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

Adult Respondents Age 18 and Older

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

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

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

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

AA1MON  MONTH _____ [RANGE: 1-12]
  1. JANUARY    7. JULY
  2. FEBRUARY   8. AUGUST
  3. MARCH      9. SEPTEMBER
  4. APRIL     10. OCTOBER
  5. MAY       11. NOVEMBER
  6. JUNE      12. DECEMBER

AA1DAY  DAY _____ [RANGE: 1-31]

AA1YR  YEAR _____ [RANGE: 1904-1997]

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

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

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

AA1AMON  MONTH _____ [RANGE: 1-12]
  1. JANUARY    7. JULY
  2. FEBRUARY   8. AUGUST
  3. MARCH      9. SEPTEMBER
  4. APRIL     10. OCTOBER
  5. MAY       11. NOVEMBER
  6. JUNE      12. DECEMBER

AA1AYR  YEAR _____ [RANGE: 1904-1997]

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

QA15_A3  What is your age, please?
나이를 말씀해 주시겠습니까?

AA2

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

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

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

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

AA2A

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

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

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

AA3

MALE .................................................................1
FEMALE .............................................................2
REFUSED ............................................................-7
QA15_A6  Are you Latino or Hispanic?
라티노나 히스패닉계이십니까?

AA4

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

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

AA5

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

MEXICAN/MEXICAN AMERICAN/CHICANO ........1
SALVADORAN .........................................................4
GUATEMALAN .........................................................5
COSTA RICAN ........................................................6
HONDURAN .............................................................7
NICARAGUAN ..........................................................8
PANAMANIAN ............................................................9
PUERTO RICAN .......................................................10
CUBAN ......................................................................11
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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?
{본인이 라티노 또는 히스패닉계라고 말씀하셨는데요} 다음 중 귀하에게 해당되는 인종을 하나
혹은 그 이상 선택해 주십시오. 귀하는 하와이 원주민, 기타 태평양 섬 원주민, 아메리칸 인디언,
알래스카 원주민, 아시아인, 흑인, 아프리카계 미국인 또는 백인 중에서 어느 인종에 속합니까?

AA5A

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

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<td>1</td>
<td>WHITE</td>
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<td>2</td>
<td>BLACK OR AFRICAN AMERICAN</td>
<td>QA15_A14</td>
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<td>3</td>
<td>ASIAN</td>
<td>QA15_A12</td>
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<td>QA15_A9</td>
</tr>
<tr>
<td>5</td>
<td>OTHER PACIFIC ISLANDER</td>
<td>QA15_A13</td>
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<td>6</td>
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<td>QA15_A16</td>
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<td>91</td>
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<td>-8</td>
<td>DON’T KNOW</td>
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PROGRAMMING NOTE QA15_A9:
IF QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_A9;
ELSE GO TO PROGRAMMING NOTE QA15_A12

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

AA5B

[CODE ALL THAT APPLY]

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<td>2</td>
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<td>3</td>
<td>CHEROKEE</td>
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<td>4</td>
<td>CHOCTAW</td>
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<td>5</td>
<td>MEXICAN AMERICAN INDIAN</td>
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<td>6</td>
<td>NAVAJO</td>
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<td>7</td>
<td>POMO</td>
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<td>8</td>
<td>PUEBLO</td>
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<td>9</td>
<td>SIOUX</td>
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<td>10</td>
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**QA15_A10**  Are you an enrolled member in a federally or state recognized tribe?

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[GO TO PN QA15_A12]

**QA15_A11**  Which tribe are you enrolled in?

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<td>Other Apache [Ask Spelling]</td>
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<td>Blackfoot/Blackfeet</td>
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<td>Western Cherokee</td>
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<td>Other Choctaw [Ask Spelling]</td>
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<td>NAVAJO</td>
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<tr>
<td>POMO</td>
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<tr>
<td>Hopland Band, Hopland Rancheria</td>
<td>12</td>
</tr>
<tr>
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<td>Other Pomo [Ask Spelling]</td>
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<td>Hopi</td>
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<td>Ysleta Del Sur Pueblo of Texas</td>
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<td>Other Pueblo [Ask Spelling]</td>
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<td>Pascua Yaqui Tribe of Arizona</td>
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<td>Other Yaqui [Ask Spelling]</td>
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[GO TO PN QA15_A12]

**OTHER**

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<tr>
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</table>
PROGRAMMING NOTE QA15_A12:
IF QA15_A8 = 3 (ASIAN) CONTINUE WITH QA15_A12;
ELSE GO TO PROGRAMMING NOTE QA15_A13

QA15_A12

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

[code all that apply]

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

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

QA15_A13

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

[code all that apply]

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

QA15_A14

You said that you are: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}.

Do you identify with any one race in particular?

AA5G

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

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

QA15_A15

Which do you most identify with?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO ........1
SALVADORAN .................................................4
GUATEMALAN ..................................................5
COSTA RICAN ..................................................6
HONDURAN ......................................................7
NICARAGUAN ....................................................8
PANAMANIAN ....................................................9
PUERTO RICAN ...............................................10
CUBAN ...........................................................11
SPANISH-AMERICAN (FROM SPAIN) .................12
LATINO, OTHER SPECIFY ...............................13
LATINO ..........................................................14
NATIVE HAWAIIAN .........................................16
OTHER PACIFIC ISLANDER ...............................17
AMERICAN INDIAN OR ALASKA NATIVE ..........18
ASIAN .............................................................19
BLACK OR AFRICAN AMERICAN ....................20
WHITE ...........................................................21
<table>
<thead>
<tr>
<th>Race Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladeshi</td>
<td>30</td>
</tr>
<tr>
<td>Burmese</td>
<td>31</td>
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<tr>
<td>Cambodian</td>
<td>32</td>
</tr>
<tr>
<td>Chinese</td>
<td>33</td>
</tr>
<tr>
<td>Filipino</td>
<td>34</td>
</tr>
<tr>
<td>Hmong</td>
<td>35</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>36</td>
</tr>
<tr>
<td>Burmese</td>
<td>31</td>
</tr>
<tr>
<td>Cambodian</td>
<td>32</td>
</tr>
<tr>
<td>Chinese</td>
<td>33</td>
</tr>
<tr>
<td>Filipino</td>
<td>34</td>
</tr>
<tr>
<td>Hmong</td>
<td>35</td>
</tr>
<tr>
<td>Indian</td>
<td>36</td>
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<tr>
<td>Indonesian</td>
<td>37</td>
</tr>
<tr>
<td>Japanese</td>
<td>38</td>
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<td>Korean</td>
<td>39</td>
</tr>
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<td>Laotian</td>
<td>40</td>
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<td>Malaysian</td>
<td>41</td>
</tr>
<tr>
<td>Pakistani</td>
<td>42</td>
</tr>
<tr>
<td>Malaysian</td>
<td>41</td>
</tr>
<tr>
<td>Samoan/Asian Samoan</td>
<td>50</td>
</tr>
<tr>
<td>Guamanian</td>
<td>51</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Refused</td>
<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?

