CHIS 2016
Adult Questionnaire
Version 2.8 Chinese
September 19, 2017

Adult Respondents Age 18 and Older

Collaborating Agencies:

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

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

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

QA15_A1  What is your date of birth?
您的出生日期是什麼？

AA1MON

MONTH _____ [RANGE: 1-12]
1. JANUARY    7. JULY
2. FEBRUARY    8. AUGUST
3. MARCH      9. SEPTEMBER
4. APRIL      10. OCTOBER
5. MAY        11. NOVEMBER
6. JUNE       12. DECEMBER

AA1DAY

DAY _____ [RANGE: 1-31]

AA1YR

YEAR _____ [RANGE: 1904-1997]

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

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

QA15_A2  What month and year were you born?
您在哪年哪月出生？

AA1AMON

MONTH _____ [RANGE: 1-12]

AA1AYR

YEAR _____ [RANGE: 1904-1997]

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_A3:
IF QA15_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A3;
ELSE GO TO QA15_A5

QA15_A3
What is your age, please?
請告訴我您的年齡?

AA2

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

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

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

QA15_A4
Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
您的年齡是在 18 到 29 歲、30 到 39 歲、40 到 44 歲、45 到 49 歲、50 到 64 歲之間，還是在 65 歲或 65 歲以上？

AA2A

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

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

QA15_A5
Are you male or female?
您是男性還是女性？

AA3

MALE ................................................................. 1
FEMALE ............................................................... 2
REFUSED ............................................................... -7

QA15_A6
Are you Latino or Hispanic?
您是拉丁裔或西裔嗎？

AA4

YES ................................................................. 1
NO ................................................................. 2 [GO TO PN QA15_A8]
REFUSED ........................................................... -7 [GO TO PN QA15_A8]
DON'T KNOW ...................................................... -8 [GO TO PN QA15_A8]
QA15_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

您的拉丁裔或西裔祖籍或原國籍是哪里？例如墨西哥人、薩爾瓦多人、古巴人、洪都拉斯人——如果有一個以上原國籍，請將所有的原國籍告訴我。

AA5

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

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

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

QA15_A8 {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

{您說您是拉丁裔或西裔。另外，}請告訴我您會使用以下哪一項或幾項來描述您自己。您認為您是夏威夷土著人、其他太群島人、美洲印地安人、阿拉斯加土著人、亞洲人、黑人、非裔美國人還是白人？

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  
ASIAN.....................................................3  
AMERICAN INDIAN OR ALASKA NATIVE ......4  
OTHER PACIFIC ISLANDER.......................5  
NATIVE HAWAIIAN.................................6  
OTHER (SPECIFY: ____________) ...............91  
REFUSED..................................................-7  
DON'T KNOW..........................................-8
PROGRAMMING NOTE QA15_A9:
IF QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_A9;
ELSE GO TO PROGRAMMING NOTE QA15_A12

QA15_A9
You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.
您說您是美洲印地安人或阿拉斯加原住民，您屬於哪一個部落？如果屬於一個以上部落，請告訴我所有這些部落。

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
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QA15_A10
Are you an enrolled member in a federally or state recognized tribe?
您是不是聯邦或州政府認可的部落的一名註冊成員？

CODE

- YES ........................................................................... 1
- NO ............................................................................. 2
- REFUSED ............................................................... 97
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<td>Blackfoot/Blackfeet</td>
<td>5</td>
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<td>Cherokee</td>
<td>Western Cherokee</td>
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<td>Other Pomo (specify: ________)</td>
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<td>Oglala/Pine Ridge Sioux</td>
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<td>Don't Know</td>
<td>Don't know</td>
<td>-8</td>
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PROGRAMMING NOTE QA15_A12:
IF QA15_A8 = 3 (ASIAN) CONTINUE WITH QA15_A12;
ELSE GO TO PROGRAMMING NOTE QA15_A13

QA15_A12
You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.
您選擇了亞裔，您指的是哪一個具體族裔，例如華裔、菲律賓裔、越南裔？如果屬於一個以上族裔，請告訴我所有這些族裔。

[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
DONT KNOW ...................................................... -8

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

QA15_A13
You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
您說您是太平洋群島人。您具體屬於哪一個種族團體，例如薩摩亞人、湯加人或關島人？如果您屬於一個以上種族團體，請告訴我所有的種族團體。

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN ....................... 1
GUAMANIAN ...................................................... 2
TONGAN ............................................................. 3
FIJIAN .............................................................. 4
OTHER PACIFIC ISLANDER (SPECIFY: _______ ) 91
REFUSED ........................................................... -7
DONT KNOW ...................................................... -8
You said that you are: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}.

您曾經說您是: {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?

您是否認同任何一個特定的種族?

Yes ........................................................................... 1
No ............................................................................. 2 [GO TO QA15_A16]
Refused ...................................................................... -7 [GO TO QA15_A16]
Don’t know ................................................................... -8 [GO TO QA15_A16]

Which do you most identify with?

您最認同的是哪一個族裔?

[MINTERVIEWER NOTE: IF R UNABLE TO CHOOSE ONE, OFFER “BOTH/ALL/MULTIRACIAL”]

Mexican/Mexican American/Chicano .......... 1
Salvadoran ......................................................... 4
Guatemalan ........................................................... 5
Costa Rican ............................................................ 6
Honduran ............................................................... 7
Nicaraguan ............................................................ 8
Panamanian ............................................................ 9
Puerto Rican .......................................................... 10
Cuban ................................................................. 11
Spanish-American (from Spain) ................. 12
Latino, Other Specify ......................................... 13
Latino ................................................................. 14
Native Hawaiian .................................................... 16
Other Pacific Islander ......................................... 17
American Indian or Alaska Native ............... 18
Asian ................................................................. 19
Black or African American ............................ 20
White ................................................................. 21
Race, Other Specify ............................................ 22
<table>
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<td>THAI</td>
<td>45</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>46</td>
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<tr>
<td>ASIAN, OTHER SPECIFY</td>
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<tr>
<td>SAMOAN/AMERICAN SAMOAN</td>
<td>50</td>
</tr>
<tr>
<td>GUAMANIAN</td>
<td>51</td>
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<td>TONGAN</td>
<td>52</td>
</tr>
<tr>
<td>FIJIAN</td>
<td>53</td>
</tr>
<tr>
<td>PACIFIC ISLANDER, OTHER SPECIFY</td>
<td>55</td>
</tr>
<tr>
<td>BOTH/ALL/MULTIRACIAL</td>
<td>90</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td>95</td>
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<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

您現在是已婚、與伴侷像婚姻關係一樣同居、喪偶、離婚、分居還是從未結婚？

**AH43**

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

<table>
<thead>
<tr>
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<th>Code</th>
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</thead>
<tbody>
<tr>
<td>MARRIED</td>
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</tr>
<tr>
<td>LIVING WITH PARTNER</td>
<td>2</td>
</tr>
<tr>
<td>WIDOWED</td>
<td>3</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>4</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>5</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section B – Health Conditions

QA15_B1  These next questions are about your health.
接下來這些問題與您的健康有關。

Would you say that in general your health is excellent, very good, good, fair, or poor?
總體而言，您認為您的健康狀況是極好、很好、好、一般還是很差？

<table>
<thead>
<tr>
<th>AB1</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT .............................................................1</td>
</tr>
<tr>
<td>VERY GOOD ............................................................2</td>
</tr>
<tr>
<td>GOOD .................................................................3</td>
</tr>
<tr>
<td>FAIR .................................................................4</td>
</tr>
<tr>
<td>POOR .................................................................5</td>
</tr>
<tr>
<td>REFUSED ...........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................-8</td>
</tr>
</tbody>
</table>

QA15_B2  Has a doctor ever told you that you have asthma?
有沒有醫生曾經告訴過您患有哮喘病？

<table>
<thead>
<tr>
<th>AB17</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
</tr>
<tr>
<td>NO .................................................................2</td>
</tr>
<tr>
<td>REFUSED ...........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................-8</td>
</tr>
</tbody>
</table>

QA15_B3  Do you still have asthma?
您是否依然患有哮喘病？

<table>
<thead>
<tr>
<th>AB40</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
</tr>
<tr>
<td>NO .................................................................2</td>
</tr>
<tr>
<td>REFUSED ...........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................-8</td>
</tr>
</tbody>
</table>

QA15_B4  During the past 12 months, have you had an episode of asthma or an asthma attack?
在過去十二個月中，您是否曾經有過哮喘發作？

<table>
<thead>
<tr>
<th>AB41</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
</tr>
<tr>
<td>NO .................................................................2</td>
</tr>
<tr>
<td>REFUSED ...........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_B5:
IF [QA15_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA15_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA15_B9;
ELSE CONTINUE WITH QA15_B5

QA15_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...
在過去十二個月中，您每隔多久會出現哮喘症狀，例如咳嗽、氣喘、氣短、胸悶或粘痰？您認為是......

AB19
Not at all, ..............................................................1
從未, ......................................................................1
Less than every month, ......................................2
不到每月一次......................................................2
Every month, .........................................................3
每月 ........................................................................3
Every week, or ......................................................4
每週，還是 ................................................................4
Every day? ...........................................................5
每天 ........................................................................5
REFUSED ......................................................................-7
DON'T KNOW ............................................................-8

QA15_B6 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
在過去十二個月中，您是否曾經因您的哮喘病發作前往醫院急診室就診？

AH13A
YES ...........................................................................1
NO ...........................................................................2 [GO TO QA15_B8]
REFUSED ...............................................................-7 [GO TO QA15_B8]
DON'T KNOW ...........................................................-8 [GO TO QA15_B8]

QA15_B7 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
您是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室就診？

AB106
[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]
YES ...........................................................................1
NO ..........................................................................2
DOESN'T HAVE A DOCTOR .......................................3
REFUSED ...............................................................-7
DON'T KNOW ............................................................-8
QA15_B8 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
在過去十二個月中，您是否因哮喘病曾經住院一天或更長時間？

AH15A

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

QA15_B9 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?
您目前是否每天服用醫生開給您的或是醫生提供給您的控制哮喘的藥物？

AB18

[IF NEEDED, SAY: “This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.”]
[IF NEEDED, SAY：「包括口服藥和吸入劑，但不是用於快速緩解症狀的吸入劑。」]

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

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

QA15_B10 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...
在過去12個月中，您出現哮喘症狀的頻率有多高？哮喘症狀包括咳嗽、喘鳴、呼吸急促、胸悶或 黏痰。您認為是......

AB66

Not at all, ..........................................................................1
從未 ..........................................................................1
Less than every month, .............................................2
不到每月一次 .........................................................2
Every month, .............................................................3
每月 ..........................................................................3
Every week, or ..........................................................4
每週，還是 ................................................................4
Every day? ...............................................................5
每天 ..........................................................................5
REFUSED ......................................................................-7
DON'T KNOW ......................................................... -8
QA15_B11  During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
您是否曾經因哮喘病發作而必須前往醫院急診室就診？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA15_B13]

QA15_B12  Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
您是否曾經因哮喘病發作無法約見自己的醫生而前往醫院急診室就診？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DOESN'T HAVE DOCTOR</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

QA15_B13  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
在過去十二個月中，您是否因哮喘病曾經住院一天或更長時間？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

[GO TO QA15_B14]

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

QA15_B14  During the past 12 months, how many days of work did you miss due to asthma?
在過去十二個月中，您因為哮喘病有多少天沒有工作？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_________ DAYS (0 - 365)

REFUSED | -7 |
DON'T KNOW | -8 |
**QA15_B15**

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

是否曾經有醫生或其他醫療服務提供者與您一起制定一項計劃，以便您瞭解如何控制自己的哮喘？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA15_B16**

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

您是否有該項計劃的書面或列印副本？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA15_B17**

How confident are you that you can control and manage your asthma? Would you say you are...

您對控制與管理自己的哮喘信心有多高？您認為是......

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very confident,</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat confident,</td>
<td>1</td>
</tr>
<tr>
<td>Not too confident, or...</td>
<td>2</td>
</tr>
<tr>
<td>Not at all confident?</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>4</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_B18:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B18  {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?
{除了懷孕期間，} 是否有醫生曾經告訴您患有糖尿病？

AB22
YES .................................................................1
NO .................................................................2
BORDERLINE OR PRE-DIABETES .........................3
REFUSED .......................................................-7
DON'T KNOW .................................................-8

[GO TO PN QA15_B34]

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

QA15_B19  {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?
{除了懷孕期間，} 是否曾經有醫生告訴您患有前驅糖尿病或臨界糖尿病？

AB99
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW .................................................-8

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

QA15_B20  How old were you when a doctor first told you that you have diabetes?
當醫生第一次告訴您患有糖尿病時，您的年齡多大？

AB23
_____ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
REFUSED .......................................................-7
DON'T KNOW .................................................-8
QA15_B21  Were you told that you had Type 1 or Type 2 diabetes?
您是否曾經被告知患有一類或二類糖尿病？

**AB51**  
[IF NEEDED, SAY: “Type 1 diabetes results from the body’s failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes.”]  
[IF NEEDED, SAY: 「一類糖尿病是由於身體無法產生胰島素而引起，常見於兒童及年輕人。二類糖尿病是由於抗胰島素作用而引起，是最常見的糖尿病類型。」]  

<table>
<thead>
<tr>
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<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
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</tr>
<tr>
<td>Type 2</td>
<td>2</td>
</tr>
<tr>
<td>Another Type</td>
<td>91</td>
</tr>
<tr>
<td>Double Diabetes</td>
<td>4</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
</tbody>
</table>

QA15_B22  Are you now taking insulin?
您目前在使用胰島素嗎？

**AB24**  

| Yes          | 1    |
| No           | 2    |
| Refused      | 7    |
| Don’t know   | 8    |

QA15_B23  Do you now take diabetic pills to lower your blood sugar?
您目前在服用降血糖的糖尿病藥物嗎？

**AB25**  
[IF NEEDED, SAY: “These are sometimes called oral agents or oral hypoglycemic agents.”]  
[IF NEEDED, SAY: 「有時稱作口服藥劑或口服降血糖藥剤。」]  

| Yes          | 1    |
| No           | 2    |
| Refused      | 7    |
| Don’t know   | 8    |
QA15_B24 About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
您本人、您的家庭成员或朋友每天、每周或每月大约几次检查您的血糖?

**[FILL IN TIME FRAME ANSWERED]**

- ____ TIMES
- ____ PER DAY [HR: 0-24; SR: 0-10]
- ____ PER WEEK [HR: 0-70; SR: 0-34]
- ____ PER MONTH [HR: 0-300; SR: 0-149]
- ____ PER YEAR [HR: 0-3650; SR: 0-599]

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

QA15_B25 About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?
在过去十二个月中，医生或健康专业人员大约检查过几次您的血红蛋白「A one C」?

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

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

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

QA15_B26 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
在过去12个月中，医生大约检查过几次您的脚部是否有任何疮或发炎?

**AB28**

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

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_B27 When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
您最近一次接受瞳孔放大眼科检查是什麼時候？瞳孔放大會使您的眼睛在短時間內對亮光敏感。

AB63

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

QA15_B28 During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
在過去 12 個月中，您是否曾經因糖尿病發作而必須前往醫院急診室就診？

AB109

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

QA15_B29 Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
您是否曾經因糖尿病發作無法約見自己的醫生而前往醫院急診室就診？

AB110

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

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

QA15_B30 During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
在過去 12 個月中，您是否曾經因糖尿病而住院一整天或更長時間？

AB111

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_B31  Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?
您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便讓您瞭解如何護理自己的糖尿病？

[AB112]
YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_B33]
REFUSED ........................................................................ -7 [GO TO QA15_B33]
DON'T KNOW ...................................................................... -8 [GO TO QA15_B33]

QA15_B32  Do you have a written or printed copy of this plan?
您是否有該項計劃的書面或列印副本？

[AB113]
[IF NEEDED, SAY: “This can be an electronic or hard copy.”]
[IF NEEDED, SAY: “可以是電子版本或打印件。”]
YES ...........................................................................1
NO .............................................................................2
REFUSED ........................................................................ -7
DON'T KNOW ...................................................................... -8

QA15_B33  How confident are you that you can control and manage your diabetes? Would you say you are...
您對控制與管理自己的糖尿病信心有多高？您認為是......

[AB114]
Very confident, ..........................................................1
很有信心 ..................................................................1
Somewhat confident, ................................................2
較有信心 ..................................................................2
Not too confident, or ..................................................3
不太有信心，還是 .................................................3
Not at all confident? ..................................................4
毫無信心？ ..............................................................4
REFUSED ........................................................................ -7
DON'T KNOW ...................................................................... -8
PROGRAMMING NOTE QA15_B34:
IF QA15_A5 = 2 (FEMALE) CONTINUE WITH QA15_B34;
ELSE GO TO QA15_B35

QA15_B34  Has a doctor ever told you that you had diabetes only during pregnancy?
是否有醫生曾經說過您僅在懷孕期間患過糖尿病？

[IF NEEDED, SAY: “This is also known as gestational diabetes.”]
[IF NEEDED, SAY: 「這也稱為妊娠糖尿病。」]

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

QA15_B35  Has a doctor ever told you that you have high blood pressure?
是否有醫生曾經告訴過您患有高血壓？

YES ...........................................................................1
NO .............................................................................2
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION .............................................3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_B36  Are you now taking any medications to control your high blood pressure?
您目前是否在服用任何控制高血壓的藥物？

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

QA15_B37  Has a doctor ever told you that you have any kind of heart disease?
有沒有醫生告訴過您患有任何一種心臟病？

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_B38  Has a doctor ever told you that you have heart failure or congestive heart failure?
是否有醫生曾經告訴您患有心力衰竭或充血性心力衰竭？

AB52

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

QA15_B39  During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?
在過去 12 個月中，您是否曾經因心臟病而必須前往醫院急診室就診？

AB115

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

QA15_B40  Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?
您是否曾經因心臟病發作無法約見自己的醫生而前往醫院急診室就診？

AB116

[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN’T HAVE A DOCTOR. DO NOT PROBE.]
YES ................................................................. 1
NO ............................................................... 2  [GO TO QA15_B41]
DOESN'T HAVE DOCTOR ................................ 3
REFUSED ...................................................... 7
DON'T KNOW .............................................. 8

QA15_B41  During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?
在過去 12 個月中，您是否因心臟病而住院一整天或更長時間？

AB117

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

QA15_B42  Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?
您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便您瞭解如何護理自己的心臟病？

AB118

YES ................................................................. 1  [GO TO QA15_B45]
NO ............................................................... 2  [GO TO QA15_B45]
REFUSED ...................................................... 7  [GO TO QA15_B45]
DON'T KNOW .............................................. 8  [GO TO QA15_B45]
**QA15_B43**  Do you have a written or printed copy of this plan?

您是否有該項計劃的書面或列印副本？

**AB119**

[IF NEEDED, SAY: “This can be an electronic or hard copy.”]

[IF NEEDED, SAY: “可以是電子版本或打印件。”]

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

**QA15_B44**  How confident are you that you can control and manage your heart disease? Would you say you are...

您對控制與管理您的心臟病的信心有多高？您認為是......

**AB120**

- Very confident, ..........................................................1
- 很有信心.................................................................1
- Somewhat confident, .................................................2
- 較有信心.................................................................2
- Not too confident, or..................................................3
- 不太有信心，還是 ..................................................3
- Not at all confident? ..................................................4
- 毫無信心？ .............................................................4
- REFUSED ............................................................... -7
- DON'T KNOW .......................................................... -8

**QA15_B45** During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

在過去 12 個月中，您是否打過流感防疫針或使用過流感疫苗鼻噴劑 Flumist?

**AE30**

[IF NEEDED, SAY: “A flu shot is usually given in the Fall and protects against influenza for the flu season.”]

[IF NEEDED, SAY: “流感防疫針通常是在秋季注射，以便為流感季節預防流感提供保護。”]

- YES ...........................................................................1
- NO .............................................................................2
- REFUSED ............................................................... -7
- DON'T KNOW .......................................................... -8
Section C – Health Behaviors

QA15_C1 The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

During the past 7 days, did you walk to get some place that took you at least 10 minutes?

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<tbody>
<tr>
<td>YES</td>
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</tr>
<tr>
<td>NO</td>
<td><img src="#" alt="Image" /></td>
</tr>
<tr>
<td>UNABLE TO WALK</td>
<td><img src="#" alt="Image" /></td>
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<tr>
<td>REFUSED</td>
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</table>

[GO TO QA15_C4]

QA15_C2 In the past 7 days, how many times did you do that?

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<td>REFUSED</td>
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<td>DON'T KNOW</td>
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[IF NEEDED, SAY: “Walk for at least 10 minutes to get some place.”]

QA15_C3 {How long did that walk take/On average, how long did those walks take}?

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</table>

PROGRAMMING NOTE QA15_C3:
IF QA15_C2 = 1 DISPLAY “How long did that walk take”;
IF QA15_C2 > 1 DISPLAY “On average, how long did those walks take”
PROGRAMMING NOTE QA15_C4:
IF QA15_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY “Please do not include walking for transportation.”

QA15_C4
Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.
有時，您會為了娛樂、休閒、運動或溜狗而步行。在過去七天內，您是否曾經因任何此類原因而至少步行 10 分鐘？（請勿包括以步代車。）

AD40W

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

QA15_C5
In the past 7 days, how many times did you do that?
在過去七天內，您曾經幾次這樣做？

AD41W

[IF NEEDED, SAY: “Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog.”]
[IF NEEDED, SAY: "因娛樂、休閒、運動或溜狗至少步行 10 分鐘。"]

______ TIMES PER WEEK [IF 0, GO TO QA15_C7]
REFUSED ..............................................................-7 [GO TO QA15_C7]
DON’T KNOW ..........................................................-8 [GO TO QA15_C7]

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

QA15_C6
{How long did that walk take/On average, how long did those walks take}? 
{此類步行花了多長時間/此類步行通常花多長時間}?

AD42W

______ MINUTES PER DAY
______ HOURS PER DAY
REFUSED ..............................................................-7
DON’T KNOW ..........................................................-8
QA15_C7  During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
[在過去一個月中，]您喝普通汽水或含糖汽水的頻率有多高？請不要包括低卡節食汽水。

AC11  [IF NEEDED, SAY: “Do not include canned or bottled juices or teas. Your best guess is fine.”]
[IF NEEDED, SAY: “請不要包括罐裝或瓶裝果汁或茶。給出最佳估計數字即可。”]

<table>
<thead>
<tr>
<th>TIMES</th>
<th>PER DAY</th>
<th>1 [HR: 0-10; SR: 0-7]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PER WEEK</td>
<td>2 [HR: 0-25; SR: 0-11]</td>
</tr>
<tr>
<td></td>
<td>PER MONTH</td>
<td>3 [HR: 0-60; SR: 0-30]</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
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<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

QA15_C10  Now think about the past week. In the past 7 days, how many times did you eat fast food?
Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.
現在，請想一想上一週的情況。在過去七天中，您曾經幾次吃快餐食品？包括在工作場所、家中或快餐店、外賣店或無需下車的得來速快餐店(drive through) 吃的快餐食品。

AC31  [IF NEEDED, SAY: “Such as food you get at McDonald’s, KFC, Panda Express, or Taco Bell.”]
[IF NEEDED, SAY: “例如，您在麥當勞、肯塔基炸雞店、熊貓快餐店或塔可鐘購買的食品。”]

<table>
<thead>
<tr>
<th># OF TIMES IN PAST 7 DAYS</th>
<th>REFUSED</th>
<th>-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

QA15_C11  How often can you find fresh fruits and vegetables in your neighborhood? Would you say...
您在所在社區買到新鮮水果和蔬菜的頻率有多高？您認為是……

AC42

<table>
<thead>
<tr>
<th>TIME</th>
<th>NEVER</th>
<th>1</th>
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<tbody>
<tr>
<td></td>
<td>SOMETIMES</td>
<td>2</td>
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<tr>
<td></td>
<td>USUALLY, OR</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>ALWAYS?</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>DOESN'T EAT F &amp; V</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>DOESN'T SHOP FOR F &amp; V</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>DOESN'T SHOP IN HIS/HER NEIGHBORHOOD</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_C12:
IF QA15_C11 = 2, 3, OR 4, THEN CONTINUE WITH QA15_C12;
ELSE GO TO PROGRAMMING NOTE QA15_C13

QA15_C12  How often are they affordable? Would you say...
            您能夠負擔得起這些食品的頻率有多高？您認為是……

            [IF NEEDED, SAY: “How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say...”]
            [IF NEEDED, SAY: 「您能夠負擔得起您所在社區的新鮮水果和蔬菜的頻率有多高？您認為是...」]
            Never ..............................................................1
            從未、 ..............................................................1
            Sometimes .........................................................2
            有時、 ..............................................................2
            Usually, or ..........................................................3
            經常、還是 .........................................................3
            Always? ..............................................................4
            總是？ ..............................................................4
            REFUSED ..................................................................-7
            DON'T KNOW ......................................................-8

QA15_C13  Now, I am going to ask about various health behaviors.
            現在，我想就各種不同的健康行為問題提問。
            Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?.
            在您的一生中，您抽煙的總量是否至少有 100 支或 100 支以上？

            AE15
            YES ...........................................................................1
            NO .........................................................................2
            REFUSED ..................................................................-7
            DON'T KNOW ......................................................-8

QA15_C14  Do you now smoke cigarettes every day, some days, or not at all?
            您現在是每天、某些天抽煙還是完全不抽煙？

            AE15A
            EVERY DAY ..................................................................1
            SOME DAYS .............................................................2
            NOT AT ALL ............................................................3
            REFUSED ..................................................................-7
            DON'T KNOW ......................................................-8
QA15_C15  On average, how many cigarettes do you now smoke a day?
目前您每天平均抽多少支煙？

AD32  
[INTERVIEWER NOTE: IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES   [HR: 0-120]   [GO TO PN QA15_C18]

REFUSED..............................................................-7   [GO TO PN QA15_C18]

DON’T KNOW..........................................................-8   [GO TO PN QA15_C18]

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

QA15_C16  Did you quit smoking within the last 2 years?
您是否在過去兩年內戒煙了？

AC101

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

QA15_C17  How many months ago did you quit?
您幾個月前戒的煙？

AC102

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

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

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

QA15_C18  In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
在過去30天中您抽煙的日子裡，您每天抽多少支煙？

AE16

[IF NEEDED, SAY: “On the days you smoked.” AND IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]
[IF NEEDED, SAY: "在您抽煙的日子裡。” AND IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES   [HR: 0-120]

REFUSED..............................................................-7
DON’T KNOW..........................................................-8
**PROGRAMMING NOTE QA15_C19:**
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C19; ELSE SKIP TO PN QA15_C20

**QA15_C19**
How long has it been since you smoked on a daily basis?
你每天抽煙已經有多長時間？

AC53B

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

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

**QA15_C20**
{On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?
你通常在起床後多久開始抽第一支煙？

AC54B

[IF R SAYS, “IMMEDIATELY”, CODE 0]
[IF R SAYS, “I DON'T SMOKE AFTER WAKING UP”, CODE 999]

_____ AMOUNT OF TIME
_____ UNIT OF TIME
MINUTES...............................................................1
HOURS .................................................................2
REFUSED ..................................................................... -7
DON’T KNOW ............................................................. -8

**QA15_C21**
Do you usually smoke menthol or non-menthol cigarettes?
你通常是抽含薄荷醇的香煙還是不含薄荷醇的香煙？

AC58B

MENTHOL .................................................................1
NON-MENTHOL .......................................................2
REFUSED ..................................................................... -7
DON’T KNOW ............................................................. -8
PROGRAMMING NOTE QA15_C22:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C22;
ELSE GO TO PN QA15_C37

QA15_C22  During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
在過去十二個月中，您是否曾因嘗試戒煙而停止抽煙一天或更長時間？

AC49
YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_C24]
REFUSED ............................................................... -7 [GO TO QA15_C24]
DON'T KNOW ......................................................... -8 [GO TO QA15_C24]

QA15_C23  During the past 12 months, how many times have you tried to quit smoking for one day or longer?
在過去十二個月內，您曾經有多少次嘗試戒煙一天或更長時間？

AC59
_____ NUMBER OF TIMES
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_C24  Are you thinking about quitting smoking in the next six months?
您是否在考慮在今後六個月內戒煙？

AC50
YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_C26]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_C25  Do you plan to quit in the next month?
您是否計劃下個月戒煙？

AC103
YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_C26:
IF QA15_C22 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS) OR QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C26;
ELSE SKIP TO QA15_C35;
DISPLAYS:
IF QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS) DISPLAY “The last time you tried to quit”; 
IF QA15_C22 = 1 (CURRENT SMOKERS TRIED QUITTING IN THE PAST 12 MONTHS) DISPLAY “In the past 12 months”

QA15_C26 There are many products called Nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. {The last time you tried to quit / In the past 12 months}, did you use a nicotine patch?

AC60B
YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW .................................................................-8

QA15_C27 (The last time you tried to quit / In the past 12 months), did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?

AC104
YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW .................................................................-8

QA15_C28 There are prescription medications to help people quit smoking cigarettes. {The last time you tried to quit / In the past 12 months}, did you use Zyban, Wellbutrin, Bupropion, Prozac, Chantix or Varenicline?

AC105
YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW .................................................................-8
PROGRAMMING NOTE QA15_C29:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY “The last time you tried to quit, did you try?”

