은 포함시키지 마십시오"]

❍   YES 1
❍   NO...2   **[GO TO 'QA23_I48']**
❍   REFUSED .... -7   **[GO TO 'QA23_I48']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_I48']**

POST NOTE 'QA23_I42': IF **'QA23_I42'** = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'QA23_I43':
IF TEDIRECT = 1, THEN CONTINUE WITH **'QA23_I43'**;
ELSE GO TO **'PN_QA23_I44'**

'QA23_I43'   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

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

POST NOTE FOR 'QA23_I43': IF **'QA23_I43'** = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA23_I44':
IF **'QA23_I41'** = 3, THEN GO TO PN **'QA23_I45'**;
ELSE CONTINUE WITH **'QA23_I44'**;

'QA23_I44'   Was there a subsidy or discount on the premium for this plan?

이 의료 보험의 보험료에는 보조금이나 할인이 제공되었습니까?

| AI97 |

➀   YES 1
➀   NO...2   **[GO TO 'QA23_I48']**
➀   REFUSED .... -7   **[GO TO 'QA23_I48']**
➀   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_I45':
IF TEEMP= 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH **'QA23_I45'**;
ELSE GO TO PROGRAMMING NOTE **'QA23_I48'**

'QA23_I45'   Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

| AI55 |

보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다.

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

본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.

➀   YES 1
➀   NO...2   **[GO TO 'QA23_I48']**
➀   REFUSED .... -7   **[GO TO 'QA23_I48']**
➀   DON'T KNOW .... -8

'QA23_I46'   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

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_QA23_I48']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_I48']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_I48']**

'QA23_I47'   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 'QA23_I47': IF **'QA23_I47'** = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF **'QA23_I47'** = 7, SET TEMCAL = 1;
IF **'QA23_I47'** = 10, SET TEHBEX = 1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE 'QA23_I48':
IF TEINSURE = 1, GO TO PROGRAMMING NOTE **'QA23_I53'**;
ELSE CONTINUE WITH **'QA23_I48'**

'QA23_I48'   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_QA23_I54']**
❍	NO...2	**[GO TO 'PN_QA23_I48']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_I48']**
❍	DON'T KNOW .... -8	

POST NOTE 'QA23_I48': IF 'QA23_I48' = 1, SET TEMILIT= 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

'QA23_I49'   Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

[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.]

IA7

{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?

[IF NEEDED, SAY: 에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다.]

- ○   AIM..1   **[GO TO 'PN_QA23_I54']**
- ○   MISTER MIP/MRMIP 2   **[GO TO 'PN_QA23_I54']**
- ○   Family PACT 3   **[GO TO 'PN_QA23_I54']**
- ○   HEALTHY KIDS 4   **[GO TO 'PN_QA23_I54']**
- ○   NO OTHER PLAN......................................5
- ○   SOMETHING ELSE (SPECIFY: ___)........91   **[GO TO 'PN_QA23_I54']**
- ○   REFUSED... -7
- ○   DON'T KNOW .... -8

POST NOTE 'QA23_I49': IF 'QA23_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'QA23_I50'   Does {he/she} have any health insurance coverage through a plan that I missed?

이 자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빠뜨린 것이 있습니까?

IA8

- ○   YES...1
- ○   NO...2   **[GO TO 'PN_QA23_I54']**
- ○   REFUSED.. -7   **[GO TO 'PN_QA23_I54']**
- ○   DON'T KNOW... -8   **[GO TO 'PN_QA23_I54']**

'QA23_I51'   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

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

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

IA9

Medi-CAL이나 직장, 노동 조합, 아니면 그 밖의 다른 곳을 통해서 가입했습니까?

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: *이 의료보험에는 현재 또는 이전의 직장/노동 조합, 학교, 전문인 협회나 실업 단체, 또는 기타 다른 단체를 통해서 가입하셨습니까, 아니면 의료 보험회사를 통해 직접 가입하셨습니까?*]

[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 YOU OR ANYONE ELSE)	3
❑	MEDICARE	4
❑	MEDI-CAL	5
❑	CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7
❑	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC	8
❑	COVERED CALIFORNIA	 10
❑	SHOP THROUGH COVERED CALIFORNIA	 11
❑	OTHER GOVERNMENT HEALTH PLAN	 91
❑	OTHER NON-GOVERNMENT HEALTH PLAN	 92
○	REFUSED	.... -7
○	DON'T KNOW	.... -8

POST NOTE 'QA23_I51': IF **'QA23_I51'**= 1, SET TEEMP= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = 2, SET TEEMP= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = 3, SET TEDIRECT= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = 4, SET TEMCARE= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = 5, SET TEMCAL= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = 7, SET TEMILIT= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = 8, SET TEIHS= 1;
IF **'QA23_I51'** = 10, SET TEHBEX= 1 AND TEINSURE= 1 AND TEDIRECT= 1;

IF **'QA23_I51'** = 11, SET TEHBEX= 1 AND TEINSURE= 1 AND TEEMP= 1;
IF **'QA23_I51'** = 91, SET TEOTHGOV= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = 92, SET TEOTHER= 1 AND TEINSURE= 1;
IF **'QA23_I51'** = -3, SET TEINSURE= 1

PROGRAMMING NOTE 'QA23_I52':
IF **'QA23_I51'** = 4 (TEEN HAS MEDICARE), CONTINUE WITH **'QA23_I52'**;
ELSE SKIP TO PROGRAMMING NOTE **'QA23_I53'**

'QA23_I52' 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	**[GO TO 'PN_QA23_I54']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_I54']**
❍	DON'T KNOW .... -8	

PROGRAMMING NOTE 'QA23_I53':
IF TEINSURE ≠ 1 CONTINUE WITH **'QA23_I53'**;
ELSE GO TO **'QA23_I54'**;

'QA23_I53' What is the <u>one</u> main reason why (TEEN) is not enrolled in the Medi-CAL program?

<TEEN>(이)가 메디-칼에 들어 있지 않은 가장 주된 b한 가지 이유는 무엇입니까?

IA1A

❑	PAPERWORK TOO DIFFICULT 1	
❑	DO NOT KNOW IF ELIGIBLE.....................2	
❑	INCOME TOO HIGH, NOT ELIGIBLE 3	
❑	NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS......4	
❑	DO NOT BELIEVE IN HEALTH INSURANCE 6	
❑	DO NOT NEED INSURANCE BECAUSE SHE/HE IS HEALTHY.................................7	
❑	ALREADY HAVE INSURANCE 8	
❑	DID NOT KNOW ABOUT IT 9	
❑	DO NOT LIKE OR WANT WELFARE....... 10	
❑	OTHER (SPECIFY: _____) 91	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA23_I54':
IF 'QA23_I36' = 1 AND ARMCARE = 1, THEN 'QA23_I54'= 'QA23_H62' AND 'QA23_I56'= 'QA23_H64'
AND 'QA23_I57'= 'QA23_H65' AND GO TO PN 'QA23_I58';
ELSE IF 'QA23_I38'= 1, THEN 'QA23_I54'= 'QA23_I18' AND 'QA23_I56'= 'QA23_I20' AND
'QA23_I57'= 'QA23_I21' AND GO TO 'PN_QA23_I58'; ELSE IF TEINSURE = 1, THEN CONTINUE
WITH 'QA23_I54';
ELSE GO TO PROGRAMMING NOTE 'QA23_I58'

'QA23_I54'   Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

[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 ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

MA8

<TEEN>(이)의 주된 의료 보험은 HMO, 즉 건강 관리 기구(Health Maintenance Organization)입니까?

[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 'QA23_I56']
○   NO...2
○   REFUSED .... -7
○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_I55':
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA23_I56';
ELSE CONTINUE WITH 'QA23_I55';

'QA23_I55'   Is (TEEN)'s health plan a PPO or EPO?

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "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 TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

AI116

(TEEN)의 건강 보험은 PPO 또는 EPO입니까?

*EPO*는 *Exclusive Provider Organization(독점적 의료 제공자 기구)*의 약자입니다. *EPO* 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 의사와 전문의의 진료를 직접 받을 수 있습니다.

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

- ○   PPO..1
- ○   *PPO*
- ○   EPO..2
- ○   *EPO*
- ○   Other (Specify: _____)............... 91
- ○   *기타(구체적으로 기입: _____)*
- ○   REFUSED ....-7
- ○   DON'T KNOW ....-8

'QA23_I56'   What is the name of (TEEN)'s main health plan?

<TEEN>(이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

MA7

- ○   ACCESS SENIOR HEALTHCARE 1
- ○   AETNA 2
- ○   AETNA GOLDEN MEDICARE....................3
- ○   AIDS HEALTHCARE FOUNDATION, LA 4
- ○   ALAMEDA ALLIANCE FOR HEALTH 5
- ○   ALTAMED HEALTH SERVICES............... 83
- ○   ANTHEM BLUE CROSSOF CALIFORNIA..7
- ○   ASPIRE HEALTH PLAN 8
- ○   BLUE CROSS CALIFORNIACARE 9
- ○   BLUE CROSS SENIOR SECURE7.............9
- ○   BLUE SHIELD 65 PLUS 11
- ○   BLUE SHIELD OF CALIFORNIA.............. 12
- ○   BRAND NEW DAY (UNIVERSAL CARE). 13
- ○   CALIFORNIA HEALTH AND
         WELLNESS PLAN 14
- ○   CALIFORNIAKIDS (CALKIDS) 15
- ○   CAL OPTIMA (CALOPTIMA ONE CARE) 16
- ○   CALVIVA HEALTH.................................... 17
- ○   CARE 1ST HEALTH PLAN....................... 18
- ○   CAREMORE HEALTH PLAN.................... 19
- ○   CENTER FOR ELDERS'
         INDEPENDENCE 21
- ○   CEN CAL HEALTH 80
- ○   CENTRAL CALIFORNIA ALLIANCE
         FOR HEALTH 22
- ○   CENTRAL HEALTH PLAN........................ 23
- ○   CHINESE COMMUNITY HEALTH PLAN . 24
- ○   CHOICE PHYSICIANS NETWORK.......... 25
- ○   CIGNA HEALTHCARE 26
- ○   CITIZENS CHOICE HEALTHPLAN 27
- ○   COMMUNITY CARE HEALTH PLAN 28
- ○   COMMUNITY HEALTH GROUP 29
- ○   CONTRA COSTA HEALTH PLAN............ 81

❍   DAVITA HEALTHCARE
PARTNERS PLAN 31
❍   EASY CHOICE HEALTH PLAN 32
❍   EPIC HEALTH PLAN 33
❍   GEM CARE HEALTH PLAN 34
❍   GOLD COAST HEALTH PLAN
❍   GOLDEN STATE MEDICARE 35
HEALTH PLAN 36
❍   HEALTH NET 38
❍   HEALTH NET SENIORITY PLUS 39
❍   HEALTH PLAN OF SAN JOAQUIN 40
❍   HEALTH PLAN SAN JP AUTHORITY 41
❍   HERITAGE PROVIDER NETWORK 42
❍   HUMANA GOLD PLUS 43
❍   HUMANA HEALTH PLAN 44
❍   IEHP (INLAND EMPIRE HEALTH PLAN) 45
❍   INTER VALLEY HEALTH PLAN 46
❍   HEALTH ADVANTAGE 82
❍   KAISER PERMANENTE 47
❍   KAISER PERMANENTE
SENIOR ADVANTAGE 48
❍   KERN FAMILY HEALTH CARE 49
❍   L.A. CARE HEALTH PLAN 50
❍   MD CARE... 51
❍   MOLINA HEALTHCARE OF
CALIFORNIA.. 54
❍   MONARCH HEALTH PLAN 55
❍   ON LOK SENIOR HEALTH SERVICES ... 56
❍   PARTNERSHIP HEALTHPLAN
OF CALIFORNIA 57
❍   PIH HEALTH CARE SOLUTIONS 58
❍   PREMIER HEALTH PLAN SERVICES..... 59
❍   PRIMECARE MEDICAL NETWORK 60
❍   PROVIDENCE HEALTH NETWORK 61
❍   SCRIPPS HEALTH PLAN SERVICES 68
❍   SEASIDE HEALTH PLAN 69
❍   SAN FRANCISCO HEALTH PLAN 84
❍   SANTA CLARA FAMILY HEALTH
PLAN.. 90
❍   SAN MATEO HEALTH COMMISION 86
❍   SANTA BARBARA................................... 88
❍   SATELLITE HEALTH PLAN 92
❍   SCAN HEALTH PLAN 67
❍   SHARP HEALTH PLAN 70
❍   SUTTER HEALTH PLAN 71
❍   SUTTER SENIOR CARE......................... 72
❍   UNITED HEALTHCARE 73
❍   UNITED HEALTHCARE SECURE
HORIZON.. 74
❍   UNIVERSITY HEALTHCARE
ADVANTAGE 75
❍   VALLEY HEALTH PLAN........................... 76
❍   VENTURA COUNTY HEALTH
CARE PLAN.. 77
❍   WESTERN HEALTH ADVANTAGE 78
❍   CHAMPUS/CHAMP-VA 93

❍	TRICARE/TRICARE FOR LIFE/	
	TRICARE PRIME 87	
❍	VA HEALTH CARE SERVICES............... 89	
❍	MEDI-CAL 52	
❍	MEDICARE 53	
❍	OTHER (SPECIFY: _____) 85	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

POST NOTE 'QA23_I56': IF **'QA23_I56'** = 93, 87, OR 89 THEN SET TEMILIT=1

'QA23_I57'   Is (TEEN) covered for prescription drugs?

<TEEN>(이)의 보험은 처방약도 보장해 줍니까?

IA14

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

High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR 'QA23_I58':

IF [(ARINSURE ≠ 1 OR **'QA23_I36'** ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1),
THEN CONTINUE WITH **'QA23_I58'**;
ELSE SKIP TO PN **'QA23_I61'**

'QA23_I58'   Does (TEEN)'s health plan have a deductible that is more than $1,000?

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

AI82

(TEEN) (이)의 의료 보험의 본인 부담금, 그러니까 디덕터블이 $1,000 이 넘습니까?

[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	

'QA23_I59'   Does (TEEN)'s health plan have a deductible for all covered persons that is more than
$2,000?

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

AI83

*(TEEN) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까
디덕터블이 $4,000 이 넘습니까?*

[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 'AI84:
IF (**'QA23_I58'** = 1 OR 3) OR (**'QA23_I59'** = 1 OR 3), CONTINUE WITH **'QA23_I60'**;
ELSE SKIP TO PROGRAMMING NOTE **'QA23_I61'**

'QA23_I60'   Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs)."]

AI84

<TEEN>(이)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

[IF NEEDED, SAY: 이러한 계좌는 Health Savings Account(의료비 저축 계좌, HSA) {9}[10]또는{9}[1] Health Reimbursement Account(의료비 상환 계좌, HRA)라고도 합니다. {9}[10]기타{9}[1] 유사한 계좌에는 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금), 고용주가 제공하는 Flexible Spending Account(가변 지출 계좌) 등이 있습니다.]

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

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'QA23_I61':
IF TEINSURE = 1, GO TO **'QA23_I66'**;
ELSE CONTINUE WITH **'QA23_I61'**

'QA23_I61'   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 PROBLEMS 3	
❍	NOT ELIGIBLE DUE TO CITIZENSHIP/	
	IMMIGRATION STATUS 4	
❍	FAMILY SITUATION CHANGED................5	

◯   DON'T BELIEVE IN INSURANCE 6
◯   DID NOT HAVE INSURANCE WHILE
    SWITCHING INSURANCE COMPANIES ...7
◯   CAN GET HEALTH CARE FOR FREE/
    PAY FOR OWN CARE 8
◯   OTHER (SPECIFY: _____)................ 91
◯   REFUSED.. -7
◯   DON'T KNOW .... -8

Coverage over Past 12 months (Teen)

'QA23_I62'   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 'QA23_I64']**
◯   NO...2
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

'QA23_I63'   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 1
    NO MORE THAN 3 YEARS AGO................1   **[GO TO 'PN_QA23_J1']**

◯   2 MORE THAN 3 YEARS AGO 2   **[GO TO 'PN_QA23_J1']**

◯   3 NEVER HAD HEALTH INSURANCE
    COVERAGE 3   **[GO TO 'PN_QA23_J1']**

◯   REFUSED .... -7   **[GO TO 'PN_QA23_J1']**

◯   DON'T KNOW .... -8   **[GO TO 'PN_QA23_J1']**

'QA23_I64'   For how many of the last 12 months did {he/she} have health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

IA22

지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

_____MONTHS [HR: 0-12]   **[IF 'QA23_I64'=0, GO TO 'PN_QA23_J1']**

◯   REFUSED .... -7   **[GO TO 'PN_QA23_J1']**

◯   DON'T KNOW .... -8   **[GO TO 'PN_QA23_J1']**

'QA23_I65' During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

(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?"]

❑ MEDICAL THROUGH CURRENT OR FORMER.......................................1 **[GO TO 'PN_QA23_J1']**

❑ EMPLOYER/UNION ....3 **[GO TO 'PN_QA23_J1']**

❑ PURCHASED DIRECTLY...........................5 **[GO TO 'PN_QA23_J1']**

❑ COVERED CALIFORNIA............................6 **[GO TO 'PN_QA23_J1']**

❑ OTHER HEALTH PLAN...........................91 **[GO TO 'PN_QA23_J1']**

❍ REFUSED .... -7 **[GO TO 'PN_QA23_J1']**

❍ DON'T KNOW... -8 **[GO TO 'PN_QA23_J1']**

'QA23_I66' Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for <u>all</u> of the past 12 months?

(TEEN) (은)는 지난 12 개월 내내 현재와 같은 의료 보험에 들어 있었습니까?

IA24

❍ YES...1 **[GO TO 'PN_QA23_J1']**

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

'QA23_I67' 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 'QA23_I69']**
❍ REFUSED .... -7 **[GO TO 'QA23_I69']**
❍ DON'T KNOW... -8 **[GO TO 'QA23_I69']**

'QA23_I68'   Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

다른 의료보험은 Medi-Cal, 직장을 통해 가입한 보험, 보험회사를 통해 직접 가입한 보험, Covered California를 통해 가입한 보험 플랜, 또는 기타 다른 보험이었습니까?

IA26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(7 maximum responses)

- ❑　　MEDI-CAL 1
- ❑　　THROUGH CURRENT OR
　　　FORMER EMPLOYER/UNION....................4
- ❑　　PURCHASED DIRECTLY............................5
- ❑　　COVERED CALIFORNIA............................6
- ❑　　OTHER HEALTH PLAN............................ 91
- ❍　　REFUSED .... -7
- ❍　　DON'T KNOW... -8

'QA23_I69'   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 'PN_QA23_J1']**
- ❍　　REFUSED .... -7　　**[GO TO 'PN_QA23_J1']**
- ❍　　DON'T KNOW... -8　　**[GO TO 'PN_QA23_J1']**

'QA23_I70'   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

'QA23_I71'   What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

(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
        OTHER PROBLEMS 3
❍   NOT ELIGIBLE DUE TO CITIZENSHIP/
        IMMIGRATION STATUS 4
❍   FAMILY SITUATION CHANGED................5
❍   DON'T BELIEVE IN INSURANCE 6
❍   DID NOT HAVE INSURANCE WHILE
        SWITCHING INSURANCE COMPANIES ...7
❍   CAN GET HEALTH CARE FOR FREE/
        PAY FOR OWN CARE 8
❍   OTHER (SPECIFY: _____) 91
❍   REFUSED .... -7
❍   DON'T KNOW... -8

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA23_I72':
IF NO TEEN SELECTED, GO TO SECTION J;
IF 'AD65D'= 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65D'= 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'AD65D'= -7/-8 (REFUSED/DON'T KNOW) AND **'QA23_A26'** Sex =1 DISPLAY "father" OR If
'QA20_A23' =2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'QA23_I72'   In what country was (TEEN)'s {mother/father} born?

           는 어느 나라에서 출생하셨습니까?

AI56

❍   United States...1
        미국
❍   American Samoa 2
        미국령 사모아
❍   Canada...3
        캐나다
❍   China..4
        중국
❍   Guam 9
        괌
❍   Japan 16
        이탈리아
❍   Korea... 17
        한국
❍   Mexico... 18
        멕시코
❍   Philippines... 19
        멕시코
❍   Puerto Rico 22
        푸에르토리코
❍   Vietnam 25
        베트남
❍   Virgin Islands... 26

버진 아일랜드
- Other (Specify: _____)............. 91
  기타(구체적으로 기입: _____)
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_I73':

IF 'AD65D' = 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65D' = 2 (FEMALE AT BIRTH), DISPLAY "father"
IF 'AD65D' = -7/-8 (REFUSED/DON'T KNOW) AND **'QA23_A26'** Sex =1 DISPLAY "father" OR If **'QA23_A26'** =2 DISPLAY "mother"
ELSE IF DISPLAY "other parent"

'QA23_I73'   Does (TEEN)'s {mother/father} now live in the U.S.?

는 현재 미국에 살고 계십니까?