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

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

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1</td>
</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.
다음은 귀하의 건강에 대해 몇 가지 질문을 드리겠습니다.

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

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

QA15_B2  Has a doctor ever told you that you have asthma?
귀하께서 천식이 있다고 의사가 한 번이라도 알한 적이 있습니까?

<table>
<thead>
<tr>
<th>AB17</th>
<th>YES ...........................................................................1</th>
</tr>
</thead>
<tbody>
<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_B3  Do you still have asthma?
아직도 천식이 있으십니까?

<table>
<thead>
<tr>
<th>AB40</th>
<th>YES ...........................................................................1</th>
</tr>
</thead>
<tbody>
<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_B4  During the past 12 months, have you had an episode of asthma or an asthma attack?
지난 12 개월 동안, 천식 증상이 있었던 적이 있습니까?

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

QA15_B5
During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

지난 12 개월 동안, 기침, 목에서 휘휘 거리는 소리가 나거나, 숨가쁨, 흉부 압박감 및 가래 등의 천식 증상이 얼마나 자주 있었습니까? 다음 중에서 선택해 주십시오.

AB19
Not at all, .................................................................1
전혀 발생하지 않았음 ........................................1
Less than every month, .............................................2
몇 달에 한 번, .........................................................2
Every month, ............................................................3
매달, .................................................................3
Every week, or ..........................................................4
매주, .................................................................4
Every day? ..............................................................5
매일? .................................................................5
REFUSED ....................................................................7
DON'T KNOW .........................................................8

QA15_B6
During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

지난 12 개월 동안, 귀하의 천식 때문에 응급실에 가야 했던 적이 있습니까?

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

QA15_B7
Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

천식 증세로 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

AB106
[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]

YES .................................................................1
NO .................................................................2
DOESN'T HAVE A DOCTOR ....................................3
REFUSED ..................................................................7
DON'T KNOW ........................................................8
QA15_B8  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

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

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?

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

AB18

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

[IF NEEDED, SAY: “입으로 복용하는 약과 코로 들어 마시는 약을 모두 포함해서 말씀해 주십시오. 하지만, 즉각적인 효과를 보기 위해 사용하는 흡입제와는 다릅니다.”]

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

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

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

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

AB66

Not at all, .......................................................... 1
전혀 발생하지 않았음 ...................................... 1
Less than every month, ..................................... 2
몇 달에 한 번 .................................................. 2
Every month, .................................................. 3
매달 ............................................................... 3
Every week, or ................................................... 4
매주 ............................................................... 4
Every day? ...................................................... 5
매일 ............................................................... 5
REFUSED .......................................................... -7
DON’T KNOW ................................................... -8
During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

지난 12 개월 동안, 귀하의 천식 증세로 응급실에 간 적이 있습니까?

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

Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

천식 증세로 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

[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

During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

지난 12 개월 동안, 천식 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

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

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

지난 12 개월 동안, 천식 때문에 직장을 빼진 날은 며칠이나 됐습니까?

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_______ DAYS (0 - 365)

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

<table>
<thead>
<tr>
<th>RESPONSE</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>

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

<table>
<thead>
<tr>
<th>RESPONSE</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>

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

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very confident,</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat confident,</td>
<td>2</td>
</tr>
<tr>
<td>Not too confident, or</td>
<td>3</td>
</tr>
<tr>
<td>Not at all confident?</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_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?
임신 중일 때를 제외하고, 당뇨병이나 혈당이 있다는 말을 의사에게서 들은 적이 한번이라도 있습니까?

AB22
YES ...........................................................................1
NO .............................................................................2
BORDERLINE OR PRE-DIABETES .........................3 [GO TO PN QA15_B34]
REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8

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

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

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

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

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

AB23
______ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8
Were you told that you had Type 1 or Type 2 diabetes?

[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.”]

Are you now taking insulin?

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

[IF NEEDED, SAY: “These are sometimes called oral agents or oral hypoglycemic agents.”]

[IF NEEDED, SAY: “이 약들은 가끔 경구용 강하제 또는 경구용 혈당 감하제라고 불립니다.”]
QA15_B24  About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
귀하나 귀하의 가족 또는 친구들은 귀하의 혈당이나 포도당을 측정하기 위해 하루, 한 주 또는 한 달에 대략 몇 번이나 귀하의 피를 검사합니까?

[FILL IN TIME FRAME ANSWERED]

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

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

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

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

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

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

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

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

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_B27  When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

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

AB63

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

QA15_B28  During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?

지난 12 개월 동안, 당뇨병 증세로 응급실에 간 적이 있습니까?

AB109

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

QA15_B29  Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?

당뇨병 증세로 주치의나 전문의를 볼 수 없었기 때문에 응급실에 간 적이 있습니까?

AB110

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

YES ...........................................................................1
NO .............................................................................2
DOESN'T HAVE DOCTOR .......................................3
[GO TO QA15_B30]
REFUSED ....................................................................-7
[GO TO QA15_B30]
DON'T KNOW ...........................................................-8
[GO TO QA15_B30]

QA15_B30  During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

지난 12 개월 동안, 당뇨병 때문에 하룻밤 이상 병원에 입원한 적이 있습니까?

AB111

YES ...........................................................................1
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW ...........................................................-8
**QA15_B31** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

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

**AB112**

**QA15_B32** Do you have a written or printed copy of this plan?

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

**AB113**

**QA15_B33** How confident are you that you can control and manage your diabetes? Would you say you are...

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very confident</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Somewhat confident</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Not too confident</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Not at all confident</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>-7</td>
</tr>
<tr>
<td><strong>DON’T KNOW</strong></td>
<td>-8</td>
</tr>
</tbody>
</table>
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?
의사로부터 단지 임신 기간 동안에만 당뇨병이 있었다는 말을 들으신 적이 있습니까?

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

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

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

AB29

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?
현재 혈압 조절 약을 복용하고 계십니까?

AB30

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

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

AB34

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8
Has a doctor ever told you that you have heart failure or congestive heart failure?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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>

During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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>

Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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>

During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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>

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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</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_B43  Do you have a written or printed copy of this plan?
이 관리계획서의 사본을 가지고 계십니까?

AB119  [IF NEEDED, SAY: “This can be an electronic or hard copy.”]
[IF NEEDED, SAY: “전자 사본, 인쇄 사본 모두 해당됩니다.”]
YES .................................................................1
NO .................................................................2
REFUSED ...........................................................-7
DON'T KNOW .....................................................-8

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

AB120  Very confident, ..........................................................1
매우 자신이 있다 .......................................................1
Somewhat confident, ...............................................2
약간 자신이 있다 .......................................................2
Not too confident, or ..................................................3
별로 자신이 없다 .......................................................3
Not at all confident? ..................................................4
전혀 자신이 없다 .......................................................4
REFUSED ...............................................................-7
DON'T KNOW ...........................................................-8

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

AE30  [IF NEEDED, SAY: “A flu shot is usually given in the Fall and protects against influenza for the flu season.”]
[IF NEEDED, SAY: “독감 예방주사는 보통 가을에 접종하며 독감 시즌에 독감에 걸리지 않도록 신체를 보호합니다.”]
YES .................................................................1
NO .................................................................2
REFUSED ...........................................................-7
DON'T KNOW ...........................................................-8
Section C – Health Behaviors

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

다음은 이동을 목적으로 걷는 것에 대한 질문입니다. 기본 전환이나 운동을 위해 걷는 것에 대해서는 별도로 질문 드리겠습니다.