QA15_C29
{The last time you tried to quit, did you try / In the past 12 months, have you done} any of the following to help you quit smoking? Did you...
[在過去十二個月內，你是否曾做過以下任何一件幫助你戒煙的事？你是否曾……]

AC68B
Switch to smokeless tobacco, such as chewing tobacco, snus or snuff?
換抽無煙菸草？
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON’T KNOW ..................................................-8

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

QA15_C30
{The last time you tried to quit / In the past 12 months} did you
[在過去十二個月內，你是否曾做過以下任何一件幫助你戒煙的事？你是否曾……]

AC69B
Quit completely on your own or “cold turkey”?
自己完全戒煙或果斷地戒煙？
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON’T KNOW ..................................................-8

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

QA15_C31
{The last time you tried to quit attempt/ In the past 12 months} did you
您是否藉助科技，比如移動通信 APP，電話短信，或戒煙網站？

AC106
Use technology such as an app, texting or quitting website?
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON’T KNOW ..................................................-8
PROGRAMMING NOTE QA15_C32:
IFF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 24 MONTHS), THEN DISPLAY “The last time you tried to quit”

QA15_C32

([The last time you tried to quit / In the past 12 months]) did you
[在過去十二個月內，你是否曾做過以下任何一件幫助你戒煙的事？你是否曾……]

AC107

Use social media such as Facebook, Instagram, Twitter, or WhatsApp?
YES ...........................................................................1
NO .............................................................................2
REFUSED ....................................................................... -7
DON'T KNOW ............................................................... -8

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

QA15_C33

([The last time you tried to quit / In the past 12 months]) did you
[在過去十二個月內，你是否曾做過以下任何一件幫助你戒煙的事？你是否曾……]

AC72B

Exercise more to help you quit smoking?
更多地運動幫助戒煙？
YES ...........................................................................1
NO .............................................................................2
REFUSED ....................................................................... -7
DON'T KNOW ............................................................... -8

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

QA15_C34

([The last time you tried to quit / In the past 12 months]) did you
[在過去十二個月內，你是否曾做過以下任何一件幫助你戒煙的事？你是否曾……]

AC75B

Call a telephone quitting helpline?
打电话給戒煙幫助熱線？
YES ...........................................................................1
NO .............................................................................2
REFUSED ....................................................................... -7
DON'T KNOW ............................................................... -8
PROGRAMMING NOTE QA15_C35:
IF QA15_C14 = 1 (EVERY DAY) OR QA15_C14 = 2 (SOME DAYS), CONTINUE WITH QA15_C35;
ELSE IF QA15_C14 = 3 (NOT AT ALL), SKIP TO PN QA15_C37

QA15_C35 In the past 12 months, did a doctor or other health professional advise you to quit smoking?
在過去十二個月內，是否曾有醫生或其他健康專業人員建議您戒煙？

AC77
YES .................................................................1
NO ...........................................................................2
REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8

QA15_C36 In the past 12 months, did a doctor or other health professional refer you to, or give you
information about, a smoking cessation program?
在過去十二個月內，是否曾有醫生或其他健康專業人員讓您參加戒煙計劃或向您提供有關戒煙計
劃的資訊？

AC78
YES .................................................................1
NO ...........................................................................2
REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_C37:
IF AGE <= 65 THEN CONTINUE WITH QA15_C37;
ELSE SKIP TO PN QA15_C46;

QA15_C37 Have you ever smoked a Hookah pipe?
您是否曾抽過水煙筒？

AC79
[IF NEEDED, SAY: “Hookah is also known as shisha (she-sha), nargila (nar-geela), argila
(argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the
smoke”]
[IF NEEDED, SAY: 「水煙筒也稱為 shisha、nargila、argila 或 lula。煙通過玻璃水管中的水，
使煙冷卻和過濾。]
YES .................................................................1
NO ...........................................................................2
REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8
[GO TO QA15_C39]

QA15_C38 During the past 30 days how many days did you use a hookah?
過去30天內，您用水煙有多少天？

AC108
_____ ENTER NUMBER OF DAYS [HR: 0 - 30]

REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8
QA15_C39  Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

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

[IF NEEDED, SAY: “Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.”]

[IF NEEDED, SAY: 「電子煙是模仿傳統抽煙的設備，但由電池操作的設備產生氣霧，而不是煙。該設備中使用的溶液可能含有尼古丁，通常帶有香味。」]

AC81B

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

QA15_C40  During the past 30 days, on how many days did you use electronic cigarettes?

AC82B

____ NUMBER OF DAYS [RANGE: 0-30] [IF 0, THEN SKIP TO QA15_C46]

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

QA15_C41  What best describes your reasons for using e-cigarettes?

AC83B

[CODE ALL THAT APPLY]

QUIT SMOKING ............................................1
REPLACE SMOKING .......................................2
CUT DOWN OR REDUCE SMOKING ..................3
USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED ........................................4
CURIOSITY, JUST TRY IT ...............................5
NO LINGERING ODOR .....................................6
HELPS ME CONCENTRATE/STAY ALERT ..........7
COME IN MANY FLAVORS ...............................8
LESS EXPENSIVE ..........................................9
HEALTHIER THAN CIGARETTES ....................10
OTHER (SPECIFY: ____________) ....................91
REFUSED ......................................................-7
DON’T KNOW ...............................................-8
QA15_C42  How long ago did you start using e-cigarettes regularly?
您多久之前您開始經常使用電子煙？

AC109

____ MONTHS
____ YEARS

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

QA15_C43  Where do you usually buy your e-cigarettes or e-liquid?
你通常在哪裡買煙？

AC110

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

QA15_C44  During the day you last used an electronic nicotine product, how many puffs
did you take?

AC111

____ PUDDS

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

QA15_C45  What concentration or strength of nicotine is in the liquid or cartridge you typically use
with your e-cigarette? For example, is it zero nicotine, 3, 6, 12, or 24 milligrams per
milliliter, or some other concentration?
您通常和電子煙一起使用的煙液或煙彈里，尼古丁的濃度或強度是多少？例如，每毫升含零尼古丁、有 3 毫克、6 毫克、12 毫克、24 毫克，還是某些其它濃度？

AC112

ZERO .......................................................................1
THREE .................................................................2
SIX ..........................................................................3
TWELVE ............................................................4
TWENTY-FOUR ..................................................5
OTHER (Specify:__________________) .................. 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_C46:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) OR QA15_C40 > 0 (USED E-CIGARETTES WITHIN PAST MONTH), CONTINUE WITH QA15_C46;
ELSE SKIP TO QA15_C50

QA15_C46  What are the current rules or restrictions about smoking inside your home? Would you say...
在你們家中目前是否有任何對抽煙的規定或限制？你認為是
[IF NEEDED, SAY: “This is for regular, tobacco cigarettes”.]
[IF NEEDED, SAY: 這是指常規的煙草香煙。]

AC84B

Smoking is completely banned for everyone, ...........1
完全禁止每個人抽煙，..................................................1
Smoking is completely banned for everyone
few exceptions, .........................................................2
通常禁止每個人抽煙，只有極少的例外情況，........2
Smoking is allowed in some rooms only, or..............3
僅允許在某些房間裡抽煙，還是.............................3
There are no rules or restrictions on smoking inside your home? .........................................................4
在你們家中對抽煙沒有規定或限制？...............4
NO SMOKERS/NO NEED ............................................5
VOLUNTARILY DON'T SMOKE INSIDE HOME ......6
OTHER (SPECIFY:________) ......................................91
REFUSED ......................................................................-7
DON'T KNOW ......................................................... -8

QA15_C47  What are the current rules or restrictions about using E-CIGARETTES (vaping) inside your home? Would you say...
目前在你們家中吸電子煙有哪些規定或限制？您會說...

AC113

Vaping is completely banned for everyone,...........1
Vaping is generally banned for everyone with
few exceptions, .........................................................2
Vaping is allowed in some rooms only, or ..........3
There are no rules or restrictions on vaping inside your home? .........................................................4
NO VAPERS/NO NEED ............................................5
VOLUNTARILY DON'T VAPE INSIDE HOME ......6
OTHER (SPECIFY:________) ....................................91
REFUSED ......................................................................-7
DON'T KNOW ......................................................... -8

QA15_C48  Do you agree or not with the following statement: The use of e-cigarettes should not be allowed in the places where cigarette smoking is not allowed?
您是否同意下面的說法：禁止抽煙草煙的地方也應該禁止吸電子煙。

AC114

YES (AGREE) ...........................................................1
NO (DO NOT AGREE) ...............................................2
REFUSED ......................................................................-7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_C49
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) CONTINUE WITH
QA15_C49;
ELSE SKIP TO QA15_C50

QA15_C49
How much additional tax on a pack of cigarettes would you be willing to support if all the money
raised was used to fund programs aimed at preventing smoking among children, and other health
care programs? Would you support a tax increase of...

如果增收的煙稅全部被用於贊助旨在預防兒童抽煙的計劃和其他健康護理計
劃，你願意支持每包煙增加多少稅款？你是否支持對每包煙增收稅款……

AC92

50 cents a pack, ...........................................................1
$1.00, .................................................................2
$2.00, .................................................................3
$3.00, .................................................................4
more than $3.00 a pack, or ......................................5
no tax increase? ...................................................6
REFUSED .........................................................-7
DON'T KNOW .....................................................-8
Section D – General Health, Disability, and Sexual Health

QA15_D1  These next questions are about your height and weight. How tall are you without shoes?

以下是一些有关您的身高和体重的问题。您不穿鞋时身高是多少？

[IF NEEDED, SAY: “About how tall?”]
[IF NEEDED, SAY: 「大約有多高？」]

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

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

REFUSED ……………………………………………………………… -7
DON’T KNOW ………………………………………………………… -8

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

QA15_D2  (When not pregnant, how/How) much do you weigh without shoes?

以下是一個有關您的身高和體重的問題。您不穿鞋時體重是多少？

[IF NEEDED, SAY: “About how much?”]
[IF NEEDED, SAY: 「大約有多重？」]

_____ POUNDS  [HR: 50-450]

_____ KILOGRAMS  [HR: 20-220]

REFUSED ……………………………………………………………… -7
DON’T KNOW ………………………………………………………… -8

QA15_D3  Are you blind or deaf, or do you have a severe vision or hearing problem?

您是盲人或聾人，或有嚴重視力或聽力障礙嗎？

YES ………………………………………………………………1
NO …………………………………………………………………2  [GO TO QA15_D5]
REFUSED ……………………………………………………………… -7  [GO TO QA15_D5]
DON’T KNOW ………………………………………………………… -8  [GO TO QA15_D5]

QA15_D4  Are you legally blind?

您是不是法律認可的盲人？

YES ………………………………………………………………1
NO …………………………………………………………………2
REFUSED ……………………………………………………………… -7
DON’T KNOW ………………………………………………………… -8
**QA15_D5**

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

> 您是否有任何一種嚴重限制一種或多種基本身體活動的症狀？例如，步行、上樓梯、伸手取物或提拿物體。

<table>
<thead>
<tr>
<th>AD57</th>
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</thead>
<tbody>
<tr>
<td>YES .........................................................1</td>
</tr>
<tr>
<td>NO .........................................................2</td>
</tr>
<tr>
<td>REFUSED ....................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ...............................................-8</td>
</tr>
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</table>

**QA15_D6**

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

> 您是否由於持續六個月或以上的身體、精神或情感疾病，出現以下任何症狀：

Any difficulty learning, remembering, or concentrating?

> 學習、記憶或集中注意力方面的任何困難？

<table>
<thead>
<tr>
<th>AD51</th>
</tr>
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<tr>
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</tr>
<tr>
<td>DON'T KNOW ...............................................-8</td>
</tr>
</tbody>
</table>

**QA15_D7**

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

> 穿衣、洗澡或在家中走動時有任何困難嗎？

<table>
<thead>
<tr>
<th>AD52</th>
</tr>
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</tr>
<tr>
<td>REFUSED ....................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ...............................................-8</td>
</tr>
</tbody>
</table>

**QA15_D8**

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

> 單獨外出購物或前往醫生診所就診時有任何困難嗎？

<table>
<thead>
<tr>
<th>AD53</th>
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<tbody>
<tr>
<td>YES .........................................................1</td>
</tr>
<tr>
<td>NO .........................................................2</td>
</tr>
<tr>
<td>REFUSED ....................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ...............................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_D9:
IF AAGE > 64 GO TO PN QA15_D11

QA15_D9

Any difficulty working at a job or business?
工作或從事業務方面遇到任何困難嗎？

[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition lasting 6 months or more.”]
[IF NEEDED, SAY: 「由於延續六個月或以上的身體、精神或情感狀況。」]

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

QA15_D10

Do you have a physical or mental condition that has kept you from working for at least a year?
您是否有使您至少一年無法工作的身體或精神狀況？

[IF NEEDED, SAY “Current condition.”]
[IF NEEDED, SAY: ”目前的狀況。”]

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

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

QA15_D11

Has Social Security or the State Department of Social Services determined that you have a disability that is expected to last one year or longer?
您是否有已被社會安全 (就是 Social Security) 或州社會服務處確認且會持續一年以上的殘疾？

[IF NEEDED, SAY: “This does not include short-term disability for illness, injury, pregnancy, or childbirth.”]
[IF NEEDED, SAY: “不包括短期的殘疾如疾病，受傷，懷孕或生育..”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................-7
DON’T KNOW ...................................................................-8
We are asking a few questions about people’s sexual experiences. All answers will be kept private.

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

Coding:

- Refused: 7
- Don’t know: 8

Can you give me your best guess?

Coding:

- 1 partner: 1
- 2–3 partners: 2
- 4–5 partners: 3
- 6–10 partners: 4
- More than 10 partners: 5
- Refused: 7
- Don’t know: 8

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

Coding:

- Male: 1
- Female: 2
- Both male and female: 3
- Refused: 7
- Don’t know: 8
PROGRAMMING NOTE QA15_D15:

IF QA15_A5 = 1 (MALE), DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;
ELSE IF QA15_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian” IN HELP SCREEN

QA15_D15

Do you think of yourself as straight or heterosexual, as gay, lesbian or homosexual, or bisexual?

AD46

[IF NEEDED, SAY: “Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes.”]

[IF NEEDED, SAY: 「異性戀者主要受異性吸引並與異性發生性關係；男同性戀者和女同性戀者主要受同性吸引並與同性發生性關係；雙性戀者受兩種性別的人吸引並與兩種性別的人發生性關係。」]

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

PROGRAMMING NOTE QA15_D15:

IF [QA15_D12 > 1 OR QA15_D13 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR [QA15_A5 = 1 (MALE) AND (QA15_D15=2 (GAY) OR QA15_D15=3 (BISEXUAL)], CONTINUE WITH QA15_D16;

HIV SAMPLING FOR AMERICAN INDIAN ALASKA NATIVE RESPONDENTS;
IF QA15_A8 = 4 OR QA15_A15 = 18 (AMERICAN INDIAN OR ALASKA NATIVE)], CONTINUE WITH QA15_D16;

CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE WITH QA15_D16;
CONTROL GROUP: QA15_D12 ≤ 1 OR QA15_D13 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND QA15_D15 = 1 (STRAIGHT OR HETEROSEXUAL) AND QA15_A8 ≠ 4 OR QA15_A15 ≠ 18 (NOT AMERICAN INDIAN OR ALASKA NATIVE)];
(MINIMUM N = 1,200 equally spread across each replicate);
ELSE GO TO PROGRAMMING NOTE QA15_D20

QA15_D16

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

AD55

YES .................................................................1
NO ...............................................................2
REFUSED ......................................................-7
DON’T KNOW ...............................................-8
PROGRAMMING NOTE QA15_D17:
IF QA15_D16 = 1 CONTINUE WITH QA15_D17;
ELSE GO TO PROGRAMMING NOTE QA15_D20;

QA15_D17  In the past year, how many times have you been tested for HIV?
在過去一年中，你曾經接受過幾次 HIV 測試？

AD62

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

QA15_D18  When was your last HIV test?
你最後一次接受 HIV 測試是什麼時間？

AD63

MONTH ______ [RANGE: 1-12]
1. JANUARY  7. JULY
2. FEBRUARY 8. AUGUST
3. MARCH  9. SEPTEMBER
4. APRIL  10. OCTOBER
5. MAY  11. NOVEMBER
6. JUNE  12. DECEMBER

YEAR ______ [RANGE: 1985-2016]

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

QA15_D19  Was the result of your HIV test positive or negative?
你的 HIV 測試結果是陽性還是陰性？

AD64

POSITIVE ............................................................1
NEGATIVE ............................................................2
REFUSED ............................................................-7
DON'T KNOW ....................................................-8
PROGRAMMING NOTE QA15_D20:
IF [QA15_A5 = 1 (MALE) AND QA15_D14 = 1 (MALE)] OR [QA15_A5 = 2 (FEMALE) AND QA15_D14 = 2 (FEMALE)] OR [QA15_D14 = 3, -7, OR -8] OR [IF QA15_D15 ≠ 1] CONTINUE WITH QA15_D20;
ELSE GO TO QA15_D22

QA15_D20 Are you legally married to someone of the same sex?  
你是否與同性別的人合法登記結婚？

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

YES .................................................................1 [GO TO PN QA15_D22]
NO .................................................................2
REFUSED ..........................................................-7
DON'T KNOW ...................................................-8

QA15_D21 Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?  
你與同性別的人合法登記為同居伴侶是否獲得加利福尼亞州政府的認可？

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

PROGRAMMING NOTE QA15_D22;
IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D22;
ELSE SKIP TO QA15_D22A

QA15_D22 What sex were you assigned at birth, on your original birth certificate?  
您的原始出生證明裡所寫的性別是什麼？

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

PROGRAMMING NOTE QA15_D22A:
ALTERNATE TESTING OF QA15_D22;

QA15_D22A On your original birth certificate, was your sex assigned as male or female?  
您的原始出生證明裡所寫的性別是男性還是女性？

MALE ..............................................................1
FEMALE ...........................................................2
REFUSED ..........................................................-7
DON'T KNOW ...................................................-8
**QA15_D23**  Do you currently describe yourself as male, female, or transgender?

**AD66**

Male .........................................................1  [GO TO PN QA15_D25]
Female ......................................................2  [GO TO PN QA15_D25]
Transgender ..............................................3  [GO TO PN QA15_D25]
None of these .........................................4
Refused .....................................................-7  [GO TO SECTION E]
Don't know ...............................................-8  [GO TO SECTION E]

**PROGRAMMING NOTE QA15_D24:**
If QA15_D23 = 4 then continue with QA15_D24;
else skip to QA15_D25

**QA15_D24**  What is your current gender identity?

**AD67**

Specify: (________________________)  
Refused .....................................................-7
Don't know ...............................................-8

**PROGRAMMING NOTE QA15_D25:**
If [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 1 (MALE)] OR [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)] THEN SKIP TO SECTION E;
else continue with QA15_D25;

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

**QA15_D25**  Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D22 OR QA15_D22A} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D23 OR QA15_D24}. Is that correct?

**AD68**

Yes ...............................................................1  [GO BACK TO QA15_D23]
No .................................................................2
Refused ......................................................-7
Don't know ...................................................-8
Section E – Women’s Health

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

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

QA15_E1

{These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
{以下是有關婦女健康的問題。/以下問題可能與您有關，因為您的出生証上寫的是女性。如果不是，請告訴我，我會跳過這些問題。}

To your knowledge, are you now pregnant?
据您所知，您現在懷孕了嗎？

AD13

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
Programming Note QA15_E2:
If AAGE < 40 or QA15_A4 = 1 or 2 (between 18 and 29 or between 30 and 39) or ENUM.AGE < 40, then go to QA15_F1; else continue with QA15_E2;

Displays:
If [AAGE > 45 or unknown], and [QA15_D22 = 2 or QA15_D22A = 2 (female) and QA15_D23 = 2 (female)], display “These next questions are about women’s health.”;
If [AAGE > 45 or unknown] and [QA15_D22 = 2 or QA15_D22A = 2 (female) and QA15_D23 = 1, 3, 4, 7 or -8 (male, transgender, none, refused, or don’t know)], display “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”;

QA15_E2
(These next questions are about women’s health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.)
(以下是有關婦女健康的問題。/以下問題可能與您有關，因為您的出生証上寫的是女性。如果不是，請告訴我，我會跳過這些問題。)

Have you ever had a mammogram?
您曾經做過乳房X光照射檢查嗎？

AD14

[If needed, say: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]
[If needed, say: 「乳房X光照射是用機器將每隻乳房壓扁或擠壓並分別拍攝每隻乳房的X射線照片。」]

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

QA15_E3
How long has it been since you had your last mammogram?
從您上次的乳房X光照射到現在有多久了？

AD17

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 YEARS AGO .................................5
REFUSED .......................................................................-7
DON’T KNOW ....................................................................-8
[GO TO QA15_F1]
[GO TO QA15_F1]
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<td>3 months ago or less</td>
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</tr>
<tr>
<td>More than 3 and up to 6 months</td>
<td>2</td>
</tr>
<tr>
<td>More than 6 months up to 1 year</td>
<td>3</td>
</tr>
<tr>
<td>More than 1 up to 2 years</td>
<td>4</td>
</tr>
<tr>
<td>More than 2 years</td>
<td>5</td>
</tr>
<tr>
<td>Provider didn't advise me/didn't say</td>
<td>6</td>
</tr>
<tr>
<td>No longer needs mammograms</td>
<td>7</td>
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<tr>
<td>Don't know</td>
<td>-8</td>
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Section F – Mental Health

QA15_F1 The next questions are 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? 以下是關於在過去 30 天內您的感覺的問題。在過去 30 天內，您大約每隔多久會感到緊張不安 — 您認為是始終、大多數時間、有時、很少還是從不?

AJ29

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

QA15_F2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time? 在過去 30 天內，您大約每隔多久會感到毫無希望 — 所有的時間、大多數時間、部份時間、較少的時間還是從來沒有?

AJ30

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

QA15_F3 During the past 30 days, about how often did you feel restless or fidgety? 在過去 30 天內，您大約每隔多久會感到不安或煩躁?

AJ31

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: ”所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？”]

ALL .................................................................1
MOST ............................................................2
SOME .........................................................3
A LITTLE ......................................................4
NONE ..........................................................5
REFUSED ....................................................7
DON'T KNOW ............................................8
QA15_F4 How often did you feel so depressed that nothing could cheer you up?
您每隔多久會感到極為憂鬱，以致任何事都無法讓您高興起來？

AJ32

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？”]

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

QA15_F5 During the past 30 days, about how often did you feel that everything was an effort?
在過去 30 天內，您大約每隔多久會感到做每件事都非常吃力？

AJ33

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？”]

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

QA15_F6 During the past 30 days, about how often did you feel worthless?
在過去 30 天內，您大約每隔多久會感到自己毫無價值？

AJ34

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？”]

ALL ................................................................. 1
MOST ............................................................. 2
SOME .............................................................. 3
A LITTLE .......................................................... 4
NONE ............................................................... 5
REFUSED ......................................................... -7
DON’T KNOW ................................................. -8
**QA15_F7**  Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

在過去十二個月中，是否曾經有任何一個月這種感覺出現的頻率比過去 30 天更頻繁？

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<tr>
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<tr>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
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<tr>
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**PROGRAMMING NOTE QA15_F8:**

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

**QA15_F8**  The next questions are about the one month in the past 12 months when you were at your worst emotionally.

以下是有關在過去十二個月中您的精神狀態最差的一個月的問題。

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

在那個月中，您感到精神緊張的頻率有多高？是所有的時間、大多數時間、某些時間、少數時間還是根本沒有？

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**QA15_F9**  During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

在那個月中，您感到毫無希望的頻率有多高？是所有的時間、大多數時間、某些時間、少數時間還是根本沒有？

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</table>
QA15_F10  How often did you feel restless or fidgety?
您感到不安或煩躁的頻率有多高?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, little of the time, or none of the time?”]
[IF NEEDED, SAY: “是所有的時間、大多數時間、某些時間、少數時間還是根本沒有?”]

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

QA15_F11  How often did you feel so depressed that nothing could cheer you up?
您感到非常壓抑以致任何事情都無法讓您高興起來的頻率有多高?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “是所有的時間、大多數時間、某些時間、少數時間還是根本沒有?”]

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

QA15_F12  How often did you feel that everything was an effort?

[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?”]
QA15_F13  How often did you feel worthless?

AF68  

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

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

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

QA15_F14intro

Think (again, please) about the month in the past 12 months when you were at your worst emotionally.

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

QA15_F14  Did your emotions interfere a lot, some, or not at all with your performance at work?

AF69B  

A LOT.................................................................1
SOME.........................................................................2
NOT AT ALL..........................................................3
DOES NOT WORK..................................................4
REFUSED....................................................................-7
DON'T KNOW..........................................................-8
QA15_F15  Did your emotions interfere a lot, some, or not at all with your household chores?
您的情緒對您做家務是影響很大、有一些影響還是根本沒有影響?

AF70B

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

QA15_F16  Did your emotions interfere a lot, some, or not at all with your social life?
您的情緒對您的社交生活是影響很大、有一些影響還是根本沒有影響?

AF71B

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

QA15_F17  Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?
您的情緒對您與朋友及家人的關係是影響很大、有一些影響還是根本沒有影響?

AF72B

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

QA15_F18  Now think about the past 12 months. 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?
請想一想過去十二個月的情況。在過去的 365 天中，大約有多少天因為您感到精神緊張、壓抑或情緒壓力而完全無法工作或從事正常的活動?

AF73B

[IF NEEDED, SAY: “You can use any number between 0 and 365 to answer.”]
[IF NEEDED, SAY: 您可以使用 0-365 之間的任何一個數字回答這個問題]

_________NUMBER OF DAYS

REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
**QA15_F19**  
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?

在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題感到需要約見專業人士呢？

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**QA15_F20**  
Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

您的保險是否為精神健康疾病治療提供保賠？例如，心理學家或精神病學家門診？

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<td>DON'T HAVE INSURANCE</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
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?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過您的主治醫生或全科醫生？

**AF74**

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

In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過任何其他專業人員，例如心理諮詢師、精神病醫生或社會工作者？

**AF75**

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

**PROGRAMMING NOTE QA15_F23:**

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

Did you seek help for your mental or emotional health or for an alcohol or drug problem?
您是否曾經因為精神或情感健康、酢酒或吸毒的問題尋求幫助？

**AF76**

MENTAL-EMOTIONAL HEALTH..............................1
ALCOHOL-DRUG PROBLEM .................................2
BOTH MENTAL & ALCOHOL-DRUG ......................3
REFUSED ................................................................-7
DON'T KNOW .................................................. -8
PROGRAMMING NOTE QA15_F24:
IF QA15_F23 = 1, DISPLAY: “mental or emotional health”;  
IF QA15_F23 = 2, DISPLAY: “use of alcohol or drugs”;  
IF QA15_F23 = 3, DISPLAY: “mental or emotional health and your use of alcohol or drugs”;  
ELSE SKIP TO QA15_F25

QA15_F24 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. 
在過去十二個月中，您因為{精神或情感健康, 噛酒或吸毒, 精神情感健康以及酗酒或吸毒的問題}約見專業人員多少次？請勿包括住院的次數。

AF77

_________ NUMBER OF VISITS

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

QA15_F25 Are you still receiving treatment for these problems from one or more of these providers? 
您現在仍然因為這些問題從一位或多位專業人員那裏得到治療嗎？

AF78

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

QA15_F26 Did you complete the recommended full course of treatment? 
您是否已經完成了建議的全部療程？

AF79

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

QA15_F27 What is the MAIN REASON you are no longer receiving treatment? 
您不再接受治療的主要原因是什麼？

AF80

GOT BETTER/NO LONGER NEEDED ....................1  
NOT GETTING BETTER ..............................................2   
WANTED TO HANDLE PROBLEM ON OWN ..........3  
HAD BAD EXPERIENCES WITH TREATMENT .......4   
LACK OF TIME/TRANSPORTATION ....................5  
TOO EXPENSIVE ..................................................6  
INSURANCE DOES NOT COVER .........................7  
OTHER (SPECIFY: __________________) ...............8  
REFUSED .............................................................-7  
DON'T KNOW .....................................................-8
**QA15_F28**  
During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

在過去十二個月中，您是否曾經因情感或個人問題連續兩週或以上幾乎每天服用一些處方藥，例如抗憂鬱藥或鎮靜劑？

<table>
<thead>
<tr>
<th>AJ5</th>
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<tbody>
<tr>
<td>YES ...........................................................................1</td>
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<tr>
<td>NO .............................................................................2</td>
<td></td>
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<tr>
<td>REFUSED ...............................................................-7</td>
<td></td>
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<tr>
<td>DON'T KNOW ..........................................................-8</td>
<td></td>
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</tbody>
</table>

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

**QA15_F29**  
Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.

以下是人們在感到需要尋求幫助時沒有尋求幫助的一些原因。請對以下每一項陳述回答「是」或「否」，說明您沒有約見專業人員的原因。

You were concerned about the cost of treatment.  
您擔心治療的費用。

<table>
<thead>
<tr>
<th>AF82</th>
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</thead>
<tbody>
<tr>
<td>YES ...........................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO .............................................................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ...............................................................-7</td>
<td></td>
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<tr>
<td>DON'T KNOW ..........................................................-8</td>
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</tbody>
</table>

**QA15_F30**  
You did not feel comfortable talking with a professional about your personal problems.  
您與專業人員談論自己的個人問題感到不自在。

<table>
<thead>
<tr>
<th>AF83</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ...........................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO .............................................................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ...............................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ..........................................................-8</td>
<td></td>
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</tbody>
</table>

**QA15_F31**  
You were concerned about what would happen if someone found out you had a problem.  
您擔心如果有人知道了您的問題後會出現什麼情況。

<table>
<thead>
<tr>
<th>AF84</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ...........................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO .............................................................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ...............................................................-7</td>
<td></td>
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<tr>
<td>DON'T KNOW ..........................................................-8</td>
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</tbody>
</table>
### QA15_F32
You had a hard time getting an appointment.
在預約時遇到了困難。

<p>| | |</p>
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<tbody>
<tr>
<td><strong>AF85</strong></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

#### PROGRAMMING NOTE QA15_F33:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_F33;
ELSE GO TO SECTION G;

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

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

<p>| | |</p>
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<tbody>
<tr>
<td><strong>AF107</strong></td>
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</tr>
<tr>
<td>Hardly ever</td>
<td>1</td>
</tr>
<tr>
<td>Some of the time, or</td>
<td>2</td>
</tr>
<tr>
<td>Often?</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

### QA15_F34
How often do you feel left out? Is it...

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<tbody>
<tr>
<td><strong>AF108</strong></td>
<td></td>
</tr>
<tr>
<td>Hardly ever</td>
<td>1</td>
</tr>
<tr>
<td>Some of the time, or</td>
<td>2</td>
</tr>
<tr>
<td>Often?</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</table>

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

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<tbody>
<tr>
<td><strong>AF109</strong></td>
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</tr>
<tr>
<td>Hardly ever</td>
<td>1</td>
</tr>
<tr>
<td>Some of the time, or</td>
<td>2</td>
</tr>
<tr>
<td>Often?</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section G – Demographic Information, Part II

QA15_G1 Now a few more questions about your background.
現在，我想問幾個有關您的背景的問題
In what country were you born?
您是在哪一個國家出生的？

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES......................................................1
AMERICAN SAMOA.............................................2
CANADA ..............................................................3
CHINA.................................................................4
EL SALVADOR...........................................................5
ENGLAND...............................................................6
FRANCE ...................................................................7
GERMANY..............................................................8
GUAM ....................................................................9
GUATEMALA..........................................................10
HUNGARY..............................................................11
INDIA.................................................................12
IRAN.................................................................13
IRELAND.............................................................14
ITALY ....................................................................15
JAPAN.................................................................16
KOREA.................................................................17
MEXICO ...............................................................18
PHILIPPINES ..........................................................19
POLAND ...............................................................20
PORTUGAL .............................................................21
PUERTO RICO ..........................................................22
RUSSIA ...............................................................23
TAIWAN ...............................................................24
VIETNAM .............................................................25
VIRGIN ISLANDS ..................................................26
OTHER (SPECIFY: __________________) .................91
REFUSED .............................................................-7
DON'T KNOW .....................................................-8
**PROGRAMMING NOTE QA15_G2:**
IF QA15_G1 ≠ 1 (NOT BORN IN US) GO TO QA15_G4;
ELSE IF QA15_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA15_G2

**QA15_G2**
In what country was your mother born?
您 的母親是在哪一個國家出生的？

<table>
<thead>
<tr>
<th>AH34</th>
<th>[SELECT FROM MOST LIKELY COUNTRIES]</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]</td>
</tr>
<tr>
<td></td>
<td>UNITED STATES............................1</td>
</tr>
<tr>
<td></td>
<td>AMERICAN SAMOA..........................2</td>
</tr>
<tr>
<td></td>
<td>CANADA .....................................3</td>
</tr>
<tr>
<td></td>
<td>CHINA ......................................4</td>
</tr>
<tr>
<td></td>
<td>EL SALVADOR ................................5</td>
</tr>
<tr>
<td></td>
<td>ENGLAND ....................................6</td>
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<td></td>
<td>FRANCE .....................................7</td>
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<td></td>
<td>GERMANY ....................................8</td>
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<td></td>
<td>GUAM ........................................9</td>
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<td>GUATEMALA ..................................10</td>
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<td></td>
<td>HUNGARY .....................................11</td>
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<td>INDIA .......................................12</td>
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<td>MEXICO .....................................18</td>
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<td>PHILIPPINES ............................19</td>
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<td>POLAND .....................................20</td>
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<td>PORTUGAL ...................................21</td>
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<td></td>
<td>PUERTO RICO .............................22</td>
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<td></td>
<td>RUSSIA .....................................23</td>
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<td></td>
<td>TAIWAN .....................................24</td>
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<td></td>
<td>VIETNAM .....................................25</td>
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<td></td>
<td>VIRGIN ISLANDS ..........................26</td>
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<tr>
<td></td>
<td>OTHER (SPECIFY: ________________) ...91</td>
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<tr>
<td></td>
<td>REFUSED ...................................-7</td>
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<tr>
<td></td>
<td>DON'T KNOW ..............................-8</td>
</tr>
</tbody>
</table>
In what country was your father born?
您的父親是在哪一個國家出生的?