AI57

- Yes 1
- No... 2
- Mother/Father/Other parent} deceased 3
- *가   사망함*
- {Mother/Father/Other parent} never
  lived in U.S. 4
- *가 미국에 거주한 적이 없음*
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_I74':
IF 'AD65D' = 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65D' = 2 (FEMALE AT BIRTH), DISPLAY "father";
IF 'AD65D' = -7/-8 (REFUSED/DON'T KNOW) AND **'QA23_A26'** Sex =1 DISPLAY "father" OR If **'QA23_A26'** =2 DISPLAY "mother"
ELSE IF DISPLAY "other parent"
IF **'QA23_I73'** = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

'QA23_I74'   {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

현재"의 ^는 미국 시민권자입니까?

AI58

- Yes 1
-
  No... 2
-
  Application pending.................................... 3
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_I75':
IF **'QA23_I74'** = 1 SKIP TO **'PN_QA23_I76'** IF **'QA23_A5'** = 1 (MALE AT BIRTH), DISPLAY "mother"; IF 'AD65E = 2 (FEMALE AT BIRTH), DISPLAY "father"; IF **'QA23_A5'** = -7/-8 (REFUSED/DON'T KNOW)

AND **'QA23_A26'** Sex =2 DISPLAY "father" OR If **'QA23_A26'** =21DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was"; ELSE DISPLAY "Is"

'QA23_I75'   {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card? People usually call this a "Green Card" but the color can also be pink, blue, or white.

사람들은 이것을 보통 '그린(초록색) 카드'라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다.

AI59

   ❍   Yes 1
   ❍   No...2
   ❍   Application pending.....................................3
   ❍   REFUSED .... -7
   ❍   DON'T KNOW .... -8

'QA23_I76'   About how many years has (TEEN)'s {mother/father} lived in the United States?

는 미국에 거주하신 지 몇 년이나 되셨습니까?

AI60

          _____ NUMBER OF YEARS
          _____ YEAR FIRST COME AND LIVE IN U.S.

   ❍   NUMBER OF YEARS 1
   ❍   YEAR FIRST CAME TO LIVE IN US 2
   ❍   MOTHER/FATHER DECEASED 3
   ❍   MOTHER/FATHER NEVER LIVED IN US ..4
   ❍   REFUSED .... -7
   ❍   DON'T KNOW .... -8

Section J: Health Care Utilization and Access

Visits to Medical Doctor

PROGRAMMING NOTE 'QA23_J1':
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";

'QA23_J1'   Now, I'd like to ask about the health care you receive. During the past 12 months, how many times have you seen a medical doctor?

이제는 받고 계시는 의료 서비스에 대해 여쭤보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 방문하셨습니까?

AH5

_____ TIMES [HR: 0-365]   **[IF 'QA23_J1' > 0 GOTO 'PN_QA23_J3']**

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

PROGRAMMING NOTE 'QA23_J2':
IF **'QA23_J1'** = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH **'QA23_J2'**;
ELSE GO TO **'PN_QA23_J3'**

'QA23_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   **[GO TO 'QA23_J4']**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_J3'   About how long has it been since you last saw a doctor or medical provider for a routine check-up?

[IF NEEDED, SAY: A ROUTINE CHECK-UP IS A VISIT NOT FOR AN ILLNESS OR PROBLEM. THIS VISIT MAY INCLUDE QUESTIONS ABOUT HEALTH BEHAVIORS SUCH AS SMOKING.]

AJ114

귀하가 일상적인 검진을 받기 위해 의사나 외료 제공자를 마지막으로 방문한 지가 대략 얼마나 되었습니까?

[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

'QA23_J4'   In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

지난 6개월 동안 귀하에게 필요한 진료, 검사 또는 치료를 받는 것이 얼마나 자주 쉬웠습니까?

AJ218

❍   Never..1
전혀
❍   Sometimes 2
가끔
❍   Usually 3
대개
❍   Always...4
항상
❍   Not applicable 5
해당 없음
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J5':
IF HOUSEHOLD HAS A SELECTED TEEN, CONTINUE;
ELSE SKIP TO **'QA23_J6'**

'QA23_J5'   In the last 6 months, how often was it easy to get the care, tests, or treatment [teen's name] needed?

지난 6개월 동안 에게 필요한 진료, 검사 또는 치료를 받는 것이 얼마나 자주 쉬웠습니까?

AJ219

❍   Never..1
전혀
❍   Sometimes 2
가끔
❍   Usually 3
대개
❍   Always...4
항상
❍   Not applicable 5
해당 없음
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_J6'   During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

지난 12개월 동안 질병이나 부상, 장애 등을 이유로 결근하거나 일하지 않은 날은 며칠입니까?

AJ115

[IF NEEDED: "DO NOT INCLUDE FAMILY OR MATERNITY/PATERNITY LEAVE."]

_____ DAYS (0 - 365)

❍   DID NOT HAVE JOB IN PAST
      12 MONTHS...1
❍   REFUSED .... -7
❍   DON'T KNOW .... -8
❍   Other (specify)....................................... 996

Personal Doctor

PROGRAMMING NOTE 'QA23_J7':
IF **'QA23_H1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH
'QA23_J7';
ELSE GO TO **'PN_QA23_J8'**

'QA23_J7'   Do you have a personal doctor or medical provider who is your main provider?

[IF NEEDED, SAY: "THIS CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A
PHYSICIAN ASSISTANT, A NURSE, OR OTHER HEALTH PROVIDER."]

AJ77

귀하의 담당 의사 역할을 하는 주치의나 외료 제공자이 있습니까?

[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 'QA23_J8':
IF ARINSURE = 1 OR **'QA23_H1'** = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE
WITH **'QA23_J8'**
ELSE GO TO **'PN_QA23_J10'**
DISPLAY INSTRUCTIONS:
IF **'QA23_J7'** = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'QA23_J8'   In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical
provider within two days because you were sick or injured?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking
about appointments.]

AJ102

지난 12 개월 동안, 귀하가 아프거나 다쳐서 담당의사 또는 외료 제공자와이틀 안에 진료
예약을 잡으려고 시도했던 적이 있으셨습니까?

[IF NEEDED, SAY: 지난 12개월 동안, 아프거나 다쳐서 담당 의사 또는 의료 제공자와

이틀 이내에 진료 예약을 잡으려고 시도했던 적이 있으셨습니까]

❍   YES 1
❍   NO..2   **[GO TO
                                                                  'PN_QA23_J10']**

❍	REFUSED ....-7	**[GO TO 'PN_QA23_J10']**
❍	DON'T KNOW ....-8	**[GO TO 'PN_QA23_J10']**

'QA23_J9'   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
❍	Sometimes 2
	가끔
❍	Usually 3
	대개
❍	Always..4
	항상
❍	REFUSED ....-7
❍	DON'T KNOW ....-8

Care Coordination

PROGRAMMING NOTE 'QA23_J10':
IF **'QA23_H1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND **'QA23_J7'** = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(**'QA23_B3'** = 1 OR **'QA23_B4'** = 1 (HAS ASTHMA)) OR AB22' = 1 (HAS DIABETES) OR **'QA23_B22'** = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH **'QA23_J10'**;
ELSE GO TO **'QA23_J11'**

'QA23_J10'   Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

귀하가다니는병원이나클리닉에는다른의사에게진료나검사를받거나,같은의료서비스를받을수있도록도와주는사람이있습니까?

AJ80

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

Tele-Medical Care

'QA23_J11'   During the past 12 months, did your <u>usual medical provider</u> <u>offer</u> telephone or video appointments?

지난 12개월 동안 귀하가 주로 이용하는 의료 서비스 제공자가 전화 진료 또는 화상 진료를 제안한 적이 있습니까?

AJ220

❍	Yes 1	
	예	
❍	No...2	**[GO TO 'QA23_J14']**
	아니요	
❍	Don't know 3	**[GO TO 'QA23_J14']**
	모름	
❍	REFUSED ....-8	**[GO TO 'QA23_J14']**

❍   Don't know 3   **[GO TO 'QA23_J14']**

'QA23_J12'   What options did your medical provider offer?

AJ221   의료 서비스 제공자가 어떤 옵션을 제공했습니까?

(SELECT ALL THAT APPLY)

❑   In-person appointments 1
대면 진료
❑   Telephone appointments 2
전화 진료
❑   Video appointments 3
화상 진료
❍   REFUSED .... -7   **[GO TO 'QA23_J14']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_J14']**

'QA23_J13'   How satisfied are you with the availability of telephone or video health care from your providers?

의료 서비스 제공자가 제공하는 전화 또는 화상 원격진료를 이용할 수 있는 가능성에 대한 만족도는 어느 정도입니까?

AJ222
❍   Very satisfied...1
매우 만족
❍   Somewhat satisfied.....................................2
다소 만족
❍   Neither satisfied nor dissatisfied 3
만족하지도 불만족하지도 않음
❍   Somewhat dissatisfied 4
다소 불만족
❍   Very dissatisfied..5
매우 불만족
❍   REFUSED .... -7   **[GO TO 'QA23_J14']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_J14']**

'QA23_J14'   During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

지난 12 개월 동안, 귀하께서는 병원에 방문하는 대신 비디오를 통한 화상 대화나 전화 통화를 통해 의사나 외료 제공자의 진료를 받으신 적이 있으십니까?

AJ202
❍   Yes 1
예
❍   No...2   **[GO TO 'QA23_J28']**
❍   아니요
❍   REFUSED .... -8   **[GO TO 'QA23_J28']**
❍   DON'T KNOW 3   **[GO TO 'QA23_J28']**

'QA23_J15'   What was this care for?

이 의료 서비스는 무엇을 위한 것이었습니까?

AJ203

❑   Primary Care 1   **[GO TO 'QA23_J18']**
❑   일차 진료
❑   Dental Care 2   **[GO TO 'QA23_J18']**
❑   치과

❑   Mental Health 3   **[GO TO 'QA23_J18']**
❑   정신 건강
❑   Family Planning 4
❑   가족 계획
❑   Other speciality care 5   **[GO TO 'QA23_J18']**
❑   기타 전문 의료 서비스
❑   Other: _____ 91   **[GO TO 'QA23_J18']**
❑   기타:_____
○   REFUSED .... -7   **[GO TO 'QA23_J18']**
○   DON'T KNOW .... -8   **[GO TO 'QA23_J18']**

'QA23_J16'   Where did you receive your family planning service?

어디에서 가족 계획 서비스를 받으셨습니까?

AJ223

❑   Private Doctor's Office 1
         개인 병원
❑   HMO Facility (Kaiser, Anthem Blue Cross,
         Health Net, United Healthcare, etc.) 2
         HMO 시설(Kaiser, Anthem Blue Cross,
         Health Net, United Healthcare 등)
❑   Hospital or Hospital Clinic 3
         병원 또는 병원 진료소
❑   Planned Parenthood 4
         가족 계획 연맹(Planned Parenthood)
❑   County Health Department 5
         카운티 보건부
❑   Family Planning Clinic.................................6
         가족 계획 클리닉
❑   Community Clinic 7
         커뮤니티 클리닉
❑   School or School-Based Clinic.....................8
         학교 진료소 또는 학교 기반 진료소
❑   Tribal Health Clinic......................................9
         부족 건강 진료소/도시 인디언 건강 프로그램/진료
         Urban Indian Health Program/Clinic
❑   Pharmacy 10
         약국
❑   Some other place (Specify: _____) 11
         다른 장소(직접 기재해주세요: _____)
○   REFUSED .... -7
○   DON'T KNOW .... -8

'QA23_J17'   Was the appointment via telephone or video?

진료가 전화 또는 온라인을 통해 이루어졌습니까?

AJ224

     Yes, a telephone visit...1
        예, 전화를 통한 원격진료
❍   Yes, a video visit 2
        예, 화상을 통한 원격진료
❍   Both...3
        둘 다
❍   No..4
        아니요
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_J18'   Think about your telephone or video health care experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?

지난 12개월 동안의 전화 또는 화상 의료 서비스 경험에 대해 질문을 드리겠습니다. 의료 서비스 제공자가 귀하의 건강 문제를 해결하는 서비스에 얼마나 만족하십니까?

AJ225

❍   Very satisfied...1
❍   매우 만족
❍   Satisfied 2
❍   만족
❍   Slightly satisfied 3
❍   약간 만족
❍   Not satisfied at all.......................................4
❍   불만족
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_J19'   Think about your most recent telephone or video health care experience. Would you have preferred an in-person visit?

가장 최근의 전화 또는 화상 의료 서비스 경험에 대해 질문을 드리겠습니다. 대면 진료를 더 선호하십니까?

AJ226

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

PROGRAMMING NOTE 'QA23_J20':
IF **'QA23_J15'** = 2, CONTINUE;
ELSE GOTO **'PN_QA23_J21'**

'QA23_J20'   Think about your most recent video visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was….

치과 서비스 제공자와 가졌던 가장 최근의 화상 진료에 대해 질문을 드리겠습니다. 대면
진료와 비교하여 이 경험을 어떻게 평가하십니까? 화상 진료가...

AJ227

- Much worse...1
  훨씬 나쁨
- Somewhat worse 2
  다소 나쁨
- About the Same 3
  거의 같음
- Somewhat better..4
  다소 좋음
- Much better 5
  훨씬 좋음
- I did not have a video visit..........................6
- 비디오 상담을 하지 않았음
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J21':
IF **'QA23_J15'** = 3, CONTINUE;
ELSE GOTO **'PN_QA23_J22'**

'QA23_J21'   Think about your most recent video visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was….

정신 건강 의료 서비스 제공자와 가졌던 가장 최근의 화상 진료에 대해 질문을
드리겠습니다. 대면 진료와 비교하여 이 경험을 어떻게 평가하시겠습니까? 화상 진료가...

AJ228

- Much worse...1
  훨씬 나쁨
- Somewhat worse 2
  다소 나쁨
- About the Same 3
  거의 같음
- Somewhat better..4
  다소 좋음
- Much better 5
  훨씬 좋음
- I did not have a video visit..........................6
- 비디오 상담을 하지 않았음
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J22':
IF **'QA23_J15'** = 1, CONTINUE;
ELSE GOTO **'PN_QA23_J23'**

'QA23_J22'   Think about your most recent video visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was….

일차 진료 제공자와 가졌던 가장 최근의 화상 진료에 대해 질문을 드리겠습니다. 대면 진료와 비교하여 이 경험을 어떻게 평가하시겠습니까? 화상 진료가...

AJ229

- ○   Much worse..1
  훨씬 나쁨
- ○   Somewhat worse 2
  다소 나쁨
- ○   About the Same 3
  거의 같음
- ○   Somewhat better...4
  다소 좋음
- ○   Much better 5
  훨씬 좋음
- ○   I did not have a video visit..........................6
- ○   비디오 상담을 하지 않았음
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J23':
IF **'QA23_J15'** = 2, CONTINUE;
ELSE GOTO **'PN_QA23_J24'**

'QA23_J23'   Think about your most recent telephone visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was….

치과 서비스 제공자와 가졌던 가장 최근의 전화 진료에 대해 질문을 드리겠습니다. 대면 진료와 비교하여 이 경험을 어떻게 평가하시겠습니까? 화상 진료가...

AJ230

- ○   Much worse..1
  훨씬 나쁨
- ○   Somewhat worse 2
  다소 나쁨
- ○   About the Same 3
  거의 같음
- ○   Somewhat better...4
  다소 좋음
- ○   Much better 5
  훨씬 좋음
- ○   I did not have a telephone visit 6
- ○   나는 전화를 통한 원격진료를 받지 않았습니다
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

> **PROGRAMMING NOTE 'QA23_J24':**
> IF **'QA23_J15'** = 3, CONTINUE;
> ELSE GOTO **'PN_QA23_J25'**

'QA23_J24'   Think about your most recent telephone visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was….

정신 건강 의료 서비스 제공자와 가졌던 가장 최근의 전화 진료에 대해 질문을

드리겠습니다. 대면 진료와 비교하여 이 경험을 어떻게 평가하시겠습니까? 화상 진료가...

AJ231

- ❍   Much worse...1
        훨씬 나쁨
- ❍   Somewhat worse 2
        다소 나쁨
- ❍   About the Same 3
        거의 같음
- ❍   Somewhat better..4
        다소 좋음
- ❍   Much better 5
        훨씬 좋음
- ❍   I did not have a telephone visit 6
- ❍   나는 전화를 통한 원격진료를 받지 않았습니다
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

> **PROGRAMMING NOTE 'QA23_J25':**
> IF **'QA23_J15'** = 1, CONTINUE;
> ELSE GOTO **'QA23_J26'**

'QA23_J25'   Think about your most recent telephone visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was….

일차 진료 제공자와 가졌던 가장 최근의 전화 진료에 대해 질문을 드리겠습니다. 대면

진료와 비교하여 이 경험을 어떻게 평가하시겠습니까? 화상 진료가...

AJ232

- ❍   Much worse...1
        훨씬 나쁨
- ❍   Somewhat worse 2
        다소 나쁨
- ❍   About the Same 3
        거의 같음
- ❍   Somewhat better..4
        다소 좋음
- ❍   Much better 5
        훨씬 좋음

- ❍   I did not have a telephone visit 6
- ❍   나는 전화를 통한 원격진료를 받지 않았습니다
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_J26'   Did you have any problems with a telephone or video appointment?

전화 진료나 화상 진료 예약에 문제가 있었습니까?

AJ233

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

PROGRAMMING NOTE 'QA23_J27':
IF **'QA23_J26'** = 1 THEN CONTINUE;
ELSE GO TO **'PN_QA23_J28'**

'QA23_J27'   What problems did you experience?

어떤 문제를 겪었습니까?

AJ234

- ❑   Bad internet/network connection 1
        인터넷/네트워크 연결 불량
- ❑   Couldn't download the telehealth app..........2
        원격 의료 앱을 다운로드할 수 없었음
- ❑   Audio/Video was not working.......................3
        오디오/비디오가 작동하지 않았음
- ❑   No privacy during the
        telehealth appointment.................................4
        원격 진료 동안 프라이버시가 보장되지 않았음
- ❑   The doctor/nurse did not speak
        my language/understand my language........5
        의사/간호사가 내 모국어를 하지 못하거나

        이해하지 못했음
- ❑   Other:_____ 91
        기타:_____
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Communication Problems with a Doctor

PROGRAMMING NOTE 'QA23_J28':
IF **'QA23_A22'** >= 2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH **'QA23_J28'**;
ELSE GO TO **'PN_QA23_J33'**

'QA23_J28'   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?

AJ8B

❍	Yes...1	**[GO TO 'QA23_J30']**
	예	
❍	No..2	
	아니요	
❍	REFUSED ....-7	**[GO TO 'PN_QA23_J33']**
❍	DON'T KNOW ....-8	**[GO TO 'PN_QA23_J33']**

PROGRAMMING NOTE 'QA23_J29':
IF **'QA23_J28'** = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR **'QA23_A21'** > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH **'QA23_J29'**;
ELSE GO TO **'PN_QA23_J33'**
SET **'QA23_J29'** ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME **'QA23_J29'** WAS ASKED;

'QA23_J29'   In what language did the doctor speak to you?

그 의사는 귀하와 어떤 언어로 대화합니까?

AJ50

❍	ENGLISH 1	**[GO TO 'QA23_J31']**
❍	SPANISH 2	**[GO TO 'PN_QA23_J33']**
❍	CANTONESE..3	**[GO TO 'PN_QA23_J33']**
❍	VIETNAMESE 4	**[GO TO 'PN_QA23_J33']**
❍	TAGALOG...5	**[GO TO 'PN_QA23_J33']**
❍	MANDARIN 6	**[GO TO 'PN_QA23_J33']**
❍	KOREAN 7	**[GO TO 'PN_QA23_J33']**
❍	ASIAN INDIAN LANGUAGES......................8	**[GO TO 'PN_QA23_J33']**
❍	RUSSIAN 9	**[GO TO 'PN_QA23_J33']**
❍	OTHER (SPECIFY:_____).........................91	**[GO TO 'PN_QA23_J33']**
❍	REFUSED ....-7	**[GO TO 'PN_QA23_J33']**
❍	DON'T KNOW ....-8	**[GO TO 'PN_QA23_J33']**

'QA23_J30'   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

'QA23_J31'   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_QA23_J33']**
      ❍   REFUSED .... -7   **[GO TO 'PN_QA23_J33']**
      ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_J33']**

'QA23_J32'   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 'QA23_J33':
IF **'QA23_A22'** = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH **'QA23_J33'**;
ELSE GO TO **'QA23_J34'**

'QA23_J33'   In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

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

Delays in Care

'QA23_J34'   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 'PN_QA23_J39']**
- ❍ REFUSED .... -7   **[GO TO 'PN_QA23_J39']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_QA23_J39']**

'QA23_J35'   Did you get the medicine that a doctor prescribed for you eventually?

의사가 처방한 약을 결국 받으셨습니까?

AJ251

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

'QA23_J36'   During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

지난 12개월 동안 의사가 처방한 약을 늦게 받았거나 받지 못한 이유는 무엇입니까?