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

지난 7일 동안, 적어도 10분 이상 거리에 있는 곳에 가기 위해 걸으신 적이 있습니까?

<table>
<thead>
<tr>
<th>AD37W</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td>NO .............................................................................2</td>
</tr>
<tr>
<td>UNABLE TO WALK ..................................................3</td>
</tr>
<tr>
<td>REFUSED ...............................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ............................................................-8</td>
</tr>
</tbody>
</table>

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

지난 7일 동안 그런 적이 몇 번이나 됐니까?

<table>
<thead>
<tr>
<th>AD38W</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: “Walk for at least 10 minutes to get some place.”]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY: “목적지에 도달하기 위해 10분 이상 걸었던 적.”]</td>
</tr>
</tbody>
</table>

_____ TIMES PER WEEK  
[IF 0, GO TO QA15_C4]  
REFUSED ...............................................................-7  
DON’T KNOW .............................................................-8

**PROGRAMMING NOTE QA15_C3:**  
IF QA15_C2 = 1 DISPLAY “How long did that walk take”;

IF QA15_C2 > 1 DISPLAY “On average, how long did those walks take”

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

{그런 경우 평균 얼마나 걸으셨습니까? / 그렇게 걸는 시간은 평균적으로 얼마나 걸립니까?}

<table>
<thead>
<tr>
<th>AD39W</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ MINUTES PER DAY</td>
</tr>
<tr>
<td>_____ HOURS PER DAY</td>
</tr>
<tr>
<td>REFUSED ...............................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ............................................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_C4:
IF QA15_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY “Please do not include walking for transportation.”

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

AD40W
YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_C7]
REFUSED .....................................................................-7 [GO TO QA15_C7]
DON’T KNOW .....................................................................-8 [GO TO QA15_C7]

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

AD41W
[IF NEEDED, SAY: “Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog.”]
[IF NEEDED, SAY: “즐거움, 기분전환, 운동, 또는 개를 산책시키기 위해 10 분 이상 걸은 경우.”]
______ TIMES PER WEEK [IF 0, GO TO QA15_C7]
REFUSED .....................................................................-7 [GO TO QA15_C7]
DON’T KNOW .....................................................................-8 [GO TO QA15_C7]

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

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

AD42W
______ MINUTES PER DAY
______ HOURS PER DAY
REFUSED .....................................................................-7
DON’T KNOW .....................................................................-8
**QA15_C7** During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

지난 한 달 동안, 귀하는 콜라 등 설탕이 들어있는 소다, 즉 탄산 음료를 몇 잔 또는 몇 캔이나 마셨습니까? 다이어트 소다는 포함시키지 마십시오.

**AC11**

[IF NEEDED, SAY: “Do not include canned or bottled juices or teas. Your best guess is fine.”]

[IF NEEDED, SAY: “캔이나 병에 들어 있는 주스 또는 차는 포함시키지 마십시오. 정확히 모르시겠으면 비슷하게라도 말씀해 주시면 됩니다.”]

<table>
<thead>
<tr>
<th>TIMES</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
</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.

지금부터는 지난 한 주에 대해 생각해 보십시오. 지난 7 일 동안, 패스트푸드를 몇 번이나 드셨습니까? 직장, 집, 또는 패스트푸드 식당에서, 또 캐리아웃 또는 드라이브 스루로 먹은 패스트푸드를 포함시키시오.

**AC31**

[IF NEEDED, SAY: “Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell.”]

[IF NEEDED, SAY: “McDonald's, KFC, Panda Express 또는 Taco Bell 에서 구입한 음식과 같은.”]

<table>
<thead>
<tr>
<th># OF TIMES IN PAST 7 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<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... 거주 지역에서 신선한 과일과 야채를 구입할 수 있는 경우가 얼마나 자주 있었습니까?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>Usually, or</td>
<td>3</td>
</tr>
<tr>
<td>Always?</td>
<td>4</td>
</tr>
<tr>
<td>DOESN'T EAT F &amp; V</td>
<td>5</td>
</tr>
<tr>
<td>DOESN'T SHOP FOR F &amp; V</td>
<td>6</td>
</tr>
<tr>
<td>DOESN'T SHOP IN HIS/HER NEIGHBORHOOD</td>
<td>7</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_C12:
IF QA15_C11 = 2, 3, OR 4, THEN CONTINUE WITH QA15_C12;
ELSE GO TO PROGRAMMING NOTE QA15_C13

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

AC44
[IF NEEDED, SAY: “How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say...”]
[IF NEEDED, SAY: “귀하의 거주 지역에서 구입할 수 있는 신선한 과일과 야채의 가격이 부담스럽지 않은 얼마나 자주 있었습니까? 전혀 없었음, 가끔, 보통, 항상 중에서 선택해주십시오.”]

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

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

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?
지금껏 살아 오시면서, 다 합해 담배를 적어도 100개가 상관이 되는 갯수شر였습니까?

AE15
YES.......................................................................1
NO.........................................................................2  [GO TO QA15_C37C20]
REFUSED..............................................................-7
DON'T KNOW......................................................-8

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

AE15A
EVERY DAY...........................................................1
SOME DAYS..........................................................2  [GO TO PN QA15_C18]
NOT AT ALL..........................................................3  [GO TO PN QA15_C16]
REFUSED............................................................-7  [GO TO PN QA15_C37]
DON'T KNOW.....................................................-8  [GO TO PN QA15_C37]
QA15_C15 On average, how many cigarettes do you now smoke a day?  정기적으로 흡연을 하던 때에는 하루에 몇 대를 피웠습니까?

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

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

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

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

QA15_C16 Did you quit smoking within the last 2 years?

AC101 YES (QUIT WITHIN THE PAST 2 YEARS) ............1
NO (QUIT MORE THAN 2 YEARS AGO) ...............2  [GO TO PN QA15_C37]
REFUSED .............................................................-7
DON’T KNOW ..........................................................-8

QA15_C17 How many months ago did you quit?

AC102 _____ MONTHS [HR: 0-24] ........................................

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

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

QA15_C18 In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

AE16 [IF NEEDED, SAY: “On the days you smoked.” AND IF R SAYS A “PACK”,” CODE THIS AS 20 CIGARETTES]
[IF NEEDED, SAY: “담배를 피운 날에.” AND IF R SAYS A “PACK,” CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

REFUSED .............................................................-7
DON’T KNOW ..........................................................-8
**PROGRAMMING NOTE QA15_C19:**

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

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

AC53B

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

**PROGRAMMING NOTE QA15_C20:**

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

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

AC54B

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

_____ AMOUNT OF TIME
   _____ UNIT OF TIME
   MINUTES .....................................................1
   HOURS ......................................................2

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

AC58B

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

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

AC49

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

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

AC59

_____ NUMBER OF TIMES

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

AC50

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

QA15_C25  Do you plan to quit in the next month?