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES ................................................................. 1
AMERICAN SAMOA ...................................................... 2
CANADA ........................................................................ 3
CHINA ........................................................................... 4
EL SALVADOR ............................................................... 5
ENGLAND ........................................................................ 6
FRANCE ........................................................................ 7
GERMANY ........................................................................ 8
GUAM ............................................................................ 9
GUATEMALA ...................................................... 10
HUNGARY ........................................................................ 11
INDIA .............................................................................. 12
IRAN .............................................................................. 13
IRELAND ................................................................. 14
ITALY ............................................................................ 15
JAPAN ............................................................................. 16
KOREA ............................................................................ 17
MEXICO ........................................................................... 18
PHILIPPINES ............................................................. 19
POLAND ........................................................................ 20
PORTUGAL ................................................................. 21
PUERTO RICO .......................................................... 22
RUSSIA ........................................................................ 23
TAIWAN .......................................................................... 24
VIETNAM ....................................................................... 25
VIRGIN ISLANDS ........................................................ 26
OTHER (SPECIFY: _______________) .................. 91
REFUSED ......................................................................... -7
DON'T KNOW ............................................................. -8
PROGRAMMING NOTE QA15_G4:
IF QA15_A12 ≠ 9 (NOT JAPANESE) AND QA15_A15 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA15_G7;
ELSE IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND AAGE ≤ 70, SKIP TO QA15_G6;

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

AG25

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

QA15_G5  Which generation of Japanese immigrant are you?

AG26

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

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

AG27

1ST GENERATION (SHIN-ISSEI) .............................. 1
2ND GENERATION (SHIN-NISEI) ............................. 2
3RD GENERATION (SHIN-SANSEI) .......................... 3
OTHER SPECIFY: (_________________) ........... 91
REFUSED ................................................... -7
DON'T KNOW ................................................ -8
**QA15_G7**

What languages do you speak at home?

您在家中用什麼語言交談？

**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

**PROGRAMMING NOTE QA15_G8**

IF QA15_G7 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE QA15_G9;

IF INTERVIEW CONDUCTED IN ENGLISH AND QA15_G7 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA15_G8 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA15_G8.

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_G8 WAS ASKED

**QA15_G8**

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

"因為您在家中說的語言不是英文，我們很想了解您認為自己英語說得怎樣。

","您認為 您 的英語說得……

**AH37**

- Very well, .........................................................1
- Well, ...............................................................2
- Not well, or .......................................................3
- Not at all? .......................................................4
- REFUSED ...........................................................-7
- DON'T KNOW ......................................................-8
PROGRAMMING NOTE QA15_G9:
IF QA15_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA15_G12 ELSE CONTINUE WITH QA15_G9

QA15_G10
The next questions are about citizenship and immigration.
以下是有關公民身份及移民的幾個問題。

Are you a citizen of the United States?
您是美國公民嗎?

AH39

YES...........................................................................1 [GO TO QA15_G12]
NO.............................................................................2
APPLICATION PENDING..............................................3
REFUSED....................................................................-7
DON'T KNOW............................................................-8
QA15_G11  Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
您是持有綠卡的永久居民嗎？您的回答會得到保密，不會向移民局報告。

[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

QA15_G12  About how many years have you lived in the United States?
您在美國已經居住了大約多少年?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

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

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

PROGRAMMING NOTE QA15_G12A
IF QA15_G10 = 1 (NATURALIZED) CONTINUE WITH QA15_12A
ELSE GO TO QA15_G12B;

QA15_G12A  In what year did you become naturalized?
您在哪一年入籍美國？

[IF NEEDED, PROBE: “How long ago did you become naturalized?”
[IF NEEDED, PROBE: “多久之前您入籍了?”

[INTERVIEWER: Try to get a specific year if possible. “YEARS AGO” AND “MONTHS AGO” SHOULD ONLY BE USED IF R CANNOT GIVE A DATE.]

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

OTHER (SPECIFY:_______) ........................................91
REFUSED .....................................................................-7
DON'T KNOW ...........................................................-8
PROGRAMMING NOTE QA15_G11B
IF QA15_G9 ≠ 1 (NOT NATURALIZED) AND QA15_G10 ≠ 1 (NO GREEN CARD), CONTINUE WITH QA15_G11B; ELSE GO TO PROGRAMMING NOTE QA15_G12

QA15_G11B  Tell me if you are 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?
請告訴我，目前您有以下哪一項：旅遊簽證，學生簽證，工作簽證或工作許可，還是其他允許您在美國居留一段時間的文件？

AG36

[INTERVIEWER: CHECK FIRST MENTION.]

[INTERVIEWER: CIRCLE “4” OR “5” ONLY IF VOLUNTEERED. DO NOT PROBE.]

TOURIST VISA .........................................................1 [GO TO QA15_G12D]
STUDENT VISA ........................................................2 [GO TO QA15_G12D]
WORK VISA OR PERMIT .........................................3
DEFERRED ACTION FOR CHILDHOOD ARRIVALS OR “DACA” .................................4 [GO TO QA15_G12D]
DEFERRED ACTION FOR PARENTAL ACCOUNTABILITY OR “DAPA” ...........................5 [GO TO QA15_G12D]
ANOTHER DOCUMENT WHICH PERMITS STAY FOR LIMITED TIME ..............................6
REFUSED .....................................................................7 [GO TO QA15_G13]
DON’T KNOW ................................................................8 [GO TO QA15_G13]

QA15_G11C  Was this visa or permit through Deferred Action for Childhood Arrivals or “DACA” or Deferred Action for Parental Accountability or “DAPA”?
這項簽證或許可是通過兒童暫緩遣返(Deferred Action for Childhood Arrivals, 簡稱為“DACA”) 還是父母暫緩遞解(Deferred Action for Parental Accountability, 簡稱為“DAPA”)？

AG43

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

QA15_G11D  Is this visa or document still valid or has it expired?
這份簽證或文件仍然有效還是已經過期？

AG37

VALID .............................................................................1
EXPIRED .....................................................................2
APPLICATION PENDING ..............................................3
REFUSED .....................................................................7
DON’T KNOW ................................................................8
QA15_G12  Is your {spouse/partner} also living in your household?
您的{配偶/伴侶}是不是也住在您的住戶中？

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

QA15_G13  May I have your {spouse/partner}'s first name and age?
您是否能夠告訴我您的{配偶/伴侶}的名字和年齡？

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

   SPOUSE/PARTNER NAME
   SPOUSE/PARTNER AGE
   SPOUSE/PARTNER SEX

QA15_G14  Are you now living with either of your parents?
您目前有沒有與您的父母之中一人住在一起？

   YES ...........................................................................1
   NO .............................................................................2
   REFUSED ....................................................................-7
   DON'T KNOW ...........................................................-8
PROGRAMMING NOTE QA15_G15:
IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH QA15_G15;
ELSE GO TO QA15_G17;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY “for any children under age 14”;
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your spouse”;
ELSE IF QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;
ELSE DISPLAY “you”

QA15_G15  In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?
在過去一個月中，當{您或您的配偶/您或您的伴侶/您}在工作、上學或尋找工作時，是否{讓任何年齡在 14 歲以下的孩子}接受任何付費幼兒看護服務？

AH44A
[IF NEEDED, SAY: “This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.”]
[IF NEEDED, SAY: “這包括學前啟蒙計劃（Head Start）、日託所、上學前及放學後的看護計劃以及任何臨時幼兒照看安排。”]

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>...............................................................</td>
<td>...............................................................</td>
<td>...............................................................</td>
<td>...............................................................</td>
</tr>
</tbody>
</table>

QA15_G16  In the past month, how much did you pay for all child care arrangements and programs?
在上個月中，您為所有的幼兒看護安排及計劃支付了多少費用？

AH44B
[IF NEEDED, SAY: “If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household.”]
[IF NEEDED, ASK: 「如果這樣比較容易，您可以告訴我您在上個月最有代表性的一週中支付了多少費用。您或您的住戶裡任何一位成年人。」]

$_______________ 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
What is the highest grade of education you have completed and received credit for?
您完成的最高教育和獲得學分的最高年級是什麼?

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

Did you ever serve on active duty in the Armed Forces of the United States?
您是否曾經在美國軍隊當過現役軍人?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_G19  When did you serve?  
您是什麼時候在軍隊服役的？

AG23  
FROM _____ TO _____

{OR}

[CHECK ALL THAT APPLY]

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

QA15_G20  Altogether, how long did you serve?  
您總共服役多長時間？

AG24  
_____ YEARS

_____ MONTHS

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

QA15_G21  Which of the following were you doing last week?  
您上週曾經從事以下哪些工作，是……

AK1  
Working at a job or business, ....................................1
從事工作或業務 ..............................................1
With a job or business but not at work, .....................2
有工作或業務，但不在工作 ..................................2
Looking for work, or ...........................................3
在找工作，還是 .............................................3
Not working at a job or business? ...........................4
沒有從事工作或業務? ..........................................4
REFUSED .............................................................-7
DON'T KNOW .....................................................-8
**QA15_G22**  What is the main reason you did not work last week?
您上週沒有工作的主要原因是什麼?

[IF NEEDED, SAY: “Main reason is the most important reason.”]
[IF NEEDED, SAY: 「主要原因指最重要的原因。」]

- TAKING CARE OF HOUSE OR FAMILY ......................1
- ON PLANNED VACATION .........................................2
- COULDN'T FIND A JOB .........................................3
- GOING TO SCHOOL/STUDENT .................................4
- RETIRED ..................................................................5
- DISABLED ............................................................6
- UNABLE TO WORK TEMPORARILY ..............................7
- ON LAYOFF OR STRIKE .........................................8
- ON FAMILY OR MATERNITY LEAVE ............................9
- OFF SEASON ..........................................................10
- SICK ......................................................................11
- OTHER ....................................................................91
- REFUSED ..............................................................-7
- DON'T KNOW ..........................................................-8

**QA15_G23**  Do you usually work?
您通常工作嗎?

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

**PROGRAMMING NOTE QA15_G25:**
IF [AAGE = -7 OR -8 OR AAGE < 65] AND QA15_G24 = 2 (NO) CONTINUE WITH QA15_G25;
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA15_G23 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA15_G25;
ELSE GO TO PROGRAMMING NOTE QA15_G26

**QA15_G24**  Are you receiving Social Security Disability Insurance or SSDI?
您是否在領取社會安全殘障保險(Social Security Disability Insurance，簡稱 SSDI)?

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

**PROGRAMMING NOTE QA15_G27:**
[GO TO PN QA15_G27]
[GO TO PN QA15_G27]
[GO TO PN QA15_G27]
[GO TO PN QA15_G27]
PROGRAMMING NOTE QA15_G25:
IF QA15_G21 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_G25; ELSE GO TO PROGRAMMING NOTE QA15_G28

QA15_G25
On your 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?
您從事的主要工作的僱主是：私人公司、政府部門、還是您是自行經營者（個體經營者）或者從事家庭企業或農場內不付薪水的工作？

AK4
[IF NEEDED, SAY: “Where did you work most hours?”]
[IF NEEDED, SAY: “您在哪裡工作的時間最長？”]
PRIVATE COMPANY
NON-PROFIT ORGANIZATION, FOUNDATION .....1
GOVERNMENT .........................................................2
SELF-EMPLOYED ..................................................3
FAMILY BUSINESS OR FARM ....................................4
REFUSED ..................................................................-7
DON'T KNOW .......................................................-8

PROGRAMMING NOTE QA15_G27:
IF QA15_G26 = 2 (GOVERNMENT EMPLOYEE), DISPLAY “What kind of agency or department is this?” and “[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]”; ELSE DISPLAY “What kind of business or industry is this?” AND “[IF NEEDED, SAY: “What do they make or do at this business?”]

QA15_G26
[What kind of agency or department is this?/What kind of business or industry is this?] (這是屬於什麼樣的機構或部門？/這是屬於什麼樣的企業或行業？)..............
AK5
[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]
[IF NEEDED, SAY: “What do they make or do at this business?”]
[IF NEEDED, SAY: “在這企業中他們製造什麼或做什麼？”]
[INTERVIEWER: ENTER DESCRIPTION]
_________________________ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)
REFUSED ...........................................................-7
DON'T KNOW .....................................................-8
**QA15_G27** What is the main kind of work you do?
您主要從事何種類型的工作？

---

**AK6**

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

___________________________ (OCCUPATION)

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

---

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

**QA15_G28** {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?
{包括您在內}，{您的雇主/您}在所有地點總共聘用了大約多少名僱員？

---

**AK8**

[IF NEEDED, SAY: “Your best guess is fine.”]
[IF NEEDED, SAY: 「請盡量估計人數。」]

1 OR 2 .................................................................1
3-9 .....................................................................2
10-24 ..................................................................3
25-50 ..................................................................4
51-100 .................................................................5
101-200 ...............................................................6
201-999 ................................................................7
1,000 OR MORE ...................................................8
REFUSED ............................................................-7
DON'T KNOW .......................................................-8
PROGRAMMING NOTE QA15_G30:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1, CONTINUE WITH QA15_G30;
ELSE IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY "partner";
ELSE GO TO QA15_H1

QA15_G29 Which of the following was your {spouse/partner} doing last week?
您的{配偶/伴侶}上週曾經從事以下哪些工作，是……

AG8

<table>
<thead>
<tr>
<th>Working at a job or business, .......................1</th>
<th>[GO TO QA15_G32]</th>
</tr>
</thead>
<tbody>
<tr>
<td>從事工作或經營業務， .................................1</td>
<td>[GO TO QA15_G32]</td>
</tr>
<tr>
<td>With a job or business but not at work, ............2</td>
<td>[GO TO QA15_G32]</td>
</tr>
<tr>
<td>有工作或業務，但不在工作， ..........................2</td>
<td>[GO TO QA15_G32]</td>
</tr>
<tr>
<td>Looking for work, or ..................................3</td>
<td></td>
</tr>
<tr>
<td>找工作，還是 .............................................3</td>
<td></td>
</tr>
<tr>
<td>Not working at a job/business? .......................4</td>
<td></td>
</tr>
<tr>
<td>不在從事工作或經營業務？ ...........................4</td>
<td></td>
</tr>
<tr>
<td>REFUSED .................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW .............................................-8</td>
<td></td>
</tr>
</tbody>
</table>

QA15_G30 Does your {spouse/partner} usually work?
您的{配偶/伴侶}通常工作嗎?

AG11

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

QA15_G31 On your {spouse’s/partner’s} main job, is {he/she} employed by a private company, the
government, or is {he/she} self-employed, or is {he/she} working without pay in a family business
or farm?
您的{配偶/伴侶}從事的主要工作的僱主是：私人公司、政府部門、還是{他/她}是自行經營者（個體
經營者），還是從事家庭企業或農場內不付薪水的工作？

AG9

[IF NEEDED, SAY: “Where did {he/she} work MOST hours?”]
[IF NEEDED, SAY: 「他/她在哪裡工作的時間 最長？」]

| PRIVATE COMPANY, ........................................1 |
| NON-PROFIT ORGANIZATION, FOUNDATION ............1 |
| GOVERNMENT .............................................2 |
| SELF-EMPLOYED .......................................3 |
| FAMILY BUSINESS OR FARM ..........................4 |
| REFUSED ..................................................-7 |
| DON'T KNOW .............................................-8 |
Section H – Health Insurance

**QA15_H1**  The next topics are about health insurance and health care.
以下是有關健康保險及健康護理的問題。

Is there a place that you usually go to when you are sick or need advice about your health?
當您生病或需要接受健康諮詢時，您是否有一個通常可以去的地方?

**AH1**

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>DOCTOR/MY DOCTOR</td>
<td>3</td>
</tr>
<tr>
<td>KAISER</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN ONE PLACE</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_H2:**

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

**QA15_H2**

{What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?
{您最常去什麼樣的地方—/您的醫生是否在一個私人} 醫生辦公室、診所或醫院診所、急診室或其它地方?

**AH3**

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR'S OFFICE/KAISER/OTHER HMO</td>
<td>1</td>
</tr>
<tr>
<td>CLINIC/HEALTH CENTER/HOSPITAL CLINIC</td>
<td>2</td>
</tr>
<tr>
<td>EMERGENCY ROOM</td>
<td>3</td>
</tr>
<tr>
<td>SOME OTHER PLACE (SPECIFY:_________)</td>
<td>91</td>
</tr>
<tr>
<td>NO ONE PLACE</td>
<td>92</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
**PROGRAMMING NOTE QA15_H3:**

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

**QA15_H3**

During the past 12 months, did you visit a hospital emergency room for your own health?

在過去12個月中，您有沒有因為自身的健康去過醫院急診室？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_H4:**

If QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY “During the past 12 month, how many times did you visit a hospital emergency room for your own health?”;

ELSE DISPLAY “How many times did you do that?”

**QA15_H4**

{During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}? (在過去十二個月中，您因自己的健康問題去了多少次醫院急診室就診？/您去過多少次)？

<table>
<thead>
<tr>
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<th>Code</th>
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<tbody>
<tr>
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<td>1</td>
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</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
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</table>

**QA15_H5**

MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

MediCARE（醫療保障計劃）是為年滿65歲或患有某種殘障的人士提供的健康保險計劃。您目前是否享受MediCARE保賠？

<table>
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<th>Code</th>
</tr>
</thead>
<tbody>
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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**POST-NOTE QA15_H5:**

If QA15_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA15_H6:
IF [AAGE > 64 OR QA15_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA15_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA15_H6;
ELSE GO TO PROGRAMMING NOTE QA15_H8

QA15_H6  Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?
雖然您刚才告诉过我您的年龄在 65 岁或 65 岁以上，但您沒有享受 MediCARE（醫療保障計劃），对不对？

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

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

QA15_H7  What is your age, please?
請告訴我您的年齡多大。

[ ] _____ YEARS OF AGE [HR: 18-105] [GO TO PN QA15_H16]
[ ] REFUSED............................................................... -7  [GO TO PN QA15_H16]
[ ] DON'T KNOW......................................................... -8  [GO TO PN QA15_H16]

POST NOTE QA15_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA15_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE
PROGRAMMING NOTE QA15_H8:
IF ARMCARE = 1, CONTINUE WITH QA15_H8;
ELSE GO TO PROGRAMMING NOTE QA15_H16

QA15_H8  Is this a MediCARE Advantage Plan?
這個醫療保險是 MediCARE Advantage 計劃嗎？

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: “MediCARE Advantage 醫療保險計劃，有時也被稱爲 Part C plans，是由 MediCARE 認可的私營醫保公司提供的。 MediCARE Advantage 醫療保險計劃提供 Medicare Part A 和 Medicare Part B 醫療保險。”]

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

POST-NOTE QA15_H8;
IF QA15_H8 = 1, SET ARMADV = 1
QA15_H9

Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

您的 MediCARE Advantage 醫療保險計劃是通過 HMO，PPO，還是私營有償醫療服務（Private Fee-for-Service）提供的？

AH124

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency.”]

[IF NEEDED, SAY: “HMO 計劃通常要求您必須從 HMO 醫生處接受護理，否則就不提供醫療費賠，除非是醫療急診。”]

[IF NEEDED, SAY: “PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: 「PPO 表示「首選服務提供者團體」。在 PPO 中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF NEEDED, SAY: “Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE.”]

[IF NEEDED, SAY: “私營有償醫療服務（Private Fee-for-Service）計劃，是由 MediCARE 每月支付私營保險公司的固定的醫療保險資金，然後由這家私營保險公司，而不是 MediCARE，決定你支付多少醫療費。”]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]

[INTERVIEWER NOTE: CIRCLE “4” ONLY IF VOLUNTEERED. DO NOT PROBE.]

- HMO (HEALTH MAINTENANCE ORGANIZATION) 1
- PPO (PREFERRED PROVIDER ORGANIZATION) 2
- PFFS (PRIVATE FEE FOR SERVICE) .................3
- SNP (SPECIAL NEEDS PLAN) .........................4
- OTHER SPECIFY: ___________________________ 91
- REFUSED ............................................................... -7
- DON'T KNOW ......................................................... -8
QA15_H10  What is the name of your MediCARE plan?
您的 MediCARE 計劃名稱是什麼?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “您是否有註明保健計劃名稱的保險卡或其他文件？”]

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 CROSS OF CALIFORNIA ..............7
ASPIRE HEALTH PLAN ........................................... 8
BLUE CROSS CALIFORNIAicare ......................... 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
CALIFONIAKIDS (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
POST-NOTE FOR QA15_H10:
ALL ANSWERS GO TO PROGRAMMING NOTE QA15_H12;
IF QA15_H10 = 93, 87, OR 89 THEN ARMILIT = 1
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?

有些有资格享受 Medicare 的人另外还有私人保险，有時稱為 Medigap 或 Medicare 補充保險。您有此類健康保險嗎？

[IF NEEDED, SAY: “These are policies that cover health care costs not covered by Medicare alone.”]
[IF NEEDED, SAY: “這些是為 Medicare 不提供保賠的健康護理費用提供保賠的保險。”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7 [GO TO PN QA15_H16]
DON’T KNOW ................................................................-8 [GO TO PN QA15_H16]

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

PROGRAMMING NOTE QA15_H12:
IF ARMADV = 1 (MEDICARE ADVANTAGE) CONTINUE WITH QA15_H12 AND DISPLAY “Medicare Advantage plan”;
IF ARSUPP = 1 (HAS SUPPLEMENT) CONTINUE WITH QA15_H12 AND DISPLAY “Medicare Supplement plan”;
ELSE GO TO PROGRAMMING NOTE QA15_H16

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?

有關 {Medicare Advantage 醫保計劃/Medicare 補充保險}，您是直接註冊參加還是通過目前的雇主、以前的雇主、工會、家庭企業、AARP 還是以其他方式獲得該保險？

[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”]
[IF NEEDED, SAY: “AARP 代表「美國退休人協會」。”]

DIRECTLY .................................................................1
CURRENT EMPLOYER ............................................2
FORMER EMPLOYER ...........................................3
UNION ....................................................................4
FAMILY BUSINESS ..................................................5
AARP .................................................................6
SPOUSE’S EMPLOYER ..........................................7
SPOUSE’S UNION ..................................................8
PROFESSIONAL/FRATERNAL ORGANIZATION ....9
OTHER ....................................................................91
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8
QA15_H13  Do you pay any or all of the premium or cost for this health plan?  Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您的家庭可能必須支付的任何協同付款或免賠額費用。

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: 「協同付款是您每次看病或使用健康護理系統時支付的部份健康護理費用，而保険計劃支付您的主要健康護理保賠費。」]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: 「免賠額是您的保險計劃開始付款之前您支付的醫療護理費。」]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: 「保費是您的醫療保險計劃的每月收費。」]

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

QA15_H14  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
是否有任何其他人（例如雇主、工會或專業機構）支付該項保健計劃的全部或部份保費或費用？

AH54  

YES .................................................................1  
NO .................................................................2  
[GO TO PN QA15_H16]  
REFUSED ..........................................................-7  
[GO TO PN QA15_H16]  
DON'T KNOW ......................................................-8  
[GO TO PN QA15_H16]
**QA15_H15**

Who is that?

是誰？

**AH55**

[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]

[IF NEEDED, SAY: “除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構。”]

**CODE ALL THAT APPLY**

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “還有任何其他人或機構嗎？”]

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

**POST-NOTE FOR QA15_H15:**

IF QA15_H15 = 7, SET ARMCAL = 1;

**PROGRAMMING NOTE QA15_H16:**

IF ARMCAL = 1, DISPLAY "Is it correct that you are";

ELSE DISPLAY "Are you"

**QA15_H16**

{Is it correct that you are/Are you} covered by Medi-CAL?

您享受 Medi-CAL 的保賠，{對嗎/嗎}？

**AI6**

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people.”]

[IF NEEDED, SAY: “這是一項向某些低收入兒童及其家人、孕婦、殘障人士或年長者提供的計劃。”]

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

**POST-NOTE FOR QA15_H16:**

IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0
PROGRAMMING NOTE QA15_H17:
IF ARSUPP = 1, DISPLAY "Besides the Medicare 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"

QA15_H17
(Besides the Medicare supplemental plan you told me about/Besides the Medicare Advantage plan you told me about), Are you covered by (any other/a) health insurance plan or HMO through a current or former employer or union?
(除了您告訴我的 Medicare 補充計劃/除了您告訴我的 Medicare Advantage 計劃)，您是否享有目前或以前的雇主或工會提供的(其他任何)醫療保險計劃或 HMO？

A18
[IF NEEDED, SAY: "...either through your own or someone else’s employment?"]
[IF NEEDED, SAY: 「... 可以是通過您本人或其他人的工作？」]
YES .................................................................1
NO .....................................................................2
REFUSED .................................................................-7
DON'T KNOW .....................................................-8

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

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

QA15_H18
Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
您是否享受您直接從保險公司或 HMO 或透過 Covered California 購買的醫療保險計劃的承保？

A11
[IF NEEDED, SAY: “Don’t include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you ‘extra cash’ if you are in a hospital.”]
[IF NEEDED, SAY：「請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。」]
YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ...........................................................-8

POST-NOTE FOR QA15_H18:
IF QA15_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA15_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA15_H19;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H19  How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
           您是如何購買這項健康保險的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

AH104

POST-NOTE FOR QA15_H19:
IF QA15_H19 = 2, THEN SET ARHBEX = 1

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

QA15_H20  Was this plan obtained in your own name or in the name of someone else?
           這項計劃是用您的姓名申請還是用其他人的姓名申請的？

A19

[IF NEEDED, SAY: “Even someone who does not live in this household.”]
[IF NEEDED, SAY: 「甚至不是住在您的家中的人？」]

IN OWN NAME .........................................................1  [GO TO PN QA15_H22]
IN SOMEONE ELSE’S NAME .................................2  [GO TO PN QA15_H22]
REFUSED ............................................................... -7  [GO TO PN QA15_H22]
DON’T KNOW .......................................................... -8  [GO TO PN QA15_H22]

POST-NOTE FOR QA15_H20:
IF QA15_H17 = 1 AND QA15_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA15_H17 = 1 AND QA15_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
PROGRAMMING NOTE QA15_H21:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 OR IF QA15_G15 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA15_H21;
ELSE GO TO PROGRAMMING NOTE QA15_H22;
IF QA15_A16 = 1, THEN DISPLAY "spouse’s name";
IF QA15_A16 ≠ 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY "partner’s name";
IF QA15_G15 = 1 OR AAGE < 26, THEN DISPLAY "parent’s name";

QA15_H21 Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name? 是否以您的{配偶}{伴侶}{父母}名義或其他人的名義參加該項計劃?