AJ252

[CHECK ALL THAT APPLY]

- ❑ Medication not in stock 1
  약 재고가 없었음
- ❑ Insurance approval issue 2
  보험 승인 문제
- ❑ Delays in communication with provider
  or pharmacy 3
  제공자 또는 약국과의 커뮤니케이션 지연
- ❑ Concerns with side effects or interactions
  with other medications 4
  다른 약물과의 부작용 또는 상호 작용에 대한 걱정
- ❑ Didn't want or thought
  I didn't need prescription..............................5
  처방전을 원하지 않았거나 필요하지 않다고 생각했음
- ❑ Too hard to track all my medications 6
  처방 내역을 추적하기 어려웠음
- ❑ I forgot or lost prescription 7
  처방전을 잊어버리거나 분실함
- ❑ I didn't have time..8
  시간이 없었음
- ❑ I have no insurance....................................9
  보험이 없음
- ❑ Too expensive.. 10
  너무 비쌈

❑ Other (Specify: _____)................ 91
기타(직접 기재해주세요: _____)
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J37':
IF MORE THAN ONE RESPONSE FROM **'QA23_J36'**, THEN CONTINUE WITH **'QA23_J37'** WITH SELECTED CHOICES FROM **'QA23_J36'** DISPLAYED;
ELSE SKIP TO NEXT TOPIC

'QA23_J37'   What was the <u>one</u> main reason why you delayed the medicine that a doctor prescribed for you?
의사가 처방한 약을 미루게 된 주된 이유 한 가지는 무엇이었습니까?

AJ253

❍ Medication not in stock 1
약 재고가 없었음
❍ Insurance approval issue 2
보험 승인 문제
❍ Delays in communication with provider
or pharmacy 3
제공자 또는 약국과의 커뮤니케이션 지연
❍ Concerns with side effects or interactions
with other medications 4
다른 약물과의 부작용 또는 상호 작용에 대한 걱정
❍ Didn't want or thought
I didn't need prescription 5
처방전을 원하지 않았거나 필요하지 않다고 생각했음
❍ Too hard to track all my medications 6
처방 내역을 추적하기 어려웠음
❍ I forgot or lost prescription 7
처방전을 잊어버리거나 분실함
❍ I didn't have time..8
시간이 없었음
❍ I have no insurance......................................9
보험이 없음
❍ Too expensive... 10
너무 비쌈
❍ Other (Specify: _____)............... 91
기타(직접 기재해주세요: _____)
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J38':
IF ARINSURE = 1, THEN CONTINUE WITH **'QA23_J38'**;
ELSE GO TO **'QA23_J39'**

'QA23_J38'   Did you delay or not get a medicine while you had your current insurance plan?

현재 건강보험 플랜에 가입한 후로 미루거나 받지 않은 의료 혜택이 있었습니까?

AJ176

❍ YES..1
❍ NO...2
❍ REFUSED .... -7

❍   DON'T KNOW .... -8

'QA23_J39'   During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

지난 12개월 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 'QA23_J44']**
❍   REFUSED .... -7   **[GO TO 'QA23_J44']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_J44']**

'QA23_J40'   Did you get the care eventually?

귀하는 결국 진료를 받았습니까?

AJ129

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

'QA23_J41'   During the past 12 months, why did you delay or did not get the care you felt you needed?

AJ254

[SELECT ALL THAT APPLY]

❑   Couldn't get appointment 1
          예약을 할 수 없었음
❑   My insurance was not accepted...................2
          내 보험을 받지 않았음
❑   My insurance did not cover 3
          내 보험이 보장하지 않았음
❑   Language understanding problems 4
          언어 이해 문제
❑   Transportation problems 5
          교통편 문제
❑   Hours were not convenient 6
          시간대가 편리하지 않았음
❑   There was no child care for children at home7
          집에 아이를 돌봐줄 수 있는 사람이 없었음
❑   I forgot or lost referral.................................8
          의뢰서를 앚어버리거나 분실함
❑   I didn't have time to go 9
          갈 시간이 없었음
❑   Too expensive... 10
          너무 비쌈
❑   I have no insurance................................. 11
          보험이 없음
❑   Other (Specify: _____)............... 91
          기타(직접 기재: _____)
❍   REFUSED .... -7
❍   DON'T KNOW.. -8

PROGRAMMING NOTE 'QA23_J42':
IF MORE THAN ONE RESPONSE FROM 'QA23_J41' WITH SELECTED CHOICES FROM 'QA23_J41'
DISPLAYED, THEN CONTINUE WITH 'QA23_J42';
ELSE SKIP TO NEXT TOPIC

'QA23_J42'   What was the <u>one</u> main reason why you delayed getting the care you felt you needed?

귀하가 필요하다고 느낀 진료받기를 연기한 한 가지 주된 이유는 무엇이었습니까?

AJ131B

- ❍ Couldn't get appointment 1
  예약을 할 수 없었음
- ❍ My insurance was not accepted..................2
  내 보험을 받지 않았음
- ❍ My insurance did not cover 3
  내 보험이 보장하지 않았음
- ❍ Language understanding problems 4
  언어 이해 문제
- ❍ Transportation problems 5
  교통편 문제
- ❍ Hours were not convenient 6
  시간대가 편리하지 않았음
- ❍ There was no child care for
  children at home 7
  집에 아이를 돌봐줄 수 있는 사람이 없었음
- ❍ I forgot or lost referral..................................8
  의뢰서를 앚어버리거나 분실함
- ❍ I didn't have time to go 9
  갈 시간이 없었음
- ❍ Too expensive.. 10
  너무 비쌈
- ❍ I have no insurance.................................. 11
  보험이 없음
- ❍ Other (Specify: _____)............... 91
  기타(직접 기재: _____)
- ❍ REFUSED .... -7
- ❍ DON'T KNOW.. -8

PROGRAMMING NOTE 'QA23_J43':
IF ARINSURE = 1, THEN CONTINUE WITH 'QA23_J43';
ELSE GO TO 'QA23_J44'

'QA23_J43'   Did you delay or not get other medical care you felt you needed while you had your
current insurance plan?

현재 건강보험 플랜에 가입한 후로 필요하다고 생각되지만 미루거나 받지 않은 다른 의료
혜택이 있었습니까?

AJ177

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

'QA23_J44'   Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

AJ136

전문의란 외과의사, 심장과의사, 알러지의사, 피부과의사 같은 의사들, 그리고 의료 서비스의 한 분야를 전문적으로 진료하는 의사들을 말합니다.

지난 12 개월 동안, 귀하 또는 주치의가 귀하가 전문의의 진료를 받을 필요가 있다고 생각한 적이 있습니까?

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

PROGRAMMING NOTE 'QA23_J45':
IF **'QA23_J44'** = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH **'QA23_J45'**;
ELSE GO TO **'QA23_J48'**

'QA23_J45'   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

'QA23_J46'   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 'QA23_J47':
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH **'QA23_J47'**;
ELSE SKIP TO **'QA23_J48'**

'QA23_J47'   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

'QA23_J48'   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

'QA23_J49'   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 'QA23_J50':
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH **'QA23_J50'**;
ELSE SKIP TO **'QA23_J51'**

'QA23_J50'   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

Pregnancy Status

PROGRAMMING NOTE 'QA23_J51':
IF **'QA23_A5'** = 1 (MALE AT BIRTH), THEN GO TO **'PN_QA23_J61'**;
IF AGE > 45, THEN GO TO **'PN_QA23_J68'**;

DISPLAY INSTRUCTIONS:
IF [**'QA23_A5'** = 2 (FEMALE AT BIRTH) AND **'QA23_A6'**= 1 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health.";
IF [**'QA23_A5'** = 2 (FEMALE AT BIRTH) AND **'QA23_A6'**= 1, 3, 5, OR -7, -8 (MALE, TRANSGENDER, NON-BINARY, REFUSED OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them."

'QA23_J51'   These next questions may be relevant to you because you were assigned female at birth.

To your knowledge, are you <u>now</u> pregnant?

AD13

귀하께서 출생 당시는 여성이셨기 때문에 이 질문들은 귀하에게 해당될 수도 있습니다.}

본인이 아시기로, 현재 임신 중이십니까?

❍   YES 1   **[GO TO 'QA23_J53']**
❍   NO..2
❍   NOT APPLICABLE 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Family Planning

> **PROGRAMMING NOTE 'QA23_J52':**
> IF AGE IS BETWEEN 18 AND 44 YEARS AND **'QA23_A5'** = 2 (FEMALE AT BIRTH) WITH **'QA23_D10'**
> = 1 (MALE SEXUAL PARTNER) THEN CONTINUE
> IF AGE > 44 YEARS GO TO **'PN_QA23_J68'**;
> ELSE IF **'QA23_A5'** = 1 (MALE AT BIRTH) THEN GO TO **'PN_QA23_J61'**;
> ELSE CONTINUE WITH **'QA23_J52'**

'QA23_J52'   Which of the following statements best describes your pregnancy plans? Would you say…

귀하의 임신 계획을 가장 잘 설명한 문장은 다음 중 어느 것입니까? 다음 중에서 선택하십시오.

AJ169

- ❍ I do not plan to get pregnant within the next 12 months 1
- ❍ 향후 12개월 내에 임신할 계획이 없습니다
- ❍ I am not sexually active................................2
    성행위를 하지 않습니다
- ❍ I am planning to get pregnant within the next 12 months 3
- ❍ 향후 12개월 내에 임신할 계획입니다
- ❍ I am currently pregnant 4
    현재 임신 중입니다
- ❍ I am not able to get pregnant   5   **[GO TO 'PN_QA23_J61']**
    임신할 수 없음
- ❍ REFUSED .... -7   **[GO TO 'PN_QA23_J61']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_QA23_J61']**

'QA23_J53'   During the past 12 months, did you become pregnant with an unintended pregnancy?

지난 12개월 동안, 의도하지 않게 임신이 되셨습니까?

AJ235

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

'QA23_J54'   During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control? This includes an IUD or an implant (that thing in your arm).

지난 12개월 동안 의사, 의료 서비스 제공자 또는 가족 계획 상담사가 피임에 대해 귀하와 이야기한 적이 있습니까? 여기에는 IUD 또는 임플란트(팔의 이식장치)가 포함됩니다.

AJ236

- ❍ Yes...1
    예
- ❍ No...2
    아니요

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

PROGRAMMING NOTE 'QA23_J55':
IF **'QA23_J51'** = 1 (PREGNANT), GO TO **'PN_QA23_J68'**;

IF **'QA23_A5'** = 2 (FEMALE AT BIRTH) AND **'QA23_D10'** = 2, -3 (FEMALE SEXUAL PARTNER, SKIPPED), GO TO **'PN_QA23_J68'**;

IF **'QA23_J52'** = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT OR NOT ABLE TO GET PREGNANT) THEN GO TO **'QA23_J60'**;
ELSE CONTINUE WITH **'QA23_J55'**

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** = 1 OR **'QA23_D9'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your male partner use a birth control method to prevent pregnancy? This includes male or female sterilization."
IF **'QA23_D8'** > 1 OR -7, -8 AND **'QA23_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your male partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'QA23_J55'   During the past 12 months, did you or your male partner{s} use a birth control method to prevent pregnancy? This includes male or female sterilization.

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

AF40C

지난 12개월 동안 귀하의 남성 섹스 파트너가 임신을 피하기 위해 피임을 하고 있습니까? 여기에는 남성 또는 여성 피임 조치가 포함됩니다.

피임에는 난관을 묶거나 정관 수술을 하거나 아이를 가질 수 없도록 수술하는 것이 포함됩니다

❍	YES 1	
❍	NO 2	**[GO TO 'PN_QA23_J60']**
❍	NOT MALE PARTNER 3	**[GO TO 'PN_QA23_J61']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_J61']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_J61']**

PROGRAMMING NOTE 'QA23_J56':

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** =1 OR **'QA23_D9'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partner use?"
IF **'QA23_D8'** > 1 OR -7, -8 AND **'QA23_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partners use?";

'QA23_J56'   During the past 12 months, which MAIN birth control method did you or your male partner{s} use?

지난 12개월 동안 귀하 또는 귀하의 남성 파트너는 주로 어떤 피임법을 사용하고 있습니까?

AJ237

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

❍ TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED)................1
❍ VASECTOMY (MALE STERILIZATION) 2
❍ IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.) 3
❍ IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM)..4
❍ BIRTH CONTROL PILLS............................5   **[GO TO 'QA23_J58']**
❍ OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING) 6   **[GO TO 'QA23_J58']**
❍ CONDOMS (MALE OR FEMALE) 7   **[GO TO 'QA23_J58']**
❍ PHEXXI (BIRTH CONTROL GEL)...............8   **[GO TO 'QA23_J58']**
❍ OTHER (SPECIFY: _____) 91   **[GO TO 'QA23_J58']**
❍ REFUSED ....-7   **[GO TO 'PN_QA23_J61']**
❍ DON'T KNOW...-8   **[GO TO 'PN_QA23_J61']**

PROGRAMMING NOTE 'QA23_J57':

DISPLAY INSTRUCTIONS:
IF **'QA23_J56'** = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT', ELSE SKIP TO **'QA23_J58'**

'QA23_J57'   "Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?"

지난 12개월 동안 귀하 또는 귀하의 남성 파트너는 {난관 결찰술, 정관 수술, IUD 또는 임플란트}를 받았습니까?

AJ238

❍ Yes 1
❍ *예*
❍ No..2   **[GO TO 'PN_QA23_J61']**
❍ *아니요*
❍ REFUSED ....-7   **[GO TO 'PN_QA23_J61']**
❍ DON'T KNOW...-8   **[GO TO 'PN_QA23_J61']**

PROGRAMMING NOTE 'QA23_J58':

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** = 1 OR **'QA23_D9'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your male partner get your MAIN birth control method or prescription?"

IF **'QA23_D8'** > 1 OR -7, -8 AND **'QA23_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your male partner(s) get your <u>MAIN</u> birth control method or prescription?";

'QA23_J58'   During the past 12 months, where did you or your male partner{s} get your <u>MAIN</u> birth control method or prescription?

지난 12개월 동안 귀하 또는 귀하의 남성 파트너가 주로 사용하는 피임법이나 피임처방은 어디에서 받았습니까?

AJ239

○	PRIVATE DOCTOR'S OFFICE	1
○	HMO FACILITY (KAISER ANTHEM BLUE CROSS HEALTH NET, UNITED HEALTHCARE, ETC.)	2
○	HOSPITAL OR HOSPITAL CLINIC	3
○	PLANNED PARENTHOOD	4
○	COUNTY HEALTH DEPARTMENT	5
○	FAMILY PLANNING CLINIC	6
○	COMMUNITY CLINIC	7
○	SCHOOL OR SCHOOL-BASED CLINIC	8
○	NATIVE AMERICAN HEALTH CENTER/ CLINIC	9
○	PHARMACY	10
○	SOME OTHER PLACE (SPECIFY: __)	91
○	REFUSED	-7
○	DON'T KNOW	-8

'QA23_J59'   During the past 12 months, did you receive your main birth control method through a video or telephone visit?

지난 12개월 동안 주로 사용한 피임법이나 피임처방을 화상 진료 또는 전화 진료를 통해 받은 적이 있습니까?

AJ240

○	Yes, over a video visit	1
	예, 화상 상담을 통해	
○	Yes, over a telephone visit	2
	예, 전화 상담을 통해	
○	No	3
	아니요	
○	REFUSED	-7
○	DON'T KNOW	-8

PROGRAMMING NOTE AJ170B':
'QA23_J55'= 2 CONTINUE;
ELSE SKIP TO **'PN_QA23_J61'**

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'**= 1 OR **'QA23_D9'**= 2 (1 PARTNER) DISPLAY "What is the <u>main</u> reason you and your male partner did <u>not</u> use birth control in the past 12 months?"
IF **'QA23_D8'** >1 OR -8 AND **'QA23_D9'** = 3,4,5,6 OR > 1 DISPLAY "What is the <u>main</u> reason you and your male partners did <u>not</u> use birth control in the past 12 months?";

'QA23_J60'   What is the <u>main</u> reason you and your male partner{s} did <u>not</u> use birth control in the past 12 months?

지난 12개월 동안 귀하와 귀하의 남성 파트너가 피임을 하지 않은 주된 이유는 무엇입니까?

AJ170B

- ❍　TRYING TO GET PREGNANT/ WANT A BABY 1
- ❍　HAVEN'T FOUND A METHOD I LIKE 2
- ❍　COST 3
- ❍　HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL......................................4
- ❍　NO TRANSPORTATION 5
- ❍　DON'T KNOW WHERE TO GET IT............6
- ❍　DON'T BELIEVE IN BIRTH CONTROL.......7
- ❍　WORRIED ABOUT SIDE EFFECTS AND/ OR HEALTH RISKS...................................8
- ❍　PARTNER WON'T LET ME 9
- ❍　FORGET TO USE BIRTH CONTROL 10
- ❍　FEEL UNCOMFORTABLE ASKING FOR BIRTH CONTROL/TALKING ABOUT BIRTH CONTROL.................................... 11
- ❍　REFUSED .... -7　　**[GO TO 'PN_QA23_J61']**
- ❍　DON'T KNOW.. -8　　**[GO TO 'PN_QA23_J61']**

PROGRAMMING NOTE 'QA23_J61':
IF AGE IS BETWEEN 18 AND 54 YEARS AND **'QA23_A5'** = 1 (MALE AT BIRTH) WITH **'QA23_D10'** = 2 OR 3 (FEMALE SEXUAL PARTNER, BOTH MALE AND FEMALE) THEN CONTINUE;
IF AGE > 54 YEARS THEN GO TO **'PN_QA23_J68'**

'QA23_J61'　During the past 12 months, has a doctor, medical provider, or family planning counsellor talked to you about birth control such as male condoms or vasectomy?

지난 12개월 동안 의사, 의료 서비스 제공자 또는 가족 계획 상담사가 남성 콘돔 또는 정관수술과 같은 피임에 대해 귀하와 이야기한 적이 있습니까?

AJ241

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

PROGRAMMING NOTE 'QA23_J62':

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** = 1 OR **'QA23_D9'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your female partner use a birth control method to prevent pregnancy? This includes male or female sterilization."
IF **'QA23_D8'** > 1 OR -7, 8 AND **'QA23_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your female partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'QA23_J62'　During the past 12 months, did you or your female partner{s} use birth control method to prevent pregnancy? This includes male or female sterilization.

[IF NEEDED, SAY: STERILIZATION INCLUDES HAVING YOUR PARTNER'S TUBES TIED, GETTING A VASECTOMY, OR HAVING AN OPERATION SO YOU CANNOT HAVE CHILDREN.]

지난 12개월 동안 귀하 또는 귀하의 여성 파트너는 임신을 피하기 위해 피임법을 사용한 적이 있습니까?

[IF NEEDED, SAY: 여기에는 남성 또는 여성 피임 조치가 포함됩니다. 불임수술에는 파트너의 난관을 묶거나 정관 수술을 하거나 아이를 가질 수 없도록 수술하는 것이 포함됩니다.]

AJ242

❍	Yes 1	
❍	*예*	
❍	No...2	**[GO TO 'PN_QA23_J67']**
❍	*아니요*	
❍	No female partner 3	**[GO TO 'PN_QA23_J68']**
❍	*여성 성파트너가 없음*	
❍	REFUSED .... -7	**[GO TO 'PN_QA23_J68']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_J68']**

PROGRAMMING NOTE 'QA23_J63':

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** = 1 OR **'QA23_D9'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, which <u>MAIN</u> birth control method did you or your female partner use?"
IF **'QA23_D8'** > 1 OR -8 AND **'QA23_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which <u>MAIN</u> birth control method did you or your female partners use?";

'QA23_J63'   During the past 12 months, which <u>MAIN</u> birth control method did you or your female partner{s} use?

지난 12개월 동안 귀하 또는 귀하의 여성 파트너는 주로 어떤 피임법을 사용했습니까?

AJ243

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

❍	TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED)...............1	
❍	VASECTOMY (MALE STERILIZATION) 2	
❍	IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.) 3	
❍	IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM)......................................4	
❍	BIRTH CONTROL PILLS............................5	**[GO TO 'QA23_J65']**
❍	OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING) 6	**[GO TO 'QA23_J65']**

- ❍ CONDOMS (MALE OR FEMALE) ....7 **[GO TO 'QA23_J65']**
- ❍ PHEXXI (BIRTH CONTROL GEL)..............8 **[GO TO 'QA23_J65']**
- ❍ OTHER (SPECIFY: _____) ....91 **[GO TO 'QA23_J65']**
- ❍ REFUSED ....-7 **[GO TO 'PN_QA23_J68']**
- ❍ DON'T KNOW...-8 **[GO TO 'PN_QA23_J68']**

PROGRAMMING NOTE 'QA23_J64':

DISPLAY INSTRUCTIONS:
IF **'QA23_J63'** = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA23_J64'   Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

지난 12개월 동안 귀하 또는 귀하의 여성 파트너는 {난관 결찰, 정관 수술, IUD 또는 임플란트}를 받았습니까?