AC103

YES .................................................................1
NO ..............................................................2
REFUSED .....................................................-7
DON'T KNOW ..............................................-8
### PROGRAMMING NOTE QA15_C26:

IF QA15_C22 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS) OR QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C26; SKIP TO QA15_C35; DISPLAYS:

IF QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS) DISPLAY “The last time you tried to quit”; IF QA15_C22 = 1 (CURRENT SMOKERS TRIED QUITTING IN THE PAST 12 MONTHS) DISPLAY “In the past 12 months”

<table>
<thead>
<tr>
<th>QA15_C26</th>
<th>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?</th>
</tr>
</thead>
</table>
| AC60B    | **YES** ...........................................................................1  
NO .............................................................................2  
REFUSED ...........................................................................-7  
DON’T KNOW ...........................................................................-8  |

<table>
<thead>
<tr>
<th>QA15_C27</th>
<th>{The last time you tried to quit / In the past 12 months}, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?</th>
</tr>
</thead>
</table>
| AC104    | **YES** ...........................................................................1  
NO .............................................................................2  
REFUSED ...........................................................................-7  
DON’T KNOW ...........................................................................-8  |

<table>
<thead>
<tr>
<th>QA15_C28</th>
<th>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?</th>
</tr>
</thead>
</table>
| 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...

AC68B

Switch to smokeless tobacco, such as chewing tobacco, snus or snuff?

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

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

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

QA15_C30

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

AC69B

Quit completely on your own or “cold turkey”?

NO .............................................................................2
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

Use technology such as an app, texting or quitting website?

NO .............................................................................2
REFUSED ..................................................................-7
DON'T KNOW ................................................................-8
PROGRAMMING NOTE QA15_C32:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 24 MONTHS), THEN DISPLAY “The last time you tried to quit”

QA15_C32

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

AC107

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

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

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

QA15_C33

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

AC72B

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

NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ...........................................................-8
PROGRAMMING NOTE QA15_C34:
If QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY “The last time you tried to quit”

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

AC75B
Call a telephone quitting helpline?
금연 상담 서비스로 전화

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

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

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

AC77

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

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

AC78

YES ...........................................................................1
NO .............................................................................2
PROGRAMMING NOTE QA15_C37:
IF AGE <= 65 THEN CONTINUE WITH QA15_C37C20;
ELSE SKIP TO PN QA15_C46C23;

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

AC79

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

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

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

AC108

____ ENTER NUMBER OF DAYS [HR: 0 - 30]
REFUSED .............................................................................-7

QA15_C39  Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?
전자담배, 그러니가 이(E)-시거렛이나 증기담배를 한 번이라도 피워 본 적이 있으신가?

AC81

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

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

NO .............................................................................2
REFUSED .............................................................................-7
DON'T KNOW .............................................................................-8
QA15_C21 During the past 30 days, how many days did you use electronic cigarettes?
지난 30일 동안, 귀하는 여칠이나 전자 담배를 사용하셨습니까?

AC81B

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

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

AC82B

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

REFUSED ............................................................-7 [SKIP TO QA15_C46]
DON'T KNOW .......................................................-8 [SKIP TO QA15_C46]
DON'T KNOW -8

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

AC83B

[CODE ALL THAT APPLY]

QUIT SMOKING.......................................................1
REPLACE SMOKING ..............................................2
CUT DOWN OR REDUCE SMOKING .......................3
USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED ...........................................4
CURIOSITY, JUST TRY IT ......................................5
NO LINGERING ODOR .........................................6
HELPS ME CONCENTRATE/STAY ALERT .............7
COME IN MANY FLAVORS ....................................8
LESS EXPENSIVE .................................................9
HEALTHIER THAN CIGARETTES ..........................10
OTHER (SPECIFY: ____________) .........................91
REFUSED ............................................................-7
DON'T KNOW .......................................................-8
QA15_C42  How long ago did you start using e-cigarettes regularly?
전자 담배를 정기적으로 사용한 지 얼마나 되셨습니까?

AC109

_____ MONTHS
_____ YEARS

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

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

AC110

CONVENIENCE STORES OR GAS STATIONS.....1
SUPER MARKETS ..................................................2
PHARMACY OR DRUG STORES ......................3
TOBACCO OR VAPE SHOP ...............................4
ONLINE .................................................................5
OTHER DISCOUNT OR WAREHOUSE STORES,
SUCH AS WAL-MART OR COSTCO ..............6
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?
마지막으로 전자 니코틴 제품을 사용했던 날, 얼마나 많은 퍼프를
사용하셨습니까?

AC111

_____ PUffS
DID NOT USE A NICOTINE PRODUCT  -3 (?)
REFUSED ............................................................. -7
DON'T KNOW ..................................................... -8
What concentration or strength of nicotine is in the liquid or cartridge you typically use with your e-cigarette? For example, is it zero nicotine, 3, 6, 12, or 24 milligrams per milliliter, or some other concentration?

귀하가 주로 쓰는 전자 담배의 액상이나 카트리지의 니코틴 함량은 어떻게 됩니까? 예를 들어 1 밀리 당 0, 3, 6, 12, 24 밀리 그램입니까 혹은 다른 함량입니까?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZERO</td>
<td>1</td>
</tr>
<tr>
<td>THREE</td>
<td>2</td>
</tr>
<tr>
<td>SIX</td>
<td>3</td>
</tr>
<tr>
<td>TWELVE</td>
<td>4</td>
</tr>
<tr>
<td>TWENTY-FOUR</td>
<td>5</td>
</tr>
<tr>
<td>OTHER (Specify:)</td>
<td>91</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_C46:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) OR QA15_C40 > 0 (USED E-CIGARETTES WITHIN PAST MONTH), CONTINUE WITH QA15_C46;
ELSE SKIP TO QA15_C50

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

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

AC84B

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

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

AC113

Vaping is completely banned for everyone,............1
전자 담배 사용은 모든 사람들에게 완전히 금지 .......1
Vaping is generally banned for everyone with few exceptions, ....................................................2
몇 가지 예외를 제외하고, 모든 사람에게 전자 담배 사용 금지...............................2
Vaping is allowed in some rooms only, or ..........3
 일부 방에서만 전자 담배 사용이 허용됨....................3
There are no rules or restrictions on vaping inside your home? .............................................4
집안에서의 전자 담배 사용에 대한 규칙이나 제한 사항 없음..................................................4
NO VAPERS/NO NEED ..................5
VOLUNTARILY DON'T VAPE INSIDE HOME ......6
OTHER (SPECIFY:________)............................... 91
REFUSED----------------------------------------------------------------------------------------7
DON'T KNOW------------------------------------------------------------------------------------8
QA15_C48  Do you agree or not with the following statement: The use of e-cigarettes should not be allowed in the places where cigarette smoking is not allowed?
다음 문장을 들으시고, 여기에 동의하시는지 그렇지 않으신지 알려주십시오.
전자 담배의 사용은 흡연이 금지된 곳에서는 허용되어서는 안된다.