AI9A

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

POST-NOTE FOR QA15_H21:
IF QA15_H17 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1;
IF QA15_H19 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;
IF QA15_H17 = 1 AND QA15_H21 = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;
IF QA15_H18 = 1 AND QA15_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP = 1;
IF QA15_H18 = 1 AND QA15_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA15_H22:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28 < 5 (FIRM SIZE <=100), CONTINUE WITH QA15_H22 AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA15_H23;

QA15_H22 How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California’s SHOP program? {您/他或她}是如何注册参加这项健康保险的 — 透過雇主、工會還是透過 Covered California 的 SHOP 計劃？

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]
[IF NEEDED, SAY: 「SHOP 是 Covered California 開展的小企業保健選擇計劃」]

AH105

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

POST-NOTE FOR QA15_H22:
IF QA15_H22 = 3, THEN SET ARHBEX = 1
PROGRAMMING NOTE QA15_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA15_H23;
ELSE GO TO PROGRAMMING NOTE QA15_H25;

QA15_H23 Was this a bronze, silver, gold or platinum plan?
這是銅、銀、金還是白金計劃？

<table>
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<tr>
<td>Bronze</td>
<td>..................................................1</td>
</tr>
<tr>
<td>Silver</td>
<td>...................................................2</td>
</tr>
<tr>
<td>Gold</td>
<td>....................................................3</td>
</tr>
<tr>
<td>Platinum</td>
<td>..............................................4</td>
</tr>
<tr>
<td>MEDI-CAL / MEDICAID</td>
<td>...........................................5</td>
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<tr>
<td>MINIMUM COVERAGE PLAN/CATASTROPHIC</td>
<td>..........................6</td>
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<tr>
<td>OTHER (SPECIFY: __________)</td>
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<td>...........................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>....................................-8</td>
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PROGRAMMING NOTE QA15_H24:
IF QA15_H21 = 3, THEN GO TO QA15_H25;
ELSE CONTINUE WITH QA15_H24;

QA15_H24  Was there a subsidy or discount on the premium for this plan?
這項計劃的保費是否有補貼或折扣？

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

QA15_H25  Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

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<tbody>
<tr>
<td>YES</td>
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([IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."])

([IF NEEDED, SAY: "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."])

QA15_H26  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
是否有任何其他人（例如雇主、工會或專業機構）支付該項保健計劃的全部或部份保費或費用？

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<tr>
<td>[GO TO PN QA15_H28]</td>
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</table>
PROGRAMMING NOTE QA15_H27:
IF QA15_H25 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that";

QA15_H27 {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?
{除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構？/是誰}?

AH56

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]
[IF NEEDED, SAY: 「除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構。」]

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]
[PROBE: 「還有任何其他人或機構嗎？」]

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

POST-NOTE QA15_H27:
IF QA15_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA15_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA15_H27 = 6, THEN SET AROther = 1;
IF QA15_H27 = 9, SET ARMcare = 1 AND SET ADirect = 0;
IF QA15_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 11, SET ARHEx = 1;
IF QA15_H27 = 91, THEN SET AROther = 1
Does your employer offer health insurance to any of its employees?

您的雇主有没有提供医疗保险给任何员工？

Are you eligible to be in this plan?

您是否有资格参加该项计划？

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

您没有参加该项计划的一个主要原因是什麼？

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

您没有资格参加该项计划的一个主要原因是什么？
PROGRAMMING NOTE QA15_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH QA15_H32;
ELSE GO TO PN QA15_H33

QA15_H32 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
您是否享受 CHAMPUS/CHAMP-VA、TRICARE、VA 或其它軍隊醫療護理計劃？

    AI16

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

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

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

QA15_H33 Are you covered by some other government health program, such as AIM, "Mister MIP," the
Family PACT program, PCIP, or something else?
您是否享受其他政府醫療保險計劃，例如 AIM、Mister MIP 、Family PACT、Healthy Kids、或其
他計劃？

    AI17

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP
means Major Risk Medical Insurance Program; Family PACT is the state program that pays
for contraception/reproductive health services for uninsured lower income women and
men; and PCIP is the pre-existing condition insurance plan."]
[IF NEEDED, SAY：「AIM 表示「母嬰保險計劃」；Mister MIP 或 MRMIP 表示「重大風險醫療保
險計劃」；Family PACT 是一項州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費
用。」]

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

POST-NOTE QA15_H33:
IF QA15_H33 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA15_H34:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA15_H34;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H34
Do you have any health insurance coverage through a plan that I missed?
您有沒有享受任何我可能漏掉的其它醫療保險計劃？

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<td>[GO TO PN QA15 H38]</td>
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<td>[GO TO PN QA15 H38]</td>
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<tr>
<td>DON'T KNOW</td>
<td>..........................................................-8</td>
<td>[GO TO PN QA15 H38]</td>
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</tbody>
</table>
QA15_H35  What type of health insurance do you have?
您有哪種醫療保險計劃？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "還有任何其他保險嗎？"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "您是通過目前或以前的雇主/工會、學校、專業協會、同業團體、其他機構還是直接向保健計劃獲得這項計劃的？"]

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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>THROUGH CURRENT OR FORMER EMPLOYER/UNION</td>
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<td>2</td>
<td>THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION</td>
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<tr>
<td>3</td>
<td>PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)</td>
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<td>4</td>
<td>MEDICARE</td>
</tr>
<tr>
<td>5</td>
<td>MEDI-CAL</td>
</tr>
<tr>
<td>6</td>
<td>CHAMPUS/CHAMP-VA, TRICARE, VA</td>
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<tr>
<td>7</td>
<td>OR SOME OTHER MILITARY HEALTH CARE</td>
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<tr>
<td>8</td>
<td>INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC</td>
</tr>
<tr>
<td>9</td>
<td>COVERED CALIFORNIA</td>
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<tr>
<td>10</td>
<td>SHOP THROUGH COVERED CALIFORNIA</td>
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<tr>
<td>11</td>
<td>OTHER GOVERNMENT HEALTH PLAN</td>
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<td>91</td>
<td>OTHER NON-GOVERNMENT HEALTH PLAN</td>
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<td>-7</td>
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<tr>
<td>-8</td>
<td>DON'T KNOW</td>
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POST-NOTE QA15_H35:

IF QA15_H35 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 8, SET ARIHS = 1;
IF QA15_H35 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA15_H36:
IF QA15_H35 = 1, 2, OR 3 CONTINUE WITH QA15_H36;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H36 Was this plan obtained in your own name or in the name of someone else?
該項計劃是以您自己的名義還是以其他人的名義獲得的？

AH59

[PROBE: “Even someone who does not live in this household?”]
[PROBE: 「甚至不是住在您的家中的人？」]

IN OWN NAME .........................................................1 [GO TO PN QA15_H38]
IN SOMEONE ELSE'S NAME ..................................2
REFUSED ............................................................... -7 [GO TO PN QA15_H38]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H38]

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

PROGRAMMING NOTE QA15_H37:
IF QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1 OR IF QA15_G15 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA15_H37;
ELSE GO TO PROGRAMMING NOTE QA15_H38;
IF QA15_A16 = 1 THEN DISPLAY “spouse’s name”;
IF QA15_A16 ≠ 1 AND (QA15_D23 = 1 OR QA15_D24 = 1), THEN DISPLAY “partner’s name”;
IF QA15_G15 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

QA15_H37 Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?
該項計劃是以您的{配偶名字,}{伴侶名字,}{父母名字,}或其他人名義獲得的嗎?

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

POST-NOTE QA15_H37:
IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0
**PROGRAMMING NOTE QA15_H37:**
IF ARIHS ≠ 1 AND QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_H38;
ELSE GO TO PROGRAMMING NOTE QA15_H39_INTRO

**QA15_H38**  Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃？

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<td>DON'T KNOW</td>
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**POST-NOTE QA15_H38:**
IF QA15_H38 = 1, SET ARIHS = 1

**PROGRAMMING NOTE QA15_H39_INTRO:**
IF [QA15_A16 = 1 (MARRIED) OR QA15_D23 = 1 OR QA15_D24 = 1] AND QA15_G13 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA15_H39_INTRO;
IF QA15_A16 = 1, THEN DISPLAY “spouse”;
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1, THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA15_H60

**QA15_H39_INTRO**  These next questions are about the type of health insurance your {spouse/partner} may have.
接下來這些問題和您的 {配偶/伴侶} 可能有的健康保險種類有關。

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

**QA15_H39**  {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?
{您說您有Medicare.} 您的 {配偶/伴侶} {也} 能享受Medicare保賠嗎？

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**POST-NOTE QA15_H39:**
IF QA15_H39 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA15_H40:
IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE QA15_H41;
DISPLAYS;
ELSE IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH QA15_H40 WITHOUT DISPLAY;
IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY “You said that you
have a Medicare Advantage plan.” AND “also”;
IF QA15_A16 = 1 (MARRIED) THEN DISPLAY “spouse’s”;
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 THEN DISPLAY “partner’s”;

| QA15_H40 | {You said that you have a Medicare Advantage plan.} Does your {spouse/partner} {also} have a
| Medicare Advantage plan? {您說您有 Medicare Advantage 計劃。} 您的(配偶/伴侶) 是否(也)加入了 Medicare Advantage 計劃？ |
|-----------------|-----------------|
| YES             | 1               |
| NO              | 2               |
| REFUSED         | -7              |
| DON’T KNOW      | -8              |

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

PROGRAMMING NOTE QA15_H41:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY “You said that you
have a Medicare Supplement plan.” AND “also”;
IF QA15_A16 = 1 (MARRIED) THEN DISPLAY “spouse”;
ELSE IF QA15_D23 = 1 OR QA15_D24 = 1 THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA15_H42

| QA15_H41 | {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a
| Medicare supplement plan? {您說您有 Medicare 補充計劃。} 您的{伴侶/丈夫/妻子/配偶} 是否(也)加入了 Medicare 補充計劃？ |
|-----------------|-----------------|
| YES             | 1               |
| NO              | 2               |
| REFUSED         | -7              |
| DON’T KNOW      | -8              |

POST-NOTE QA15_H41:
IF QA15_H41 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA15_H42:
IF ARMCAL = 1, CONTINUE WITH QA15_H42 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H43

QA15_H42
You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?
您說您(也)可以享受 Medi-Cal (加州醫療保健計劃)。您的{配偶/伴侶}是否也能享受 Medi-Cal 保賠？

AI38

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

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

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

QA15_H43
You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?
您說您有您目前或以前雇主或工會提供的保險。您的{配偶/伴侶}是否(也)能享受您的雇主或工會提供的承保？

AI40

YES .................................................................1 
[GO TO PN QA15_H46]
NO .................................................................2
OTHER ............................................................3
REFUSED ........................................................-7
DON’T KNOW ...............................................-8

POST-NOTE QA15_H43:
IF QA15_H43 = 1, SET SPEMPS = 1 AND SET SPINSURE = 1 AND ARSAMEP=1;
You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

AH108

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

[IF NEEDED, SAY: 「SHOP 是 Covered California 開展的小企業保健選擇計劃」]

YES .................................................................1 [GO TO PN QA15 H46]
NO ...............................................................2
OTHER ................................................................3
REFUSED ......................................................-7
DON'T KNOW ..................................................-8

QA15_H45

{You said you have insurance from your spouse’s employer or union./You said you have insurance from your partner’s employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

AI40A

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

POST-NOTE QA15_H45:
IF QA15_H45 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA15_H46:
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H46;
IF ARMCCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY “also”; 
ELSE GO TO PROGRAMMING NOTE QA15_H47

QA15_H46 You said you (also) have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) (also) covered by this plan? 
您說您(也)有一項直接從保險公司購買的計劃。您的配偶/伴侶(也)能享受該項計劃的保賠嗎？

A141

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

POST-NOTE QA15_H46:
IF QA15_H46 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H47:
IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA15_H47;
IF ARMCCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY “also”; 
ELSE GO TO PROGRAMMING NOTE QA15_H48

QA15_H47 You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) also covered by this plan? 
您說您有一項直接從Covered California購買的計劃。您的配偶/伴侶也享受這項計劃的承保嗎？

A109

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

POST-NOTE QA15_H47:
IF QA15_H47 = 1, SET SPDIRECT =1 AND SET SPINSURE =1 AND ARSAMESP=1 AND SPHBEX= 1;

PROGRAMMING NOTE QA15_H48:
IF ARMILIT = 1, CONTINUE WITH QA15_H48;
IF ARMCCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”; 
ELSE GO TO PROGRAMMING NOTE QA15_H49

QA15_H48 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan? 
您說您(還)透過CHAMPUS/CHAMPUS-VA、TRICARE、VA或其它某種軍隊健康護理計劃享受健康保險。您的配偶/伴侶(也)能享受該項計劃的保賠嗎？

A142

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
POST-NOTE QA15_H48:
IF QA15_H48 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H49:
IF AROTHGOV = 1, CONTINUE WITH QA15_H49;
IF QA15_H36 = 1, THEN DISPLAY “AIM”;
IF QA15_H36 = 2, THEN DISPLAY “MRMIP”;
IF QA15_H36 = 3, THEN DISPLAY “Family PACT”;
IF QA15_H36 = 4, THEN DISPLAY “PCIP”;
IF QA15_H36 = 91, THEN DISPLAY “some government health plan”;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H50

QA15_H49 You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. {Is (SPOUSE/PARTNER) also covered by this plan?}
您說您{還}透過{AIM/MRMIP/Family PACT/PCIP/一些政府醫療保險計劃}享受醫療保險。您的{配偶/伴侶}是否也在這項計劃的承保範圍內?

AI42A

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

POST-NOTE QA15_H49:
IF QA15_H49 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H50:
IF SPINSURE ≠ 1, DISPLAY “any”;
ELSE DISPLAY “through any other source”

QA15_H50 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?{您的配偶/伴侶}是否有{任何} {從其他地方獲得的}健康保險?

AI46

YES .................................................................1
NO .................................................................2 [GO TO QA15_H52]
REFUSED ..........................................................-7 [GO TO QA15_H56]
DON’T KNOW ....................................................-8 [GO TO QA15_H56]
QA15_H51  What type of health insurance does (he/she) have?
{他/她}有哪一種健康保險?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "還有任何其他保險嗎？"]

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

[IF NEEDED, SAY: “例如目前或以前的雇主提供的保險，或者他們直接向保健計劃購買的保險。”]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Did (he/she) get this plan through a
current or former employer/union, through a school, professional association, trade
group, or other organization, or directly from the health plan?”]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: {他/她}是通過目前或以前的雇主/工會、學校、專業協會、同業團體、其他機構還是直接向保健計劃獲得這項計劃的？”]

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

POST-NOTE QA15_H51:
IF QA15_H51 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 8, SET SPIHS = 1;
IF QA15_H51 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1;
<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>[GO TO QA15_H56]</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO QA15_H56]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO QA15_H52]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_H52:**
If SPINSURE ≠ 1, CONTINUE WITH QA15_H52;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA15_H54;
ELSE GO TO PROGRAMMING NOTE QA15_H56
What type of health insurance does {he/she} have?  
他/她有哪一種健康保險？

[CODE ALL THAT APPLY] 

[PROBE: "Any others?"]  
[PROBE: "還有任何其他保險嗎？"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]  
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "{他/她}是通過目前或以前的雇主/工會、學校、專業協會、同業團體、其他機構，還是直接向保健計劃獲得這項計劃的?"]

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

POST-NOTE QA15_H53:
IF QA15_H53 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 8, SET SPIHS = 1;
IF QA15_H53 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 91, SET SPOTHON = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;
PROGRAMMING NOTE QA15_H54:
IF QA15_H51 = (1, 2, 3, 10, 11) OR QA15_H53 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA15_H54;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE QA15_H56

QA15_H54 Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?
這項計劃是以您的{配偶/伴侶}名義還是以其他人的名義獲得的？

AH62
[IF NEEDED, SAY: “Even someone who does not live in this household.”]
[IF NEEDED, SAY: 「甚至包括不住在您住戶中的人。」]

IN SPOUSE’S/PARTNER’S NAME .........................1 [GO TO QA15_H56] IN
SOMEONE ELSE’S NAME.................................2 [GO TO QA15_H56] DON’T
REFUSED.....................................................-7 [GO TO QA15_H56]
DON’T KNOW ............................................-8 [GO TO QA15_H56]

POST-NOTE QA15_H54:
IF QA15_H54 = 1 (SPOUSE’S/PARTNER’S NAME) AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;
IF QA15_H54 = 1 (SPOUSE’S/PARTNER’S NAME) AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1;

QA15_H55 Is the plan in your name, parent’s name, or someone else’s name?
該項計劃是以您本人、您的父母還是以其他人的名義獲得的?

AH63
IN ADULT RESPONDENT’S NAME .......................1
IN ADULT RESPONDENT’S PARENT’S NAME .........2
IN SOMEONE ELSE’S NAME ............................3
REFUSED..................................................-7
DON’T KNOW .............................................-8

POST-NOTE QA15_H55:
IF QA15_H55 = 1 AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET SPEMPAR = 1 AND SET SPEMPOTH = 0 AND ARSAMESP=1;
IF QA15_H55 = 1 AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1 AND ARSAMESP=1;
IF QA15_H55 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0
PROGRAMMING NOTE QA15_H56:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA15_H60;
ELSE IF [QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS)]
AND QA15_G31 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA15_H56;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner’s”
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H56 Does your {spouse's/partner's} employer offer health insurance to any of its employees?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA15_H60]

QA15_H57 Is {he/she} eligible to be in this plan?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA15_H60]

QA15_H58 What is the ONE main reason why {he/she} isn’t in this plan?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVERED BY ANOTHER PLAN</td>
<td>1</td>
</tr>
<tr>
<td>TOO EXPENSIVE</td>
<td>2</td>
</tr>
<tr>
<td>DOESN’T LIKE PLAN OFFERED</td>
<td>3</td>
</tr>
<tr>
<td>DOESN’T NEED OR BELIEVE IN HEALTH INSURANCE</td>
<td>4</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA15_H60]

QA15_H59 What is the one main reason why {he/she} is not eligible for this plan?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED</td>
<td>1</td>
</tr>
<tr>
<td>CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN</td>
<td>2</td>
</tr>
<tr>
<td>DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR</td>
<td>3</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA15_H60]
PROGRAMMING NOTE QA15_H60:
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIREC ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA15_H63;
IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIREC ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO QA15_H76;
ELSE CONTINUE WITH QA15_H60 DISPLAY;
IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIREC = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other”;
IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”;
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIREC = 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 ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”;
IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIREC = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY “Next, I have some questions about your own main health plan.”; AND “Medi-Cal”;
IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “Medi-Cal”;
ELSE DISPLAY, “Is your health plan an HMO?”
QA15_H60

(Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.)

(除了您已經告訴我的您的 MediCARE 醫療保險計劃以外，我想問一下您的其他醫療保險方面的問題/接下來，我要提出一些有關您的主要保健計劃的問題。)

Is your {Medi-Cal/other} health plan an HMO?

您的{Medi-Cal/其他}醫療保險計劃是 HMO 嗎?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency.”]

[IF NEEDED, SAY: 「HMO 代表「健康維護機構」。在 HMO 計劃中，您必須接受網路內醫生和醫院的服務。除非是急診，如果您在網路外接受服務，計劃通常不支付服務費。」]

[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 「您的主要醫療保險計劃。」]

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ..................................................................-8
PROGRAMMING NOTE QA15_H61:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA15_H62;
ELSE CONTINUE WITH QA15_H61;

QA15_H61  Is your health plan a PPO or EPO?
您的保健計劃是一項 PPO 計劃還是 EPO 計划？

AH122  

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: 「EPO 表示「專有服務提供者團體」。在 EPO 中，除非是急診，您必須使用網路內的醫生和醫院，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: 「PPO 表示「首選服務提供者團體」。在 PPO 中，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網路的醫生和醫院時，可支付較低的費用。另外，您可以直接與醫生和專科醫生約診，無需由您的主治醫生轉介。」]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]
[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY: 「您的主要醫療保險計劃。」]

PPO...........................................................................1
EPO...........................................................................2
OTHER (SPECIFY: ____________)...................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_H62:
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY “your main”;
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY “this”

QA15_H62  What is the name of {your main/this} health plan?
{您的主要/這個}健康保險計劃的名稱是什麼？

AI22A  

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]
[IF R HAS DIFICULTY RECALING NAME, PROBE: ”您是否有註明保健計劃名稱的保險卡或其他文件？”]

ACCESS SENIOR HEALTHCARE .........................1
AETNA .................................................................2
AETNA GOLDEN MEDICARE ..............................3
AIDS HEALTHCARE FOUNDATION, LA ...............4
ALAMEDA ALLIANCE FOR HEALTH ...................5
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
UNIVERSITY HEALTHCARE ......................... 73
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 QA15_H62:
IF QA15_H62 = 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE QA15_H63:
IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “Next I have some questions about your own main health plan.”

QA15_H63
{Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?
{接下來，我要問您一些關於您主要的健康保險計劃的問題。} 您享受處方藥物保賠嗎？也就是說，是否有某項計劃可支付處方藥物的部份費用？

AI25
YES ................................................................. 1
NO ............................................................... 2
REFUSED ..................................................... -7
DON'T KNOW ............................................... -8
### PROGRAMMING NOTE QA15_H64:

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA15_H64;**

**ELSE GO TO QA15_H69**

<table>
<thead>
<tr>
<th>QA15_H64</th>
<th>Does your health plan have a deductible that is more than $1,000?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>您的保健計劃是否要求支付超過 1,000 美元的自付額?</td>
</tr>
<tr>
<td><strong>AH71</strong></td>
<td>[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]</td>
</tr>
<tr>
<td></td>
<td>[IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]</td>
</tr>
<tr>
<td>YES</td>
<td>................................................................. 1</td>
</tr>
<tr>
<td>NO</td>
<td>................................................................. 2</td>
</tr>
<tr>
<td>YES, ONLY WHEN I GO OUT OF NETWORK</td>
<td>................................................................. 3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>........................................................................ -7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>........................................................................ -8</td>
</tr>
</tbody>
</table>

### PROGRAMMING NOTE QA15_H65:

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H65;**

**ELSE GO TO QA15_H66**

<table>
<thead>
<tr>
<th>QA15_H65</th>
<th>Does your health plan have a deductible that is more than $2,000?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>您的醫療保險計劃是否有超過 2,000 美元的免賠額？</td>
</tr>
<tr>
<td><strong>AH96</strong></td>
<td>[IF EDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]</td>
</tr>
<tr>
<td></td>
<td>[IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]</td>
</tr>
<tr>
<td>YES</td>
<td>........................................................................ 1</td>
</tr>
<tr>
<td>NO</td>
<td>........................................................................ 2</td>
</tr>
<tr>
<td>YES, ONLY WHEN I GO OUT OF NETWORK</td>
<td>........................................................................ 3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>........................................................................ -7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>........................................................................ -8</td>
</tr>
</tbody>
</table>
QA15_H66  Does your 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.”]
[IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

YES ...........................................................................1
NO ...............................................................................2 [GO TO QA15_H68]
YES, ONLY WHEN I GO OUT OF NETWORK ........3 [GO TO QA15_H68]
REFUSED .......................................................................-7
DON'T KNOW ..................................................................-8

PROGRAMMING NOTE QA15_H67:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H67;
ELSE GO TO PROGRAMMING NOTE QA15_H68

QA15_H67  Does your health plan have a deductible for all covered persons that is more than $4,000?

[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: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

YES ...........................................................................1
NO ...............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ........3
REFUSED .......................................................................-7
DON'T KNOW ..................................................................-8
<table>
<thead>
<tr>
<th>PROGRAMMING NOTE QA15_H68:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR ARMCARE =1 (CURRENTLY HAS MEDICARE) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, HK), SKIP TO QA15_H69; ELSE CONTINUE WITH QA15_H68</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_H68</th>
<th>Do you have a special account or fund you can use to pay for medical expenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AH73</strong></td>
<td>[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.”] [IF NEEDED, SAY: “帳戶有時指保健儲蓄帳戶（HSA）、保健償付帳戶（HRA）或其他類似帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療基金或選擇基金。此類帳戶與僱主提供的靈活開支帳戶不同。”]</td>
</tr>
<tr>
<td>YES .................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO .................................................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ..................................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ..................................................................-8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_H69</th>
<th>Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AI31</strong></td>
<td>YES ...........................................................................1 [GO TO QA15_H62]</td>
</tr>
<tr>
<td>NO .............................................................................2 [GO TO QA15_H72]</td>
<td></td>
</tr>
<tr>
<td>REFUSED ..................................................................-7 [GO TO QA15_H72]</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ..................................................................-8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_H70</th>
<th>During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AI32</strong></td>
<td>YES ...........................................................................1 [GO TO QA15_H73]</td>
</tr>
<tr>
<td>NO .............................................................................2 [GO TO QA15_H72]</td>
<td></td>
</tr>
<tr>
<td>REFUSED ..................................................................-7 [GO TO QA15_H72]</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ..................................................................-8 [GO TO QA15_H72]</td>
<td></td>
</tr>
</tbody>
</table>
QA15_H71  Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
您的其他醫療保險是 Medi-Cal、您透過雇主獲得的計劃、您從保險公司直接購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

MODIFIED AI33

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: 「還有任何其他計劃嗎？」]

MEDI-CAL ..............................................................................1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ............................................................3
PURCHASED DIRECTLY ....................................................5
COVERED CALIFORNIA ....................................................6
OTHER HEALTH PLAN ................................................... 91
REFUSED ...........................................................................-7
DON'T KNOW ......................................................................-8

QA15_H72  During the past 12 months, was there any time when you had no health insurance at all?
在過去 12 個月中，您有沒有任何時間完全沒有醫療保險？

AI34

YES ..................................................................................1
NO ...................................................................................2 [GO TO QA15_H82]
REFUSED ...........................................................................-7 [GO TO QA15_H82]
DON'T KNOW ......................................................................-8 [GO TO QA15_H82]

QA15_H73  For how many months of the past 12 months did you have no health insurance at all?
在過去 12 個月中，您有多少個月完全沒有醫療保險？

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11] [IF 0 GO TO PN QA15-H82]

REFUSED ...........................................................................-7 [GO TO QA15_H82]
DON'T KNOW ......................................................................-8 [GO TO QA15_H82]
QA15_H74 What is the ONE MAIN reason why you did not have any health insurance during those months?
在這些月份中，您沒有任何健康保險的一個主要原因是什麼?

AI36

CAN'T AFFORD/TOO EXPENSIVE .......................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB ......................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS .........................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ................................................4
FAMILY SITUATION CHANGED .................................................5
DON'T BELIEVE IN INSURANCE .................................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ..........................................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ..................................................8
OTHER (SPECIFY: _____________) ..................... 91
REFUSED ..............................................................................7
DON'T KNOW ........................................................................8

QA15_H75 During the time that you were uninsured, did you try to find health insurance on your own?
在您沒有保險的期間，您是否曾經嘗試自己尋找醫療保險?

AH74

YES ..............................................................................1 [GO TO QA15_H82]
NO ..................................................................................2 [GO TO QA15_H82]
REFUSED .............................................................................7 [GO TO QA15_H82]
DON'T KNOW ........................................................................8 [GO TO QA15_H82]

QA15_H76 What is the ONE MAIN reason why you do not have any health insurance?
您沒有任何健康保險的一個主要原因是什麼?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE .......................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB ......................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS .........................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ................................................4
FAMILY SITUATION CHANGED .................................................5
DON'T BELIEVE IN INSURANCE .................................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ..........................................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ..................................................8
OTHER (SPECIFY: _____________) ..................... 91
REFUSED ..............................................................................7
DON'T KNOW ........................................................................8
QA15_H77  During the time that you have been uninsured, have you tried to find health insurance on your own?
在您沒有保險的那段時間內，您是否曾經嘗試自己尋找醫療保險？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_H78  Were you covered by health insurance at any time during the past 12 months?
您在過去12個月中的任何時間內有沒有享受過醫療保險？

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<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 [GO TO QA15_H80]</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_H79  How long has it been since you last had health insurance?
您上一次有醫療保險到現在已經有多長時間？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO</td>
<td>1 [GO TO QA15_H82]</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO</td>
<td>2 [GO TO QA15_H82]</td>
</tr>
<tr>
<td>NEVER HAD HEALTH INSURANCE</td>
<td>3 [GO TO QA15_H82]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7 [GO TO QA15_H82]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8 [GO TO QA15_H82]</td>
</tr>
</tbody>
</table>

QA15_H80  For how many months out of the last 12 months did you have health insurance?
在過去12個月內，您有多少個月有醫療保險？

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>_____ MONTHS [HR: 0-12]</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_H81  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?
在您有醫療保險的那段時間內，您的保險是 Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

AI30  [CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: 「還有任何其他人或機構嗎？」]

MEDI-CAL .................................................................1
THROUGH CURRENT OR FORMER EMPLOYER OR UNION ...........................................3
PURCHASED DIRECTLY .........................................5
COVERED CALIFORNIA ..........................................6
OTHER HEALTH PLAN ......................................... 91
REFUSED .................................................................-7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_H82:
IF ARINSURE ≠ 1 OR QA15_H70 = 2 OR ARDIRECT = 1 OR QA15_H81 = (5, 6) OR QA15_H71 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA15_H82;
ELSE GO TO PROGRAMMING NOTE QA15_H99

QA15_H82  In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
在過去 12 個月中，您是否曾經嘗試直接從保險公司或 HMO 或透過 Covered California 購買醫療保險計劃？

AH103h
YES ...........................................................................1
NO .............................................................................2
REFUSED .................................................................-7
DON'T KNOW ......................................................... -8

QA15_H83  Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
這是直接從保險公司或 HMO 購買、還是透過 Covered California 購買、還是既從保險公司又透過 Covered California 購買的計劃？

AH110h
DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR ........................................1
THROUGH COVERED CALIFORNIA, OR .........2
BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA ..............3
REFUSED .................................................................-7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_H84:
IF QA15_H83 = 1; THEN CONTINUE WITH QA15_H84;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H84 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”
ELSE GO TO PROGRAMMING NOTE QA15_H88;

QA15_H84  {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
{首先，請考慮您在嘗試直接從保險公司或 HMO 購買保險時的經歷。}
How difficult was it to find a plan with the coverage you needed? Was it...
找到一項您需要的保賠範圍的計劃有多困難？您認為是......