AJ244

- ❍ Yes 1
- ❍ 예
- ❍ No..2 **[GO TO 'PN_QA23_J68']**
- ❍ 아니요
- ❍ REFUSED ....-7 **[GO TO 'PN_QA23_J68']**
- ❍ DON'T KNOW...-8 **[GO TO 'PN_QA23_J68']**

PROGRAMMING NOTE 'QA23_J65':

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** = 1 OR **'QA23_D9'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your <u>MAIN</u> birth control method or prescription?"
IF **'QA23_D8'** > 1 OR -8 AND **'QA23_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your <u>MAIN</u> birth control method or prescription?";

'QA23_J65'   During the past 12 months, where did you or your female partner{s} get your <u>MAIN</u> birth control method or prescription?

지난 12개월 동안 귀하 또는 귀하의 여성 파트너가 주로 사용한 피임법이나 피임처방은 어디에서 받았습니까?

AJ245

- ❍ PRIVATE DOCTOR'S OFFICE....................1
- ❍ HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.)...................2
- ❍ HOSPITAL OR HOSPITAL CLINIC 3
- ❍ PLANNED PARENTHOOD........................4
- ❍ COUNTY HEALTH DEPARTMENT............5

- FAMILY PLANNING CLINIC 6
- COMMUNITY CLINIC 7
- SCHOOL OR SCHOOL-BASED CLINIC 8
- NATIVE AMERICAN HEALTH CENTER/
  CLINIC 9
- PHARMACY... 10
- SOME OTHER PLACE (SPECIFY: __) 91
- REFUSED .... -7
- DON'T KNOW .... -8

'QA23_J66'   During the past 12 months, did you receive your main birth control method through a video or telephone visit?

지난 12개월 동안 화상 상담 또는 전화 상담을 통해 주로 사용하는 피임법이나 피임

처방을 받은 적이 있습니까?

AJ246

- Yes, over a video visit 1
  예, 화상 상담을 통해
- Yes, over a telephone visit 2
  예, 전화 상담을 통해
- No...3
  아니요
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J67':
'QA23_J62' = 2, then CONTINUE;
ELSE SKIP TO **'PN_QA23_J68'**

DISPLAY INSTRUCTIONS:
IF **'QA23_D8'** = 1 OR **'QA23_D9'** = 2 (1 PARTNER) DISPLAY "What is the <u>MAIN</u> reason you and your male partner did <u>not</u> use birth control in the past 12 months?"
IF **'QA23_D8'** > 1 OR -7, -8 AND **'QA23_D9'** = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "What is the <u>MAIN</u> reason you and your female partners did <u>not</u> use birth control in the past 12 months?";

'QA23_J67'   What is the <u>main</u> reason you and your female partner{s} did <u>not</u> use birth control in the past 12 months?

지난 12개월 동안 귀하와 귀하의 여성 파트너가 피임을 하지 않은 주된 이유는

무엇입니까?

AJ175B

- TRYING TO GET PREGNANT/
  WANT A BABY 1
- HAVEN'T FOUND A METHOD I LIKE 2
- COST 3
- HAVEN'T HAD TIME TO GO IN
  FOR BIRTH CONTROL 4
- NO TRANSPORTATION 5
- DON'T KNOW WHERE TO GET IT.............6
- DON'T BELIEVE IN BIRTH CONTROL 7
- WORRIED ABOUT SIDE EFFECTS AND/
  OR HEALTH RISKS....................................8

❍   PARTNER WON'T LET ME 9
❍   FORGET TO USE BIRTH CONTROL 10
❍   FEEL UNCOMFORTABLE ASKING FOR/
      TALKING ABOUT BIRTH CONTROL....... 11
❍   OTHER (SPECIFY: _____) 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Mammogram

> **PROGRAMMING NOTE 'QA23_J68':**
> IF R LIVES IN SANTA CLARA COUNTY AND ('**QA23_A5**'= 2 AND 'AAGE'= 50-74) CONTINUE WITH
> '**QA23_J68**';
> ELSE SKIP TO '**PN_QA23_J70**';

'QA23_J68'   During the past 2 years, have you had a mammogram?

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

AJ206

❍   Yes 1   **[GO TO**
❍   예

                                                           'PN_QA23_J70']

❍   No...2
❍   REFUSED .... -7   **[GO TO**
                                                           'PN_QA23_J70']
❍   DON'T KNOW .... -8   **[GO TO**
                                                           'PN_QA23_J70']

'QA23_J69'   What is the <u>one</u> most important reason why you have not had a mammogram in the past 2 years?

지난 2년 동안 유방 조영술을 받지 않은 주된 이유 <u>한 가지</u>는 무엇입니까?

AJ207

❍   No reason/never thought about it 1
      이유 없음/생각해 본 적 없음
❍   Didn't know i needed this type of test 2
      이 유형의 검사가 필요한지 몰랐음
❍   Doctor didn't tell me I needed it 3
      의사가 필요하다고 말하지 않았음
❍   Haven't had any problems 4
      아무 문제가 없었음
❍   Put it off/laziness..5
      미루었음/게으름
❍   Too expensive/no insurance 6
      너무 비쌈/무보험
❍   Too painful, unpleasant, embarrassing........7
      너무 고통스럽고, 불쾌하고, 창피함
❍   Too young 8
      너무 젊음
❍   Don't have a doctor 9
      의사가 없음
❍   Transportation problem............................. 10
      교통편이 없음
❍   Competing priorities

(work, childcare, caregiving) 11
더 중요한 일이 많음(직장 일, 육아,
가족 돌보기)
- ❍   REFUSED ....   -7
- ❍   DON'T KNOW .... -8

Dental Health

'QA23_J70'   About how long has it been since <u>you visited</u> a dentist or dental clinic? Include hygienists and all types of dental specialists.

귀하가 마지막으로 치과 의사나 치과 클리닉을 방문한 지 대략 얼마나 되었습니까? 치 위생사와 모든 종류의 치과 진료 전문가들을 포함시키십시오.

| AG1 |

- ❍   Have never visited 0   **[GO TO 'QA23_J74']**
    를 방문한 적이 없음
- ❍   6 months ago or less....................................1
    6개월 전 또는 6개월 이내
- ❍   More than 6 months, and up to 1 year.........2
    6개월 - 1년 전
- ❍   More than 1 year, and up to 2 years ago.....3
    1년 - 2년 전
    - ❍ More than 2 years, and up to 5 years ago   4
    2년 - 5년 전
- ❍   More than 5 years ago 5
    5년이 더 넘음
- ❍   REFUSED .... -7   **[GO TO 'QA23_J74']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA23_J74']**

PROGRAMMING NOTE 'QA23_J71':
IF **'QA23_J70'** = 1-5, THEN CONTINUE;
ELSE GO TO **'QA23_J74'**

'QA23_J71'   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

> **PROGRAMMING NOTE 'AJ247'**: IF 'AG1'= 1, 2 THEN CONTINUE
>   ELSE GO TO 'AG3'

'QA23_J72'   How many times have you received a dental service within the last 12 months?

지난 12개월 동안 치과 서비스를 몇 번이나 받으셨습니까?

AJ247

❍	None...1	**[GO TO 'QA23_J74']**
	없음	
❍	Once...2	
	1회	
❍	Twice 3	
	2회	
❍	Three Times 4	
	3회	
❍	Four Times 5	
	4회	
❍	Five Times or More 6	
	5회 이상	
❍	REFUSED ....-7	
❍	DON'T KNOW ....-8	**[GO TO 'QA23_J74']**

'QA23_J73'   Where did you receive the dental service?

치과 서비스는 어디에서 받았습니까?

AJ248B

❑	Free health/dental event 1
	무료 건강/치과 행사
❑	Dentist office 2
	치과
❑	Hospital 3
	병원
❑	Other 4
	위 항목 중 하나 이상
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA23_J74'   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

'QA23_J75'   Where did you receive educational information about oral health or preventive dental care?

치아 건강 또는 예방적 치과 치료에 대한 교육 정보는 어디에서 받으셨습니까?

AJ249B

❍	Have not received any educational information 1	**[GO TO**	
	어떤 교육 정보도 받지 못함	**'PN_QA23_J77']**	
❑	From dental office 2	**[GO TO**	
	치과에서	**'PN_QA23_J77']**	
❑	From school of my child 3	**[GO TO**	
	자녀의 학교에서	**'PN_QA23_J77']**	
❑	From social media.......................................4	**[GO TO**	
	소셜 미디어에서	**'PN_QA23_J77']**	
❑	From family or friends 5	**[GO TO**	
	가족이나 친구로부터	**'PN_QA23_J77']**	
❑	From Smile, California™ website.................6	**[GO TO**	
	Smile, California 웹사이트에서	**'PN_QA23_J77']**	
❑	From other sources 7	**[GO TO**	
	기타 출처	**'PN_QA23_J77']**	
❑	From other online sources 8	**[GO TO**	
		'PN_QA23_J77']	

❑   기타 온라인 출처에서

❍   REFUSED .... -7   **[GO TO**
                                                                'PN_QA23_J77']

❍   DON'T KNOW .... -8   **[GO TO**
                                                                'PN_QA23_J77']

PROGRAMMING NOTE 'QA23_J76':
IF **'QA23_J70'**= 0, 3, 4, 5 DISPLAY "What is the main reason you have not visited a dentist in the last 12 months?"

'QA23_J76'   What is the main reason you have not visited a dentist in the last 12 months?

지난 12개월 동안 치과를 방문하지 않은 주된 이유는 무엇입니까

AJ250

❍	Not applicable 1
	해당 없음
❍	No reason to go/No problem.......................2
	갈 이유가 없음/문제 없
❍	Could not find a dentist 3
	치과를 찾을 수 없었음
❍	Could not afford/no insurance.....................4
	돈이 없었음/무보험
❍	Other(s)_____...5
	기타_____
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J77':
IF HOUSEHOLD HAS A SELECTED TEEN, THEN CONTINUE;
ELSE GOTO **'QA23_J83'**

'QA23_J77'   Do you now have any type of insurance that pays for part or all of (TEEN) dental care?
현재 (십대 자녀)의 치과 치료비의 일부 또는 전체를 지불해 주는 보험이 있습니까?

MA10

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

'QA23_J78'   This next question is about dental health.

다음 질문은 치아 건강에 관한 것입니다.

(십대 자녀의 이름)이(가) 치과를 방문한 지 얼마나 되었습니까? (치과 위생사 및 치과 의사 포함)

MTF14B

About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

❑   Have never visited 0   **[GO TO 'QA23_J82']**
❑   를 방문한 적이 없음
❑   6 months ago or less....................................1
❑   6개월 전 또는 6개월 이내
❑   More than 6 months, and up to 1 year 2
❑   6개월 - 1년 전
❑   More than 1 year, and up to 2 years ago 3   **[GO TO 'QA23_J82']**
❑   1년 - 2년 전
❑   More than 2 years, and up to 5 years ago ...4   **[GO TO 'QA23_J82']**
❑   2년 - 5년 전
❑   More than 5 years ago 5   **[GO TO 'QA23_J82']**
❑   5년이 더 넘음
❑   REFUSED .... -7   **[GO TO 'QA23_J82']**
❑   DON'T KNOW .... -8   **[GO TO 'QA23_J82']**

PROGRAMMING NOTE 'MTH64': IF 'MTF14B'= 1, 2 THEN CONTINUE
        ELSE GO TO 'MTH67'

'QA23_J79'   How many times has (teen's name) received a dental service within the last 12 months?

지난 12개월 동안 (십대 자녀의 이름)은(는) 치과 서비스를 몇 번이나 받았습니까?

MTH64

❑   None..1   **[GO TO 'QA23_J81']**
없음
❑   Once..2
1회
❑   Twice...3
2회
❑   Three Times 4
3회
❑   Four Times 5
4회

    ❍   Five Times or More 6
        5회 이상
    ❍   REFUSED .... -7   **[GO TO 'QA23_J81']**
    ❍   DON'T KNOW .... -8   **[GO TO 'QA23_J81']**

'QA23_J80'   Where did (teen's name) receive the dental service in the last 12 months?

십대 자녀의 이름)은(는) 어디에서 치과 서비스를 받았습니까?

MTH65B

    ❍   Free health/dental event 1
        무료 건강/치과 행사
    ❍   Dentist office 2
        치과
    ❍   Hospital 3
        병원
    ❍   Other 4
        위 항목 중 하나 이상
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'QA23_J81'   Where did (TEEN) receive educational information about oral health or preventive dental care in the last 12 months?

은(는) 치아 건강 또는 예방적 치과 치료에 대한 교육 정보를 어디에서 받았습니까?

MTH66B

    ❍   Have not received
        any educational information 1
        어떤 교육 정보도 받지 못함
    ❑   From dental office 2
        치과에서
    ❑   From school of my child 3
        자녀의 학교에서
    ❑   From social media......................................4
        소셜 미디어에서
    ❑   From family or friends 5
        가족이나 친구로부터
    ❑   From Smile, California™ website................6
        Smile, California 웹사이트에서
    ❑   Other sources...7
        다른 출처에서
    ❑   From other online sources 8
    ❑   기타 온라인 출처에서
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'QA23_J82'   What is the main reason (teen's name) has not visited a dentist in the last 12 months?

지난 12개월 동안 (십대 자녀의 이름)이(가) 치과를 방문하지 않은 주된 이유는 무엇입니까

MTH67

❍	Not applicable 1	
	해당 없음	
❍	No reason to go/No problem.......................2	
	갈 이유가 없음/문제 없	
❍	Could not find a dentist 3	
	치과를 찾을 수 없었음	
❍	Could not afford/no insurance.....................4	
	돈이 없었음/무보험	
❍	Other(s)_____ 91	
	기타_____	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

Discrimination in Healthcare Setting

'QA23_J83'   Thinking about when you are receiving medical care, was there ever a time
when you would have gotten better care if you had belonged to a different race or ethnic
group?

귀하가 다른 인종이나 민족이었다면 더 나은

치료를 받을 수도 있었을 것이라고 느끼신 적이 한 번이라도 있었습니까?

DMC8

❍	YES 1	
❍	NO..2	**[GO TO 'PN_QA23_J85']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_J85']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_J85']**

'QA23_J84'   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

Caregiving

'QA23_J85'   Some people provide short-term or long-term help to a family member or friend who has
a serious or chronic illness or disability. This may include help with things they cannot do
for themselves.

'QA23_J86'   During the past 12 months, did you provide any such help to a family member or friend?

어떤 분들은 중증 또는 만성 질병이나 장애를 가진 가족이나 친구를 도와줍니다. 여기에는 스스로 할 수 없는 일을 도와주는 것이 포함될 수 있습니다. 지난 12개월 동안 귀하는 가족이나 친구에게 그러한 도움을 준 적이 있습니까?

AJ87

[IF NEEDED, SAY: **"**This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing."]

[*IF NEEDED, SAY: 여기에는 목욕, 약 복용, 집안 일, 청구서 납부, 병원이나 식료품 매장까지 데려다주기, 의료 서비스 또는 지원 서비스 시간 약속 잡기, 안부 확인을 위한 연락 등이 포함될 수 있습니다.*]

- ○ YES 1
- ○ NO ....2 **[GO TO 'PN_QA23_K1']**
- ○ REFUSED .... -7 **[GO TO 'PN_QA23_K1']**
- ○ DON'T KNOW .... -8 **[GO TO 'PN_QA23_K1']**

'QA23_J87' Do you currently provide care for this person?

AJ101B

귀하는 현재 이 사람을 위해 간병을 하고 있습니까?

- ○ Yes 1
  예
- ○ No..2
  아니요
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_J88':

DISPLAY INSTRUCTIONS:
IF **'QA23_J87'** = 1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was"

'QA23_J88' {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

{이 사람은/귀하가 간병을 제공했을 때 이 사람은} 몇 살{입니까/이었습니까}? 최대한의 추정치로 답하셔도 됩니다.

AJ201

_____ Age [HR: 0-110]
_____ 세

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

'QA23_J89' What is this person's relationship to you?

이 사람과 귀하와 어떤 관계입니까?

AJ90

❍	HUSBAND	1
❍	WIFE	2
❍	SPOUSE/PARTNER	3
❍	FATHER/FATHER-IN-LAW	4
❍	MOTHER/MOTHER-IN-LAW	5
❍	BROTHER/BROTHER-IN-LAW	6
❍	SISTER/SISTER-IN-LAW	7
❍	GRANDFATHER	8
❍	GRANDMOTHER	9
❍	SON/SON-IN-LAW	10
❍	DAUGHTER/DAUGHTER-IN-LAW	11
❍	OTHER RELATIVE	12
❍	FRIEND/NEIGHBOR	13
❍	OTHER NON-RELATIVE	14
❍	REFUSED	-7
❍	DON'T KNOW	-8

PROGRAMMING NOTE 'QA23_J90':

DISPLAY INSTRUCTIONS:
IF **'QA23_J87'** = 1 THEN DISPLAY "do"; ELSE DISPLAY "did";
IF **'QA23_J89'** = -7, -8 THEN DISPLAY "family member/friend";
ELSE DISPLAY {**'QA23_J89'**}

'QA23_J90'   In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

보통 일주일에 몇 시간 정도를 귀하의 {AJ90/가족 구성원/친구}을(를) 돕는 데

보냅니까/보냈습니까?

AJ93

_____	Hours [HR: 0-125]	
❍	REFUSED	-7
❍	DON'T KNOW	-8

PROGRAMMING NOTE AJ191:
IF **'QA23_J87'** = 1 OR 2 CONTINUE WITH **'QA23_J91'**;
ELSE GO TO **'QA23_J92'**;

DISPLAY INSTRUCTIONS:
IF **'QA23_J87'** = 1 DISPLAY "Are you paid for any of the hours you help your **'QA23_J89'**? ";
IF **'QA23_J87'** = 2 DISPLAY "Were you paid for any of the hours you helped your **'QA23_J89'**?"

'QA23_J91'   {Are/Were} you paid for any of the hours you {help/helped} your **'QA23_J89'**?

[IF NEEDED, SAY: This could be payment from a public program, family member, or directly from the care recipient.]

AJ191

귀하의 'AJ90'을(를) 돕는 시간에 대한 대가를 {받습니까/받았습니까}?

이 대가는 공공 프로그램에서 또는 가족 구성원이 지불하거나 간병 수혜자가 직접 지불할 수 있습니다

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

PROGRAMMING NOTE 'QA23_J92':

DISPLAY INSTRUCTIONS:
IF AJ101B' = 1 THEN DISPLAY "is";
ELSE DISPLAY "was";

'QA23_J92'   How much of a financial stress would you say that caring for your {AJ90} {is/was} for you?

귀하의 {AJ90}을(를) 돌보는 것이 귀하에게 얼마나 큰 재정적 부담{입니까/이었습니까}?

AJ193

- ❍ Extremely stressful 1
  극도로 부담이 컸음
- ❍ Somewhat stressful 2
  다소 부담이 있었음
- ❍ A little stressful 3
  약간의 부담이 있었음
- ❍ Not at all stressful 4
  전혀 부담이 없었음
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_J93'   During the past 12 months, did your {AJ90} live…

지난 12개월 동안 귀하의 {AJ90}은(는) 누구와 또는 어디에서 생활했습니까?

AJ91B

- ❑ Alone 1
- ❑ 혼자
- ❑ With you 2
- ❑ 귀하와 함께
- ❑ With some other family member 3
- ❑ 다른 가족 구성원과 함께
- ❑ In a nursing home 4
- ❑ 요양원에서
- ❑ In an assisted-living facility 5
- ❑ 생활 보조 시설에서
- ❑ In some other living situation 6
- ❑ 그 외의 다른 생활 환경에서

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

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

PROGRAMMING NOTE 'QA23_J94':

DISPLAY INSTRUCTIONS:
IF **'QA23_J87'** = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'QA23_J94'   {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {require/required} your help?

이 사람의/귀하가 간병을 제공했던 시점에 이사람의} 어떤 장애나 질병이 귀하의 도움을 필요로 {합니까/했습니까}?

AJ194

❑　　Alzheimer's, confusion, dementia, forgetfulness......................................1
　　　알츠하이머, 혼돈, 치매, 건망증
❑　　Arthritis 2
　　　관절염
❑　　Back problems 3
　　　허리 문제
❑　　Broken bones 4
　　　부러진 뼈
❑　　Cancer...5
　　　암
❑　　Diabetes 6
　　　당뇨병
❑　　Feeble, unsteady, falling 7
　　　허약, 불안정, 낙상
❑　　Lung disease, emphysema, COPD 8
　　　폐질환, 폐기종, COPD
❑　　Mental illness, emotional illness, depression......................................9
　　　정신질환, 정서질환, 우울증
❑　　Mobility problem, can't get around 10
　　　이동 문제, 돌아다닐 수 없음
❑　　Old age, aging...........................11
　　　노년, 노화
❑　　Stroke...................................... 12
　　　뇌졸중
❑　　Surgery, wounds 13
　　　수술, 상처
❑　　Other (Specify:_____)............... 91
　　　기타(직접 기재해주세요: _____)
❍　　REFUSED .... -7
❍　　DON'T KNOW .... -8

PROGRAMMING NOTE FOR 'QA23_J95':
IF **'QA23_J87'** = 1 CONTINUE;
ELSE SKIP TO **'PN_QA23_K1'**

'QA23_J95'   {Do you have all of the support and services you need to care for your {AJ90}?