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (AGREE)</td>
<td>...........................................................1</td>
</tr>
<tr>
<td>NO (DO NOT AGREE)</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_C49
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) CONTINUE WITH QA15_C49;
ELSE SKIP TO QA15_C50

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

<table>
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<tr>
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<th>Description</th>
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<tbody>
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<td>50 cents a pack,</td>
<td>........................................................1</td>
</tr>
<tr>
<td>한 갑 당 50 센트</td>
<td>........................................................1</td>
</tr>
<tr>
<td>$1.00,</td>
<td>........................................................2</td>
</tr>
<tr>
<td>$2.00,</td>
<td>........................................................3</td>
</tr>
<tr>
<td>$3.00,</td>
<td>........................................................4</td>
</tr>
<tr>
<td>more than $3.00 a pack, or</td>
<td>........................................5</td>
</tr>
<tr>
<td>한 갑 당 $3.00 초과</td>
<td>...................................................5</td>
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<tr>
<td>no tax increase?</td>
<td>....................................................6</td>
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<td>세금 인상 반대</td>
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</tr>
<tr>
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<td>............................................................-8</td>
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</tbody>
</table>
Section D – General Health, Disability, and Sexual Health

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

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

[IF NEEDED, SAY: “About how tall?”]

____ FEET _____ INCHES[FT HR: 3-7, IN HR: 0-11]
____ METERS _____ CENTIMETERS [M HR: 1-2, CM HR: 0-99]

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

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

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

[IF NEEDED, SAY: “About how much?”]

____ POUNDS [HR: 50-450]
____ KILOGRAMS [HR: 20-220]

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

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

[GO TO QA15_D5]

**QA15_D4**
Are you legally blind?
귀하께서는 법으로 규정한 시각장애인이십니까?

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

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

AD57

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

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

6 개월 또는 그 이상 지속된 신체적, 정신적, 또는 정서적 증세로 인해, 이런 어려움을 겪고 계시는지 말씀해 주십시오. Any difficulty learning, remembering, or concentrating?

학습, 기억 또는 집중하는 데 어려움이 있습니까?

AD51

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

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

옷 입기, 목욕하기 또는 집안에서 움직이는 데 어려움이 있습니까?

AD52

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

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

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

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

쇼핑을 하거나 병원에 가기 위해 혼자 외출하는 데 어려움이 있습니까?

AD53

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

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

1
[NO ................................................................. 2]
[REFUSED ......................................................... -7]
[DON'T KNOW ................................................... -8]
PROGRAMMING NOTE QA15_D9:
IF AAGE > 64 GO TO PN QA15_D11

QA15_D9

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

AD54

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

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

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

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

QA15_D11

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

AD73

[IF NEEDED, SAY: "This does not include short-term disability for illness, injury, pregnancy, or childbirth."]

[IF NEEDED, SAY: "질병이나 부상, 임신, 출산 등의 단기적 장애 상태는 여기에 포함되지 않습니다."]

YES .................................................................1
NO .................................................................2
REFUSED .........................................................-7
DON'T KNOW ...................................................-8
QA15_D12 We are asking a few questions about people’s sexual experiences. All answers will be kept private.
실례지만, 지금부터는 성적인 경험이에 대해 몇 가지 질문을 드리고자 합니다. 대답해주신 내용에 대해서는 철저하게 비밀이 유지됩니다.

In the past 12 months, how many sexual partners have you had?
지난 12개월 동안, 성관계를 가진 상대방이 몇 명이나 됐나요?

AD43

________ NUMBER OF SEXUAL PARTNERS
[GO TO PN QA15_D14D17]

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

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

AD44

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

_________ NUMBER OF PARTNERS

1 PARTNER ...........................................................1
2-3 PARTNERS .......................................................2
4-5 PARTNERS .........................................................3
6-10 PARTNERS ........................................................4
MORE THAN 10 PARTNERS .........................................5
REFUSED .............................................................-7
DON'T KNOW .........................................................-8
PROGRAMMING NOTE QA15_D14:
IF QA15_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA15_D13=0, GO TO
PROGRAMMING NOTE QA15_D15;
ELSE CONTINUE WITH QA15_D14;
IF QA15_D12 OR QA15_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or
female”;
ELSE DISPLAY “In the past 12 months, have your sexual partners been male, female, or both male and
female”

QA15_D14

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

AD45

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

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

QA15_D15

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

AD46

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

[IF NEEDED, SAY: “이성애자는 이성과 성관계를 갖거나 이성에게 매력을 느끼는 사람이고,
게이 {와 레즈비언}는 동성과 성관계를 갖거나 동성에게 매력을 느끼는 사람이며,
양성애자는 남성, 여성, 둘 다와 성관계를 갖거나 남녀 모두에게 매력을 느끼는
사람입니다.”]

STRAIGHT OR HETEROSEXUAL .......................1
GAY, LESBIAN, OR HOMOSEXUAL ....................2
BISEXUAL ..........................................................3
NOT SEXUAL/CELIBATE/NONE .........................4
OTHER (SPECIFY: __________________) ...........91
REFUSED ....................................................................-7
DON’T KNOW ...........................................................-8
PROGRAMMING NOTE QA15_D15D19:
IF [QA15_D12D15 > 1 OR QA15_D13D16 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)]
OR [QA15_A5 = 1 (MALE) AND (QA15_D15D18=2 (GAY) OR QA15_D15D18=3 (BISEXUAL))],
CONTINUE WITH QA15_D16D19;

HIV TESTING

PROGRAMMING NOTE QA15_D15D19:
CONTINUE WITH QA15_D16D19;

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

CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE
WITH QA15_D16; QA15_D19;
CONTROL GROUP: QA15_D12D15 ≤ 1 OR QA15_D13D16 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND
QA15_D15D18 = 1 (STRAIGHT OR HETEROSEXUAL) AND QA15_A8 ≠ 4 OR QA15_A15 ≠ 18 (NOT
AMERICAN INDIAN OR ALASKA NATIVE),
(MINIMUM N = 1,200 equally spread across each replicate), EQUALLY SPREAD ACROSS EACH
REPLICATE;
ELSE GO TO PROGRAMMING NOTE QA15_D20D23;

QA15_D16
Have you ever been tested for HIV, the virus that causes AIDS?
AIDS를 일으키는 바이러스인 HIV 의 감염 여부를 검사 받은 적이 한번이라도 있습니까?

AD55

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

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

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

AD62

NOT TESTED IN PAST YEAR ................................. 0
ONE TIME ......................................................... 1
TWO TIMES ...................................................... 2
THREE TIMES ................................................... 3
FOUR TIMES .................................................... 4
FIVE TIMES ..................................................... 5
SIX OR MORE TIMES ................................. 6
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8
QA15_D18 When was your last HIV test?
마지막 HIV 검사를 언제 받으셨습니까?