AH98h

Very difficult...............................................................1
非常困難、................................................................1
Somewhat difficult.....................................................2
較為困難、................................................................2
Not too difficult ..........................................................3
不太困難還是.........................................................3
Not at all difficult?......................................................4
毫無困難？.................................................................4
REFUSED ............................................................................-7
DON'T KNOW ............................................................... -8

QA15_H85  How difficult was it to find a plan you could afford? Was it...
找到一項你能負擔得起的計劃有多困難？您認為是......

AH99h

Very difficult...............................................................1
非常困難、................................................................1
Somewhat difficult.....................................................2
較為困難、................................................................2
Not too difficult ..........................................................3
不太困難還是.........................................................3
Not at all difficult?......................................................4
毫無困難？.................................................................4
REFUSED ............................................................................-7
DON'T KNOW ............................................................... -8

QA15_H86  Did anyone help you find a health plan?
是否有人幫助您尋找醫療保險計劃？

AH100h

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15-H88]
REFUSED ...........................................................................-7 [GO TO PN QA15-H88]
DON'T KNOW ............................................................... -8 [GO TO PN QA15-H88]
QA15_H87  Who helped you?
是誰幫助您的？

**AH101h**

BROKER ................................................................. 1
FAMILY MEMBER/FRIEND ................................. 2
INTERNET .............................................................. 3
OTHER (SPECIFY: _____________) ....................... 91
REFUSED .................................................................. -7
DON'T KNOW .......................................................... -8

**PROGRAMMING NOTE QA15_H88:**
IF QA15_H83 = 2; THEN CONTINUE WITH QA15_H88;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H88 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA15_H92;

QA15_H88  {Now, think about your experience with Covered California.}
{現在，請想一想您與 Covered California 交往的經歷。}
How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
透過 Covered California 找到一項您需要的承保計劃難度有多大？是……

**AH111h**

Very difficult ........................................................... 1
非常困難、 .......................................................... 1
Somewhat difficult ................................................. 2
較為困難、 .......................................................... 2
Not too difficult ...................................................... 3
不太困難還是 ....................................................... 3
Not at all difficult? .................................................. 4
毫無困難？ ........................................................... 4
REFUSED .................................................................. -7
DON'T KNOW .......................................................... -8

QA15_H89  How difficult was it to find a plan you could afford? Was it...
找到一項你能負擔得起的計劃難度有多大？是……

**AH112h**

Very difficult ........................................................... 1
非常困難、 .......................................................... 1
Somewhat difficult ................................................. 2
較為困難、 .......................................................... 2
Not too difficult ...................................................... 3
不太困難還是 ....................................................... 3
Not at all difficult? .................................................. 4
毫無困難？ ........................................................... 4
REFUSED .................................................................. -7
DON'T KNOW .......................................................... -8
QA15_H90  Did anyone help you find a health plan?
是否有人幫助您找到一項保健計劃？

| AH113h | YES ...........................................................................1 |  [GO TO QA15_H92] |
|        | NO .............................................................................2 |  [GO TO QA15_H92] |
|        | REFUSED ...................................................................-7 |  [GO TO QA15_H92] |
|        | DON'T KNOW ................................................................-8 |  [GO TO QA15_H92] |

QA15_H91  Who helped you?
是誰幫助您的？

| AH114h | BROKER ...................................................................1 |  |
|        | FAMILY MEMBER / FRIEND ....................................2 |  |
|        | INTERNET ..................................................................3 |  |
|        | CERTIFIED ENROLLMENT COUNSELOR ......................4 |  |
|        | OTHER (SPECIFY: _____________) ................... 92 |  |
|        | REFUSED ...................................................................-7 |  |
|        | DON'T KNOW ................................................................-8 |  |

QA15_H92  Did you have all the information you felt you needed to make a good decision on a health plan?
您是否有您認為幫助作出有關保健計劃的良好決定所需的所有資訊？

| AH115h | YES ...........................................................................1 |  |
|        | NO .............................................................................2 |  |
|        | REFUSED ...................................................................-7 |  |
|        | DON'T KNOW ................................................................-8 |  |

PROGRAMMING NOTE QA15_H93:
IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_H93;
ELSE GO TO QA15_H94;

QA15_H93  Were you able to get information about your health plan options in your language?
您是否能夠用您自己的語言獲得有關您的保健計劃選擇的資訊？

| AH116h | YES ...........................................................................1 |  |
|        | NO .............................................................................2 |  |
|        | REFUSED ...................................................................-7 |  |
|        | DON'T KNOW ................................................................-8 |  |

QA15_H94  Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
您選擇的計劃費用在您選擇計劃時是非常重要、較為重要還是不重要？

| AH117h | VERY IMPORTANT ..................................................1 |  |
|        | SOMEWHAT IMPORTANT .......................................2 |  |
|        | NOT IMPORTANT ....................................................3 |  |
|        | REFUSED ...................................................................-7 |  |
|        | DON'T KNOW ................................................................-8 |  |
QA15_H95  Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
從某一位特定的醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY IMPORTANT</td>
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</tbody>
</table>

QA15_H96  Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
從某一家特定的醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

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<tbody>
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QA15_H97  Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?
計劃網路內的醫生選擇在您選擇計劃時是非常重要、較為重要還是不重要？

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</table>
PROGRAMMING NOTE QA15_H98:
IF QA15_H23 = 1 THEN DISPLAY “Bronze”
ELSE IF QA15_H23 = 2 THEN DISPLAY “Silver”
ELSE IF QA15_H23 = 3 THEN DISPLAY “Gold”
ELSE IF QA15_H23 = 4 THEN DISPLAY “Platinum”
ELSE IF QA15_H23 = 6 THEN DISPLAY “Minimum coverage”
ELSE DISPLAY “ “;

QA15_H98  Finally, what was the most 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?
最後，您選擇{銅/銀/金/白金/最低保額}計劃的最重要的一個原因是什麼？是費用、您可以從某一位
特定的醫生處接受護理服務、您可以在某一家醫院就診、您的計劃網路內的服務提供者選擇、還是
其他一些原因？

AH121h

COST ........................................................................1
SPECIFIC DOCTOR.................................................2
SPECIFIC HOSPITAL..............................................3
CHOICE OF DOCTORS IN NETWORK...................4
OTHER (SPECIFY: ____________)...................... 92
REFUSED ...................................................................-7
DON’T KNOW .........................................................-8

PROGRAMMING NOTE QA15_H99:
IF QA15_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR
QA15_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA15_B41 = 1 (HOSPITALIZED FOR HEART
DISEASE) THEN GO TO PROGRAMMING NOTE QA15_H100;
ELSE CONTINUE WITH QA15_H99

QA15_H99  During the past 12 months, were you a patient in a hospital overnight or longer?
在過去十二個月內，您是否曾經因病住院一天或以上？

AH14

YES .................................................................1
NO ........................................................................2  [GO TO QA15_H101]
REFUSED ................................................................-7  [GO TO QA15_H101]
DON’T KNOW ......................................................-8  [GO TO QA15_H101]

PROGRAMMING NOTE QA15_H100:
IF ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12
MONTHS), THEN CONTINUE WITH QA15_H100;
ELSE GO TO PROGRAMMING NOTE QA15_H101

QA15_H100  Was any of that hospital care paid for by Medi-Cal?
那次醫院護理的任何費用是由 Medi-Cal 支付的嗎？

AH76

YES ........................................................................1
NO ........................................................................2
REFUSED ................................................................-7
DON’T KNOW ......................................................-8
PROGRAMMING NOTE FOR QA15_H101:
IF [ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA15_H101; ELSE SKIP TO PROGRAMMING NOTE QA15_I1

QA15_H101 During the last 12 months, did you get prenatal care that you didn’t have to pay for?
在過去十二個月中，您是否曾經接受免費產前護理？

AH77

YES .................................................................1
NO .................................................................2 [GO TO PN QA15_I1]
REFUSED ......................................................-7 [GO TO PN QA15_I1]
DON’T KNOW ...................................................-8 [GO TO PN QA15_I1]

QA15_H102 Was it paid for by Medi-Cal?
這是由 Medi-Cal 付費的嗎？

AH78

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON’T KNOW ...................................................-8
Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA15_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA15_I39 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA15_I2;
ELSE CONTINUE WITH QA15_I1

QA15_I1
These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as you?
以下是關於 (CHILD) 可能有的健康保險的問題。(CHILD) 的保險是否與您的保險相同？

CF10A
YES .................................................................1 [GO TO QA15_I19]
NO ......................................................................2
REFUSED .............................................................-7
DON'T KNOW .....................................................-8

POST-NOTE QA15_I1:
IF QA15_I1 = 1 AND ARMCARe = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMACAl = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
PROGRAMMING NOTE QA15_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;
ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;
ELSE CONTINUE WITH QA15_I2

QA15_I2
Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME)?

| MA1 | YES ................................................................. 1 [GO TO QA15_I19] |
|     | NO ............................................................................. 2 |
|     | REFUSED ..................................................................... -7 |
|     | DON'T KNOW .................................................................. -8 |

POST-NOTE QA15_I2:
IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPIHS = 1, SET CHIHS = 1
IF QA15_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

QA15_I3 Is {he/she} currently covered by Medi-CAL?

| CF1 | YES ................................................................. 1 |
|     | NO ............................................................................. 2 |
|     | REFUSED ..................................................................... -7 |
|     | DON'T KNOW .................................................................. -8 |

POST-NOTE QA15_I3:
IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
QA15_I4  Is (CHILD) covered by a health insurance plan or HMO through your own or someone else’s employment or union?

(CHILD) 是否通過您或其他人的工作或工會享受醫療保險或管理式保健組織 (HMO) 計劃？

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

YES .................................................................1
NO ........................................................................2 [GO TO PN QA15_I6]
REFUSED ..........................................................-7 [GO TO PN QA15_I6]
DON’T KNOW ....................................................-8 [GO TO PN QA15_I6]

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5  Is this plan through an employer, through a union, or through Covered California’s SHOP program?

這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的？

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]
[IF NEEDED, SAY: 「SHOP 是 Covered California 開展的小企業保健選擇計劃」]

AI90

EMPLOYER ..............................................................1
UNION .......................................................................2
SHOP / COVERED CALIFORNIA ..............................3
OTHER (SPECIFY: ____________) ................................91
REFUSED ..........................................................-7
DON’T KNOW ....................................................-8

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA15_I6:
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6

QA15_I6  Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

(CHILD)是否享受您直接從保險公司或 HMO 或透過 Covered California 購買的醫療保險計劃的承保？

[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital”]
[IF NEEDED, SAY: 「請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。」]

YES ........................................................................1
NO ........................................................................2 [GO TO PN QA15_I13]
REFUSED ..........................................................-7 [GO TO PN QA15_I13]
DON’T KNOW ....................................................-8 [GO TO PN QA15_I13]
POST-NOTE QA15_I6:
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA15_I7:
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8

QA15_I7
How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

您是如何購買這項保健計劃的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

AI91

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<tr>
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</table>

POST-NOTE FOR QA15_I7:
IF QA15_I7 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA15_I8
IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I8
Was this a bronze, silver, gold or platinum plan?

這是銅、銀、金還是白金計劃？

AI92

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<td>DON'T KNOW</td>
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PROGRAMMING NOTE QA15_I9
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA15_I9;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I9
Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣？

AI93

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PROGRAMMING NOTE QA15_I10:
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I10;
ELSE GO TO PROGRAMMING NOTE QA15_14

QA15_I10  Do you pay any or all of the premium or cost for (CHILD)’s health plan?  Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
您是否支付(CHILD)的保健計劃的任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

[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: “共付款是您每次看病或使用健康護理系統服務時支付的部份健康護理費用，而由其他人支付您的主要健康護理保賠費用。”]

[IF NEEDED, SAY: ”A deductible is the amount you pay for medical care before your health plan starts paying.”]
[IF NEEDED, SAY: ”自付額是您的保健計劃開始付款之前您支付的醫療護理費用。”]

[IF NEEDED, SAY: ”Premium is the monthly charge for the cost of your health insurance plan.”]
[IF NEEDED, SAY: ”保費是您的健康保險計劃的每月收費。”]

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

QA15_I11  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)’s health plan?
是否有任何其他人，例如雇主、工會或專業機構，支付(CHILD)的保健計劃的全部或部份保費或費用？

YES ........................................................... 1
NO ............................................................. 2  [GO TO PN QA15_I13]
REFUSED ..................................................... -7  [GO TO PN QA15_I13]
DON’T KNOW ............................................. -8  [GO TO PN QA15_I13]
QA15_I12  Who else pays all or some portion of the cost for (CHILD)'s health plan?
還有誰支付(CHILD)保健計劃的全部或部份費用?

[CODE ALL THAT APPLY.]

- CURRENT EMPLOYER ...........................................1
- FORMER EMPLOYER .............................................2
- UNION....................................................................3
- SPOUSE’S/PARTNER’S CURRENT EMPLOYER...4
- SPOUSE’S/PARTNER’S FORMER EMPLOYER.....5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE ......................7
- COVERED CALIFORNIA..........................................10
- OTHER.....................................................................91
- REFUSED ................................................................-7
- DON'T KNOW ..........................................................8

POST-NOTE QA15_I12:
IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA15_I12 = 7, SET CHMCAL = 1
IF QA15_I12 = 10, SET CHHBEX = 1;

PROGRAMMING NOTE QA15_I13:
IF CHINSURE = 1, GO TO PN QA15_I19;
ELSE CONTINUE WITH QA15_I13

QA15_I13  Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
(他/她) 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?

CF6

- YES ...........................................................................1 [GO TO PN QA15_I19]
- NO .............................................................................2
- REFUSED ................................................................-7
- DON'T KNOW ..........................................................8

POST-NOTE QA15_I13:
IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1
QA15_I14  Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

{他/她}是否享受其他政府醫療保險計劃，例如 AIM、Mister MIP、Healthy Kids 或其他計劃？

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

[IF NEEDED, SAY: 「AIM 表示「母嬰營養計劃」；Mister MIP或MRMIP表示「重大風險醫療保險計劃」]

AIM ............................................................................1  [GO TO PN QA15_I19]
"MISTER MIP"/MRMIP ..............................................2  [GO TO PN QA15_I19]
HEALTHY KIDS .....................................................3  [GO TO PN QA15_I19]
NO OTHER PLAN ...................................................4  [GO TO PN QA15_I19]
SOMETHING ELSE (SPECIFY: ____________) .. 91  [GO TO PN QA15_I19]
REFUSED ............................................................... -7  [GO TO PN QA15_I19]
DON'T KNOW ......................................................... -8  [GO TO PN QA15_I19]

POST-NOTE QA15_I14:
IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15  Does {he/she} have any health insurance coverage through a plan that I missed?

{他/她}有沒有享受任何我漏掉的其它醫療保險計劃？

CF8

YES ...........................................................................1  [GO TO PN QA15_I18]
NO .............................................................................2  [GO TO PN QA15_I18]
REFUSED ............................................................... -7  [GO TO PN QA15_I18]
DON'T KNOW ......................................................... -8  [GO TO PN QA15_I18]
What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?

(他/她)有哪一種健康保險？此保險來自 Medi-CAL加州醫療輔助計劃、雇主或工會、還是來自其它來源？

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: 「還有其它來源嗎？」]

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

POST-NOTE QA15_I16:
IF QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA15_I16 = 4, SET CHMHCARE = 1 AND CHINSURE = 1
IF QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA15_I16 = 8, SET CHIHS = 1
IF QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA15_I16 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA15_I17:
IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;
ELSE SKIP TO PROGRAMMING NOTE QA15_I18

Just to verify, you said that (CHILD) gets health insurance through Medicare?
我只是要確定一下，您說過 (CHILD) 有從聯邦醫療保險(Medicare) 獲得醫療保險？

CF9VER

YES ...........................................................................1
NO .............................................................................2
REFUSED .............................................................................-7
DON'T KNOW ........................................................................-8
PROGRAMMING NOTE QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18
What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
(CHILD) 沒有加入加州醫療輔助計劃 (Medi-CAL) 的一個主要原因是什么呢？

CF1A
- PAPERWORK TOO DIFFICULT ..................................................1
- DIDN'T KNOW IF ELIGIBLE ..................................................2
- INCOME TOO HIGH, NOT ELIGIBLE ........................................3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ..............4
- OTHER NOT ELIGIBLE ..........................................................5
- DON'T BELIEVE IN HEALTH INSURANCE ..................................6
- DON'T NEED IT BECAUSE HEALTHY .........................................7
- ALREADY HAVE INSURANCE ...................................................8
- DIDN'T KNOW IT EXISTED .....................................................9
- DON'T LIKE / WANT WELFARE ...............................................10
- OTHER (SPECIFY) ..................................................................91
- REFUSED ...........................................................................-7
- DON'T KNOW .......................................................................-8

PROGRAMMING NOTE QA15_I19:
IF QA15_I1 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I19 = QA15_H9 AND QA15_I21 = QA15_H10 AND SKIP TO QA15_I22;
ELSE IF QA15_I1 = 1, THEN QA15_I19 = QA15_H60 AND QA15_I21 = QA15_H62 AND QA15_I22 = QA15_H63 AND GO TO PN QA15_I23;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA15_I19;
ELSE GO TO PN QA15_I23

QA15_I19
Is (CHILD)’s main health plan an HMO, that is, a Health Maintenance Organization?
(CHILD) 參加的保健計劃是 HMO（即健康維護機構計劃）嗎？

MA3
(IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it’s an emergency.")
(IF NEEDED, SAY: "HMO 表示「健康維護機構」。在 HMO 計劃中，{他/她}必須使用網絡內的醫生及醫院的服務。除非是急診，如果{他/她}在網路外醫生或醫院處接受服務，計劃通常不支付服務費。")

YES ...........................................................................1
NO .............................................................................2
REFUSED ...........................................................................-7
DON'T KNOW ...............................................................-8
PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20  Is (CHILD)’s health plan a PPO or EPO?
(CHILD) 的保健計劃是一項 PPO 計劃還是 EPO 計劃？

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you
must use the in-network doctors and hospitals, unless it’s an emergency and you can
access doctors and specialists directly without a referral from your primary care
provider.”]
[IF NEEDED, SAY: 「EPO 表示「專有服務提供者團體」。在 EPO 中, 除非是急診, 您必須使用
網路內的醫生和醫院, 您可以直接與醫生和專科醫生約診, 無需由您的主治醫生轉介。」]

[IF NEEDED, SAY: “PPO stands for Preferred Provider Organization. With a PPO, you
use any doctors and hospitals, but you pay less if you use doctors and hospitals that
belong to your plan’s network. Also, you can access doctors and specialists directly
without a referral from your primary care provider.”]
[IF NEEDED, SAY: 「PPO 表示「首選服務提供者團體」。在 PPO 中, 您可以使用任何醫生和醫
院, 但如果您的計劃網路的醫生和醫院時, 可支付較低的費用。另外, 您可以直接與醫
生和專科醫生約診, 無需由您的主治醫生轉介。」]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: “(His/Her) MAIN health plan.”]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: 「{他的或她的}主要保健計劃。」]

PPO...........................................................................1
EPO...........................................................................2
OTHER (SPECIFY: ______________) ................. 91
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

QA15_I21  What is the name of (CHILD)’s main health plan?
(CHILD) 參加的主要健康計劃的名稱是什麼?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an
insurance card or something else with the plan name on it?”]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: (CHILD) 是否有保險卡或註明計劃名稱的
其他文件？”]

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
QA15_I22  Is (CHILD) covered for prescription drugs?
計劃是否支付 (CHILD) 的處方藥品？

CF14

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

PROGRAMMING NOTE FOR QA15_I23:
IF (ARINSURE ≠ 1 OR QA15_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA15_I23;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I23  Does (CHILD)'s health plan have a deductible that is more than $1,000?
(CHILD) 的健康保險計劃是否有超過 1,000 美元的免賠額？

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: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

YES .................................................................1
NO ......................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED .........................................................-7
DON'T KNOW ....................................................-8
PROGRAMMING NOTE FOR QA15_I24:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I24;
ELSE GO TO QA15_I25

QA15_I24  Does (CHILD)'s health plan have a deductible that is more than $2,000?  
(CHILD) 的醫療保險計劃是否有超過 2,000 美元的免賠額？

AI85  
[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."
[IF NEEDED, SAY: 「免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。」]

YES ...........................................................................1   [GO TO PN QA15_I26]
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ........3
REFUSED ......................................................................-7
DON'T KNOW ..........................................................-8

QA15_I25  Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?  
(CHILD) 的醫療保險計劃對於所有受保人是否有超過 2,000 美元的免賠額？

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: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

YES ...........................................................................1   [GO TO PN QA15_I27]
NO .............................................................................2   [GO TO PN QA15_I27]
YES, ONLY WHEN GO OUT OF NETWORK ........3   [GO TO PN QA15_I27]
REFUSED ......................................................................-7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE FOR QA15_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I26;
ELSE GO TO PROGRAMMING NOTE QA15_I27

QA15_I26  Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000? (CHILD)的醫療保險計劃對於所有受保人是否有超過 4,000 美元的免賠額？

[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: ”免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。”]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ........3
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_I27:
IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I27  Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses? 您是否有可以用於支付 (CHILD)的醫療費用的特殊帳戶或資金？

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]
[IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶（HSA）、健康補償帳戶（HRA）或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。"]

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28  What is the one main reason (CHILD) does not have any health insurance?
(CHILD) 沒有醫療保險的一個主要原因是什么？

<table>
<thead>
<tr>
<th>CF18</th>
<th>1. CAN'T AFFORD/TOO EXPENSIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB</td>
</tr>
<tr>
<td></td>
<td>3. NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS</td>
</tr>
<tr>
<td></td>
<td>4. NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS</td>
</tr>
<tr>
<td></td>
<td>5. FAMILY SITUATION CHANGED</td>
</tr>
<tr>
<td></td>
<td>6. DON'T BELIEVE IN INSURANCE</td>
</tr>
<tr>
<td></td>
<td>7. SWITCHED INSURANCE COMPANIES, DELAY BETWEEN</td>
</tr>
<tr>
<td></td>
<td>8. CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE</td>
</tr>
<tr>
<td></td>
<td>91. OTHER (SPECIFY: ____________)</td>
</tr>
<tr>
<td></td>
<td>-7. REFUSED</td>
</tr>
<tr>
<td></td>
<td>-8. DON'T KNOW</td>
</tr>
</tbody>
</table>

QA15_I29  Was (CHILD) covered by health insurance at any time during the past 12 months?
(CHILD) 是否在过去　12 個月中的任何時間享受醫療保險？

<table>
<thead>
<tr>
<th>CF20</th>
<th>1. YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. NO</td>
</tr>
<tr>
<td></td>
<td>7. REFUSED</td>
</tr>
<tr>
<td></td>
<td>8. DON'T KNOW</td>
</tr>
</tbody>
</table>

QA15_I30  How long has it been since (CHILD) last had health insurance?
(CHILD) 上一次有醫療保險到現在已經有多長時間？

<table>
<thead>
<tr>
<th>CF21</th>
<th>1. MORE THAN 12 MONTHS, BUT NOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. MORE THAN 3 YEARS AGO</td>
</tr>
<tr>
<td></td>
<td>3. NEVER HAD HEALTH INSURANCE COVERAGE</td>
</tr>
<tr>
<td></td>
<td>7. REFUSED</td>
</tr>
<tr>
<td></td>
<td>8. DON'T KNOW</td>
</tr>
</tbody>
</table>
QA15_I31 For how many of the last 12 months did {he/she} have health insurance?
在過去十二個月內，{他/她}有幾個月有醫療保險？

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

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

QA15_I32 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?
在(CHILD) 有醫療保險期間，{他的/她的}保險是 Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

[CIRCLE ALL THAT APPLY]

[PROBE: “Any others?”]

[MEDI-CAL] .................................................................1 [GO TO VN QA15_I39]
THROUGH CURRENT OR FORMER EMPLOYER UNION..............................................3 [GO TO VN QA15_I39]
PURCHASED DIRECTLY ..............................................5 [GO TO VN QA15_I39]
COVERED CALIFORNIA ...............................................6 [GO TO VN QA15_I39]
OTHER HEALTH PLAN ..................................................91 [GO TO VN QA15_I39]
REFUSED ......................................................................-7
DON'T KNOW .............................................................-8

QA15_I33 Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?
請想一想 {他/她}目前的醫療保險，(CHILD) 在過去 12 個月中，是不是都是享受同一種保險？

[PROBE: 「還有任何其他計劃嗎？」]

YES ...........................................................................1 [GO TO VN QA15_I39]
NO .............................................................................2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ........3 [GO TO VN QA15_I39]
REFUSED ......................................................................-7
DON'T KNOW .............................................................-8

QA15_I34 When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?
當 {他/她} 沒有享受 {他的/她的} 目前的醫療保險計劃時，{他/她} 有沒有其它任何醫療保險？

[GO TO VN QA15_I36]

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW .............................................................-8
QA15_I35  Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

該其他醫療保險是 Medi-CAL、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您通過 Covered California 購買的計劃還是其他計劃？

CF26  [CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

MEDI-CAL .................................................................1
THROUGH CURRENT OR FORMER EMPLOYER/UNION .........................4
PURCHASED DIRECTLY ...............................................5
COVERED CALIFORNIA .............................................6
OTHER HEALTH PLAN ...............................................91
REFUSED .....................................................................-7
DON'T KNOW ...................................................................-8

QA15_I36  During the past 12 months, was there any time when {he/she} had no health insurance at all?

在過去 12 個月中，{他/她} 有沒有任何時間完全沒有醫療保險？

CF27  [IF < 1 MONTH, ENTER "1"]

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_I39]
REFUSED .....................................................................-7 [GO TO PN QA15_I39]
DON'T KNOW ...................................................................-8 [GO TO PN QA15_I39]

QA15_I37  For how many of the past 12 months did {he/she} have no health insurance?

在過去 12 個月中，{他/她}有幾個月沒有健康保險？

CF28  [IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

REFUSED .....................................................................-7
DON'T KNOW ...................................................................-8
QA15_I38 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn’t covered?

在 (CHILD) 沒有保險的日子裡，{他/她} 沒有醫療保險的一個主要原因是什么？

| CF29 |
| [IF R SAYS, "No need," PROBE WHY] |
| CAN’T AFFORD/TOO EXPENSIVE .........................1 |
| NOT ELIGIBLE DUE TO WORKING STATUS/ |
| CHANGED EMPLOYER/LOST JOB .........................2 |
| NOT ELIGIBLE DUE TO HEALTH OR |
| OTHER PROBLEMS .............................................3 |
| NOT ELIGIBLE DUE TO CITIZENSHIP/ |
| IMMIGRATION STATUS .......................................4 |
| FAMILY SITUATION CHANGED ...........................5 |
| DON’T BELIEVE IN INSURANCE ..........................6 |
| SWITCHED INSURANCE COMPANIES, |
| DELAY BETWEEN ...............................................7 |
| CAN GET HEALTH CARE FOR FREE/PAY |
| FOR OWN CARE..................................................8 |
| OTHER (SPECIFY) ........................................... 91 |
| REFUSED ..........................................................-7 |
| DON’T KNOW ................................................... -8 |

PROGRAMMING NOTE QA15_I39:
IF NO TEEN SELECTED, GO TO PN QA15_I78;
IF ARINSURE = 1, CONTINUE WITH QA15_I39;
IF ARINSURE = 0, GO TO PN QA15_I40;
ELSE CONTINUE WITH QA15_I39

QA15_I39 These next questions are about health insurance (TEEN) may have.

以下是有關 (TEEN) 可能享有的健康保險的問題。

| IA10A |
| Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

(TEEN) 的保險是否與 {您/ADULT RESPONDENT NAME} 的保險相同？

| YES ...........................................................................1 | [GO TO QA15_I58] |
| NO ..........................................................................2 |
| REFUSED .....................................................................-7 |
| DON’T KNOW ........................................................... -8 |

PROGRAMMING NOTE QA15_I39:
IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEMPOW = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPSP = 1, SET TEMSP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEMPAR = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOTH = 1, SET TEMOTH = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARDIREC = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARIHS = 1, SET TEIHS = 1 |
IF QA15_I39 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
PROGRAMMING NOTE QA15_I40:
IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
ELSE IF QA15_I39 = 2 AND ARSAMEP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
ELSE CONTINUE WITH QA15_I40

QA15_I40  Does (TEEN) have the same insurance as your spouse?
(TEEN) 的保險是否與您配偶的保險相同?