귀하는 {AJ90}을(를) 돌보는 데 필요한 모든 지원과 서비스를 갖추고 있습니까?

AJ197

  ○ Yes...1
     예
  ○ No..2
     아니요
  ○ REFUSED .... -7
  ○ DON'T KNOW .... -8

'QA23_J96'   During the past 12 months, have you experienced any physical health problems due to providing care to your {AJ90}?

지난 12개월 동안 {**'QA23_J89'**}을(를) 돌보는 것으로 인해 귀하가 신체적 건강 문제를 경험한 적이 있습니까?

AJ199A

  ○ Yes...1
  ○ *예*
  ○ No..2
  ○ *아니요*
  ○ REFUSED .... -7
  ○ DON'T KNOW .... -8

'QA23_J97'   During the past 12 months, have you experienced any mental health problems due to providing care to your {AJ90}?

지난 12개월 동안{**'QA23_J89'**}을(를) 돌보는 것으로 인해 귀하가 정신적 건강 문제를 경험한 적이 있습니까?

AJ199B

  ○ Yes...1
  ○ *예*
  ○ No..2
  ○ *아니요*
  ○ REFUSED .... -7
  ○ DON'T KNOW .... -8

'QA23_J98'   Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

{**'QA23_J89'**}을(를) 도우면서 귀하에게 직위 변경, 근무 시간 감소, 사퇴 또는 퇴직과 같은 직무 상황 변화가 있었습니까?

AJ200

  ❑ No change in job status 1
  ❑ 직무 상황에 변화 없음
  ❑ Changed job..2

❑ 이직

❑ Took a second job/
Increased hours with current job 3

❑ 일자리를 하나 더 구함/현재 직장에서 근무

시간이 늘어남

❑ Reduced number of work hour 4

❑ 근무 시간 단축

❑ Temporary leave of absence 5

❑ 일시적 휴직

❑ Quit job 6

❑ 사퇴

❑ Retired/retired early 7

❑ 퇴직/조기 은퇴

❑ Received paid family leave 8

❑ 유급 가족 휴가를 받음

❑ I don't work 9

❑ 일을 하고 있지 않음

❑ Other (Specify:_____) 91

❑ 기타(직접 기재해주세요:_____)

○ REFUSED ……………………………….-7

○ DON'T KNOW .... -8

Section K: Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE 'QA23_K1':
IF **'QA23_G27'** = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR **'QA23_G29'** = 1 (R USUALLY WORKS) CONTINUE WITH **'QA23_K1'**;
ELSE GO TO **'PN_QA23_K4'**

'QA23_K1'   How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?

귀하는 자신의 모든 직장 또는 사업체에서 보통 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

'QA23_K2'   How long have you worked at your <u>main</u> job?

지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

AK7

[IF NEEDED, SAY: "THAT IS, FOR YOUR <u>CURRENT</u> EMPLOYER."].

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

❑   _____MONTHS   **[HR: 0-12]**
❑   _____YEARS   **[HR: 0-50]**
○   REFUSED .... -7
○   DON'T KNOW .... -8

Income Last Month

PROGRAMMING NOTE 'QA23_K3':
IF **'QA23_G27'** = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR **'QA23_G29'** = 1 (USUALLY WORKS), CONTINUE WITH **'QA23_K3'**;
ELSE SKIP TO **'PN_QA23_K4'**

'QA23_K3'   What is your best estimate of all your earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

AK10

지난 달, 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.

$_____ AMOUNT   **[HR: 0-999995]**
○   REFUSED .... -7
○   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_K4':
IF **'QA23_G35'** = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR **'QA23_G36'** = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH **'QA23_K4'** AND:

IF **'QA23_G27'** ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND

DOES NOT HAVE A JOB) AND **'QA23_G29'** ≠ 1 (R DOES NOT USUALLY WORK), AND **'QA23_A24'** = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF **'QA23_G27'** ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND

DOES NOT HAVE A JOB) AND **'QA23_G29'** ≠ 1 (R DOES NOT USUALLY WORK), AND (**'QA23_D13'** = 1 OR **'QA23_D14'** = 1), THEN DISPLAY "The next question is about your partner's employment."
IF **'QA23_A24'** = 1 THEN DISPLAY "spouse";
ELSE IF **'QA23_D13'** = 1 OR **'QA23_D14'** = 1THEN DISPLAY "partner";
ELSE SKIP TO **'QA23_K6'**

'QA23_K4'   How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

귀하의 {남편/부인/배우자}는 그 분의 모든 직장 또는사업체에서보통주 당몇 시간씩

일하십니까?

AK20

◯   _____HOURS   **[HR: 0-95]**
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_K5':
IF **'QA23_K4'** ≠ 0 CONTINUE WITH **'QA23_K5'**;
IF **'QA23_A24'** = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF **'QA23_D13'** = 1 OR **'QA23_D14'** = 1, THEN DISPLAY "partner's";
ELSE GO TO **'QA23_K6'**

'QA23_K5'   What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

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.

$_____AMOUNT   **[HR: 0-999995]**
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

'QA23_K6'   What is your best estimate of your household's total annual income from all sources before taxes in 2022?

[IF NEEDED, SAY: "INCLUDE MONEY FROM JOBS, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE AND SO FORTH. ALSO INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT AND ANY OTHER MONEY INCOME."]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

세금을 공제하기 전 2021 년 귀하 가구의 연간 총 수입은 얼마나 됩니까? 아시는 대로 말씀해 주십시오.

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.

AK22

	$_____ AMOUNT	**[HR: 0-999995]**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_K8']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_K8']**

'QA23_K7'   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 'QA23_K14']**
❍	NO...2	**[GO TO 'QA23_K6']**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

PROGAMMING NOTE 'QA23_K8':
IF **'QA23_K6'** = -7 OR -8 CONTINUE WITH **'QA23_K8'**;
ELSE GO TO **'PN_QA23_K14'**

'QA23_K8'   We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is more than $20,000 per year or is it less?...

저희가 정확하게 알 필요는 없습니다. 그렇지만, 귀댁의 세금 공제전 연간 가구당 총수입이…

AK11

❍	MORE 1	**[GO TO 'QA23_K10']**
❍	EQUAL TO $20K OR LESS........................2	
❍	REFUSED .... -7	**[GO TO 'PN_QA23_K14']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_ AK17']**

'QA23_K9'   Is it …

수입이…

AK12

❍	$5,000 or less 1	**[GO TO 'PN_QA23_K14']**
❍	$5,000 이하	
❍	$5,001 to $10,000 2	**[GO TO 'PN_QA23_K14']**
❍	$5,001 - $10,000	
❍	$10,001 to $15,000 3	**[GO TO**

‘PN_QA23_K14’]

○ $10,001 - $15,000
○ $15,001 to 20,000 4   **[GO TO ‘PN_QA23_K14’]**

○ $15,001 - 20,000
○   REFUSED-..7   **[GO TO ‘PN_QA23_K14’]**

○   DON'T KNOW ....-8   **[GO TO ‘PN_QA23_K14’]**

‘QA23_K10’   Is it more or less than $70,000 per year

연간 $70,000 이상입니까, 이하입니까? 귀가구의 연간 수입이…

AK13

○   MORE 1   **[GO TO ‘QA23_K12’]**
○   EQUAL TO $70K OR LESS.......................2
○   REFUSED ....-7   **[GO TO ‘PN_QA23_K14’]**

○   DON'T KNOW ....-8   **[GO TO ‘PN_QA23_K14’]**

‘QA23_K11’   Is it …

수입이…

AK14

○ $20,001 to $30,000 1   **[GO TO ‘PN_QA23_K14’]**

○ $20,001 - $30,000
○ $30,001 to $40,000 2   **[GO TO ‘PN_QA23_K14’]**

○ $30,001 - $40,000
○ $40,001 to $50,000 3   **[GO TO ‘PN_QA23_K14’]**

○ $40,001 - $50,000
○ $50,001 to $60,000 4   **[GO TO ‘PN_QA23_K14’]**

○ $50,001 - $60,000
○ $60,001 to $70,000 5   **[GO TO ‘PN_QA23_K14’]**

○ $60,001 - $70,000
○   REFUSED ....-7   **[GO TO ‘PN_QA23_K14’]**

○   DON'T KNOW ....-8   **[GO TO ‘PN_QA23_K14’]**

‘QA23_K12’   Is it more or less than $135,000 per year?

연간 $135,000 이상입니까, 이하입니까? 귀가구의 연간 수입이…

AK15

○   MORE 1   **[GO TO ‘PN_QA23_K14’]**

○   EQUAL TO $70K OR LESS.......................2
○   REFUSED ....-7   **[GO TO ‘PN_QA23_K14’]**

○   DON'T KNOW ....-8   **[GO TO ‘PN_QA23_K14’]**

'QA23_K13'   Is it …

수입이…

AK16

- ❍ $70,001 to $80,000 1
- ❍ $70,001 - $80,000
- ❍ $80,001 to $90,000 2
- ❍ $80,001 - $90,000
- ❍ $90,001 to $100,000 3
- ❍ $90,001 - $100,000
- ❍ $100,001 to $135,000 4
- ❍ $100,001 - $135,000
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

Number of Persons Supported

PROGRAMMING NOTE 'QA23_K14':
IF R IS ONLY MEMBER OF HH, SET **'QA23_K14'** = 1 AND GO TO **'PN_QA23_K15'**;
ELSE CONTINUE WITH **'QA23_K14'**

'QA23_K14'   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 'QA23_K15':
'QA23_K15' MUST BE LESS THAN **'QA23_K14'**;
IF R IS ONLY MEMBER OF HH, GO TO **'QA23_K16'**;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = **'QA23_K14'** GO TO PROGRAMMING NOTE **'QA23_K16'**;
ELSE CONTINUE WITH **'QA23_K15'**

'QA23_K15'   How many of these {INSERT NUMBER FROM AK17} 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 AGE18)   **[HR: 0-20]**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_K16'   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 'QA23_K18']**

❍	REFUSED .... -7	**[GO TO 'QA23_K18']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_K18']**

'QA23_K17'   How many?

그러한 사람들이 몇 명이나 됩니까?

AK33

	_____ NUMBER OF PEOPLE	**[HR: 1-20]**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

Paid Family Leave

'QA23_K18'   A new California law passed in 2020 provides up to 8 weeks of paid family and medical leave for eligible workers at 60-70% of their weekly earnings, up to a maximum of $1,300 per week? Have you seen or heard anything about this law?

2020년에 통과된 새로운 캘리포니아 법률에 따르면 자격이 되는 근로자들에게는 주급의 60-70 %(주당 최대 $1,300까지)의 급여를 받으며 최대 8주의 유급 가족 연차 휴가 및 의료 휴가를 제공합니다.
이 법에 대해 보거나 들은 적이 있습니까?

AK136

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

'QA23_K19'   In the past 5 years, have you taken a <u>paid</u> leave longer than two weeks from work because of your own or a family member's serious health condition or for the arrival of a newborn, newly adopted or foster child?

지난 5년 동안 귀하 또는 귀하의 가 본인 또는 가족의 심각한 건강 상태 또는 신생아, 새로 입양한 자녀 또는 위탁 자녀로 인해 직장에서 2주 이상 <u>유급</u> 연차 휴가를 받은 적이 있습니까?

AK137

❍	YES 1	
❍	NO...2	**[GO TO 'PN_QA23_K21']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_K21']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_K21']**

'QA23_K20'   What were the reasons you took a leave from work?

연차 휴가를 낸 이유는 무엇입니까?

AK138

❑	OWN HEALTH 1
❑	FAMILY MEMBER'S HEALTH.....................2
❑	ARRIVAL OF NEWBORN

NEWLY ADOPTED CHILD, OR
FOSTER CHILD..3
❑   OTHER (SPECIFY:_____)..................... 91
○   REFUSED .... -7
○   DON'T KNOW... -8

PROGRAMMING NOTE 'QA23_K21':
IF **'QA23_K19'** = 2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE;
ELSE SKIP TO **'QA23_K22'**

'QA23_K21'   What were the reasons you didn't take family or medical leave in the past 5 years?

지난 5년 동안 가족 휴가나 병가를 내지 않은 이유는 무엇입니까?

AK139

❑   FEAR OF LOSING JOB...............................1
❑   FEAR OF HURTING CHANGES OF
JOB ADVANCEMENT 2
❑   COULD NOT AFFORD TO
GO ON LEAVE 3
❑   EMPLOYER DENIED REQUEST
FOR LEAVE 4
❑   NOT ELIGIBLE FOR LEAVE 5
❑   DIDN'T KNOW ABOUT LEAVE
PROGRAM..6
❑   PROCESS TO APPLY FOR LEAVE
TOO COMPLICATED 7
❑   USED OTHER AVAILABLE
LEAVE OPTIONS (E.G., VACATION OR
SICK LEAVE)..8
❑   DID NOT NEED TO TAKE LEAVE 9
○   REFUSED .... -7
○   DON'T KNOW... -8

Availability of Food in the Household

PROGRAMMING NOTE 'QA23_K22':
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH **'QA23_K22'**
ELSE GO TO 'AL9';

DISPLAY INSTRUCTIONS:
IF **'QA23_K14'** = 1, THEN DISPLAY "I",
ELSE IF **'QA23_K14'** > 1 DISPLAY "We"

'QA23_K22'   These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

다음 질문들은 지난 12 개월 동안 댁에서 드신 음식에 대해, 그리고 식비를 부담하실 수

있었는지에 관한 겁니다.

AM1

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true,

sometimes true, or never true for you and your household in the last 12 months. The first statement is:

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.

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

Was that ...

第一句話是：「{我/我們} 購買的食物總是不夠，{我/我們} 沒有錢買更多的食物。

❍	Often true 1
❍	자주 맞다
❍	Sometimes true...2
❍	가끔 맞다
❍	Never true 3
❍	절대 아니다
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_K23':

DISPLAY INSTRUCTIONS:
IF **'QA23_K22'** = 1, THEN DISPLAY "I",
ELSE IF **'QA23_K22'** > 1 DISPLAY "We"

'QA23_K23'   The second statement is: '{I/We} couldn't afford to eat balanced meals.'

Was that ...

AM2

두번째 문장은 '{내/우리}가 골고루 영양분을 섭취할 수 있는 식사를 할 금전적 여유가 없었다'

❍	Often true 1
❍	자주 맞다
❍	Sometimes true...2
❍	가끔 맞다
❍	Never true 3
❍	절대 아니다
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA23_K24'   In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

  ❍ 예

  ❍ No...2 **[GO TO 'QA23_K26']**

  ❍ 아니요

  ❍ REFUSED .... -7 **[GO TO 'QA23_K26']**

  ❍ DON'T KNOW .... -8 **[GO TO 'QA23_K26']**

'QA23_K25' How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

&boxed AM3A

그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2 개월 동안만 있었습니까?

  ❍ ALMOST EVERY MONTH...........................1

  ❍ SOME MONTHS BUT

    NOT EVERY MONTH 2

  ❍ ONLY IN 1 OR 2 MONTHS.........................3

  ❍ REFUSED .... -7

  ❍ DON'T KNOW .... -8

Hunger

'QA23_K26' In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

지난 12 개월 동안 음식을 살 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

AM4

  ❍ Yes...1

  ❍ 예

  ❍ No...2

  ❍ 아니요

  ❍ REFUSED .... -7

  ❍ DON'T KNOW .... -8

'QA23_K27' 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

  ❍ 예

  ❍ No...2

  ❍ 아니요

  ❍ REFUSED .... -7

  ❍ DON'T KNOW .... -8

Dietary Intake

PROGRAMMING NOTE 'QA23_K28':
IF HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'QA23_K28' Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE."]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]

지난 한 달, 즉 지난 30일 동안 식사와 간식을 포함해 먹거나 마신 음식을 생각하시고 답변해주십시오. 지난 달 과일을 몇 번 먹었습니까? 주스는 포함시키지 마십시오.

근접한 추정치도 괜찮습니다.

AE2B

_____TIMES

- PER DAY 1   **[HR: 0-20; SR: 0-9]**
- PER WEEK] 2   **[HR: 0-70; SR: 0-29]**
- PER MONTH 3   **[HR: 0-210; SR: 0-149]**
- REFUSED .... -7
- DON'T KNOW .... -8

'QA23_K29'   [During the past month,] how many times did you eat vegetables like green salad, green beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."]
[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."]

AE7B

지난 한 달 동안,] 야채 샐러드, 껍질 콩, 또는 감자와 같은 다른 야채들을 몇 번 먹었습니까? {감자 튀김은 포함시키지 마십시오.}

토마토, 당근, 양파 또는 브로콜리 등
_____TIMES

- PER DAY [HR: 0-20; SR: 0-9]......................1
- PER WEEK [HR: 0-70; SR: 0-29] 2
- PER MONTH [HR: 0-210; SR: 0-149]..........3
- REFUSED .... -7
- DON'T KNOW .... -8

'QA23_K30'   During the past month, how <u>often</u> did you drink sweetened fruit drinks, sports, or energy drinks?

AC46B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]
[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

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

[지난 한 달 동안,] 귀하는 가당 과일 음료, 스포츠 또는 에너지 음료를 얼마나 자주 마셨습니까?

레모네이드, 게토레이드, 스내플 또는 레드불 같은 음료

_____TIMES

- ❍ PER DAY ....1 **[HR: 0-20; SR: 0-9]**
- ❍ PER WEEK ....2 **[HR: 0-70; SR: 0-29]**
- ❍ PER MONTH...3 **[HR: 0-210; SR: 0-149]**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_K31':
IF CAGE ≥ 2 YEARS AND HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'QA23_K31'   Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

[IF NEEDED, SAY: SERVINGS ARE SELF-DEFINED. A SERVING IS THE CHILD'S REGULAR PORTION OF THIS FOOD.]

이제 식사와 간식을 포함하여 귀하의 자녀가 어제 먹은 음식에 대해 질문을 드리겠습니다. 어제 사과나 바나나와 같은 과일을 몇 인분 먹었습니까?

1인분은 특별히 정의되어 있지 않습니다. 일반적으로 자녀가 한 번에 이 음식을 먹는 분량을 1인분으로 정하시면 됩니다.

CC13B

_____ Servings   **[HR: 0-20; SR 0-9]**
_____인분   **[HR: 0-20; SR 0-9]**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_K32'   Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

어제 자녀가 채소 샐러드, 그린빈, 감자 같은 채소를 몇 인분이나 먹었습니까? 튀긴 감자는 포함하지 마세요.

CC31B

_____ Servings   **[HR: 0-20; SR 0-4]**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_K33'   Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

Such as lemonade, Gatorade, Snapple, or Red Bull.

[어제,] 귀하의 자녀는 가당 과일 음료, 스포츠 또는 에너지 음료를 몇 잔 또는 몇 캔이나 마셨습니까?

레모네이드, 게토레이드, 스내플 또는 레드불 같은 음료.

CC50B

_____ Glasses, cans or bottles   **[HR 0-15; SR 0-7]**
_____ 잔 또는 캔
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Section L: Public Program Participation

> **PROGRAMMING NOTE 'QA23_L1':**
> IF HOUSEHOLD INCOME IS ≤ 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL
> CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE ≠ 1))] CONTINUE
> WITH 'SECTION L';
> ELSE GO TO 'PN_QA23_L41'

'QA23_L1'　　Are you now receiving TANF or CalWORKs?

[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.]

AL2

귀하는 현재 탠프(TANF)나 캘웍스(CalWORKs)를 받고 있습니까?

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 'QA23_L2':**
> IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH **'QA23_L2'**;
> ELSE GO TO **'QA23_L4'**;

'QA23_L2'　　Is (TEEN) now receiving TANF or CalWORKs?

[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."]

{청년,남/여}(이)가 TANF 나 칼워크스를 현재 받고 있습니까?

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.

IAP1

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

Food Stamps

PROGRAMMING NOTE 'QA23_L3':
IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH **'QA23_L3'**;
ELSE SKIP TO **'QA23_L4'**

'QA23_L3'   Is (CHILD) now on TANF or CalWORKs?

[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.]

(CHILD) (이)가 현재 탠프(TANF)나 캘웍스(CalWORKs)를 받고 있습니까?

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

| CE11 |

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

'QA23_L4'   Are you receiving Food Stamp benefits, also known as CalFresh?

[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]

귀하는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고 계십니까?

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.

| AL5 |

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

PROGRAMMING NOTE 'QA23_L5':
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH **'QA23_L5'**;
ELSE GO TO **'QA23_L7'**

'QA23_L5'   Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

[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.]

{ADOLESCENT /AGE/SEX}(이)는 CalFresh 라고도 하는 푸드스탬프 혜택을 받고
있습니까?

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.']

IAP2

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

PROGRAMMING NOTE 'QA23_L6':
IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH **'QA23_L6'**;
ELSE SKIP TO **'QA23_L7'**

'QA23_L6'   Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

[IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS THROUGH AN ELECTRONIC BENEFIT TRANSFER (EBT) CARD, ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

CE11A

(CHILD) (이)/는 Cal Fresh 라고 하는 푸드스탬프 혜택을 받고 있습니까?