AD63

MONTH ___________ [RANGE: 1-12]

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

YEAR ___________ [RANGE: 1985-2016]

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

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

AD64

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

Registered Domestic Partner

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

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

AD60

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

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

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

AD61

YES ...............................................................1
NO ...............................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_D22D25;
IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D22D25;
ELSE SKIP TO QA15_D22AD25A

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

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<tbody>
<tr>
<td>AD65</td>
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</tr>
<tr>
<td>MALE</td>
<td>...............1</td>
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<td>FEMALE</td>
<td>...............2</td>
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<td>...............-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...............-8</td>
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</tbody>
</table>

PROGRAMMING NOTE QA15_D22AD25A:
ALTERNATE TESTING OF QA15_D22D25;

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

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>AD65A</td>
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<td>...............-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...............-8</td>
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</tbody>
</table>

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

<p>| | |</p>
<table>
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<tbody>
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<td>AD66</td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td>...............1 [GO TO PN QA15_D25D28]</td>
</tr>
<tr>
<td>FEMALE</td>
<td>...............2 [GO TO PN QA15_D25D28]</td>
</tr>
<tr>
<td>TRANSGENDER</td>
<td>...............3 [GO TO PN QA15_D25D28]</td>
</tr>
<tr>
<td>NONE OF THESE</td>
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</tr>
<tr>
<td>REFUSED</td>
<td>...............-7 [GO TO SECTION E]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...............-8 [GO TO SECTION E]</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_D24D27:
IF QA15_D23 D26= 4 THEN CONTINUE WITH QA15_D24D27;
ELSE SKIP TO QA15_D25D28

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

AD67

SPECIFY: (________________________)

REFUSED...............................................................-7 [GO TO SECTION E]
DON'T KNOW..........................................................-8 [GO TO SECTION E]
PROGRAMMING NOTE QA15_D25:
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 1 (MALE)] OR [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)] THEN SKIP TO SECTION E;
ELSE CONTINUE WITH QA15_D25;

DISPLAYS;
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {male} and {<QA15_D24>};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1 OR QA15_D22A = 1 (MALE), THEN DISPLAY {female} and {male};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {female} and {transgender};
IF [QA15_D22 = 2 OR QA15_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_D22D25 OR QA15_D22AD25A} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D23D26 OR QA15_D24D27}. Is that correct? 출생 당시 성별은 {INSERT RESPONSE FROM QA15_D25}였고, 지금은 본인을 {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}라고 생각하시나요? है?

AD68

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

[GO BACK TO QA15_D23D26]
Section E – Women’s Health

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

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

QA15_E1

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

To your knowledge, are you now pregnant?
본인 어시기로, 현재 임신 중이십니까?

AD13

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

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

DISPLAYS;
IF [AAGE > 45 OR UNKNOWN], AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)], DISPLAY “These next questions are about women’s health.”;
IF [AAGE > 45 OR UNKNOWN] AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW)], DISPLAY “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”;
QA11_E2 {These next questions are about women’s health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}.

{다음에 드릴 질문은 여성 건강에 대한 것입니다. /그리고 출생 당시의 성별에 이 질문들을 귀하에게 해당될 수도 있습니다. 그렇지 않다면, 제게 말씀해 주십시오. 그러면 그 다음 질문으로 넘어가겠습니다.}

Have you ever had a mammogram?

marketing 검사를 한 번이라도 받으신 적이 있습니다?

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: "매모그래프 검사란 양쪽 유방 각각의 X-레이 사진을 찍는 검사로, 검사를 위해 기계가 유방을 납작하게 세게 늘러 뽑게 됩니다. "]

YES ...........................................................................1
NO .............................................................................2

[READ DEFINITION, GO TO SECTION F]

[READ DEFINITION, GO TO SECTION F]

QA15_E3 How long has it been since ago did you have your last most recent mammogram?

마지막으로 매모그래프 검사를 받으신 이후 얼마나 지났습니까?

AD17

A1 YEAR AGO OR LESS .............................................1
MORE THAN 1 UP TO 2 YEARS AGO .....................2
MORE THAN 2 UP TO 3 YEARS AGO .......................3
MORE THAN 3 UP TO 5 YEARS AGO .......................4
MORE THAN 5 YEARS AGO .....................................5

[READ DEFINITION, GO TO SECTION F]

[READ DEFINITION, GO TO SECTION F]

QA15_E4 How long did your provider advise you to wait until your next mammogram?

귀하의 담당 의사는 다음 매모그래프까지 얼마나 기다리라고 권했습니다?

AE95

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

3 MONTHS AGO OR LESS ........................................1
MORE THAN 3 AND UP TO 6 MONTHS .....................2
MORE THAN 6 MONTHS UP TO 1 YEAR ..................3
MORE THAN 1 UP TO 2 YEARS .............................4
MORE THAN 2 YEARS ...........................................5
PROVIDER DIDN’T ADVISE ME/DIDN’T SAY ..........6
NO LONGER NEEDS MAMMOGRAMS ..................7

[READ DEFINITION, GO TO SECTION F]

[READ DEFINITION, GO TO SECTION F]
Section F – Mental Health

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

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?
귀하는 지난 30일 동안 대략 얼마나 자주 신경과민을 느꼈습니까? 항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

AJ29

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

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

AJ30

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

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

AJ31

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

ALL ............................................................................1
MOST ........................................................................2
SOME........................................................................3
A LITTLE .................................................................4
NONE .......................................................................5
REFUSED ...........................................................-7
DON'T KNOW ......................................................-8
QA15_F4  How often did you feel so depressed that nothing could cheer you up?  
그 어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 얼마나 자주 느꼈습니까?

AJ32  
[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]  
[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]  

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

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

AJ33  
[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]  
[IF NEEDED, SAY: “항상 느꼈음, 대부분 느꼈음, 다소 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택하십시오.”]  

ALL ..............................................................1  
MOST ......................................................................2  
SOME ....................................................................3  
A LITTLE ...........................................................4  
NONE ......................................................................5  
REFUSED ............................................................-7  
DON'T KNOW .........................................................-8
QA15_F6  During the past 30 days, about how often did you feel worthless?
지난 30일 동안 당신이 손모 없는 사람이라고 대략 얼마나 자주 느꼈습니까?

AJ34

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

ALL ...............................................................1
MOST ...........................................................2
SOME ..........................................................3
A LITTLE .........................................................4
NONE ...........................................................5
REFUSED ......................................................-7
DON'T KNOW ..............................................-8
QA15_F7 Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
지난 12개월 동안, 이러한 느낌이 지난 30일 간보다 더 자주 발생했던 달이 있었습니까?

AF62

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

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

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

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

AF63

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

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

AF64

ALL ............................................................................1
MOST ........................................................................2
SOME .......................................................................3
A LITTLE ...................................................................4
NONE ........................................................................5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_F10  How often did you feel restless or fidgety?
 얼마나 자주 불안감 또는 조바심을 느끼셨습니까?