MA5

YES ...........................................................................1  [GO TO QA15_I58]
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

POST-NOTE QA15_I40:
IF QA15_I40 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1;
IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

PROGRAMMING NOTE QA15_I41:
IF CHINSURE ≠ 1, THEN SKIP TO QA15_I42;
ELSE IF (QA15_I39= 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;
ELSE CONTINUE WITH QA15_I41;

QA15_I41  Does (TEEN) have the same insurance as (CHILD)?
(TEEN) 的保險是否與 (CHILD) 的保險相同?

MA6

YES ...........................................................................1  [GO TO PN QA15_I72]
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

POST-NOTE QA15_I41:
IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHHELP = 1, SET TEHELP = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;
IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1
QA15_I42  Is {he/she} currently covered by Medi-CAL?
(他/她) 目前是否享受 Medi-CAL（加州醫療保健計劃）的保險？

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: 「Medi-CAL 是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計劃。」]

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

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA15_I43  Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?
(TEEN) 有沒有享受通過您或其他人的工作或工會提供的醫療保險計劃或管理式保健組織計劃(HMO)?

IA3

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_I45]
REFUSED ...................................................................-7 [GO TO QA15_I45]
DON’T KNOW ...........................................................-8 [GO TO QA15_I45]

POST-NOTE QA15_I43:
IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA15_I44  Is this plan through an employer, through a union, or through Covered California’s SHOP program?
這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的？

AI94

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]
[IF NEEDED, SAY: 「SHOP 是 Covered California 開展的小企業保健選擇計劃」]

EMPLOYER .................................................................1
UNION..........................................................................2
SHOP / COVERED CALIFORNIA .............................3
OTHER (SPECIFY: _____________) .......................91
REFUSED ...................................................................-7
DON’T KNOW ...........................................................-8

POST-NOTE FOR QA15_I44:
IF QA15_I44 = 3, THEN SET TEHBEX = 1
PROGRAMMING NOTE QA15_I45:
IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45

QA15_I45  Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
(TEEN) 是否享受您直接從保險公司或 HMO 購買的醫療保險計劃的承保？

[IA4]
[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital”]
[IF NEEDED, SAY: 「請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。」]

YES .................................................................1
NO ...............................................................2 [GO TO PN QA15_I52]
REFUSED ......................................................-7 [GO TO PN QA15_I52]
DON'T KNOW ................................................-8 [GO TO PN QA15_I52]

POST-NOTE QA15_I45:
IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:
IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46  How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
您是如何購買這項保健計劃的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

[AI95]

INSURANCE COMPANY OR HMO ..................1
COVERED CALIFORNIA .................................2
OTHER (SPECIFY: ________________) ..............91
REFUSED ..................................................-7
DON'T KNOW ..............................................-8

POST-NOTE FOR QA15_I46:
IF QA15_I46 = 2, THEN SET TEHBEX = 1
PROGRAMMING NOTE QA15_I47
IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;

QA15_I47  Was this a bronze, silver, gold or platinum plan?
          這是銅、銀、金還是白金計劃？

AI96

BRONZE .................................................................1
SILVER .................................................................2
GOLD .................................................................3
PLATINUM ..........................................................4
MEDI-CAL / MEDICAID ...........................................5
MINIMUM COVERAGE PLAN/CATASTROPHIC ..........6
OTHER (SPECIFY: ____________) ......................... 91
REFUSED ....................................................................7
DON'T KNOW ...................................................... -8

PROGRAMMING NOTE QA15_I48
IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;

QA15_I48  Was there a subsidy or discount on the premium for this plan?
          這項計劃的保費是否有補貼或折扣？

AI97

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ...................................................... -8
PROGRAMMING NOTE QA15_I49:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I49;
ELSE GO TO PROGRAMMING NOTE QA15_I52

QA15_I49
Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of
any co-pays or deductibles you or your family may have had to pay.
您是否支付 (TEEN) 的保健计划的任何或全部保费或费用？请勿包括您或您的家庭可能需要支付的任何共付款或自付额。

AI55
[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each
time you see a doctor or use the health care system, while someone else pays for your
main health care coverage."]
[IF NEEDED, SAY: "共付款是您每次看病或使用健康护理系统服务时支付的部份健康护理费用，由其他人支付您的主要健康护理保賠費用。"]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health
plan starts paying."]
[IF NEEDED, SAY: "自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance
plan."]
[IF NEEDED, SAY: "保費是您的健康保險計劃的每月收費。"]

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

QA15_I50
Does anyone else, such as an employer, a union, or professional organization pay all or some
portion of the premium or cost for (TEEN)'s health plan?
是否有任何其他人，例如雇主、工會或專業機構，支付 (TEEN) 的保健計劃的全部或部份保费或費用？

AI52

YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................-7
DON'T KNOW ....................................................................-8
QA15_I51  Who else pays all or some portion of the cost for (TEEN)’s health plan?
還有誰支付 (TEEN) 的醫療保險計劃的全部或部份費用?

【CODE ALL THAT APPLY.】

CURRENT EMPLOYER ...........................................1
FORMER EMPLOYER .............................................2
UNION.......................................................................3
SPOUSE’S/PARTNER’S CURRENT EMPLOYER...4
SPOUSE’S/PARTNER’S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE .................7
COVERED CALIFORNIA.........................................10
OTHER....................................................................91
REFUSED ...............................................................-7
DON’T KNOW ......................................................... -8

POST-NOTE QA15_I51:
IF QA15_I51 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA15_I51 = 7, SET TEMCAL = 1;
IF QA15_I51 = 10, SET TEHBEX =1;

PROGRAMMING NOTE QA15_I52:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;
ELSE CONTINUE WITH QA15_I52

QA15_I52  Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
{他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?

【GO TO PN QA15_I58】

IA6

YES ...........................................................................1
NO .............................................................................2
REFUSED ...............................................................-7
DON’T KNOW ......................................................... -8
POST-NOTE QA15_I52:
IF QA15_I52 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA15_I53  Is (he/she) covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?
(他/她)是否享有其他政府醫療保險計劃，例如AIM、Mister MIP、Family PACT、Healthy Kids或其他計劃？

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."

[IF NEEDED, SAY: 「AIM 表示「母嬰營養計劃」；Mister MIP 或 MRMIP 表示「重大風險醫療保險計劃」；Family PACT 是一項州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用。」]

AIM.................................................................1 [GO TO PN QA15_I58]
"MISTER MIP"/MRMIP........................................2 [GO TO PN QA15_I58]
Family PACT.................................................3 [GO TO PN QA15_I58]
HEALTHY KIDS.............................................4 [GO TO PN QA15_I58]
NO OTHER PLAN.........................................5
SOMETHING ELSE (SPECIFY: ____________) .. 91 [GO TO PN QA15_I58]
REFUSED......................................................-7
DON'T KNOW................................................-8

POST-NOTE QA15_I53:
IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA15_I54  Does (he/she) have any health insurance coverage through a plan that I missed?
(他/她)有沒有通過我漏掉的計劃享受任何醫療保險？

IA8

YES.................................................................1 [GO TO PN QA15_I58]
NO...............................................................2 [GO TO PN QA15_I58]
REFUSED......................................................-7 [GO TO PN QA15_I58]
DON'T KNOW................................................-8 [GO TO PN QA15_I58]
QA15_I55  What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source? (他/她)有哪一種健康保險？此保險是透過Medi-CAL（加州醫療保健計劃）、僱主或工會獲得的、還是從某些其它來源獲得的？

IA9  [IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “您是通過目前或以前的雇主/工會、學校、專業協會、同業團體、其他機構還是直接向保健計劃獲得這項計劃的？”]

[CIRCLE ALL THAT APPLY]
[PROBE: “Any others?”]
[PROBE: 「還有任何其它計劃嗎？」]

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

POST-NOTE QA15_I55:
IF QA15_I55_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA15_I55_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA15_I55_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA15_I55_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA15_I55_8 = 1, SET TEIHS = 1;
IF QA15_I55 = 10, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55 = 11, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA15_I55_92 = 1, SET TEOOTHER = 1 AND TEINSURE = 1;
IF QA15_I55 = -7 OR -8, SET TEINSURE = 1
PROGRAMMING NOTE QA15_I56:
IF QA15_I55 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57

QA15_I56    Just to verify, you said that (TEEN) gets health insurance through Medicare?
            我只是要確定一下，您說過 (TEEN) 有從聯邦醫療保險 (Medicare) 獲得醫療保險？

IA9VER

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

PROGRAMMING NOTE QA15_I57:
IF TEINSURE ≠ 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;

QA15_I57    What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
            { TEEN } 沒有加入加州醫療輔助計劃 (Medi-CAL) 的一個主要原因是什么?

IA1A

PAPERWORK TOO DIFFICULT .........................1
DIDN’T KNOW IF ELIGIBLE ................................2
INCOME TOO HIGH, NOT ELIGIBLE ....................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ..............................................4
OTHER NOT ELIGIBLE ..........................................5
DON’T BELIEVE IN HEALTH INSURANCE ..........6
DON’T NEED IT BECAUSE HEALTHY .................7
ALREADY HAVE INSURANCE ..............................8
DIDN’T KNOW IT EXISTED ...............................9
DON’T LIKE / WANT WELFARE .......................10
OTHER (SPECIFY: ____________) ....................91
REFUSED ...............................................................-7
DON’T KNOW ...........................................................-8
QA15_I58  Is (TEEN)’s main health plan an HMO, that is, a Health Maintenance Organization?

(TEEN) 參加的《Medi-Cal》保健計劃是 HMO（健康維護機構計劃）嗎？

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it’s an emergency.”]

[IF NEEDED, SAY: “HMO 表示「健康維護機構」。在 HMO 計劃中，{他/她}必須使用網路內的醫生及醫院的服務。除非是急診，如果{他/她}在網路外醫生或醫院處接受服務，計劃通常不支付服務費。”]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “{his/her} MAIN health plan.”]


YES .................................................................1  [GO TO QA15_I60]
NO .................................................................2
REFUSED .........................................................-7
DON’T KNOW ...............................................-8
PROGRAMMING NOTE QA15_I59:
If TEMCAL = 1 (TEEN HAS MEDI-CAL), go to QA15_I60;
else continue with QA15_I59;

QA15_I59

Is (TEEN)’s health plan a PPO or EPO?

PPO ................................................................. 1
EPO ................................................................. 2
OTHER (SPECIFY: ____________) ................... 91
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA15_I60

What is the name of (TEEN)’s main health plan?

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 CALIFORNIA CARE ......................... 9
BLUE CROSS SENIOR SECURE ............................. 79
BLUE SHIELD 65 PLUS ...................................... 11
BLUE SHIELD OF CALIFORNIA ......................... 12
BRAND NEW DAY (UNIVERSAL CARE) ............... 13
QA15_I61  Is (TEEN) covered for prescription drugs?
(TEEN) 的計劃是否支付處方藥品？

**IA14**

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

PROGRAMMING NOTE FOR QA15_I62:
IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOOTHER = 1), THEN
CONTINUE WITH QA15_I62; ELSE SKIP TO PN QA15_I67

QA15_I62  Does (TEEN)'s health plan have a deductible that is more than $1,000?
(TEEN) 的健康保險計劃是否有超過 1,000 美元的免賠額？

**AI82**

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to
pay for your medical care.”]
[IF NEEDED, SAY: “免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的
數額。”]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ............3
REFUSED ................................................................-7
DON'T KNOW ..........................................................-8

[GO TO QA15_I64]

[GO TO QA15_I64]
QA15_I63  Does (TEEN)'s health plan have a deductible that is more than $2,000?

(TEEN) 的醫療保險計劃是否有超過 2,000 美元的免賠額？

AI87  

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

YES ...........................................................................1 [GO TO PN QA15_I65]
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

QA15_I64  Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

(TEEN) 的健康保險計劃對於所有受保人是否有超過 2,000 美元的免賠額？

AI83  

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

[IF NEEDED, SAY: "自付額是您的健康保險計劃開始為您的醫療護理付款之前您必須支付的數額。"]

YES ...........................................................................1 [GO TO PN QA15_I66]
NO .............................................................................2 [GO TO PN QA15_I66]
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

QA15_I65  Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?

(TEEN) 的健康保險計劃對於所有受保人是否有超過 4,000 美元的免賠額？

AI88  

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

[IF NEEDED, SAY: "自付額是您的健康保險計劃開始為您的醫療護理付款之前您必須支付的數額。"]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8
**PROGRAMMING NOTE QA15_I66:**
IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67

**QA15_I66**
Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
您是否有可以用於支付(TEEN)的醫療費用的特殊帳戶或資金？

**QA15_I67**
What is the one main reason (TEEN) does not have any health insurance?
(TEEN)沒有任何健康保險的主要原因是什麼？

**A184**
[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]
[IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。"]

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

**PROGRAMMING NOTE QA15_I67:**
IF TEINSURE = 1, GO TO QA15_I72;
ELSE CONTINUE WITH QA15_I67

**QA15_I67**
What is the one main reason (TEEN) does not have any health insurance?
(TEEN)沒有任何健康保險的主要原因是什麼？

**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
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ........................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ..................................................8
OTHER (SPECIFY: ____________) ................................................................. 91
REFUSED .................................................................................. -7
DON'T KNOW ........................................................................... -8
QA15_I68 Was (TEEN) covered by health insurance at any time during the past 12 months? (TEEN) 在過去12個月中的任何時間是否享受醫療保險？

IA20

YES ...........................................................................1  [GO TO QA15_I70]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_I69 How long has it been since (TEEN) last had health insurance? (TEEN) 從上一次有醫療保險到現在已有多長時間？

IA21

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO ......................1 [GO TO QA15_I78]
MORE THAN 3 YEARS AGO ........................................2 [GO TO QA15_I78]
NEVER HAD HEALTH INSURANCE COVERAGE ..................................3 [GO TO QA15_I78]
REFUSED ............................................................... -7 [GO TO QA15_I78]
DON'T KNOW/NOT SURE ...............................................-8 [GO TO QA15_I78]

QA15_I70 For how many of the last 12 months did {he/she} have health insurance? 在過去十二個月內，{他/她}有幾個月有醫療保險？

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] [IF 0, THEN GO TO PN QA15_I78]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_I71 During that time when (TEEN) had health insurance, was (his/her) insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan? 在(TEEN)有醫療保險期間，{他的/她的}保險是Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過Covered California購買的計劃還是其他計劃？

IA23

[CODE ALL THAT APPLY.] [PROBE: “Any others?”]

MEDI-CAL .................................................................1 [GO TO QA15_I78]
THROUGH CURRENT OR FORMER EMPLOYER/UNION .......................3 [GO TO QA15_I78]
PURCHASED DIRECTLY ..................................................................5 [GO TO QA15_I78]
COVERED CALIFORNIA ....................................................................6 [GO TO QA15_I78]
OTHER HEALTH PLAN ....................................................................91 [GO TO QA15_I78]
REFUSED ............................................................... -7 [GO TO QA15_I78]
DON'T KNOW ......................................................... -8 [GO TO QA15_I78]
Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

Please think about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?

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?

During the past 12 months, was there any time when {he/she} had no health insurance at all?
QA15_I76  For how many of the past 12 months did (he/she) have no health insurance?
在過去12個月中，(他/她)有幾個月沒有健康保險？

[IF < 1 MONTH, ENTER "1"]

____ MONTHS [RANGE: 1-12]

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

QA15_I77  What is the one main reason why (TEEN) did not have any health insurance during the time (he/she) wasn't covered?
在(TEEN)不享有保險的期間，(他/她)沒有任何健康保險的一個主要原因為什麼？

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB .........................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS .........................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ..............................................4
FAMILY SITUATION CHANGED .................................5
DON'T BELIEVE IN INSURANCE ..............................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN .................................................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE .........................................................8
OTHER (SPECIFY: ____________) .............................91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_I78:
IF NOT ANSWERED IN SECTION H (AH103h = -1 AND KAH103h =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95

QA15_I78  In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
在過去12個月中，您是否曾經嘗試直接從保險公司或HMO或透過Covered California購買醫療保險計劃？

<table>
<thead>
<tr>
<th>AH103i</th>
<th>1</th>
<th>2</th>
<th>-7</th>
<th>-8</th>
</tr>
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<tbody>
<tr>
<td>YES ..........................................................</td>
<td>1</td>
<td>[GO TO PN QA15_I95]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO ..............................................................</td>
<td>2</td>
<td>[GO TO PN QA15_I95]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED .........................................................</td>
<td>-7</td>
<td>[GO TO PN QA15_I95]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ..........................................................</td>
<td>-8</td>
<td>[GO TO PN QA15_I95]</td>
<td></td>
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</tr>
</tbody>
</table>

QA15_I79  Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
這是直接從保險公司或HMO購買、還是透過Covered California購買、還是既從保險公司又透過Covered California購買的計劃？

<table>
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<th>AH110i</th>
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<th>2</th>
<th>3</th>
<th>-7</th>
<th>-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR..........................</td>
<td>1</td>
<td>[GO TO PN QA15_I82]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THROUGH COVERED CALIFORNIA, OR..........................................</td>
<td>2</td>
<td>[GO TO PN QA15_I82]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOTH, FROM AN INSURANCE COMPANY, AND THROUGH COVERED CALIFORNIA....</td>
<td>3</td>
<td>[GO TO PN QA15_I82]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED .................................................................</td>
<td>-7</td>
<td>[GO TO PN QA15_I82]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW .............................................................</td>
<td>-8</td>
<td>[GO TO PN QA15_I82]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_I80:
IF QA15_I79 = 1; THEN CONTINUE WITH QA15_I80;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 AND DISPLAY “First, think about your experience
trying to purchase insurance directly from an insurance company or HMO.”
ELSE GO TO PROGRAMMING NOTE QA15_I84;

QA15_I80  {First, think about your experience trying to purchase insurance directly from an insurance
company or HMO.}
{首先，請考慮您在嘗試直接從保險公司或 HMO 購買保險時的經歷。}
How difficult was it to find a plan with the coverage you needed? Was it…
找到一項您需要的保賠範圍的計劃有多困難？您認為是……

AH98i

| Very difficult, .............................................................. | 1 |
| Somewhat difficult, ................................................... | 2 |
| Not too difficult, or .................................................. | 3 |
| Not at all difficult? ..................................................... | 4 |
| REFUSED ......................................................................... | -7 |
| DON'T KNOW ................................................................... | -8 |

QA15_I81  How difficult was it to find a plan you could afford? Was it…
找到一項你能負擔得起的計劃難度有多大？是……

AH99i

| Very difficult, .............................................................. | 1 |
| Somewhat difficult, ................................................... | 2 |
| Not too difficult, or .................................................. | 3 |
| Not at all difficult? ..................................................... | 4 |
| REFUSED ......................................................................... | -7 |
| DON'T KNOW ................................................................... | -8 |

QA15_I82  Did anyone help you find a health plan?
是否有人幫助您尋找醫療保險計劃？

AH100i

| YES ..................................................................................... | 1 |
| NO .................................................................................... | 2 |
| REFUSED ........................................................................... | -7 |
| DON'T KNOW ..................................................................... | -8 |
QA15_I83  Who helped you?  
是誰幫助您的？

AH101i

BROKER .................................................................1
FAMILY MEMBER/FRIEND ..........................................2
INTERNET ..............................................................3
OTHER (SPECIFY: _____________) .........................91
REFUSED ..............................................................-7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_I84:
IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QA15_I88;

QA15_I84  {Now, think about your experience with Covered California.}
{現在，請想一想您與 Covered California 交往的經歷。}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
透過 Covered California 找到一項您需要的承保計劃難度有多大？是……

AH111i

Very difficult, ............................................................1
非常困難、 ............................................................1
Somewhat difficult, ..................................................2
較為困難、 ...........................................................2
Not too difficult, or .....................................................3
不太困難還是 .........................................................3
Not at all difficult? ....................................................4
毫無困難？ ............................................................4
REFUSED ..............................................................-7
DON'T KNOW ..........................................................-8

QA15_I85  How difficult was it to find a plan you could afford? Was it…
找到一項您能負擔得起的計劃難度有多大？是……

AH112i

Very difficult, ............................................................1
非常困難、 ............................................................1
Somewhat difficult, ..................................................2
較為困難、 ...........................................................2
Not too difficult, or .....................................................3
不太困難還是 .........................................................3
Not at all difficult? ....................................................4
毫無困難？ ............................................................4
REFUSED ..............................................................-7
DON'T KNOW ..........................................................-8
QA15_I86 Did anyone help you find a health plan?
是否有人幫助您尋找醫療保險計劃？

[AH113i]
YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8

[GO TO QA15_I88]

QA15_I87 Who helped you?
是誰幫助您的？

[AH114i]
BROKER ............................................................ 1
FAMILY MEMBER / FRIEND .................................. 2
INTERNET .......................................................... 3
CERTIFIED INSURANCE AGENTS ......................... 4
OTHER (SPECIFY: ____________) .......................... 91
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8

QA15_I88 Did you have all the information you felt you needed to make a good decision on a health plan?
您是否有您認為幫助作出有關保健計劃的良好決定所需的所有資訊？

[AH115i]
YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8

[PROGRAMMING NOTE QA15_I89:
IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89;
ELSE GO TO QA15_I90;]

QA15_I89 Were you able to get information about your health plan options in your language?
您是否能夠用您自己的語言獲得有關您的保健計劃選擇的資訊？

[AH116i]
YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8

QA15_I90 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
您選擇的計劃費用在您選擇計劃時是非常重要、較為重要還是不重要？

[AH117i]
VERY IMPORTANT ............................................... 1
SOMewhat IMPORTANT ....................................... 2
NOT IMPORTANT ................................................. 3
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
QA15_I91  Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
從某一位特定的醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

AH118i

VERY IMPORTANT ..................................................1
SOMewhat IMPORTANT ........................................2
NOT IMPORTANT ....................................................3
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

QA15_I92  Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
從某一家特定的醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

AH119i

VERY IMPORTANT ..................................................1
SOMewhat IMPORTANT ........................................2
NOT IMPORTANT ....................................................3
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

QA15_I93  Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?
計劃網路內的醫生選擇在您選擇計劃時是非常重要、較為重要還是不重要？

AH120i

VERY IMPORTANT ..................................................1
SOMewhat IMPORTANT ........................................2
NOT IMPORTANT ....................................................3
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
PROGRAMMING NOTE QA15_I94:
IF QA15_I8 = 1 OR QA15_I47 = 1, THEN DISPLAY “Bronze”
ELSE IF QA15_I8 = 2 OR QA15_I47 = 2, THEN DISPLAY “Silver”
ELSE IF QA15_I8 = 3 OR QA15_I47 = 3, THEN DISPLAY “Gold”
ELSE IF QA15_I8 = 4 OR QA15_I47 = 4, THEN DISPLAY “Platinum”
ELSE IF QA15_I8 = 6 OR QA15_I47 = 6, THEN DISPLAY “Minimum coverage”
ELSE DISPLAY “ “;

QA15_I94

Finally, what was the most 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?

最後，您選擇 {銅/銀/金/白金/最低保額} 計劃的最重要的一個原因是什麼？是費用、您可以從某一位特定的醫生處接受護理服務、您可以在某一家醫院就診、您的計劃網路內的服務提供者選擇、還是其他一些原因？

AH121i

COST .............................................................1
SPECIFIC DOCTOR .............................................2
SPECIFIC HOSPITAL .........................................3
CHOICE OF DOCTORS IN NETWORK .....................4
OTHER (SPECIFY: ____________) ......................... 91
REFUSED .........................................................-7
DON'T KNOW .....................................................-8
PROGRAMMING NOTE QA15_I95:
IF NO TEEN SELECTED, GO TO SECTION J;
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA15_I95
In what country was (TEEN)’s (mother/father) born?
(TEEN)的(母親/父親)是在哪個國家出生的?

AI56
[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES..............................................................1
AMERICAN SAMOA...................................................2
CANADA ...........................................................................3
CHINA .............................................................................4
EL SALVADOR ...............................................................5
ENGLAND .........................................................................6
FRANCE .............................................................................7
GERMANY .........................................................................8
GUAM ................................................................................9
GUATEMALA .................................................................10
HUNGARY ..........................................................................11
INDIA ..................................................................................12
IRAN ...................................................................................13
IRELAND ..........................................................................14
ITALY ..................................................................................15
JAPAN ...............................................................................16
KOREA ...............................................................................17
MEXICO ..............................................................................18
PHILIPPINES .................................................................19
POLAND ..............................................................................20
PORTUGAL .....................................................................21
PUERTO RICO ...............................................................22
RUSSIA ..............................................................................23
TAIWAN ..............................................................................24
VIETNAM ............................................................................25
VIRGIN ISLANDS .............................................................26
OTHER (SPECIFY: _____________) ..................................91
REFUSED ..............................................................................-7
DON’T KNOW ......................................................................-8
PROGRAMMING NOTE QA15_I96:
IF QA15_I95 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH QA15_I96;
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;  
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA15_I96  Does (TEEN)’s {mother/father} now live in the U.S.? 
(TEEN) 的{母親/父親}目前住在美國嗎?

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<tr>
<td>YES</td>
<td>...........................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>...........................................................................2</td>
</tr>
<tr>
<td>MOTHER/FATHER DECEASED</td>
<td>...........................................3</td>
</tr>
<tr>
<td>MOTHER/FATHER NEVER LIVED IN US</td>
<td>.................4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>...........................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...........................................-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA15_I97:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;  
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;  
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;  
ELSE DISPLAY “Is”

QA15_I97  {Is/Was} (TEEN)’s {mother/father} a citizen of the United States? 
(TEEN) 的{母親/父親}是美國公民嗎?

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<tbody>
<tr>
<td>YES</td>
<td>[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]</td>
</tr>
<tr>
<td>NO</td>
<td>...........................................................................2</td>
</tr>
<tr>
<td>APPLICATION PENDING</td>
<td>...........................................3</td>
</tr>
<tr>
<td>REFUSED</td>
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<tr>
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</table>
PROGRAMMING NOTE QA15_I98:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA15_I98  {Is/Was} (TEEN)’s {mother/father} a permanent resident with a green card?
(TEEN)的{母親/父親}是持有綠卡的永久居民嗎?

AI59  
[IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY: "人們通常將永久居民卡稱為「綠卡」, 但永久居民卡的顏色可能是粉紅色、藍色或白色。”]

YES .................................................................1
NO ......................................................................2
APPLICATION PENDING .................................3
REFUSED ..........................................................-7
DON’T KNOW ..................................................-8
PROGRAMMING NOTE QA15_I99:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA15_I99 About how many years has (TEEN)’s {mother/father} lived in the United States?
(TEEN)的母親在美國已居住大約多少年?
(TEEN)的{母親/父親}在美國已居住大約多少年?

AI60 [IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED .........................3
MOTHER/FATHER NEVER LIVED IN US ..........4
REFUSED .....................................................-7
DON'T KNOW ..............................................-8
Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA15_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care YOU receive”;
ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”

QA15_J1
{Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor? {現在，我想提出幾個有關您所接受的健康護理的問題。} 在過去 12 個月中，您看過幾次醫生？

AH5

______ TIMES [HR: 0-365]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_J2:
IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2;
ELSE GO TO PROGRAMMING NOTE QA15_J3

QA15_J2
About how long has it been since you last saw a doctor about your own health? 自從您上次就自身的健康狀況去看醫生以來到現在已經有多長時間？

AH6

ONE YEAR AGO OR LESS .....................................0
MORE THAN 1 UP TO 2 YEARS AGO ..................1
MORE THAN 2 UP TO 5 YEARS AGO ..................2
MORE THAN 5 YEARS AGO ...............................3
NEVER ..............................................................4
REFUSED ........................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_J3:
IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4;
ELSE CONTINUE WITH QA15_J3

QA15_J3
About how long has it been since you last saw a doctor or medical provider for a routine check-up?
自從您上次接受醫生或其他醫療提供者的常規體檢以來大約有多長時間了？

AJ114
[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]
[IF NEEDED, SAY: 「常規體檢指並非因生病或病症而接受的門診檢查。該常規體檢可能包括有關健康行為（例如抽煙）的問題。」]

ONE YEAR AGO OR LESS ...................................... 0
MORE THAN 1 UP TO 2 YEARS AGO .................... 1
MORE THAN 2 UP TO 5 YEARS AGO .................... 2
MORE THAN 5 YEARS AGO ................................. 3
NEVER ............................................................ 4
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8

PROGRAMMING NOTE QA15_J4:
IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5

QA15_J4
Do you have a personal doctor or medical provider who is your main provider?
您是否有一位作為您的主要服務提供者的個人醫生或醫療服務提供者？

AJ77
[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]
[IF NEEDED, SAY: “可以是全科醫生、專科醫生、醫生助理、護士或其他健康服務提供者”]

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8
PROGRAMMING NOTE QA15_J5:
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;
ELSE GO TO PROGRAMMING NOTE QA15_J7

QA15_J5
How often does your doctor or medical provider listen carefully to you? Would you say...
您的醫生或醫療服務提供者仔細聽您敘述的頻率有多高？您認為是......

AJ112
Never, ................................................................. 1
從未、 ................................................................. 1
Sometimes, ........................................................................ 2
有時、 ........................................................................ 2
Usually, or ........................................................................ 3
通常、或是 ........................................................................ 3
Always? ........................................................................ 4
總是？ ........................................................................ 4
REFUSED ........................................................................ -7
DON’T KNOW ............................................................... -8

QA15_J6
How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...
您的醫生或醫療服務提供者明確地向您解釋如何護理自身健康的頻率有多高？您認為是......

AJ113
Never, ................................................................. 1
従未、 ................................................................. 1
Sometimes, ........................................................................ 2
有時、 ........................................................................ 2
Usually, or ........................................................................ 3
通常、或是 ........................................................................ 3
Always? ........................................................................ 4
總是？ ........................................................................ 4
REFUSED ........................................................................ -7
DON’T KNOW ............................................................... -8
PROGRAMMING NOTE QA15_J7:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;
ELSE GO TO PROGRAMMING NOTE QA15_J9;
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY “your”;
ELSE DISPLAY “a”;

QA15_J7
Please tell me yes or no. In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

AJ102
[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.] [IF NEEDED, SAY: 「請勿包括緊急護理或急診護理就診。我只是詢問有關普通預約就診的情況。」]

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

QA15_J8
How often were you able to get an appointment within two days? Would you say...