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

Supplemental Security Income

'QA23_L7'   Are you receiving Supplemental Security Income (SSI)?

[IF NEEDED, SAY: "SSI MEANS SUPPLEMENTAL SECURITY INCOME. THIS IS DIFFERENT FROM SOCIAL SECURITY**"**]

AL6

SSI 를 받고 계십니까?

SSI 는 생활보조금을 말합니다. 사회보장금하곤 다릅니다.

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

WIC

PROGRAMMING NOTE 'QA23_L8':
IF 'AD65D' = 2 (FEMALE AT BIRTH) AND **'QA23_J51'** = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH **'QA23_L8'**;
ELSE GO TO 'PN_AL9'

'QA23_L8'   Are you on WIC?

[IF NEEDED, SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN."]

WIC(윅) 혜택을 받고 계십니까?

WIC(윅)은 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다

AL7

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

PROGRAMMING NOTE 'QA23_L9':
IF (CAGE < 7, OR CAGE = 8, 9) AND (HOUSEHOLD INCOME IS<=200 FPL or poverty<5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)]), CONTINUE WITH **'QA23_L9'**;
ELSE GO TO 'PN_AL9'

'QA23_L9'   Is (CHILD) on WIC now?

WIC MEANS 'SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN.

CE11C

(CHILD)(이)/가 현재 WIC(윅) 혜택을 받고 있습니까?

WIC(윅)은 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다.

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

Assets

PROGRAMMING NOTE 'QA23_L10':
IF **'QA23_D4'** = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR **'QA23_A4'** = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH **'QA23_L10'**; ELSE SKIP TO PROGRAMMING NOTE **'QA23_L12'**;
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM **'QA23_K14'** .
IF **'QA23_K14'** IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).
IF **'QA23_K14'**= 1 DISPLAY $ 130,000;
IF **'QA23_K14'**= 2 DISPLAY $ 195,000;
IF **'QA23_K14'**= 3 DISPLAY $ 260,000;
IF **'QA23_K14'**= 4 DISPLAY $ 325,000;
IF **'QA23_K14'**= 5 DISPLAY $ 390,000;
IF **'QA23_K14'**= 6 DISPLAY $ 455,000;
IF **'QA23_K14'**= 7 DISPLAY $ 520,000;
IF **'QA23_K14'**= 8 DISPLAY $ 585,000;
IF **'QA23_K14'**= 9 DISPLAY $ 650,000;
IF **'QA23_K14'** ≥ 10 DISPLAY $ 715,000;
IF **'QA23_A24'**= 1 (MARRIED) OR **'QA23_D13'**= 1 OR **'QA23_D14'**= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

'QA23_L10'   Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

귀하가 소유한 주택이나 자동차의 가치를 제외하고, {귀하/ 귀하의 가족} (이/가) 소유한 현금, 저축, 투자금 등 자산의 총 가치가 {PROPERTY LIMIT}를 넘습니까?

AL9B

○	YES	1	**[GO TO 'PN_QA23_L12']**
○	NO	2	
○	REFUSED	-7	**[GO TO 'PN_QA23_L12']**
○	DON'T KNOW	-8	**[GO TO 'PN_QA23_L12']**

PROGRAMMING NOTE 'QA23_L11':
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM **'QA23_K14'**
IF **'QA23_K14'** IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).
IF **'QA23_K14'**= 1 DISPLAY $ 2,000;
IF **'QA23_K14'**= 2 DISPLAY $ 3,000;
IF **'QA23_K14'**= 3 DISPLAY $ 3,150;
IF **'QA23_K14'**= 4 DISPLAY $ 3,300;
IF **'QA23_K14'**= 5 DISPLAY $ 3,450;
IF **'QA23_K14'**= 6 DISPLAY $ 3,600;
IF **'QA23_K14'**= 7 DISPLAY $ 3,750;
IF **'QA23_K14'**= 8 DISPLAY $ 3,900;
IF **'QA23_K14'**= 9 DISPLAY $ 4,050;

IF **'QA23_K14'** ≥ 10 DISPLAY $ 4,200;

IF **'QA23_A24'**= 1 (MARRIED) OR **'QA23_D13'**= 1 OR **'QA23_D14'**= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

'QA23_L11'   Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

귀하가 소유한 주택이나 자동차의 가치를 제외하고, {귀하/ 귀하의 가족} (이/가) 소유한 현금, 저축, 투자금 등 자산의 총 가치가 {PROPERTY LIMIT}를 넘습니까?

AL9C

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

Child Support

PROGRAMMING NOTE 'QA23_L12':

DISPLAY INSTRUCTIONS:
IF **'QA23_A24'** = 1 (MARRIED) AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [**'QA23_A24'** = 2 (LIVING WITH PARTNER) OR **'QA23_D13'** = 1 OR **'QA23_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

'QA23_L12'   Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for child support?

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하} 은(는) 지난 달에 자녀 양육비 조로 받으신 돈이 조금이라도 있습니까?

AL15B

❍	YES 1	
❍	NO 2	**[GO TO 'PN_QA23_L14']**
❍	REFUSED .... -7	**[GO TO 'PN_QA23_L14']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_QA23_L14']**

PROGRAMMING NOTE 'QA23_L13':

DISPLAY INSTRUCTIONS:
IF **'QA23_A24'** = 1 (MARRIED) AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [**'QA23_A24'** = 2 (LIVING WITH PARTNER) OR **'QA23_D13'** = 1 OR **'QA23_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

'QA23_L13'   What was the {combined} total amount that you {and your spouse/and your partner} received from child support <u>last month</u> {for both you and your spouse/partner}?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하} (이) 가 지난 달에 자녀 양육비로 받은 것은 {모두 합해서} 총 얼마였습니까?

AL16B

	$_____ AMOUNT	**[000001-999995]**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

PROGRAMMING NOTE 'QA23_L14':

DISPLAY INSTRUCTIONS:
IF **'QA23_A24'** = 1 (MARRIED) AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [**'QA23_A24'** = 2 (LIVING WITH PARTNER) OR **'QA23_D13'** = 1 OR **'QA23_D14'** = 1 (LEGAL

SAME-SEX COUPLE)] AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

'QA23_L14'   Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support <u>last month</u>?

{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_AL32]**
- ❍   REFUSED .... -7   **[GO TO 'PN_QA23_L16']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_QA23_L16']**

PROGRAMMING NOTE 'QA23_L15':

DISPLAY INSTRUCTIONS:
IF **'QA23_A24'** = 1 (MARRIED) AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF ['**QA23_A24'** = 2 (LIVING WITH PARTNER) OR **'QA23_D13'** = 1 OR **'QA23_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

'QA23_L15'   What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support <u>last month</u>?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

| AL18 |

{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?

_____ AMOUNT   **[000001-999995]**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Worker's Compensation

PROGRAMMING NOTE 'QA23_L16':
IF **'QA23_A24'** = 1 (MARRIED) AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF ['**QA23_A24'** = 2 (LIVING WITH PARTNER) OR **'QA23_D13'** = 1 OR **'QA23_D14'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

'QA23_L16'   Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> 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_QA23_L18']**
- ○　　REFUSED .... -7　　**[GO TO 'PN_QA23_L18']**
- ○　　DON'T KNOW .... -8　　**[GO TO 'PN_QA23_L18']**

PROGRAMMING NOTE 'QA23_L17':

DISPLAY INSTRUCTIONS:
IF **'QA23_A24'** = 1 (MARRIED) AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF ['**QA23_A24'** = 2 (LIVING WITH PARTNER) OR **'QA23_D13'**= 1 OR **'QA23_D14'**= 1 (LEGAL SAME-SEX COUPLE)] AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

'QA23_L17'　　What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}이(가) 지난 달에 받은 종업원 상해 보상금의 합산 총액은 얼마였습니까?

AL33

_____ AMOUNT　　　　　**[000001-999995]**
- ○　　REFUSED .... -7
- ○　　DON'T KNOW .... -8

Social Security/Pension Payments

PROGRAMMING NOTE 'QA23_L18':
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND **'QA23_A24'**= 1 (MARRIED) AND **'QA23_A25'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH **'QA23_L18'** AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND **'QA23_A25'** = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH **'QA23_L18'** AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH **'QA23_L18'** AND DISPLAY "you";
ELSE GO TO **'PN_QA23_L20'**

'QA23_L18'　　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_QA23_L20']**

❍　　REFUSED ....-7　**[GO TO 'PN_QA23_L20']**

❍　　DON'T KNOW ....-8　**[GO TO 'PN_QA23_L20']**

PROGRAMMING NOTE 'QA23_L19':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND **'QA23_A24'**= 1 (MARRIED) AND **'QA23_A25'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND **'QA23_A25'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, DISPLAY "you";

'QA23_L19'　　What was the total amount {you} received <u>last month</u> from Social Security and Pensions {for both you and your spouse/partner}?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마였습니까?

AL18B

_____AMOUNT **[000001-999995]**
❍　　REFUSED ....-7
❍　　DON'T KNOW ....-8

Reasons for Non-Participation in Medi-Cal*

PROGRAMMING NOTE 'QA23_L20':

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH **'QA23_L20'**;

ELSE GO TO **'QA23_L21'**

'QA23_L20'　　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 한 가지 주된 이유는 무엇입니까?

AL19

❍　　PAPERWORK TOO DIFFICULT 1
❍　　DO NOT KNOW IF ELIGIBLE.....................2
❍　　INCOME TOO HIGH, NOT ELIGIBLE 3
❍　　NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS......4
❍　　DO NOT BELIEVE IN HEALTH INSURANCE 6
❍　　DO NOT NEED INSURANCE BECAUSE HEALTHY 7
❍　　ALREADY HAVE INSURANCE 8
❍　　DID NOT KNOW ABOUT IT 9
❍　　DO NOT LIKE / WANT WELFARE 10
❍　　OTHER (SPECIFY: _____) 91
❍　　REFUSED ....-7
❍　　DON'T KNOW ....-8

Medi-Cal Eligibility

PROGRAMMING NOTE 'QA23_L21':

DISPLAY INSTRUCTIONS:
IF **'QA23_H75'** = 1 OR **'QA23_H76'** = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH **'QA23_L21'** AND DISPLAY "You previously said you had Medi-Cal. How long did you have Medi-Cal?";
IF ARMCAL = 1 (MEDI-CAL) OR **'QA23_H74'** = 1, CONTINUE WITH **'QA23_L21'** AND DISPLAY "{You previously said you have Medi-Cal. How long have you had Medi-Cal?"
ELSE GO TO **'QA23_L41'**

'QA23_L21'   {You previously said you had Medi-Cal. How long did you have Medi-Cal?} {You previously said you have Medi-Cal. How long have you had Medi-Cal?}

Medi-Cal에 가입한 지는 얼마나 되셨습니까?/ 귀하는 앞서 메디-칼을 갖고 있었다고 답변해 주셨습니다. 메디-칼을 얼마나 오래 갖고 계셨습니까?

AL40

         _____ YEARS
         _____ MONTHS
- REFUSED .... -7
- DON'T KNOW .... -8

'QA23_L22'   During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

지난 12개월 이내에 본인의 Medi-Cal 혜택에 관해 카운티 사무소에 최근에 연락했을 때 담당자와 상담할 때까지 얼마나 기다리셨습니까?

AL86

- 5 MINUTES OR LESS 1
- MORE THAN 5 MINUTES, UP TO 15 MINUTES 2
- MORE THAN 15, UPS TO 30 MINUTES 3
- MORE THAN 30 MINUTES 4
- NEVER CONTACTED THE COUNTY OFFICE 5   **[GO TO 'QA23_L27']**
- REFUSED .... -7   **[GO TO 'QA23_L27']**
- DON'T KNOW .... -8   **[GO TO 'QA23_L27']**

'QA23_L23'   Most recently, how did you contact the County office?

가장 최근에, 카운티 사무소에 어떻게 연락했습니까?

AL87

- VISITED OFFICE IN PERSON 1
- CALLED OFFICE 2
- DIRECTLY CONTACTED ELIGIBILITY WORKER 3
- ONLINE 4
- MAIL 5
- OTHER (SPECIFY: _____) 91
- REFUSED .... -7
- DON'T KNOW .... -8

'QA23_L24'   How long did it take for the County representative to take care of your problem?

카운티 담당 직원이 귀하의 문제를 처리하는 데 얼마나 걸렸습니까?

AL88

- ❍ A WEEK OR LESS 1
- ❍ MORE THAN 1 WEEK UP TO 2 WEEKS 2
- ❍ MORE THAN 2 WEEKS UP TO A MONTH...3
- ❍ MORE THAN A MONTH 4
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_L25'   Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

AL89

The County representative was able to answer all of my questions. Do you…

제가 읽어드릴 문장에 대해, 전적으로 동의, 동의, 동의하지 않음, 전혀 동의하지 않음 중에서 하나를 선택해 주십시오.

카운티 담당자가 모든 질문에 답변해주었다

- ❍ Strongly agree...1
- ❍ 매우 동의함
- ❍ Agree...2
- ❍ 동의함
- ❍ Neither agree nor disagree 3
- ❍ 동의도, 반대도 하지 않음
- ❍ Disagree...4
- ❍ 반대함
- ❍ Strongly disagree 5
- ❍ 매우 반대함
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_L26'   The County representative treated me with dignity and respect.

카운티 담당자는 나를 존중해주었다

AL90

- ❍ Strongly agree...1
- ❍ 매우 동의함
- ❍ Agree...2
- ❍ 동의함
- ❍ Neither agree nor disagree 3
- ❍ 동의도, 반대도 하지 않음
- ❍ Disagree...4
- ❍ 반대함
- ❍ Strongly disagree 5

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

'QA23_L27'   What areas should the County office consider improving?

카운티 사무소가 개선해야 할 점은 무엇입니까?

AL91

[CHECK ALL THAT APPLY]

❑   Reduce wait times..1
❑   대기 시간 단축
❑   Spend more time with me 2
❑   방문자에게 더 많은 시간 할애
❑   Explain things so I can understand 3
❑   이해할 수 있도록 설명
❑   Tell me what the next steps are 4
❑   다음 절차에 대해 설명
❑   No improvement needed.............................5
❑   개선할 점이 없음
❑   Other (specify:_____) 91
❑   기타(구체적으로 기입:_____)
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_L28'   How satisfied are you with the County office? Would you say…

귀하는 카운티 사무소에 대해 얼마나 만족하십니까?

AL92

❍   Very satisfied...1
❍   매우 만족스럽다
❍   Somewhat satisfied 2
❍   다소 만족스럽다
❍   Neither satisfied or dissatisfied 3
❍   만족스럽지도 실망스럽지도 않다
❍   Dissatisfied..4
❍   실망스럽다
❍   Very dissatisfied..5
❍   매우 실망스럽다
❍   Not applicable 6
❍   해당 사항 없음
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_L29'   Have you renewed your Medi-Cal in the last 12 months?

지난 12개월 이내에 귀하는 본인의 Medi-Cal에 대해 검토를 했습니다

AL93

❍   YES 1
❍   NO..2   **[GO TO 'QA23_L32']**

❍	REFUSED .... -7	**[GO TO 'QA23_L32']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_L32']**

'QA23_L30'　When renewing your Medi-Cal, did you have any issues or problems?

본인의 Medi-Cal을 검토할 때 문제점을 발견하셨습니까?

AL94

❍	YES 1	**[GO TO 'QA23_L33']**
❍	NO 2	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

'QA23_L31'　Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

1-2개월 동안 보험 보장을 일시적으로 상실했거나 완전히 상실했거나 재가입을 해야 했습니까?

AL95

❍	YES, LOST COVERAGE FOR 1-2 MONTHS 1
❍	YES, LOST COVERAGE 2
❍	YES, HAD TO REAPPLY 3
❍	NO 4
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

'QA23_L32'　Before you had Medi-Cal, what health coverage did you have?

Medi-Cal 보장을 받기 전에 귀하가 가지고 있었던 건강 보장은 무엇이었습니까?

AL96

❍	No insurance 1	**[GO TO 'QA23_L35']**
❍	무보험자	
❍	Employer-based 2	**[GO TO 'QA23_L35']**
❍	고용주 제공	
❍	Private 3	**[GO TO 'QA23_L35']**
❍	민영	
❍	Covered California 4	
❍	Covered California	
❍	Other 5	
❍	기타	
❍	REFUSED .... -7	**[GO TO 'QA23_L35']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_L35']**

'QA23_L33'　Did you have a problem changing to Medi-Cal?

Medi-Cal로 바꾸는 데 문제가 있었습니까?

AL97

❍	YES 1	
❍	NO 2	**[GO TO 'QA23_L35']**
❍	REFUSED .... -7	**[GO TO 'QA23_L35']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_L35']**

'QA23_L34'　What was the problem?

어떤 종류의 문제입니까?

AL98

- ❑ Had to pay premiums while waiting for Medi-Cal decision 1
- ❑ Medi-Cal 결정을 기다리는 동안 보험료를 납부해야 했음
- ❑ Received conflicting eligibility notices 2
- ❑ 내용이 상반되는 자격 통지서를 받음
- ❑ Delay in receiving Medi-Cal 3
- ❑ Medi-Cal 혜택 이용의 지연
- ❑ Could not see my provider 4
- ❑ 서비스 제공자를 만날 수 없음
- ❑ Required to provide a lot of paperwork 5
- ❑ 서류 작업이 많음
- ❑ Had to file an appeal 6
- ❑ 이의 제기를 해야 했다
- ❍ REFUSED ....-7
- ❍ DON'T KNOW ....-8

Public Charge Related

'QA23_L35'   The Medi-Cal program sends written Notice of Actions to provide information about eligibility, and changes in status, level of benefits, or Share of Cost.

The Notice of Actions I have received in the past are:

AL105

메디캘(Medi-Cal) 프로그램은 적격성, 상태 변경, 혜택 수준 또는 비용 분담에 대한 정보를 제공하기 위해 서면으로 된 조치 통지서를 보냅니다

내가 과거에 받은 조치 통지서는 다음과 같습니다.

- ❑ Easy to read or understand..........................1
- ❑ 읽기 쉽고 이해하기 쉬움
- ❑ Difficult to read or understand......................2
- ❑ 읽거나 이해하기 어려움
- ❑ Contain helpful information 3
- ❑ 유용한 정보 포함
- ❑ Does not contain helpful information 4
- ❑ 유용한 정보 없음
- ❍ I never got a Notice of Actions 5   **[GO TO 'QA23_L37']**
- ❍ 조치 통지서를 받지 못함
- ❍ REFUSED ....-7   **[GO TO 'QA23_L37']**
- ❍ DON'T KNOW ....-8   **[GO TO 'QA23_L37']**

'QA23_L36'   How can Notice of Actions be improved?

통지서(Notice of Actions)를 어떻게 개선하면 좋겠습니까?

AL106

❑   Reduce text 1
❑   내용 줄이기
❑   Simplify language/Reading level..................2
❑   언어/읽기 수준 간소화
❑   Shorter paragraphs/sentences.....................3
❑   단락/문장을 짧게 줄이기
❑   Send fewer notices 4
❑   통지서 발송 회수 줄이기
❑   Give me clear steps of what I need to do 5
❑   내가 해야 할 일에 대한 명확한 단계별 설명
❍   No improvement needed.............................6
❍   개선 필요 없음
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_L37'   Were you able to update your contact information?

연락처 정보를 업데이트 할 수 있었습니까?

AL107

❍   Yes..1   **[GO TO 'QA23_L39']**
❍   예
❍   No..2
❍   아니요
❍   Did not need to update................................3   **[GO TO 'QA23_L41']**
❍   업데이트 할 필요가 없었음
❍   REFUSED .... -7   **[GO TO 'QA23_L41']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_L41']**

'QA23_L38'   Why not?

안된 이유?

AL108

❍   My changes did not update..........................1
❍   변경 사항이 업데이트되지 않았음
❍   I don't know how to update my information .2
❍   내 정보를 업데이트하는 방법을 모름
❍   Did not need to update................................3
❍   업데이트 할 필요가 없었음
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_L39'   Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

Updating my contact information was easy

AL109

다음 진술에 대해 전적으로 동의함, 동의함, 동의도 반대도 하지 않음, 동의하지 않음 또는 전적으로 동의하지 않음을 알려주세요

내 연락처 정보를 업데이트하는 것은 쉬웠다.

- ❍ Strongly agree...1
- ❍ 매우 동의함
- ❍ Agree...2
- ❍ 동의함
- ❍ Neither agree nor disagree 3
- ❍ 동의도, 반대도 하지 않음
- ❍ Disagree..4
- ❍ 반대함
- ❍ Strongly disagree 5
- ❍ 매우 반대함
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_L40'　　How did you update your contact information?

연락처 정보를 어떻게 업데이트 했습니까?