AF65

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

ALL ............................................................................1
MOST ...........................................................................2
SOME ........................................................................3
A LITTLE ..................................................................4
NONE .......................................................................5
REFUSED .................................................................-7
DON'T KNOW .........................................................-8
How often did you feel so depressed that nothing could cheer you up?
그 어떤 것도 귀하의 기분을 좋게 만들 수 없을 정도의 우울함을 얼마나 자주 느꼈습니까?

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

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

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

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

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

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

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

ALL ..............................................................1
MOST ..........................................................2
SOME ...........................................................3
A LITTLE .......................................................4
NONE ..........................................................5
REFUSED ......................................................-7
DON’T KNOW ...............................................-8
ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:

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

QA15_F14intro
Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

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

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

AF69B
A LOT ..........................................................1
SOME .........................................................2
NOT AT ALL ..............................................3
DOES NOT WORK ....................................4
REFUSED ..................................................-7
DON'T KNOW ...........................................-8

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

AF70B
A LOT ..........................................................1
SOME .........................................................2
NOT AT ALL ..............................................3
DOES NOT WORK ....................................4
REFUSED ..................................................-7
DON'T KNOW ...........................................-8

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

AF71B
A LOT ..........................................................1
SOME .........................................................2
NOT AT ALL ..............................................3
DOES NOT WORK ....................................4
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?
정서상태가 친구 및 가족과의 관계를 얼마나 방해했습니까? 많이 방해했음, 다소 방해했음, 전혀 방해하지 않았음 중에서 선택하십시오.

AF72B

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

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

AF73B

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

_________ NUMBER OF DAYS

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

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

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

AF92 (NEW)

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

63
QA15_F20  Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

AF93 (NEW)

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

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

지난 12개월 동안, 정신 건강, 정서나 신경과민 문제, 또는 음주나 약물 사용 문제로 전문가를 만나봐야 할지 모르겠다고 느낀 적이 있습니까?

AF81

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

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

귀하의 의료 보험은 정신 상담의나 정신과의사의 진료 등의 정신 건강 문제에 대한 치료를 보장합니까?

AJ1

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

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

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

지난 12개월 동안 정신 건강이나 정서 문제, 신경 과민, 또는 음주나 약물 문제에 대해 주치의나 일반 개업의 진료를 받은 적이 있었습니까?

AF74

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................-7
DON’T KNOW ........................................... -8
PROGRAMMING NOTE QA15_F24:
IF QA15_F23 = 1, DISPLAY: “mental or emotional health”;
IF QA15_F23 = 2, DISPLAY: “use of alcohol or drugs”;
IF QA15_F23 = 3, DISPLAY: “mental or emotional health and your use of alcohol or drugs”;
ELSE SKIP TO QA15_F25

QA15_F24
In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
지난 12개월 동안, 본인의 정신 건강이나 정서 문제, 신경과민, 또는 음주나 약물 문제와 관련해서 카운셀러나 정신과 의사, 소셜 워커 등 기타 전문가의 상담을 받은 적이 있습니까?

AF75
YES .................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

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

QA15_F25
Did you seek help for your mental or emotional health or for an alcohol or drug problem?
정신 건강이나 정서 문제, 음주나 약물 관련 문제 중 어느 것에 대한 도움을 받고자 하셨습니까?

AF76
MENTAL-EMOTIONAL HEALTH ......................................1
ALCOHOL-DRUG PROBLEM ......................................2
BOTH MENTAL & ALCOHOL-DRUG ..............................3
REFUSED .....................................................................-7
DON'T KNOW ..........................................................-8

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

QA15_F26
In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.
지난 12개월 동안, {정신 건강이나 정서 문제/음주나 약물 관련 문제/정신 건강 문제와 음주 또는 약물 관련 문제}와 관련해서 몇 번이나 전문가를 만나 진료나 상담을 받으셨습니까? 이와 관련한 입원 치료는 포함하지 말아 주십시오.

AF77
_________ NUMBER OF VISITS

REFUSED .....................................................................-7
DON'T KNOW ..........................................................-8
QA15_F25 Are you still receiving treatment for these problems from one or more of these providers?
이 문제와 관련해서, 귀하께서는 아직도 1 명 이상의 이런 외래 제공자나 전문가로부터 치료를 받는 중이십니까?

<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_F28]

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

<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_F28]

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOT BETTER/NO LONGER NEEDED</td>
<td>1</td>
</tr>
<tr>
<td>NOT GETTING BETTER</td>
<td>2</td>
</tr>
<tr>
<td>WANTED TO HANDLE PROBLEM ON OWN</td>
<td>3</td>
</tr>
<tr>
<td>HAD BAD EXPERIENCES WITH TREATMENT</td>
<td>4</td>
</tr>
<tr>
<td>LACK OF TIME/TRANSPORTATION</td>
<td>5</td>
</tr>
<tr>
<td>TOO EXPENSIVE</td>
<td>6</td>
</tr>
<tr>
<td>INSURANCE DOES NOT COVER</td>
<td>7</td>
</tr>
<tr>
<td>OTHER (SPECIFY: _____________)</td>
<td>-8</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_F28]

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

<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_F28]
PROGRAMING NOTE QA15_F29:
IF QA15_F19 = 1 AND (QA15_F21 ≠ 1 AND QA15_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE WITH QA15_F29;
ELSE SKIP TO QA15_F33

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

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

AF82
YES .................................................................1
NO ...............................................................2
REFUSED ....................................................-7
DON’T KNOW .............................................-8

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

AF83
YES .................................................................1
NO ...............................................................2
REFUSED ....................................................-7
DON’T KNOW .............................................-8

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

AF84
YES .................................................................1
NO ...............................................................2
REFUSED ....................................................-7
DON’T KNOW .............................................-8

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

AF85
YES .................................................................1
NO ...............................................................2
REFUSED ....................................................-7
DON’T KNOW .............................................-8
Three-Item Loneliness Scale

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

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

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

AF107
(NEW)

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

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

AF108
(NEW)

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

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

AF109
(NEW)

Hardly ever ..........................................................1
Some of the time, or ..................................................2
Often? .................................................................3
REFUSED .........................................................-7
DON'T KNOW ..................................................-8
Section G – Demographic Information, Part II