AJ103
Never, ........................................................................1
Sometimes, ...............................................................2
Usually, or .................................................................3
Always? .....................................................................4
總是你... .................................................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA15_J9
During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

AJ152
[IF NEEDED, SAY: “Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline.”] [IF NEEDED, SAY: 請不要包括預約就診或再次領取處方藥物。不包括護士熱線。]

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA15_J10  Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

此護理是因為皮膚或眼睛問題、情緒或心理健康問題、還是其他健康問題嗎？

AJ153  [CODE ALL THAT APPLY]
[PROBE: “Any others?”]
[PROBE: “還有其他問題嗎?”]

SKIN PROBLEM .......................................................1
EYE PROBLEM ........................................................2
MENTAL OR EMOTIONAL HEALTH PROBLEM ....3
OTHER HEALTH PROBLEM
(SPECIFY: ____________) ................................... 91
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_J11:
IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA15_J11;
ELSE GO TO PROGRAMMING NOTE QA15_J16

QA15_J11  The last time you saw a doctor, did you have a hard time understanding the doctor?

您上次看醫生時，是否很難聽懂醫生說的話？

AJ8  

YES ...........................................................................1 [GO TO PN QA15_J13]
NO .............................................................................2
REFUSED ............................................................... -7 [GO TO QA15_J16]
DON'T KNOW ..........................................................-8 [GO TO QA15_J16]

PROGRAMMING NOTE QA15_J12:
IF QA15_J11 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA15_J12;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12 WAS ASKED;
ELSE SKIP TO PROGRAMMING NOTE QA15_J16

QA15_J12  In what language did the doctor speak to you?

您的醫生用哪一種語言與您交談？

AJ50  

ENGLISH .................................................................1 [GO TO QA15_J14]
SPANISH ..................................................................2 [GO TO PN QA15_J16]
CANTONESE ..........................................................3 [GO TO PN QA15_J16]
VIETNAMESE ...........................................................4 [GO TO PN QA15_J16]
TAGALOG ................................................................5 [GO TO PN QA15_J16]
MANDARIN ...............................................................6 [GO TO PN QA15_J16]
KOREAN ...................................................................7 [GO TO PN QA15_J16]
ASIAN INDIAN LANGUAGES .................................8 [GO TO PN QA15_J16]
RUSSIAN .................................................................9 [GO TO PN QA15_J16]
OTHER (SPECIFY: ____________) .............................91 [GO TO PN QA15_J16]
REFUSED ............................................................... -7 [GO TO PN QA15_J16]
DON'T KNOW ..........................................................-8 [GO TO PN QA15_J16]
QA15_J13 Was this because you and the doctor spoke different languages?
這是不是因為您和醫生講的是不同的語言?

AJ9

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

QA15_J14 Did you need someone to help you understand the doctor?
您是否需要有人幫助您聽懂醫生的話?

AJ10

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

QA15_J15 Who was this person who helped you understand the doctor?
是誰幫助您聽懂醫生說的話?

AJ11

[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.

MINOR CHILD (UNDER AGE 18) .........................1
AN ADULT FAMILY MEMBER OR
FRIEND OF MINE ...........................................2
NON-MEDICAL OFFICE STAFF ..........................3
MEDICAL STAFF INCLUDING
NURSES/DOCTORS ........................................4
PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE) ...................5
OTHER (PATIENTS, SOMEONE ELSE) ................6
DID NOT HAVE SOMEONE TO HELP ..................7
REFUSED ...................................................-7
DON'T KNOW ...............................................-8

PROGRAMMING NOTE QA15_J16:
IF QA15_G8 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16;
ELSE GO TO PROGRAMMING NOTE QA15_J17

QA15_J16 In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?
在加州，您有權在就診時獲得免費口譯服務。您在今天之前是否知道這項服務？

AJ105

YES .........................................................1
NO .........................................................2
REFUSED ...............................................-7
DON'T KNOW ...............................................-8
PROGRAMMING NOTE QA15_J17:

IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12
MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH
QA15_J17;
ELSE GO TO QA15_J19

<table>
<thead>
<tr>
<th>QA15_J17</th>
<th>In the past 12 months, did you change where you usually go for health care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ106</td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .............................................................................2 [GO TO QA15_J19]</td>
</tr>
<tr>
<td></td>
<td>REFUSED ...........................................................................-7 [GO TO QA15_J19]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...........................................................................-8 [GO TO QA15_J19]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_J18</th>
<th>Did you have to change because of your health insurance plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ107</td>
<td>[IF NEEDED, SAY: “Did you have to change where you usually go for health care because of a reason related to your health insurance plan?”]</td>
</tr>
<tr>
<td></td>
<td>[IF NEEDED, SAY: 「您是否因與您的醫療保險計劃相關的原因不得不改變通常接受醫療護理的點？」]</td>
</tr>
<tr>
<td></td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .............................................................................2</td>
</tr>
<tr>
<td></td>
<td>REFUSED ...........................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...........................................................................-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_J19</th>
<th>During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AH16</td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .............................................................................2 [GO TO QA15_J21]</td>
</tr>
<tr>
<td></td>
<td>REFUSED ...........................................................................-7 [GO TO QA15_J21]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...........................................................................-8 [GO TO QA15_J21]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_J20</th>
<th>Was cost or lack of insurance a reason why you delayed or did not get the prescription?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ19</td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .............................................................................2</td>
</tr>
<tr>
<td></td>
<td>REFUSED ...........................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...........................................................................-8</td>
</tr>
</tbody>
</table>
QA15_J21  During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?
在過去十二個月中，您有沒有延遲或沒有接受任何您認為必要的醫療護理—例如看醫生、專科醫生或其他健康護理專業人員？

AH22

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_J26]
REFUSED ......................................................................-7 [GO TO QA15_J26]
DON'T KNOW ...............................................................-8 [GO TO QA15_J26]

QA15_J22  Did you get the care eventually?
您最終接受了護理嗎？

AJ129

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

QA15_J23  Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
醫療費用或沒有保險是不是您延遲或沒有獲得您認為自己需要的醫療護理的一個原因？

AJ20

YES ...........................................................................1 [GO TO QA15_J25]
NO .............................................................................2 [GO TO QA15_J25]
REFUSED ......................................................................-7 [GO TO QA15_J25]
DON'T KNOW ...............................................................-8 [GO TO QA15_J25]

QA15_J24  Was that the main reason?
這是主要原因嗎？

AJ130

YES ...........................................................................1 [GO TO PN QA15_J26]
NO .............................................................................2 [GO TO PN QA15_J26]
REFUSED ......................................................................-7 [GO TO PN QA15_J26]
DON'T KNOW ...............................................................-8 [GO TO PN QA15_J26]
QA15_J25  What was the one main reason why you delayed getting the care you felt you needed?  
您延遲接受您認為自己需要的護理的一個最主要原因是什麼？

<table>
<thead>
<tr>
<th>AJ131</th>
</tr>
</thead>
<tbody>
<tr>
<td>COULDN'T GET APPOINTMENT ......................1</td>
</tr>
<tr>
<td>MY INSURANCE NOT ACCEPTED ......................2</td>
</tr>
<tr>
<td>INSURANCE DID NOT COVER ...........................3</td>
</tr>
<tr>
<td>LANGUAGE PROBLEMS ..................................4</td>
</tr>
<tr>
<td>TRANSPORTATION PROBLEMS ............................5</td>
</tr>
<tr>
<td>HOURS NOT CONVENIENT ..............................6</td>
</tr>
<tr>
<td>NO CHILD CARE FOR CHILDREN AT HOME ..........7</td>
</tr>
<tr>
<td>FORGOT OR LOST REFERRAL .........................8</td>
</tr>
<tr>
<td>I DIDN'T HAVE TIME ...................................9</td>
</tr>
<tr>
<td>COULDN'T AFFORD/COST TOO MUCH ....................10</td>
</tr>
<tr>
<td>NO INSURANCE ........................................11</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________) ....................91</td>
</tr>
<tr>
<td>REFUSED ...............................................-7</td>
</tr>
<tr>
<td>DON'T KNOW .............................................-8</td>
</tr>
</tbody>
</table>

QA15_J26  The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.  
接下來是有關專科醫生的問題。專科醫生是指外科醫生、心臟病醫生、過敏醫生、皮膚科醫生和其他專門針對某個健康護理領域的專科醫生。

In the past 12 months, did you or a doctor think you needed to see a medical specialist?  
在過去十二個月中，您或醫生是否曾認為您應當去看專科醫生

<table>
<thead>
<tr>
<th>AJ136</th>
</tr>
</thead>
</table>
| [IF NEEDED: Do not include dental visits.]
| [IF NEEDED, SAY: 「請不要包括牙科門診。」]  |
| YES ....................................................1 |
| NO .....................................................2 |
| REFUSED ...............................................-7 |
| DON'T KNOW .............................................-8 |

PROGRAMMING NOTE QA15_J27:  
IF QA15_J26 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA15_J27;
ELSE GO TO QA15_J30

QA15_J27  During the past 12 months, did you have any trouble finding a medical specialist who would see you?  
在過去十二個月中，您是否有任何困難找到一位能夠為您看病的專科醫生？

<table>
<thead>
<tr>
<th>AJ137</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ....................................................1</td>
</tr>
<tr>
<td>NO .....................................................2</td>
</tr>
<tr>
<td>REFUSED ...............................................-7</td>
</tr>
<tr>
<td>DON'T KNOW .............................................-8</td>
</tr>
</tbody>
</table>
**QA15_J28** During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?
在過去十二個月中，是否有專科醫生診所告訴您他們不願接受您作為他們的新病人？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_J29:**
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J29;
ELSE SKIP TO QA15_J30

**QA15_J29** During the past 12 months, did a medical specialist’s office tell you that they did not take your main health insurance?
在過去十二個月中，是否有專科醫生辦公室告訴您他們不接受您的主要健康保險？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA15_J30** Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?
現在是有關全科醫生的問題。在過去十二個月中，您是否有任何困難尋找一位為您看病的全科醫生？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA15_J31** During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?
在過去十二個月中，是否有醫生診所告訴您他們不願接受您作為他們的新病人？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_J32:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J32;
ELSE SKIP TO QA15_J33

QA15_J32  During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance?
在過去十二個月中，是否有醫生診所告訴您他們不願接受您的主要醫療保險？

AJ135

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

QA15_J33  Have you ever used the Internet?
您是否曾經使用過互聯網？

AJ108

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

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

QA15_J34  In the past 12 months, did you use the internet to look for health or medical information?
在過去十二個月中，您是否曾經使用過互聯網來查找健康或醫療信息？

AJ109

[IF NEEDED, SAY: “Include information about disease symptoms, diet, or nutrition, physical activity, healthcare providers, and health insurance plans.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ...............................................................-8
**PROGRAMMING NOTE QA15_J35:**

IF QA15_A5 = 1 (MALE) OR AGE > 44 YEARS OLD THEN GO TO PN QA15_J41;
ELSE CONTINUE WITH QA15_J35;

**QA15_J35** During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?  
在過去十二個月中，您是否曾接受過醫生或醫療提供者有關避孕的諮詢或資訊？

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

**QA15_J36** During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?  
在過去十二個月中，您是否曾接受過醫生或醫療提供者建議的避孕方法或開出的避孕處方藥？

[INTERVIEWER NOTE: CODE ‘YES’ IF R MENTIONS VASECTOMY OF PARTNER]

- **YES** .................................................................1
- **NO** .................................................................2  [GO TO QA15_J39]
- **REFUSED** ..........................................................-7  [GO TO QA15_J39]
- **DON'T KNOW** ......................................................-8  [GO TO QA15_J39]

**QA15_J37** What MAIN birth control method or prescription did you receive?  
您曾接受過哪一種主要的避孕方法或領取過哪一種處方藥？

[INTERVIEWER NOTE: IF MORE THAN ONE METHOD, ASK: “Which method did you receive most recently?”]  
[INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

- TUBAL LIGATION (TUBES TIED OR CUT) ..............1  
- VASECTOMY (MALE STERILIZATION) .................2  
- IUD (MIRENA, PARAGARD) ...............................3  
- IMPLANT (IMPLANON, NEXPLANON) .................4  
- BIRTH CONTROL PILLS .................................5  
- OTHER HORMONAL METHODS  
  (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING) ..........................6  
- CONDOMS (MALE) ..........................................7  
- OTHER (SPECIFY: ____________) ................... 91  
- **REFUSED** ..........................................................-7  
- **DON'T KNOW** ......................................................-8
**QA15_J38** Where did you receive the main birth control method or prescription?
您是從哪裡接受主要避孕方法或領取處方藥的？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIVATE DOCTOR'S OFFICE</td>
<td>1</td>
</tr>
<tr>
<td>HMO FACILITY</td>
<td>2</td>
</tr>
<tr>
<td>HOSPITAL OR HOSPITAL CLINIC</td>
<td>3</td>
</tr>
<tr>
<td>PLANNED PARENTHOOD</td>
<td>4</td>
</tr>
<tr>
<td>COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC</td>
<td>5</td>
</tr>
<tr>
<td>SCHOOL OR SCHOOL-BASED CLINIC</td>
<td>6</td>
</tr>
<tr>
<td>EMPLOYER OR COMPANY CLINIC</td>
<td>7</td>
</tr>
<tr>
<td>INDIAN HEALTH SERVICE</td>
<td>8</td>
</tr>
<tr>
<td>PHARMACY</td>
<td>9</td>
</tr>
<tr>
<td>SOME OTHER PLACE (SPECIFY: __________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_J39:**
IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;
IF QA15_A5 = 2 (FEMALE) AND IF QA15_D18 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA15_J44;
IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J39

**QA15_J39** Are you or your male sex partner currently using a birth control method to prevent pregnancy?
您或您的男性性伴侶是否採用某種避孕方法避孕？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>NO MALE SEXUAL PARTNER</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[IF NEEDED, SAY: “Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.”]
[IF NEEDED SAY：「絕育包括輸卵管結札、輸精管切除術或絕育手術，導致你們不能生育。」]
Which birth control method or methods are you using?
您正在使用哪種避孕方法？

TUBAL LIGATION (TUBES TIED OR CUT) .............1
VASECTOMY (MALE STERILIZATION) ..................2
IUD (MIRENA, PARAGARD) .............................3
IMPLANT (IMPLANON, NEXPLANON) ...............4
BIRTH CONTROL PILLS .................................5
OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING/NUVA RING) .......................6
CONDOMS (MALE) .......................................7
OTHER (SPECIFY: ____________) ..................91
REFUSED .................................................-7
DON'T KNOW ...........................................-8

During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?
在過去十二個月中，您是否曾接受過醫生或醫療提供者有關男性或女性避孕的諮詢或資訊？

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

During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?
在過去十二個月中，您是否曾接受醫生或醫療提供者有關男性的避孕方法的建議，例如避孕套或輸精管切除術？

YES .................................................................1
NO ...............................................................2
REFUSED .....................................................-7
DON'T KNOW .............................................-8
### QA15_J43
**Where did you receive it?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIVATE DOCTOR’S OFFICE</td>
<td>1</td>
</tr>
<tr>
<td>HMO FACILITY</td>
<td>2</td>
</tr>
<tr>
<td>HOSPITAL OR HOSPITAL CLINIC</td>
<td>3</td>
</tr>
<tr>
<td>PLANNED PARENTHOOD</td>
<td>4</td>
</tr>
<tr>
<td>COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC</td>
<td>5</td>
</tr>
<tr>
<td>SCHOOL OR SCHOOL-BASED CLINIC</td>
<td>6</td>
</tr>
<tr>
<td>EMPLOYER OR COMPANY CLINIC</td>
<td>7</td>
</tr>
<tr>
<td>INDIAN HEALTH SERVICE</td>
<td>8</td>
</tr>
<tr>
<td>PHARMACY</td>
<td>9</td>
</tr>
<tr>
<td>SOME OTHER PLACE (SPECIFY: __________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### QA15_J44
**These next questions are about dental health.**

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAVE NEVER VISIT</td>
<td>0</td>
</tr>
<tr>
<td>6 MONTHS AGO OR LESS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 6 MONTHS UP TO 1 YEAR AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 1 YEAR UP TO 2 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS UP TO 5 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### QA15_J45
**Was it for a routine checkup or cleaning, or was it for a specific problem?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUTINE CHECKUP OR CLEANING</td>
<td>1</td>
</tr>
<tr>
<td>SPECIFIC PROBLEM</td>
<td>2</td>
</tr>
<tr>
<td>BOTH</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
**QA15_J46** Do you now have any type of insurance that pays for part or all of your dental care? 
您目前是否有任何類型的保險可支付牙科護理的部分或全部費用?

<table>
<thead>
<tr>
<th>AG3</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_J47  How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?  
您如何描述您的牙齿状况：极好，很好，较好，一般还是较差？

AJ168  
EXCELLENT .............................................................1  
VERY GOOD ............................................................2  
GOOD .......................................................................3  
FAIR ..........................................................................4  
POOR........................................................................5  
HAS NO NATURAL TEETH.................................6  
DON'T KNOW .....................................................-7  
REFUSED ..............................................................-8

PROGRAMMING NOTE QA15_J48:  
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J48;  
ELSE GO TO SECTION DM;

QA15_J48  Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:  
You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?

AJ155  
STRONGLY AGREE .................................................1  
AGREE ......................................................................2  
DISAGREE ............................................................3  
STRONGLY DISAGREE ...........................................4  
REFUSED ..............................................................7  
DON'T KNOW .........................................................8

QA15_J49  It’s natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?

AJ156  
STRONGLY AGREE .................................................1  
AGREE ......................................................................2  
DISAGREE ............................................................3  
STRONGLY DISAGREE ...........................................4  
REFUSED ..............................................................7  
DON'T KNOW .........................................................8

QA15_J50  Children should take care of their parents.

AJ157  
[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]  
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE .................................................1  
AGREE ......................................................................2  
DISAGREE ............................................................3  
STRONGLY DISAGREE ...........................................4  
REFUSED ..............................................................7  
DON'T KNOW .........................................................8
QA15_J51  You should behave in accordance with systems around you.

AJ158  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]  
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE .................................................1  
AGREE .................................................................2  
DISAGREE ..............................................................3  
STRONGLY DISAGREE ............................................4  
REFUSED .............................................................-7  
DON'T KNOW ......................................................-8

QA15_J52  Everything will be fine if you do things the way you have always done.

AJ159  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]  
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE .................................................1  
AGREE .................................................................2  
DISAGREE ..............................................................3  
STRONGLY DISAGREE ............................................4  
REFUSED .............................................................-7  
DON'T KNOW ......................................................-8

QA15_J53  You tend to ask someone’s opinions before taking actions.

AJ160  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]  
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE .................................................1  
AGREE .................................................................2  
DISAGREE ..............................................................3  
STRONGLY DISAGREE ............................................4  
REFUSED .............................................................-7  
DON'T KNOW ......................................................-8

QA15_J54  You are nervous about what other people say about you or how they feel about you.

AJ161  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]  
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE .................................................1  
AGREE .................................................................2  
DISAGREE ..............................................................3  
STRONGLY DISAGREE ............................................4  
REFUSED .............................................................-7  
DON'T KNOW ......................................................-8

QA15_J55  You should behave hoping that people around you have good impressions of you.
AJ162

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE ................................................. 1
AGREE ...................................................................... 2
DISAGREE ................................................................ 3
STRONGLY DISAGREE ........................................... 4
REFUSED ...............................................................  -7
DON’T KNOW ..........................................................  -8

QA15_J56 You are careful about your behaviors and what you wear.

AJ163

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE ................................................. 1
AGREE ...................................................................... 2
DISAGREE ................................................................ 3
STRONGLY DISAGREE ........................................... 4
REFUSED ...............................................................  -7
DON’T KNOW ..........................................................  -8

QA15_J57 You do not want to be embarrassed in front of people.

AJ164

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE ................................................. 1
AGREE ...................................................................... 2
DISAGREE ................................................................ 3
STRONGLY DISAGREE ........................................... 4
REFUSED ...............................................................  -7
DON’T KNOW ..........................................................  -8

QA15_J58 You are concerned about your appearance.

AJ165

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

STRONGLY AGREE ................................................. 1
AGREE ...................................................................... 2
DISAGREE ................................................................ 3
STRONGLY DISAGREE ........................................... 4
REFUSED ...............................................................  -7
DON’T KNOW ..........................................................  -8
You are careful about not doing something that people may laugh at.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

- STRONGLY AGREE .................................................1
- AGREE ......................................................................2
- DISAGREE .............................................................3
- STRONGLY DISAGREE ...........................................4
- REFUSED ....................................................................7
- DON'T KNOW .........................................................-8
Section DM – Discrimination

QA15_DM1  These next questions are about things that have happened to you while receiving medical care. Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

是否有過這樣的時候 --- 如果您是屬於不同的種族您會接受到更好的醫療服務？

DMC8  
YES ...........................................................................1
NO .............................................................................2  [GO TO QA15_DM3]
REFUSED ...............................................................-7  [GO TO QA15_DM3]
DON'T KNOW .........................................................-8  [GO TO QA15_DM3]

QA15_DM2  Think about the last time this happened. How long ago was that?

回想上一次發生這種情況的時候。那是多久之前？

DMC9  
A YEAR AGO OR LESS ...........................................1
MORE THAN 1 UP TO 2 YEARS AGO ....................2
MORE THAN 2 UP TO 3 YEARS AGO ....................3
MORE THAN 3 UP TO 5 YEARS AGO ....................4
MORE THAN 5 UP TO 10 YEARS AGO ..................5
MORE THAN 10 UP TO 20 YEARS AGO ................6
MORE THAN 20 YEARS AGO .................................7
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8

QA15_DM3  Over your entire lifetime, how often have you been treated unfairly when getting medical care?

有生以來，您有多經常在獲取醫療護理時被不平等對待？

DMC3  
Never, ........................................................................1  [GO TO QA15_K1]
從不, .........................................................................1
Rarely, ........................................................................2
很少, .........................................................................2
Sometimes, or .........................................................3
有時, 還是 ..................................................................3
Often? ........................................................................4
經常? ........................................................................4
REFUSED ...............................................................-7  [GO TO QA15_K1]
DON'T KNOW .........................................................-8  [GO TO QA15_K1]
Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

下面哪項原因您認為是有生以來受到不平等待遇的主要原因？是因為…？

- Your ancestry or national origin ................................1
- Because of your gender or sex ......................................2
- Because of your race or skin color .................................3
- Because of your age, or ............................................4
- Because of the way you speak English, or ...................5
- For some other reason? (Specify:________) ...................91

Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

有生以來，這些不公平待遇的經歷給您帶來多大壓力？您認爲…?

- Not at all stressful..................................................1
- A little stressful ......................................................2
- Somewhat stressful, or ...........................................3
- Extremely stressful?................................................4
- REFUSED ............................................................-7
- DON'T KNOW .....................................................-8
Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA15_K1:
IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K5

QA15_K1  The next questions are about your employment.
以下是有關您的就業問題。

How many hours per week do you usually work at all jobs or businesses?
您在從事的所有的工作或業務中每週通常工作多少小時？

AK3  [IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

______ HOURS          [HR: 0-95]
REFUSED ............................................................... -7
DON'T KNOW ............................................................. -8

QA15_K2  How long have you worked at your main job?
您從事這份主要工作多久了？

AK7  [IF NEEDED, SAY: “That is, for your current employer.”]
[INTERVIEWER NOTE: 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

PROGRAMMING NOTE QA15_K4:
IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K4;
ELSE SKIP TO PROGRAMMING NOTE QA15_K5

QA15_K4  What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
您上個月在所有工作和業務中，包括小時工資、薪水、小費和佣金，稅前和其它扣除額之前的總收入是多少？請提供您的最佳估計數字。

AK10  [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________ AMOUNT      [HR: 0-999995]
REFUSED ............................................................... -7
DON'T KNOW ............................................................. -8
PROGRAMMING NOTE QA15_K5;
IF QA15_G29 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH
JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G30 = 1 (SPOUSE/PARTNER USUALLY WORKS),
CONTINUE WITH QA15_K5 AND:
IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND
DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1
(MARRIED), DISPLAY “The next question is about your spouse’s employment.”
ELSE IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND
DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D20 = 1 OR
QA15_D21 = 1), THEN DISPLAY “The next question is about your partner’s employment.”
IF QA15_A16 = 1 THEN DISPLAY “spouse”;
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 THEN DISPLAY “partner”;
ELSE SKIP TO QA15_K7

QA15_K5
{The next question is about your spouse’s employment.}
{接下來的問題和您配偶的工作有關。}
How many hours per week does your {husband/wife/spouse} usually work at all jobs or
businesses?
您的{丈夫/妻子/配偶}從事的所有的工作或業務中每週通常工作多少小時？

AK20
[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS          [HR: 0-95]

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

PROGRAMMING NOTE QA15_K6:
IF QA15_K5 ≠ 0 CONTINUE WITH QA15_K6;
IF QA15_K5 ≠ 0 CONTINUE WITH QA15_K6;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY “partner’s”;
ELSE GO TO QA15_K7

QA15_K6
What is your best estimate of all your {spouse’s/partner’s} earnings last month before taxes and
other deductions from all jobs and businesses, including hourly wages, salaries, tips, and
commissions?
據您估計，您的{配偶/伴侶}上個月從事所有的工作和業務的收入有多少？這是指在沒有扣除各項稅
款和其它扣除額之前的收入，請包括小時工資、薪資、小費和佣金。

AK10A
[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_____________ AMOUNT     [HR: 0-999995]

REFUSED............................................................... -7
DON'T KNOW.......................................................... -8
QA15_K7
What is your best estimate of your household's total annual income from all sources before taxes in 2014?
您的住戶 2014 年來自所有來源的稅前全年總收入是多少?

AK22
[IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]
[IF NEEDED, SAY: 「請包括工作、社會安全、退休收入、失業補助金、公共援助等收入。另外還請包括利息、紅利、業務、農場或租金淨收入以及任何其他資金收入。」]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]
$__________________ AMOUNT [HR: 0-999995]

QA15_K8
PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?
根據我的記錄，您的住戶年收入是 (AMOUNT)。這是否正確?

AK22A
YES .................................................................1 [GO TO PN QA15_K15]
NO ...............................................................2 [GO BACK TO QA15_K7]

PROGRAMMING NOTE QA15_K9:
IF QA15_K7 = -7 OR -8 CONTINUE WITH QA15_K9;
ELSE GO TO PROGRAMMING NOTE QA15_K15

QA15_K9
We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?
我們不需要知道詳細的數字，但您可不可以告訴我，你們住戶所有來源的稅前年收入是否超過還是不足 20,000 美元?

AK11
MORE ...............................................................1 [GO TO QA15_K11]
EQUAL TO $20K OR LESS ....................................2 [GO TO QA15_K15]
REFUSED ......................................................-7 [GO TO PN QA15_K15]
DON’T KNOW ...............................................-8 [GO TO PN QA15_K15]
QA15_K10 Is it … 是……

AK12

$5,000 or less, ........................................................... 1
$5,000 or below, ........................................................... 1

[GO TO PN QA15_K15]

$5,001 to $10,000, ........................................................... 2
$5,001 to $10,000, or .................................................... 2

[GO TO PN QA15_K15]

$10,001 to $15,000, .................................................... 3
$10,001 to $15,000, or ............................................. 3

[GO TO PN QA15_K15]

$15,001 to $20,000? ................................................... 4
$15,001 to $20,000? ............................................. 4

[GO TO PN QA15_K15]

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

[GO TO PN QA15_K15]

QA15_K11 Is it more or less than $70,000 per year?
收入每年是否超過還是不足 70,000 美元？

AK13

MORE ............................................................... 1
EQUAL TO $70K OR LESS ...................................... 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

[GO TO QA15_K13]

[GO TO PN QA15_K15]

QA15_K12 Is it … 是……

AK14

$20,001 to $30,000, .................................................. 1
$20,001 to $30,000, .................................................. 1

[GO TO PN QA15_K15]

$30,001 to $40,000, .................................................. 2
$30,001 to $40,000, .................................................. 2

[GO TO PN QA15_K15]

$40,001 to $50,000, .................................................. 3
$40,001 to $50,000, .................................................. 3

[GO TO PN QA15_K15]

$50,001 to $60,000, or ............................................. 4
$50,001 to $60,000, or ............................................. 4

[GO TO PN QA15_K15]

$60,001 to $70,000? ................................................. 5
$60,001 to $70,000? ................................................. 5

[GO TO PN QA15_K15]

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

[GO TO PN QA15_K15]

QA15_K13 Is it more or less than $135,000 per year?
收入每年是否超過還是不足 135,000 美元？

AK15

MORE ............................................................... 1
EQUAL TO $135K OR LESS .................................... 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

[GO TO PN QA15_K15]
QA15_K14  Is it …
是……

AK16
$70,001 to $80,000, .................................................. 1
$70,001 到 $80,000, .................................................. 1
$80,001 to $90,000, .................................................. 2
$80,001 到 $90,000, .................................................. 2
$90,001 to $100,000, or ............................................ 3
$90,001 到 $100,000, 或 ............................................ 3
$100,001 to $135,000? ............................................. 4
$100,001 到 $135,000? ............................................. 4
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8

PROGRAMMING NOTE QA15_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K16;
ELSE CONTINUE WITH QA15_K15

QA15_K15  Including yourself, how many people living in your household are supported by your total household income?
包括您自己在内，住在您的住户裡的多少人需要依靠您的住戶總收入生活？

AK17
______ NUMBER OF PEOPLE [HR: 1-20]
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8

PROGRAMMING NOTE QA15_K16:
QA15_K16 MUST BE LESS THAN QA15_K15;
IF R IS ONLY MEMBER OF HH, GO TO QA15_K17;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA15_K15 GO TO PROGRAMMING NOTE QA15_K19;
ELSE CONTINUE WITH QA15_K16

QA15_K16  How many of these {INSERT NUMBER FROM QA15_K15} people are children under the age of 18?
在這{INSERT NUMBER FROM QA15_K15} 口人中，有多少是 18 歲以下的孩子？

AK18
______ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8
QA15_K17  
Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

是否有住在美國、目前不住在您們住戶中、但依靠您們的住戶收入生活的任何其他人？

<p>| | |</p>
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<tr>
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<tr>
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<td>............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................................................. -8</td>
</tr>
</tbody>
</table>

[GO TO PN QA15_K19]

QA15_K18  
How many?