AL110

- ❑ Visited office in person................................1
- ❑ 직접 방문
- ❑ Called county office....................................2
- ❑ 카운티 사무실에 전화
- ❑ Called health plan 3
- ❑ 건강 보험에 전화
- ❑ Directly contacted eligibility worker..............4
- ❑ 자격 관련 업무 담당자와 직접 접촉
- ❑ Online...5
- ❑ 온라인
- ❑ Mail...6
- ❑ 우편
- ❑ Portal..7
- ❑ 포털 사이트
- ❑ Other, specify: (_____) 91
- ❑ 기타, 직접 기재: (_____)
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_L41':
IF **'QA23_G2'** ≠ 1,2, 9,22, OR 26, CONTINUE WITH **'QA23_L41'**;
ELSE SKIP TO **'QA23_M1'**

'QA23_L41'   Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you, or a family member, from obtaining a green card or becoming a U.S. citizen?

귀하 본인이나 가족이 영주권을 얻지 못하거나 미국 시민권을 받지 못할까봐 염려되어 Medi-Cal, 푸드 스탬프 또는 주택 보조금과 같은 한 가지 이상의 비현금성 정부 서비스를 신청하지 않기로 결정하신 적이 있습니까?

AL99

❍	YES 1	
❍	NO 2	**[GO TO 'QA23_L43']**
❍	REFUSED .... -7	**[GO TO 'QA23_L43']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_L43']**

'QA23_L42'   Did this happen in the last 12 months?

이 일이 지난 12개월 이내에 있었습니까?

AL104

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

'QA23_L43'   Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

의료 서비스를 받으려고 했을 때 사회보장 번호를 제시하라고 요구 받거나 시민권이나 법적 상태 증명서를 제시하라는 요구를 받은 적이 있습니까?

AL100

❍	YES 1	
❍	NO 2	**[GO TO 'QA23_L45']**
❍	REFUSED .... -7	**[GO TO 'QA23_L45']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_L45']**

'QA23_L44'   Did this happen in the past 12 months?

이 일이 지난 12개월 이내에 있었습니까?

AL101

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

'QA23_L45'   Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

본인이나 자녀를 학교에 등록하려고 했을 때 귀하의 사회보장 번호를 제시하라고 요구 받거나 시민권이나 법적 상태 증명서를 제시하라는 요구를 받은 적이 있습니까?

AL102

❍	YES 1

    ❍   NO..2   **[GO TO 'QA23_M1']**
    ❍   REFUSED .... -7   **[GO TO 'QA23_M1']**
    ❍   DON'T KNOW .... -8   **[GO TO 'QA23_M1']**

'QA23_L46'   Did this happen in the past 12 months?

이 일이 지난 12개월 이내에 있었습니까?

AL103

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

Section M: Housing and Social Cohesion

Housing

'QA23_M1'   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."]

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

'QA23_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

'QA23_M3'   Did you live in this house or apartment one year ago?

년 전에도 지금과 같은 집이나 아파트에 사셨습니까?

AM204

- ❍   Yes...1   **[GO TO 'QA23_M5']**
- ❍   No...2
- ❍   REFUSED .... -7   **[GO TO 'QA23_M5']**
- ❍   DON'T KNOW .... -8   **[GO TO 'QA23_M5']**

'QA23_M4'   In what zipcode did you live one year ago?

년 전에 살던 곳의 우편번호는 무엇입니까?

AM205

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

'QA23_M5'   How do you feel about your current housing situation – do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, very unstable and insecure?

귀하의 주거 상황에 대해 어떻게 생각하십니까?매우 안정적이고 안전, 상당히 안정적이고 안전, 다소 안정적이고 안전, 상당히 불안정하고 안전하지 않음, 매우 불안정하고 안전하지 않음 중에서 선택해주세요.

AM183

- ❍ VERY STABLE AND SECURE...................1
- ❍ FAIRLY STABLE AND SECURE, ...2
- ❍ JUST SOMEWHAT STABLE AND SECURE 3
- ❍ FAIRLY UNSTABLE AND INSECURE, OR..4
- ❍ VERY UNSTABLE AND INSECURE?.........5
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_M6' Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

다음 사항에 대해 개인적으로 얼마나 자주 걱정하는지 알려주세요. 매우 자주, 다소 자주, 가끔, 거의 안함 중 어디에 해당합니까?

AM184

Struggling to keep up with your mortgage or rent payments

모기지 또는 임대료 지불에 어려움을 겪음

- ❍ VERY OFTEN 1
- ❍ SOMEWHAT OFTEN..................................2
- ❍ FROM TIME TO TIME 3
- ❍ ALMOST NEVER.......................................4
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_M7' People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?

사람들은 때때로 임대료나 모기지 지불에 어려움을 겪습니다. 임대료나 모기지를 지불하기 위해 지난 3년 동안 다음 중 하나를 할 수 밖에 없었습니까?

AM185

[CHECK ALL THAT APPLY]

- ❑ Take on an additional job or work more at their current job 1
  투잡 이상을 뛰거나 현 직장에서 잔업 추가
- ❑ Stop saving for retirement...........................2
  은퇴 준비 저축 중단
- ❑ Accumulate credit card debt 3
  신용 카드 부채 누적
- ❑ Cut back on health care 4
  건강 보험 축소
- ❑ Cut back on healthy, nutritious food 5
  건강하고 영양가 있는 음식 줄임
- ❑ Move to a neighborhood that they feel is less safe.....................................6
  덜 안전하다고 느껴지는 동네로 이사
- ❑ Move to a place where the schools are not as good 7
  학군이 덜 좋은 곳으로 이사
- ❍ None of these/not sure...............................8

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해당 사항 없음/확실하지 않음
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'QA23_M8' Think about your experiences with housing; for example, experiences while renting or buying a home, obtaining a mortgage, getting your landlord to make repairs, or interactions with your neighbors.

임대, 구매, 융자, 집주인, 집수리, 이웃 문제 등 주택 관련 경험에 대해 질문을 드리겠습니다.

AM189

During the last two years, do you think your directly experienced discrimination or harassment related to housing?

지난 2년 동안 주택과 관련하여 차별이나 괴롭힘을 직접 경험한 적이 있습니까?

- ❍ YES 1
- ❍ NO..2   **[GO TO 'QA23_M11']**
- ❍ REFUSED .... -7   **[GO TO 'QA23_M11']**
- ❍ DON'T KNOW .... -8   **[GO TO 'QA23_M11']**

'QA23_M9' Why do you think you were targeted for this discrimination or harassment?

귀하가 왜 이러한 차별 또는 괴롭힘의 대상이 되었다고 생각합니까?

AM190

- ❑ Because of your ancestry, national origin or language 1
  혈통, 출신 국가 또는 언어 때문에
- ❑ Because of your race or skin color 2
  인종 또는 피부색 때문에
- ❑ Because of your gender or sex, including gender identity 3
  성 정체성을 비롯한 젠더 또는 성별 때문에
- ❑ Because of your sexual orientation..............4
  성적 지향 때문에
- ❑ Because of your religion 5
  종교 때문에
- ❑ Because of your disability 6
  장애 때문에
- ❑ Because of your immigration status.............7
  이민 신분 때문에
- ❑ Because you have children..........................8
  자녀가 있기 때문에
- ❑ Because of some other reason: _____....9
  다른 이유 때문에: _____
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'QA23_M10':

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IF MORE THAN ONE RESPONSE FROM **'QA23_M9'**, THEN CONTINUE WITH **'QA23_M10'** WITH SELECTED CHOICES FROM **'QA23_M9'** DISPLAYED;
ELSE SKIP TO **'QA23_M11'**

'QA23_M10'   What do you think is the MAIN reason you were targeted for this discrimination or harassment?

귀하가 이 차별 또는 괴롭힘의 대상이 된 주된 이유는 무엇이라고 생각합니까?

AM191

❍   Because of your ancestry, national origin
or language 1
혈통, 출신 국가 또는 언어 때문에
❍   Because of your race or skin color 2
인종 또는 피부색 때문에
❍   Because of your gender or sex, including
gender identity 3
성 정체성을 비롯한 젠더 또는 성별 때문에
❍   Because of your sexual orientation.............4
성적 지향 때문에
❍   Because of your religion 5
종교 때문에
❍   Because of your disability 6
장애 때문에
❍   Because of your immigration status.............7
이민 신분 때문에
❍   Because you have children.........................8
자녀가 있기 때문에
❍   Because of some other reason: _____....9
다른 이유 때문에: _____
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_M11'   <u>In the past 2 years</u>, did you or your household receive or use a Housing Choice Section 8 voucher?

지난 2년 중 귀하 또는 귀하의 가족이 Housing Choice Section 8 바우처를 받은 적이 있습니까?

AM192

[IF NEEDED: HOUSING CHOICE SECTION 8 VOUCHERS ARE A FORM OF GOVERNMENT ASSISTANCE WITH HOUSING]

Housing Choice Section 8 바우처는 정부 주택 보조 양식입니다.

❍   YES 1
❍   NO...2   **[GO TO 'QA23_M15']**
❍   REFUSED .... -7   **[GO TO 'QA23_M15']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_M15']**

'QA23_M12'   Were you or your household…

귀하 또는 귀하의 가족은 다음 중 어떤 경험을 했습니까?

AM193

[CHECK ALL THAT APPLY]

 ❑ Unable to use your Housing voucher...........1
   Housing 바우처를 사용할 수 없었음
 ❑ Denied housing because of your
   Housing voucher 2
   Housing 바우처 때문에 입주를 거부 당함
 ❑ Told by a landlord that they do not
   accept Housing vouchers, or 3
   집주인이 Housing 바우처를 받지 않는다고 함
 ❍ None of these..4
   해당 사항 없음
 ❍ REFUSED .... -7
 ❍ DON'T KNOW .... -8

Hate Incident

'QA23_M13'

The next questions are about hate incidents. Thinking about these incidents may be stressful. Your answers will be kept confidential. If any question upsets you, you don't have to answer it. At the end of this section, we will give you information about organizations that can provide resources and support.

다음 질문은 혐오 사건에 관한 질문입니다. 이러한 사건에 대해 생각하면 스트레스를 받을 수 있습니다. 답변은 기밀로 유지됩니다. 질문이 감정을 상하게 하면 대답하지 않아도 됩니다. 이 섹션의 끝에서 리소스와 지원을 제공할 수 있는 조직에 대한 정보를 제공합니다.

'AM194INTRO' This next set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain characteristics or religious beliefs. You may or may not actually have these characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to get something from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

증오 사건 소개– 다음에 등장하는 일련의 질문은 귀하가 특정한 유형의 사람 또는 특정한 종교적 신념을 가진 사람에 대한 편견 때문에 발생하는 증오 행위의 대상이 된 적이 있는지 알아보는 데 중점을 두고 있습니다. 귀하는 이러한 특성 또는 종교적 신념을 가지고 있지 않을 수도 있습니다. 이러한 행위는 누군가가 귀하에게 화를 내거나 귀하로부터 무언가를 얻고자 하는 등의 다른 이유와는 성격이 다릅니다.

'QA23_M15'   During the past 12 months, do you think you directly experienced a hate incident?

지난 12개월 동안 증오 사건을 직접적으로 경험한 적이 있습니까?

AM194

 ❍ YES..1
 ❍ NO..2 **[GO TO 'QA23_M20']**
 ❍ REFUSED ....8 **[GO TO 'QA23_M20']**

      ◯   DON'T KNOW 9   **[GO TO 'QA23_M20']**

'QA23_M16'   Did you experience..

무엇을 경험했습니까?

AM195

[SELECT ALL THAT APPLY]

    ❑   Physical abuse or attack 1
신체적 학대 또는 공격

    ❑   Verbal abuse or insults 2
언어적 학대 또는 모욕

    ❑   Cyberbullying 3
사이버 괴롭힘

    ❑   Property damage, or 4
재산상의 손해

    ❑   Something else (Specify:_____)................5
기타(직접 기재해주세요:_____)

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

'QA23_M17'   Where did the incident or incidences take place?

사건이 발생한 곳은 어디입니까?

AM196

[SELECT ALL THAT APPLY]

    ❑   At home...1
집

    ❑   At school 2
학교

    ❑   At work 3
직장

    ❑   At a store, theater, gas station, or
other business..4
매장, 극장, 주유소 또는 기타 사업장

    ❑   On the street or sidewalk 5
거리 또는 인도

    ❑   Online, or..6
온라인

    ❑   Somewhere else (Specify:_____).............7
기타 장소(직접 기재해주세요:_____)

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

'QA23_M18'   Why do you think you were targeted?

귀하가 왜 증오 사건의 대상이 되었다고 생각합니까?

AM197

❑   Because of your race or skin color 1
인종 또는 피부색 때문에

❑   Because of your sexual orientation.............2
성적 지향 때문에

❑   Because of your gender or sex,
including gender identity 3
성 정체성을 비롯한 젠더 또는 성별 때문에

❑   Because of your religion 4
종교 때문에

❑   Because of your ancestry, national origin,
or language 5
혈통, 출신 국가 또는 언어 때문에

❑   Because of your disability 6
장애 때문에

❑   Because of your immigration status.............7
이민 신분 때문에

❑   Because of your age 8
나이 때문에

❑   Because of some other reason: _____....9
다른 이유 때문에: _____

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

PROGRAMMING NOTE 'QA23_M19':
IF MORE THAN ONE RESPONSE FROM **'QA23_M18'**, THEN CONTINUE WITH **'QA23_M19'** WITH SELECTED CHOICES FROM **'QA23_M18'** DISPLAYED;
ELSE SKIP TO **'QA23_M20'**

'QA23_M19'   What do you think is the MAIN reason you were targeted for a hate incident?

귀하가 증오 사건의 대상이 된 주된 이유는 무엇이라고 생각합니까?

AM198

[IF NEEDED, SAY: IF YOU EXPERIENCED MORE THAN ONE INCIDENT, PLEASE THINK ABOUT THE MOST RECENT INCIDENT]

하나 이상의 사건을 경험했다면 가장 최근에 발생한 사건에 대해 생각하세요.

❍   Because of your race or skin color 1
인종 또는 피부색 때문에

❍   Because of your sexual orientation.............2
성적 지향 때문에

❍   Because of your gender or sex,
including gender identity 3
성 정체성을 비롯한 젠더 또는 성별 때문에

❍   Because of your religion 4

종교 때문에

❍   Because of your ancestry, national origin,
            or language 5
            혈통, 출신 국가 또는 언어 때문에

❍   Because of your disability 6
            장애 때문에

❍   Because of your immigration status.............7
            이민 신분 때문에

❍   Because of your age 8
            나이 때문에

❍   Because of some other reason: _____ 9
            다른 이유 때문에: _____

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

'QA23_M20'   During the past 12 months, have you witnessed another person experiencing a hate incident?

지난 12개월 동안 다른 사람이 증오 사건을 경험하는 것을 목격한 적이 있습니까?

AM199

❍   YES 1
❍   NO..2   **[GO TO 'QA23_M26']**
❍   REFUSED .... -7   **[GO TO 'QA23_M26']**
❍   DON'T KNOW .... -8   **[GO TO 'QA23_M26']**

'QA23_M21'   Did you witness…

무엇을 목격하셨습니까?

AM200

[SELECT ALL THAT APPLY]

❑   Physical abuse or attack 1
            신체적 학대 또는 공격
❑   Verbal abuse or insults 2
            언어적 학대 또는 모욕
❑   Cyberbullying 3
            사이버 괴롭힘
❑   Property damage, or 4
            재산상의 손해
❑   Something else (Specify:_____)...............5
            기타(직접 기재해주세요:_____)
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_M22'   Where did the incident take place?

사건이 발생한 곳은 어디입니까?

AM201

[SELECT ALL THAT APPLY]

❑   At home 1
집

❑   At school 2
학교

❑   At work 3
직장

❑   At a store, theater, gas station, or
other business..4
매장, 극장, 주유소 또는 기타 사업장

❑   On the street or sidewalk 5
거리 또는 인도

❑   Online, or...6
온라인

❑   Somewhere else (Specify:_____).............7
기타 장소(직접 기재해주세요:_____)

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

'QA23_M23'   Why do you think the person was targeted for a hate incident?

피해자가 왜 증오 사건의 대상이 되었다고 생각하십니까?

AM202

[SELECT ALL THAT APPLY]

❑   Because of their race or skin color 1
인종 또는 피부색 때문에

❑   Because of their sexual orientation..............2
성적 지향 때문에

❑   Because of their gender or sex,
including gender identity 3
성 정체성을 비롯한 젠더 또는 성별 때문에

❑   Because of their religion 4
종교 때문에

❑   Because of their ancestry, national origin,
or language 5
혈통, 출신 국가 또는 언어 때문에

❑   Because of their disability 6
장애 때문에

❑   Because of their immigration status.............7
이민 신분 때문에

❑   Because of their age 8
나이 때문에

❑   Because of some other reason: _____....9
다른 이유 때문에: _____

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

PROGRAMMING NOTE 'QA23_M24':
IF MORE THAN ONE RESPONSE FROM **'QA23_M23'**, THEN CONTINUE WITH **'QA23_M24'** WITH SELECTED CHOICES FROM **'QA23_M23'** DISPLAYED;
ELSE SKIP TO **'QA23_M24'**

'QA23_M24'   What do you think is the MAIN reason that person was the target for a hate incident?

피해자가 증오 사건의 대상이 된 주된 이유는 무엇이라고 생각합니까?

AM203

[IF NEEDED, SAY: IF YOU WITNESSED MORE THAN ONE INCIDENT, PLEASE THINK ABOUT THE MOST RECENT INCIDENT.]

하나 이상의 사건을 목격했다면 가장 최근에 발생한 사건에 대해 생각하세요.

- ❍ Because of their race or skin color 1
  인종 또는 피부색 때문에
- ❍ Because of their sexual orientation..............2
  성적 지향 때문에
- ❍ Because of their gender or sex,
  including gender identity 3
  성 정체성을 비롯한 젠더 또는 성별 때문에
- ❍ Because of their religion 4
  종교 때문에
- ❍ Because of their ancestry, national origin,
  or language 5
  혈통, 출신 국가 또는 언어 때문에
- ❍ Because of their disability 6
  장애 때문에
- ❍ Because of their immigration status.............7
  이민 신분 때문에
- ❍ Because of their age 8
  나이 때문에
- ❍ Because of some other reason: _____ 9
  다른 이유 때문에: _____
- ❍ REFUSED .... -7
- ❍ DON'T KNOW.. -8

PROGRAMMING NOTE 'QA23_M25':
TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO **'QA23_M15'**, **'QA23_M20'**.

'QA23_M25'

If you would like mental or emotional support, someone is available 24 hours a day at the toll-free number 855-845-7415. You do not have to provide your full name or contact information if you prefer to stay anonymous. You can also visit www.mentalhealthsf.org/peer-run-warmline/.

정신적 또는 정서적 지원이 필요하면 무료 전화 855-845-7415번으로 24시간 도움을

요청할 수 있습니다원하시면 https://www.mentalhealthsf.org/peer-run-warmline/ 에서

요청할 수도 있습니다.https://www.mentalhealthsf.org/peer-run-warmline/

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit www.Cavshate.org/ or call 833-866-4283, Monday to Friday from 9 a.m. to 6 p.m. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement immediately or you are in present danger, please call 911. *Implemented on Sep 5th, 2023*

혐오 사건을 신고하거나 정신 건강 및 법률 서비스를 포함한 리소스에 연결하려면 www.cavshate.org/를 이용하거나 833-866-4283으로 전화하세요. California vs Hate 시스템은 법 집행 기관과 관련이 없으며, 익명으로 신고할 수 있습니다. 혐오 범죄를 법 집행 기관에 신고하려면 지역 경찰서에 연락하거나 911에 전화하세요. https://www.Cavshate.org/

PROGRAMMING NOTE 'QA23_M26':
IF **'QA23_H1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH **'QA23_M26'**
ELSE GO TO **'QA23_M27'**

'QA23_M26'   Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

담당 의사의 진료소나 의료제공자의 진료실이나 클리닉에 귀하가 필요로 하는 주거 지원, 식품 지원 또는 사회적 지원과 같은 지역사회 기반의 서비스를 가족에게 연결해주는 사람이 있습니까?

AJ178

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

Encounters with Police

'QA23_M27'   Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

어려운 삶의 경험은 그러한 경험이 지나간 후에도 사람의 신체적, 정신적 건강에 해로운 영향을 미칠 수 있습니다. 그 예로, 경찰 또는 법정 관련 경험 등을 들 수 있습니다.

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

여러 가지 이유로 경찰은 사람들을 세웁니다. 지난 3년 동안 경찰이 몇 번이나 귀하를 세웠습니까?

❍	0	1
❍	1	2
❍	2	3
❍	3	4
❍	4	5
❍	5 OR MORE	6
❍	REFUSED	-7
❍	DON'T KNOW	-8

Social Cohesion

'QA23_M28'   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:

AM19

People in my neighborhood are willing to help each other.

우리 동네 사람들은 서로 돕고 지내고 싶어한다.

[IF NEEDED, SAY: **"DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"**]

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

'QA23_M29'   People in this neighborhood generally do <u>not</u> 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?"**]

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

'QA23_M30'   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?"**]

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

Safety

'QA23_M31'   Do you feel safe in your neighborhood…

귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오

AK28

❍   All of the time 1
          항상 안전함
❍   Most of the time 2
          대부분 안전함
❍   Some of the time, or...................................3
          가끔 안전함 혹은
❍   None of the time...4
          전혀 안전하지 않음
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Civic Engagement

'QA23_M32'   In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

지난 12개월 동안 지역사회의 문제를 해결할 수 있도록 방법을 구성하거나 주도한 적이 있습니까?

AM39

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

'QA23_M33'   Do you think you could contact an elected official or someone else in government who represents your community?

귀하는 선출 공직자나 지역사회를 대표하는 정부 기관의 담당자에게 연락하실 수 있습니까?

AM45

❍   Definitely could not......................................1
          절대 불가능하다
❍   Probably could not 2
          아마 불가능할 것이다
❍   Maybe could...3
          아마 가능할 것이다[
❍   Probably could 4
          가능할 것이다
❍   Definitely could...5
          당연히 가능하다
❍   REFUSED .... -7

❍   DON'T KNOW .... -8

'QA23_M34'   In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

지난 12개월 이내에 정당을 제외하고 공공 정책이나 정부에 영향을 주려는 그룹에 참여하신 적이 있습니까?

AM48

❍   YES 1

❍   NO..2   **[GO TO 'QA23_M1']**

❍   REFUSED .... -7   **[GO TO 'QA23_M1']**

❍   DON'T KNOW .... -8   **[GO TO 'QA23_M1']**

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'QA23_P1':
IF **'QA23_G5'** = 1 (CITIZEN) OR **'QA23_G2'** = 1 (USA)) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH **'QA23_P1'**;
ELSE GO TO **'QA23_P3'**

'QA23_P1'   How often do you vote in presidential elections?

대통령 선거 투표에 얼마나 자주 참여하셨습니까?

AP73

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

'QA23_P2'   How often do you vote in state elections, such as for Governor or state proposition?

주지사 또는 주정부 인사 등의 주 선거 투표에 얼마나 자주 참여하셨습니까?

AP74

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

'QA23_P3'   How often do you vote in local elections, such as for Mayor or school board?

시장 또는 교육 위원회와 같은 지역 선거 투표에 얼마나 자주 참여하셨습니까?

AP75

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

PROGRAMMING NOTE 'QA23_P4':
IF **'QA23_P1'** OR **'QA23_P2'** or **'QA23_P3'** = 2 OR 3, CONTINUE WITH **'QA23_P4'**;
ELSE SKIP TO **'QA23_S1'**

'QA23_P4'   For the most recent election that you did <u>not</u> vote in, what is the <u>main</u> reason why you did not vote?

귀하가 <u>투표하지 않은</u> 최근 선거에서 귀하가 투표하지 않은 <u>주요</u> 이유는 무엇이었습니까?

AP80

- ❍   I dislike politics 1
- ❍   정치를 싫어해서
- ❍   Voting has little to do with the way real decisions are made 2
- ❍   투표는 실제 결정이 내려지는 방식과 거의 상관이 없어서
- ❍   I did not like any of the candidates on the ballot...3
- ❍   투표 용지의 후보 중에서 마음에 드는 사람이 없어서
- ❍   My one vote is not going to affect how things turn out 4
- ❍   나의 한 표는 투표 결과에 영향을 주지 않을 것 같아서
- ❍   I was not informed enough about the candidates or issues to make a good decision 5
- ❍   올바른 결정을 내릴 수 있을 정도로 후보나 문제에 대한 충분한 정보를 가지고 있지
- ❍   I did not see a difference between the candidates or parties.............................6
- ❍   후보자나 정당들의 차이점을 구별할 수 없어서
- ❍   I was not interested in what is happening in government.........................7
- ❍   정부에서 일어나는 일에 관심이 없어서
- ❍   I just did not think about doing it 8
- ❍   투표하는 것에 대해 생각하지 않아서
- ❍   I forgot 9
- ❍   잊어버려서
- ❍   I had to work.. 10
- ❍   일해야 해서
- ❍   I did not have transportation 11
- ❍   교통편이 없어서
- ❍   Other (Specify:_____)......................... 91
- ❍   기타(구체적으로 기입)
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Section Q: Adverse Childhood Experiences

ACEs Screener

'QA23_Q1'   Adverse Childhood Experiences are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

'QA23_Q2'   Have you heard the term Adverse Childhood Experiences or ACEs before?

어린 시절 부정적인 경험은 출생부터 18세까지 경험한 스트레스 또는 정신적인 외상 사건이며, 아동 학대, 방치 및/또는 가정 문제의 범주와 관련이 있습니다.

의사, 간호사, 조산사, 심리학자 등을 포함한 의료 전문가가 ACE 평가를 수행할 수 있습니다

AQ28

- Yes 1
- 예
- No...2
- 아니요
- Don't know 3
- 모름
- REFUSED .... -7

Past ACEs assessment

'QA23_Q3'   Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

의료 또는 정신 건강 전문가와 아동기 부정적 경험에 대한 자신의 과거를 평가한 적이 있습니까?

AQ23

- Yes 1
- 예
- No...2   **[GO TO 'PN_QA23_Q5']**
- 아니요
- Don't know 3   **[GO TO 'PN_QA23_Q5']**
- 모름
- REFUSED .... -7   **[GO TO 'PN_QA23_Q5']**

'QA23_Q4'   When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

의료 전문가가 ACEs 선별 검사에 대한 귀하의 응답을 검토할 때, 귀하의 강점, 회복력 또는 삶의 긍정적 경험에 대해 논의했습니까?

AQ29

- ❍ Yes...1
- ❍ 예
- ❍ No...2
- ❍ 아니요
- ❍ Don't know 3
- ❍ 모름
- ❍ REFUSED .... -7

PROGRAMMING NOTE 'QA23_Q5':
IF SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'PN_ AQ25'

'QA23_Q5'　　Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

의료 건강 또는 정신 건강 전문가와 함께 (10대 자녀의) 부정적인 어린 시절 경험에 대한

평가를 한 적이 있습니까?

AQ24

- ❍ Yes...1
- ❍ 예
- ❍ No...2
- ❍ 아니요
- ❍ Don't know 3
- ❍ 모름
- ❍ REFUSED .... -7

PROGRAMMING NOTE 'QA23_Q6':
IF SELECTED CHILD, CONTINUE;
ELSE SKIP TO **'QA23_Q7'**

'QA23_Q6'　　Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences with a medical health or mental health professional.

의료 건강 또는 정신 건강 전문가와 함께 (자녀의) 어린 시절 부정적인 경험에 대한 평가를

한 적이 있습니까?

AQ25

- ❍ Yes...1
- ❍ 예
- ❍ No...2
- ❍ 아니요
- ❍ Don't know 3
- ❍ 모름
- ❍ REFUSED .... -7

'QA23_Q7'　　The following questions are about events that might have happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any

question you do not want to answer. All questions refer to the time period before you were 18 years of age.

다음 질문은 어린 시절에 일어 났을 수 있는 사건에 관한 것입니다. 이 정보를 통해 어린 시절에 발생할 수 있는 문제를 더 잘 이해하여 미래에 다른 사람들에게 도움을 줄 수 있습니다. 이것은 민감한 주제이며 일부 사람들은 이러한 질문을 불편해 할 수 있습니다. 그러나 섹션 끝에는 이러한 문제에 대한 정보와 전문가 도움을 제공할 수 있는 조직의 전화 번호가 있습니다. 답변하고 싶지 않은 질문은 건너뛸 수 있다는 점 기억해두세요. 모든 질문은 귀하가 18세 이전 시기에 관한 것입니다.

'QA23_Q8'   Before you were 18 years of age...

Did you live with anyone who was depressed, mentally ill, or suicidal?

AQ1

우울증, 정신병을 앓거나 자살 충동을 느끼는 사람과 함께 살았습니까?

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

'QA23_Q9'   [Before you were 18 years of age...]

Did you live with anyone who was a problem drinker or alcoholic?

AQ2

술버릇 나쁜 사람 또는 알코올 중독자였던 사람과 함께 살았습니까?

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

'QA23_Q10'   [Before you were 18 years of age...]

Did you live with anyone who used illegal street drugs or who abused prescription medications?

AQ3

불법 거래 마약을 사용했거나 처방약을 남용한 사람과 함께 살았습니까?

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

'QA23_Q11'   [Before you were 18 years of age...]

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

AQ4

교도소, 감옥 또는 기타 교정 시설에서 복역했거나 복역을 선고받은 사람과 함께
살았습니까?

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

'QA23_Q12'   Before you were 18 years of age...

Were your parents separated or divorced?

AQ5

부모님이 별거했거나 이혼했습니까?

    ❍   YES 1
    ❍   NO 2
    ❍   PARENT NOT MARRIED 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'QA23_Q13'   [Before you were 18 years of age...]

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

AQ6

18세가 되기 전..
집에 있는 부모님이나 어른들은 얼마나 자주 서로 손찌검하고, 치고, 차고, 주먹질하고
폭력을 행사했습니까?

    ❍   NEVER..1
    ❍   ONCE..2
    ❍   MORE THAN ONCE 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'QA23_Q14'   [Before you were 18 years of age...]

How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.

AQ7

18세 이전에, 집에 있는 부모나 성인이 어떤 식으로든 귀하를 치거나 매질하거나 차거나
신체적으로 해를 가한 적이 얼마나 자주 있었습니까? 엉덩이나 등을 찰싹 때린 것은
포함하지 마세요.

    ❍   NEVER..1
    ❍   ONCE..2
    ❍   MORE THAN ONCE 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'QA23_Q15'   [Before you were 18 years of age...]

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

AQ8

집에 있는 부모나 성인이 얼마나 자주 귀하에게 욕하거나 모욕하거나 무시하였습니까?

- ❍   NEVER..1
- ❍   ONCE...2
- ❍   MORE THAN ONCE 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_Q16'   [Before you were 18 years of age...]

How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

AQ9

귀하보다 적어도 5살 이상 많은 사람 또는 성인이 귀하를 성적으로 만진 적이 얼마나 자주

있었습니까?
- ❍   NEVER..1
- ❍   ONCE...2
- ❍   MORE THAN ONCE 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_Q17'   [Before you were 18 years of age...]

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

AQ10

귀하보다 적어도 5살 이상 많은 사람 또는 성인이 귀하로 하여금 자신을 성적으로

만지도록 한 적이 얼마나 자주 있었습니까?

- ❍   NEVER..1
- ❍   ONCE...2
- ❍   MORE THAN ONCE 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_Q18'   [Before you were 18 years of age...]

How often did anyone at least 5 years older than you or an adult, force you to have sex?

AQ11

귀하보다 적어도 5살 이상 많은 사람 또는 성인이 얼마나 자주 귀하에게 성관계를

강요했습니까?
- ❍   NEVER..1
- ❍   ONCE...2
- ❍   MORE THAN ONCE 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'QA23_Q19' Before you were 18 years of age. Were you ever the victim of violence or witness any violence in your neighborhood?

폭력의 피해자였거나 이웃에서 폭력을 목격한 적이 있습니까?

AQ12

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

'QA23_Q20' [Before you were 18 years of age...] Were you ever treated or judged unfairly because of your race or ethnic group?

자신이 속한 인종이나 민족을 이유로 부당하게 대우받거나 판단 받은 적이 있습니까?

AQ13

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

'QA23_Q21' [Before you were 18 years of age...] Did you ever live with a parent or guardian who died?

함께 살던 부모 또는 보호자의 사망을 경험한 적이 있습니까?

AQ14

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

'QA23_Q22' [Before you were 18 years of age...] How often was it very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing? Would you say very often, somewhat often, not very often, or never?

귀하가 태어났을 때부터, 가족의 소득으로 살기가 어려웠던 때가 얼마나 자주

있었습니까? 예를 들어,식료품이나 집세와 같은 기본적인 생계를 감당하기가 어려웠던

것을 말합니다.

매우 자주, 다소 자주, 자주는 아님, 전혀 그런 적 없음 중 어디에 해당합니까?

AQ15

❍   VERY OFTEN 1
❍   SOMEWHAT OFTEN..................................2
❍   NOT VERY OFTEN 3
❍   NEVER..4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'QA23_Q23' For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say..

귀하의 어린 시절 중 귀하에게 안전하고 보호받는다고 느끼게 해 준 성인이 가정에 있었던

때는 얼마나 됩니까? 개략적으로 알려주세요

AQ30

❍	Never...1	
❍	전혀 없었음	
❍	A little of the time 2	
❍	조금	
❍	Some of the time..3	
❍	일부	
❍	Most of the time 4	
❍	대부분	
❍	All of the time 5	
❍	항상	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

'QA23_Q24'   For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say..

귀하가 어렸을 때 필요한 기본적인 것들을 충족하기 위해 열심히 노력한 성인이 집에 있었던 때는 얼마나 됩니까? 개략적으로 알려주세요

AQ31

❍	Never...1	
❍	전혀 없었음	
❍	A little of the time 2	
❍	조금	
❍	Some of the time..3	
❍	일부	
❍	Most of the time 4	
❍	대부분	
❍	All of the time 5	
❍	항상	
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

PROGRAMMING NOTE ACES RESOURCE:

DISPLAY INSTRUCTIONS:
IF [(**'QA23_Q16'** OR **'QA23_Q17'** OR **'QA23_Q18'**) = -7, -8 OR (**'QA23_Q16'** OR **'QA23_Q17'** OR **'QA23_Q18'**) >1], DISPLAY RAINN RESOURCE AND (IF **'QA23_Q14'** = 1 OR **'QA23_Q14'** = -7, -8) DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;
ELSE SKIP TO **'QA23_S1'**

'QA23_Q25'   We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counsellor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

이 주제가 일부 사람들이 이야기하고 싶어 할 수도 있는 과거의 경험을 상기시킬 수 있다는 것을 알고 있습니다. 귀하 또는 귀하의 지인이 숙련된 카운슬러와 상담하고 싶은 경우 1-800-656-HOPE (4673)로 전화하거나 다음 웹사이트를 방문하세요. www.rainn.org.

National Domestic Violence hotline: We have a toll-free number if you'd like to talk about these issues. Would you like the toll-free number?"

[IF R SAYS "YES", SAY**:** Someone is available 24 hours a day to provide information. GIVE OUT 1-800-799-7233 TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

[IF CATI, DISPLAY: Would you like me to repeat this information?]

이러한 문제에 대해 이야기하고 싶을 때 전화할 수 있는 수신자 부담 전화 번호가 있습니다. 정보를 제공하기 위해 하루 24시간 대기하고 있는 도우미가 있습니다. 전화번호는 1-800-799-7233 또는 TTY1-800-787-3224 입니다. 이 번호는 전국 가정 폭력 핫라인입니다.

Section S: Suicide Ideation and Attempts

Suicide Ideation and Attempts

'QA23_S1'   The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

AF86

다음은 자해, 즉 자기 자신을 해치려는 생각들에 대한 것입니다. 앞서 말씀드렸듯이, 불편한 질문에 대해서는 대답하지 않으셔도 됩니다.

❍	YES 1		
❍	NO...2	**[GO TO 'PN_AM10B']**
❍	REFUSED .... -7	**[GO TO 'PN_AM10B']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_AM10B']**

'QA23_S2'   Have you seriously thought about committing suicide at any time in the past 12 months?

지난 12개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

AF87

❍	YES 1	
❍	NO...2	**[GO TO 'QA23_S4']**
❍	REFUSED .... -7	**[GO TO 'QA23_S4']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_S4']**

'QA23_S3'   Have you seriously thought about committing suicide at any time in the past 2 months?

지난 2개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해 본 적이 있습니까?

AF91

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

'QA23_S4'   Have you ever attempted suicide?

자살을 기도해본 적이 있습니까?

AF88

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

PROGRAMMING NOTE 'QA23_S5':
IF **'QA23_S2'** = (2, *-7*, *-8*) AND **'QA23_S4'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF **'QA23_S3'** = (2, -7, -8) AND **'QA23_S4'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF **'QA23_S3'** = 1 AND **'QA23_S4'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH **'QA23_S5'**

'QA23_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

'QA23_S6': You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help.

'SUICIDE RESOURCE:' [SUICIDE RESOURCE:] - SUICIDE RESOURCE:
자살 충동이나 시도에 대해 누군가와 이야기하고 싶을 때에는 988로 전화할 수 있습니다. 988은 익명이 보장되는 무료 서비스이며 연중무휴 하루 24시간 이용하실 수 있습니다.

988lifeline.org를 방문하여 온라인 채팅을 하거나 도움을 얻는 방법에 대한 정보를 찾을 수도 있습니다.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

 [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

PROGRAMMING NOTE FOR 'QA23_S7':
IF **'QA23_S2'** = (2, -7, -8) AND **'QA23_S4'** = (2, -7, -8) THEN SKIP TO 'NEXT SECTION';
ELSE CONTINUE;

'QA23_S7'   Would you like to discuss your thoughts with this person or would you like to continue with the survey?

이곳의 상담원과 이야기를 해 보고 싶으십니까, 아니면 설문조사를 계속하시겠십니까?

AF90

❍   DISCUSS THOUGHTS WITH PERSON 1
❍   CONTINUE WITH SURVEY 2   **[GO TO 'PN_AM10B']**
❍   REFUSED .... -7   **[GO TO 'PN_AM10B']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AM10B']**

Follow-Up Survey Permission

PROGRAMMING NOTE 'AM10B':
IF (**'QA23_D4'** OR **'QA23_D5'** OR **'QA23_D6'**= 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";
ELSE DISPLAY "JUST A FINAL QUESTION";

'AM10B'   Just a {couple of} final question{s} and then we are done. Please provide your name and telephone number so that we may call you if we have additional questions.

몇 가지 질문만 남았습니다.추가적인 질문이 있을 경우 연락을 드릴 수 있도록 귀하의

이름과 전화번호를 말씀해 주십시오.

| AM10B |

First Name: _____   Last Name: _____
이름: _____   성: _____

Phone Number: _____
전화번호: _____

PROGRAMMING NOTE 'LTSS_A':
IF (**'QA23_D4'** OR **'QA23_D5'** OR **'QA23_D6'** = 1), THEN CONTINUE;
ELSE GO TO PROGRAMMING NOTE **'CLOSE1'** AND **'CLOSE 2'**

'LTSS_A'   Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid $25. This other survey is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands.)

Would you like to participate in this survey?

귀하의 답변을 토대로 몇 가지 질문을 더 드리고 싶습니다. 이 새로운 설문 조사는 15분

정도 소요되며 $25를 드립니다. 본 설문조사는 일상 활동(예: 옷 입기, 목욕하기, 걷기,

장보기)에 어려움을 겪는 사람들을 위한 것입니다.

| LTSS_A |

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

'LTSS_RECON2'

Would you like to participate in this survey at a later date?

| LTSS_RECON2 |

나중에 본 설문 조사에 참여하시겠습니까?

❍   YES...1
❍   NO...2   **[GO TO 'PN_SUICIDE RESOURCE2']**
❍   REFUSED .... -7   **[GO TO 'PN_SUICIDE RESOURCE2']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_SUICIDE RESOURCE2']**

> **PROGRAMMING NOTE 'LTSS_FOLLOW-UP':**
> IF (**'QA23_D4'** OR **'QA23_D5'** OR **'QA23_D6'**= 1) AND **'AM10B'** IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP';
> ELSE GO TO **'PN_SUICIDE RESOURCE2'**

'LTSS_FOLLOW_UP'

| LTSS_FOLLOW_UP |

Please provide your name and telephone number so that we may call you if we have additional questions.

본 설문 조사와 관련하여 몇 주 후에 귀하에게 연락을 드릴 수 있도록 귀하의 이름과 전화 번호를 남겨주세요.

First Name: _____   Last Name: _____
이름: _____   성: _____

Phone Number: _____
전화번호: _____

> **PROGRAMMING NOTE SUICIDE RESOURCE 2:**
> IF **'QA23_S7'** = (2, -7, -8),
> AND [**'QA23_S3'** = 1 OR (**'QA23_S3'** = 2, -7, -8 AND **'QA23_S5'** = 1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
> ELSE GO TO PROGRAMMING NOTE CLOSE2

'SUICIDE RESOURCE2': Again, you can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help

앞서 언급했듯이 자살 충동이나 시도에 대해 누군가와 이야기하고 싶을 때 하루 24시간 도움을 주기 위해 대기하고 있는 도우미가 있습니다. 수신자 부담 번호는 988입니다.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

You can also visit 988lifeline.org to chat online or find information about getting help.
또는 웹 사이트 www.988Lifeline.org를 방문하여 도움이 되는 정보를 찾을 수 있습니다.

> **PROGRAMMING NOTE CLOSE1 AND CLOSE2:**
> IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO **'CLOSE2'**;
> ELSE CONTINUE WITH **'CLOSE1'**

'CLOSE1'   Let me check to see if there is anyone else.

If true, goto 'HH_SELECT'

'CLOSE2'   Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator.

Dr. Ponce can be reached toll-free at 1-866-275-2447.

Thank you, and good-bye.

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