有幾個人？

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>_____ NUMBER OF PEOPLE [HR: 1-20]</td>
<td></td>
</tr>
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<td>............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................................................. -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA15_K19:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA15_K15 AND QA15_K16 RESPECTIVELY. (THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2012 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM “Poverty Level 2012” DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)

IF EITHER QA15_K15 OR QA15_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133% FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K25;
ELSE IF QA15_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, ASK QA15_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA15_K7 = -7 OR -8 (REF/DK) AND IF QA15_K9 = -7 OR QA15_K11 = -7 OR QA15_K13 = -7, GO TO PROGRAMMING NOTE QA15_K25
ELSE GO TO PROGRAMMING NOTE QA15_K20
QA15_K19  I need to ask just one more question about income.
我只需再問您一個收入方面的問題。
Was your total annual household income before taxes less than or more than ${POVRT50}?
我想再問您一個收入方面的問題。

**AK29**

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<th>Option</th>
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<tr>
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<td>[GO TO PN QA15_K25]</td>
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<tr>
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<td>-8</td>
<td>[GO TO PN QA15_K25]</td>
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**PROGRAMMING NOTE QA15_K20:**

IF THE HOUSEHOLD’S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K21

QA15_K20  I need to ask just one or two more questions about income.
我想再問您一、兩個收入方面的問題。

Was your total annual household income before taxes less than or more than ${POVRT100}?
您的住戶年度稅前總收入是不足還是超過{POVRT100}美元?

**AK18A**

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<tr>
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<td>2</td>
<td>[GO TO PN QA15_K25]</td>
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<tr>
<td>REFUSED</td>
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<td>[GO TO PN QA15_K25]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA15_K25]</td>
</tr>
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</table>

**PROGRAMMING NOTE QA15_K21:**

IF THE HOUSEHOLD’S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QA15_K20 WAS NOT ASKED, DISPLAY “I need to ask just one more question about income.”;
ELSE DISPLAY “Was it”;
ELSE GO TO PROGRAMMING NOTE QA15_K22

QA15_K21  I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT133}?
{我只需再問您一個收入方面的問題。您的住戶年度稅前總收入} 是低於還是超過{POVRT133}美元？

**AK30**

<table>
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<th>Option</th>
<th>Code</th>
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<tr>
<td>EQUAL TO OR LESS</td>
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<td>[GO TO PN QA15_K25]</td>
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<tr>
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<td>2</td>
<td>[GO TO PN QA15_K25]</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO PN QA15_K25]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA15_K25]</td>
</tr>
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</table>
PROGRAMMING NOTE QA15_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K23

QA15_K22  I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT200}?

   AK18B
   EQUAL TO OR LESS ...............................................1  [GO TO PN QA15_K25]
   MORE .................................................................2  [GO TO PN QA15_K25]
   REFUSED ............................................................-7  [GO TO PN QA15_K25]
   DON'T KNOW .......................................................-8  [GO TO PN QA15_K25]

PROGRAMMING NOTE QA15_K23:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K23 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K24

QA15_K23  I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT300}?

   AK18C
   EQUAL TO OR LESS ...............................................1  [GO TO PN QA15_K25]
   MORE .................................................................2  [GO TO PN QA15_K25]
   REFUSED ............................................................-7  [GO TO PN QA15_K25]
   DON'T KNOW .......................................................-8  [GO TO PN QA15_K25]

PROGRAMMING NOTE QA15_K24:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K25

QA15_K24  I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT400}?

   AK31
   EQUAL TO OR LESS ...............................................1
   MORE ...................................................................2
   REFUSED ...........................................................-7
   DON'T KNOW .......................................................-8
These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

<table>
<thead>
<tr>
<th>AM1</th>
<th>OFTEN TRUE</th>
<th>SOMETIMES TRUE</th>
<th>NEVER TRUE</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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</table>

The second statement is:

"(I/We) couldn't afford to eat balanced meals."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

<table>
<thead>
<tr>
<th>AM2</th>
<th>OFTEN TRUE</th>
<th>SOMETIMES TRUE</th>
<th>NEVER TRUE</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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</thead>
<tbody>
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</table>
Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

**QA15_K27**

YES ...............................................................................1
NO .............................................................................2 [GO TO QA15_K29]
REFUSED ........................................................................-7 [GO TO QA15_K29]
DON'T KNOW .................................................................-8 [GO TO QA15_K29]

How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

**QA15_K28**

ALMOST EVERY MONTH ........................................1
SOME MONTHS BUT NOT EVERY MONTH ..........2 [GO TO QA15_K29]
ONLY IN 1 OR 2 MONTHS .................................3 [GO TO QA15_K29]
REFUSED ............................................................... -7 [GO TO QA15_K29]
DON'T KNOW ......................................................... -8 [GO TO QA15_K29]

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

**QA15_K29**

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

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

**QA15_K30**

YES ...............................................................................1
NO .............................................................................2
REFUSED ........................................................................-7
DON'T KNOW .................................................................-8
Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L: .................................
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (INSMD=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L;
ELSE GO TO QA15_M1TANF/CalWORKs

QA15_L1 Are you now receiving TANF or CalWORKs?
您目前在接受 TANF 或 CalWORKS 嗎？

AL2

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.”]

[IF NEEDED, SAY: “TANF 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.”]

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

PROGRAMMING NOTE QA15_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;

QA15_L2 Is (TEEN) now receiving TANF or CalWORKs?
(TEEN) 目前是否在領取 TANF 或 CalWORKS？

IAP1

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

[IF NEEDED, SAY: “TANF 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.”]

YES .................................................................1
NO .................................................................2
REFUSED ....................................................-7
DON'T KNOW ...............................................-8
QA15_L3 Are you receiving Food Stamp benefits, also known as CalFresh?
您是否在領糧食券福利？糧食券也稱為 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]
[IF NEEDED, SAY: 「您可能透過 EBT 卡獲得福利。EBT 表示電子福利轉換卡。又稱作『黃金州優惠卡』。」]

YES ...........................................................................1
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;
ELSE GO TO QA15_L5

QA15_L4  Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
(TEEN) 是否在領糧食券福利？糧食券福利也稱為 CalFresh。

IAP2  [IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card."  
EBT stands for Electronic Benefit Transfer card and is also known as the Golden State 
Advantage Card]
[IF NEEDED, SAY: "您通過 EBT 卡接受福利。EBT 表示電子福利轉帳卡，也稱為「黃金州優惠卡」。"]
YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON'T KNOW ......................................................-8

QA15_L5  Are you receiving SSI?
您是否在領取 SSI?

AL6  [IF NEEDED, SAY: “SSI means Supplemental Security Income.  This is different from 
Social Security”]
[IF NEEDED, SAY: “SSI 指安全補助收入，這和社會安全金不同。”]
YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON'T KNOW ......................................................-8

PROGRAMMING NOTE QA15_L6:
IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA15_L6;
ELSE GO TO PROGRAMMING NOTE QA15_L7

QA15_L6  Are you on WIC?
您目前是否參加了 WIC?

AL7  [IF NEEDED, SAY: “WIC is the Supplemental Food Program for Women, Infants and 
children.”]
[IF NEEDED, SAY: “WIC 指為婦女、嬰兒和兒童提供的補助食品計畫。”]
YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON'T KNOW ......................................................-8
PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND (POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7; ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K15.

IF QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K15 = 1 DISPLAY $2000;
IF QA15_K15 = 2 DISPLAY $3000;
IF QA15_K15 = 3 DISPLAY $3150;
IF QA15_K15 = 4 DISPLAY $3300;
IF QA15_K15 = 5 DISPLAY $3450;
IF QA15_K15 = 6 DISPLAY $3600;
IF QA15_K15 = 7 DISPLAY $3750;
IF QA15_K15 = 8 DISPLAY $3900;
IF QA15_K15 = 9 DISPLAY $4050;
IF QA15_K15 ≥ 10 DISPLAY $4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “your family’s”;
ELSE DISPLAY “your”

QA15_L7  Not counting the value of any house or car you may own, would you say that {your/your family’s} assets, that is, all {your/your family’s} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

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<th>YES ...........................................................................1</th>
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<tr>
<td></td>
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</table>
PROGRAMMING NOTE QA15_L8:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY
“does your family” ; ELSE DISPLAY “do you”

QA15_L8 About how much {do you/does your family} have in cash, savings, and investments?
{您/您家} 所有的現金、儲蓄、投資的總值大約是多少？

AL34

[IF NEEDED, SAY: “Again, do not count the value of any house or car you may own.”]
[IF NEEDED, SAY: “再說一遍，請不要把您擁有的任何房子或車輛計算在內”]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________ AMOUNT [HR: 0-999995] ...........

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

PROGRAMMING NOTE QA15_L9:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY
“does your family”; ELSE DISPLAY “do you”

QA15_L9 Besides your primary car or truck, {do you/does your family} own other cars or trucks?
除了您主要的車輛或貨車，{您/您家} 還有其他的車輛或貨車嗎？

AL35

YES ...........................................................................1
NO .............................................................................2 [SKIP TO QA15_L12]
REFUSED ............................................................... -7 [SKIP TO QA15_L12]
DON'T KNOW .......................................................... -8 [SKIP TO QA15_L12]

QA15_L10 Are these cars or trucks only for personal use? Do not include cars or trucks used for
transporting disabled persons or for business purposes.
這些車輛或貨車是只供個人使用的嗎？不包括用於殘疾人或商用的車或貨車。

AL36

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_L12]
REFUSED ............................................................... -7 [GO TO PN QA15_L12]
DON'T KNOW .......................................................... -8 [GO TO PN QA15_L12]
AL37

[IF NEEDED: Do not include your primary cars or trucks.]

[IF NEEDED: 不包括您主要用的車輛或貨車。]

[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]

[IF NEEDED: 不包括用於殘疾人或商用的車輛或貨車。]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_________________ AMOUNT [HR: 0-999995]

REFUSED ............................................................... -7

DON'T KNOW ......................................................... -8

AL38

{Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?  
{您／您家}有摩托車，船，拖車或其他非商用交通工具嗎？

YES .................................................................1  

NO .................................................................2 [SKIP TO QA15_L14]

REFUSED ...........................................................-7 [SKIP TO QA15_L14]

DON'T KNOW .........................................................-8 [SKIP TO QA15_L14]

AL39

Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?  
不包括{您/您家}欠的款，您對這些摩托車，船，拖車或其他非商用交通工具估價多少？

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_________________ AMOUNT [HR: 0-999995]

REFUSED ............................................................... -7

DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_L14:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_L14  Did {you or your spouse/you or your partner/you} receive any money last month for child support?
(您或您的配偶/您或您的伴侶/您) 上個月有沒有收到任何子女扶養費？

AL15

YES .................................................................1
NO ...........................................................................2 [GO TO PN QA15_L16]
REFUSED .........................................................-7 [GO TO PN QA15_L16]
DON'T KNOW .....................................................-8 [GO TO PN QA15_L16]

PROGRAMMING NOTE QA15_L15:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L15  What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?
(您或您的配偶/您或您的伴侶/你們)上個月收到的子女扶養費{合計}總額是多少？

AL16

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_________________ AMOUNT [000001-999995]

REFUSED .................................................................-7
DON'T KNOW .........................................................-8
Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month? (您的配偶/您或您的伴侶/您們)上個月有沒有支付任何子女扶養費？

AL17

- YES, RESPONDENT PAID ........................................1
- YES, SPOUSE/PARTNER PAID ....................................2
- YES, BOTH PAID ..................................................3
- NO ............................................................................4
- REFUSED ......................................................................-7
- DON'T KNOW ..................................................................-8

What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month? (您的配偶/您或您的伴侶/您們)上個月支付的子女扶養費總共是多少？

AL18

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

________________________ AMOUNT  [000001-999995]

- REFUSED ......................................................................-7
- DON'T KNOW ..................................................................-8
### Programming Note QA15_L18:

- If QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), then display **"you or your spouse"**;
- Else if [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), then display **"you or your partner"**;
- Else display **"you"**

<table>
<thead>
<tr>
<th>QA15_L18</th>
<th>Did <em>(you or your spouse)</em> received any money last month for workers compensation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL32</td>
<td>YES ...........................................................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .................................................................................................2 [GO TO PN QA15_L20]</td>
</tr>
<tr>
<td></td>
<td>REFUSED .........................................................................................-7 [GO TO PN QA15_L20]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ..................................................................................-8 [GO TO PN QA15_L20]</td>
</tr>
</tbody>
</table>

### Programming Note QA15_L19:

- If QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), then display **"combined" AND "and your spouse"**;
- Else if [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), then display **"combined" AND "and your partner"**;
- Else continue without displays

<table>
<thead>
<tr>
<th>QA15_L19</th>
<th>What was the <em>(combined)</em> total amount that you <em>(and your spouse/and your partner)</em> received from workers compensation last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL33</td>
<td>[IF AMOUNT GREATER THAN $999,995, ENTER &quot;999,959&quot;]</td>
</tr>
<tr>
<td></td>
<td>$________________________ AMOUNT [000001-999995]</td>
</tr>
<tr>
<td></td>
<td>REFUSED .........................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ..................................................................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_L20:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA15_L20 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA15_L20 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA15_L20 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA15_L22

QA15_L20 Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?
(您或您的配偶/您或您的伴侶/您) 上個月有沒有領取任何社會安全金 (Social Security) 或退休金？

AL18A

YES .................................................................1
NO ..........................................................................2 [GO TO PN QA15_L22]
REFUSED ...........................................................-7 [GO TO PN QA15_L22]
DON'T KNOW ......................................................-8 [GO TO PN QA15_L22]

QA15_L21 What was the total amount received last month from Social Security and Pensions?
您上個月領取的社會安全金和養老金總額是多少？

AL18B

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

______________ AMOUNT [000001-999995]

REFUSED ...........................................................-7
DON'T KNOW ......................................................-8
What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19

- Paperwork too difficult ........................................ 1
- Didn’t know if eligible ........................................ 2
- Income too high, not eligible ................................... 3
- Not eligible due to citizenship/immigration status ............ 4
- Other not eligible ................................................... 5
- Don’t believe in health insurance .................................. 6
- Don’t need it because healthy ....................................... 7
- Already have insurance ........................................... 8
- Didn’t know it existed ............................................ 9
- Don’t like / want welfare .......................................... 10
- Other (Specify: ______________) ............................. 91
- Refused ...................................................................... -7
- Don’t know ............................................................ -8
Section M – Housing and Social Cohesion

QA15_M1  These next questions are about your housing and neighborhood.
以下是有關您的住宅及所在社區的問題。

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
您是住在獨立屋、雙連屋、三單元或多單元建築物還是活動房屋中？

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]
[IF NEEDED, SAY: “雙連屋指有兩個單元的建築物。”]

- HOUSE .....................................................................1
- DUPLEX ....................................................................2
- BUILDING WITH 3 OR MORE UNITS ......................3
- MOBILE HOME .........................................................4
- REFUSED ....................................................................-7
- DON'T KNOW ........................................................---8

QA15_M2  Do you own or rent your home?
您是自己擁有住宅還是租用住宅？

- OWN .........................................................................1
- RENT ........................................................................2
- OTHER ARRANGEMENT ........................................3
- REFUSED ....................................................................-7
- DON'T KNOW ........................................................---8

QA15_M3  About how long have you lived at your current address?
您在目前的地址已居住了多長時間？

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

- ______________ MONTHS     [HR: 1 - AAGE\times12MONTHS]
- ______________ YEARS        [HR: 1 - AAGE]
- REFUSED ...............................................................-7
- DON'T KNOW ........................................................---8
PROGRAMMING NOTE QA15_M4:
IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4

QA15_M4  About how long have you lived in your current neighborhood?
您在目前的社区已大约居住多长时间?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

AM15

____________ MONTHS  [HR: 1 - AAGEx12MONTHS]
____________ YEARS  [HR: 1 - AAGE]

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

QA15_M5  The last time you moved, what was your main reason for moving?
您最后一次搬家的主要原因是什么?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD...............2
FOR CHILD'S EDUCATION .............................3
TO ATTEND OR LEAVE COLLEGE .................4
WORK RELATED .............................................5
COULDN'T AFFORD MORTGAGE/RENT ............6
OTHER HOUSING RELATED .........................7
BETTER NEIGHBORHOOD/LESS CRIME ...........8
OTHER..........................................................91
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
People in my neighborhood are willing to help each other.

PLEASE TELL ME IF YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE WITH THE FOLLOWING STATEMENTS:

People in my neighborhood are willing to help each other.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “您是極為贊成、贊成、不贊成還是極不贊成？”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

People in this neighborhood generally do NOT get along with each other.

People in this neighborhood generally do NOT get along with each other.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “您是極為贊成、贊成、不贊成還是極不贊成？”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

People in this neighborhood can be trusted.

People in this neighborhood can be trusted.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “您是極為贊成、贊成、不贊成還是極不贊成？”]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
You can count on adults in this neighborhood to watch out that children are safe and don’t get in trouble.
您可以依靠本社區的成年人注意孩子們的安全，避免孩子惹麻煩。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: 您是極為贊成、贊成、不贊成還是極不贊成？]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

Do you feel safe in your neighborhood...
您在居住區附近感到安全……

All of the time, ...........................................................1
Most of the time, ........................................................2
Some of the time, or ..................................................3
None of the time ........................................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
在過去十二個月內，您是否曾經做任何義工或不領取報酬的社區服務工作？

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

In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?
在過去十二個月內，您是否曾經在任何處理社區問題的地方委員會、協會或組織做義工？

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA15_M13  In the past 12 months, have you gotten together informally with others to deal with community problems?
在過去十二個月內，您是否曾經以非正式的方式與其他人一起處理社區的問題？

AM40  [IF NEEDED SAY: “For example, with a neighborhood watch group.”]
[IF NEEDED SAY: 「例如，與鄰里守望小組。」]

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

PROGRAMMING NOTE QA15_M14:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_M14;
ELSE GO TO QA15_S1;

QA15_M14  In the past 12 months, have you donated money to a charity or non-profit organization?
在過去十二個月內，您是否向慈善組織或非營利組織捐過款？

AM41  YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ................................................................. -8

QA15_M15  In the next 12 months, how likely are you to donate money to a charity or non-profit organization?
Are you...
下來的 12 月裡，您向慈善組織或非營利組織捐款的可能性為多大？

AM42  Very likely.................................................................1
Somewhat likely ............................................................2
A little likely, or ...........................................................3
Not likely .......................................................................4
REFUSED ......................................................................-7
DON'T KNOW ................................................................. -8
Section S – Suicide Ideation and Attempts

QA15_S1  The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.

Have you ever seriously thought about committing suicide?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_S2  Have you seriously thought about committing suicide at any time in the past 12 months?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_S3  Have you seriously thought about committing suicide at any time in the past 2 months?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_S4  Have you ever attempted suicide?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_S5:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = 1 AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA15_S5

QA15_S5 Have you attempted suicide at any time in the past 12 months?
您在過去十二個月內的任何時間是否曾經嘗試過自殺？

AF89
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ................................................-8

SUICIDE RESOURCE:
We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

POST-NOTE FOR SUICIDE RESOURCE:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE CONTINUE

QA15_S6 Would you like to discuss your thoughts with this person?
您是否願意與這個人討論您的想法？

AF90
YES .................................................................1  [GO TO SUICIDE PROTOCOL]
NO .................................................................2  [GO TO PN QA15_N1]
REFUSED ......................................................-7  [GO TO PN QA15_N1]
DON'T KNOW ................................................-8  [GO TO PN QA15_N1]
Section N – Demographic Information Part III and Closing

PROGRAMMING NOTE QA15_N1:
IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8:
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO QA15_N2
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;

QA15_N1
Just a few final questions and then we are done.
{最後再有幾個問題，我們就完成了。}

To be sure we are covering the entire state, what county do you live in?
為了確保我們把全州都包括在研究範圍內，您住在哪個縣？

AH42

ALAMEDA .................................................................1
ALPINE .....................................................................2
AMADOR ..................................................................3
BUTTE ......................................................................4
CALAVERAS .............................................................5
COLUSA .................................................................6
CONTRA COSTA ..........................................................7
DEL NORTE ...............................................................8
EL DORADO ...............................................................9
FRESNO ................................................................10
GLENN ..................................................................11
HUMBOLDT .............................................................12
IMPERIAL .................................................................13
INYO ......................................................................14
KERN .....................................................................15
KINGS .....................................................................16
LAKE ......................................................................17
LASSEN .................................................................18
LOS ANGELES ..........................................................19
MADERA ..................................................................20
MARIN ....................................................................21
MARIPOSA .............................................................22
MENDOCINO ............................................................23
MERCED .................................................................24
MODOC .................................................................25
MONO ......................................................................26
MONTEREY ..............................................................27
NAPA .....................................................................28
NEVADA .................................................................29
ORANGE ..................................................................30
PLACER ..................................................................31
PLUMAS .................................................................32
RIVERSIDE .............................................................33
SACRAMENTO ..........................................................34
SAN BENITO ............................................................35
SAN BERNARDINO ..................................................36
SAN DIEGO .............................................................37
SAN FRANCISCO ....................................................38
SAN JOAQUIN ........................................................39
SAN LUIS OBISPO ..................................................40
Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R's ADDRESS AND STREET}?

AO1

YES ................................................................. 1  [GO TO QA15_N6]
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ................................................. -8
What is your zip code?
您的郵遞區號是？

AM7

_______ ZIP CODE

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

为了幫助我們更好地瞭解您的生活環境以及您的生活環境對您的健康的影響，請告訴我您的住址。我們會對您的住址保密，並在問卷調查全部完成後銷毀。

A02

_________ HOUSE ADDRESS NUMBER

_______ NAME OF STREET (VERIFY SPELLING)  [GO TO QA15_N6]

_______ STREET TYPE

_______ APT. NO

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

PROGRAMMING NOTE QA15_N5:
IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N6;
ELSE CONTINUE WITH QA15_N5

QA15_N5  Can you tell me just the name of the street you live on?
您是否能夠只告訴我您居住的街道名稱？

AM8

_______________________________ NAME OF STREET

REFUSED.......................................................-7  [GO TO QA15_N7]
DON'T KNOW..................................................-8  [GO TO QA15_N7]

QA15_N6  And what is the name of the street down the corner from you that crosses your street?
在您所住的街道轉角處與您所住的街道交叉的街道名稱是什麼？

AM9

_______________________________ NAME OF CROSS-STREET

REFUSED.......................................................-7
DON'T KNOW..................................................-8
PROGRAMMING NOTE QA15_N7:
IF [AM7 = 90012 OR 90021 OR 90031 OR 90032 OR 90033 OR 90063 OR 90023 OR 90058 (BOYLE HEIGHTS)] OR [AM7 = 92104 OR 92116 OR 92115 OR 92105 OR 92102 (CITY HEIGHTS)] OR [AM7 = 00049 OR 00054 OR 95555 OR 95556 OR 95568 OR 96039 OR 95531 OR 95567 OR 95548 OR 95543 OR 95546 (DEL NORTE AND ADJACENT TRIBAL LANDS)] OR [AM7 = 94577 OR 94601 OR 94621 OR 94603 OR 94605 OR 94601 (EAST OAKLAND)] OR [AM7 = 93905 (EAST SALINAS/ALISAL)] OR [AM7 = 92254 OR 92274 OR 92236 OR 92201 (EASTERN COACHELLA VALLEY)] OR [AM7 = 93703 OR 93728 OR 93727 OR 93702 OR 93701 OR 93721 OR 93706 OR 93725 (CENTRAL/SOUTHEAST/SOUTHWEST FRESNO)] OR [AM7 = 90755 OR 90802 OR 90804 OR 90810 OR 90813 OR 90806 (WEST AND CENTRAL LONG BEACH)] OR [AM7 = 93653 OR 95306 OR 95365 OR 95340 OR 95369 OR 95333 OR 95348 OR 93610 OR 93541 (SOUTHWEST MERCED AND EAST MERCED COUNTY)] OR [AM7 = 94804 OR 94801 OR 94530 OR 94805 OR 94806 (RICHMOND)] OR [AM7 = 93241 OR 92707 OR 92701 OR 92703 OR 92704 OR 92705 (CENTRAL SANTA ANA)] OR [AM7 = 93307 OR 93203 OR 93313 OR 93304 (SOUTH KERN)] OR [AM7 = 90007 OR 90011 OR 90037 OR 90044 OR 90003 (SOUTH LOS ANGELES)] OR [AM7 = 95822 OR 95823 OR 95826 OR 95820 OR 95824 OR 95828 OR 95817 OR 95818 (SOUTH SACRAMENTO)], CONTINUE WITH QA15_N7; ELSE SKIP TO QA15_N8

QA15_N7 Have you ever heard of “Building Healthy Communities”, a program supported by The California Endowment?

您有聽說過“建造健康社區”（“Building Healthy Communities”）嗎，那是一項由加州捐贈基金會（The California Endowment）支持的項目？

AM43

[IF NEEDED, SAY: “The Building Healthy Communities program is a 10-year project to improve the health of kids and youth. It is working to improve job opportunities, schools, housing, safety, and access to healthy foods in the neighborhood.”]

[IF NEEDED, SAY: “這個項目是一個十年計劃，致力於促進兒童和青少年的健康。它改善社區的就業機會，學校，住房，安全，以及健康食物的獲取。”]

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

PROGRAMMING NOTE QA15_N8:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14; ELSE CONTINUE WITH QA15_N8

QA15_N8 I’m won’t ask you for the number, but do you have a working cell phone?

我不會問您的手機號碼，但是，您是否有一個可以使用的手機？

AM33

[CODE “SHARES CELL PHONE” ONLY IF VOLEUNTEERED]

YES ...........................................................................1
NO .............................................................................2
SHARES CELL PHONE ...........................................3
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8
**QA15_N9**  How many different cell phone numbers do you currently use for personal calls?
您目前有多少個供您個人使用的手機電話號碼？

<table>
<thead>
<tr>
<th>AN10</th>
<th>_______ CELL PHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_N10:**
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13; ELSE CONTINUE WITH QA15_N10

**QA15_N10**  Is there a regular or landline telephone in your household?
您的家中是否有一部普通的或有線固定電話？

<table>
<thead>
<tr>
<th>AN6</th>
<th>YES..............................1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO..............................2 [GO TO PN QA15_N14]</td>
</tr>
<tr>
<td></td>
<td>REFUSED..........................7 [GO TO PN QA15_N14]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.................-8 [GO TO PN QA15_N14]</td>
</tr>
</tbody>
</table>

**QA15_N11**  Is that telephone for personal use or business use only?
這部電話是僅限用於個人用途還是業務用途？

<table>
<thead>
<tr>
<th>AN7</th>
<th>PERSONAL USE ONLY..............1 [GO TO PN QA15_N14]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BUSINESS USE ONLY.............................2</td>
</tr>
<tr>
<td></td>
<td>BOTH PERSONAL USE AND BUSINESS USE..............3</td>
</tr>
<tr>
<td></td>
<td>REFUSED......................................7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..................................8</td>
</tr>
</tbody>
</table>

**QA15_N12**  How many telephone lines do you have for personal use?
您目前有多少條個人使用的電話線路？

<table>
<thead>
<tr>
<th>AN11</th>
<th>REGULAR OR LANDLINE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_N13:
IF QA15_N8 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA15_N13;
ELSE SKIP TO PROGRAMMING QA15_N14

QA15_N13       Of all the telephone calls that you receive, are...
在您接聽的所有電話中，是......

AM34

All or almost all calls received on a cell phone, ........... 1
全部或幾乎全部電話在手機上接聽， ...................... 1
Some on cell phones & some on regular phones, or ...... 2
部份電話在手機上接聽， 部份電話在普通電話上接聽，還是 .......... 2
Very few or none on cell phones.................................. 3
很少或幾乎沒有電話在手機上接聽？ ....................... 3
REFUSED ....................................................................... -7
DON'T KNOW .................................................................. -8

PROGRAMMING NOTE QA15_N14:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14

QA15_N14       Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?
最後，我想問一下您是否願意今後參加本項研究的一次後續調查？

AM10

YES .................................................................................. 1
MAYBE/PROBABLY YES ........................................ 2
DEFINITELY NOT ..................................................... 3
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA15_S6 = (2, -7, -8),
AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:
As I mentioned earlier, if you’d like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

QA15_N15 Would you like to speak with someone now?  
您現在希望與人交談嗎?

AN8

YES .................................................................1 [GO TO SUICIDE PROTOCOL]
NO .................................................................2 [GO TO CLOSE1 AND CLOSE2]
REFUSED ..........................................................-7 [GO TO CLOSE1 AND CLOSE2]
DON'T KNOW ....................................................-8 [GO TO CLOSE1 AND CLOSE2]

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

CLOSE1 Let me check to see if there is anyone else. 
讓我檢查一下我們是不是還需要和其他人談話。

[GO TO HHSELECT]

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.
謝謝您的時間與合作！您幫助我們進行了一項非常重要的健康調查。如果您有任何疑問，請與研究負責人 Ninez Ponce 博士聯繫。他的免費電話號碼是 1-866-275-2447。再次感謝，再見。