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

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

<table>
<thead>
<tr>
<th>AH33</th>
<th>[SELECT FROM MOST LIKELY COUNTRIES]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNITED STATES</td>
</tr>
<tr>
<td>2</td>
<td>AMERICAN SAMOA</td>
</tr>
<tr>
<td>3</td>
<td>CANADA</td>
</tr>
<tr>
<td>4</td>
<td>CHINA</td>
</tr>
<tr>
<td>5</td>
<td>EL SALVADOR</td>
</tr>
<tr>
<td>6</td>
<td>ENGLAND</td>
</tr>
<tr>
<td>7</td>
<td>FRANCE</td>
</tr>
<tr>
<td>8</td>
<td>GERMANY</td>
</tr>
<tr>
<td>9</td>
<td>GUAM</td>
</tr>
<tr>
<td>10</td>
<td>GUATEMALA</td>
</tr>
<tr>
<td>11</td>
<td>HUNGARY</td>
</tr>
<tr>
<td>12</td>
<td>INDIA</td>
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<td>IRAN</td>
</tr>
<tr>
<td>14</td>
<td>IRELAND</td>
</tr>
<tr>
<td>15</td>
<td>ITALY</td>
</tr>
<tr>
<td>16</td>
<td>JAPAN</td>
</tr>
<tr>
<td>17</td>
<td>KOREA</td>
</tr>
<tr>
<td>18</td>
<td>MEXICO</td>
</tr>
<tr>
<td>19</td>
<td>PHILIPPINES</td>
</tr>
<tr>
<td>20</td>
<td>POLAND</td>
</tr>
<tr>
<td>21</td>
<td>PORTUGAL</td>
</tr>
<tr>
<td>22</td>
<td>PUERTO RICO</td>
</tr>
<tr>
<td>23</td>
<td>RUSSIA</td>
</tr>
<tr>
<td>24</td>
<td>TAIWAN</td>
</tr>
<tr>
<td>25</td>
<td>VIETNAM</td>
</tr>
<tr>
<td>26</td>
<td>VIRGIN ISLANDS</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY: _____________)</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
In what country was your mother born?
모친께서는 어느 나라에서 출생하셨습니까?

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

[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
Japanese-American Generational Status

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

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

AG25 (NEW)
YES ...........................................................................1 [SKIP TO QA15_G6]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_G5 Which generation of Japanese immigrant are you?

AG26 (NEW)
1ST GENERATION (ISSEI) ............................................1 [SKIP TO QA15_G7]
2ND GENERATION (NISEI) ...........................................2 [SKIP TO QA15_G7]
3RD GENERATION (SANSEI) .........................................3 [SKIP TO QA15_G7]
4TH GENERATION (YONSEI) .........................................4 [SKIP TO QA15_G7]
5TH GENERATION (GOSEI) ...........................................5 [SKIP TO QA15_G7]
OTHER SPECIFY: (_________________) ........... 91 [SKIP TO QA15_G7]
REFUSED ............................................................... -7 [SKIP TO QA15_G7]
DON'T KNOW ......................................................... -8 [SKIP TO QA15_G7]

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

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

AG27 (NEW)
1ST GENERATION (SHIN-ISSEI) ..............................1
2ND GENERATION (SHIN-NISEI) .............................2
3RD GENERATION (SHIN-SANSEI) ..........................3
OTHER SPECIFY: (_________________) ........... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_G7  What languages do you speak at home?
집에서는 어떤 언어를 사용하십니까?

AH36  [CODE ALL THAT APPLY.]

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

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

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

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

AH37  Very well,..............................................................1
Very well, ..............................................................1
Well, .................................................................2
Well, .................................................................2
Not well, or ..........................................................3
Not well, or ..........................................................3
Not at all?..............................................................4
Not at all?..............................................................4
REFUSED ..............................................................-7
DON'T KNOW ........................................................-8
The next questions are about citizenship and immigration.

Are you a citizen of the United States?

Ah39

YES ...........................................................................1
NO .............................................................................2
APPLICATION PENDING .........................................3
REFUSED .....................................................................-7
DON'T KNOW ..........................................................-8
QA15_G10 Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

귀하는 그린 카드가 있는 영주권자이십니까? 귀하의 응답은 비밀로 유지되고 이민국에 보고되지 않습니다.

AH40

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]

[IF NEEDED, SAY: “사람들은 이것을 보통 “그린 카드” 라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다.”]

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

QA15_G11 About how many years have you lived in the United States?

미국에 거주하신 지는 몇년이나 되셨습니까?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

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

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

PROGRAMMING NOTE QA15_G11A:G12A

IF QA15_G9G10 = 1 (NATURALIZED) CONTINUE WITH QA15_G11A12A
ELSE GO TO QA15_G11BG12B;

QA15_G11A In what year did you become naturalized?

귀화해서 미국 시민권을 받은 날도가 어떻게 되셨습니까?

AG30

[IF NEEDED, PROBE: “How long ago did you become naturalized?”]

[IF NEEDED, PROBE: “미국 시민권을 받으신 지 얼마나 되셨습니까?”]

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

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

_____ YEARS AGO

_____ MONTHS AGO

OTHER (SPECIFY: _______) ........................................91

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

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

AG36
(NEW)

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

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

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

AG43

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

AG37

VALID .............................................................................1
EXPIRED .........................................................................2
APPLICATION PENDING .....................................................3
REFUSED ........................................................................7
DON’T KNOW ..................................................................8
PROGRAMMING NOTE QA15_G12:
IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12;
IF QA15_A16 = 1, THEN DISPLAY “spouse”; IF QA15_A16 = 2 OR QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY “partner”; ELSE GO TO PROGRAMMING NOTE QA15_G14

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

AH44
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON’T KNOW ...............................................-8

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

SC11A
[ENTER SPOUSE’S/PARTNER’S NAME, AGE, AND SEX]

SPOUSE/PARTNER NAME ________________________________
SPOUSE/PARTNER AGE _________________________________
SPOUSE/PARTNER SEX _________________________________

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

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

AH43A
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON’T KNOW ...............................................-8
PROGRAMMING NOTE QA15_G15:
IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH QA15_G15;
ELSE GO TO QA15_G17;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY “for any children under age 14”;
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your spouse”;
ELSE IF QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;
ELSE DISPLAY “you”

QA15_G15
In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

[IF NEEDED, SAY: “This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.”]

[IF NEEDED, SAY: “여기에는 헤드 스타트, 데이케어 센터, 방과전 또는 방과후(애프터 스쿨) 프로그램, 그 밖에 모든 형태의 베이비 시팅 등이 포함됩니다.”]

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

QA15_G16
In the past month, how much did you pay for all child care arrangements and programs?

[IF NEEDED, SAY: “If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household.”]

[IF NEEDED, SAY: “지난 달에 귀하 본인이나 이 가구의 다른 어른이 일주일에 보통 얼마나를 아이를 돌보기 위한 차일드 케어 비용으로 지불하셨는지 말씀해 주셔도 됩니다.”]

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

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

NO PAYMENT IN LAST MONTH OR WEEK ..........3
REFUSED .........................................................-7
DON’T KNOW ..................................................-8
**QA15_G17** What is the highest grade of education you have completed and received credit for? 
귀하는 교육을 어디까지 받으셨습니까?

| AH47 |
| No Formal Education | 30 |
| Grade School        |    |
| 1st Grade           | 1  |
| 2nd Grade           | 2  |
| 3rd Grade           | 3  |
| 4th Grade           | 4  |
| 5th Grade           | 5  |
| 6th Grade           | 6  |
| 7th Grade           | 7  |
| 8th Grade           | 8  |
| High School or Equivalent |    |
| 9th Grade           | 9  |
| 10th Grade          | 10 |
| 11th Grade          | 11 |
| 12th Grade          | 12 |
| 4-Year College or University |    |
| 1st Year (Freshman) | 13 |
| 2nd Year (Sophomore)| 14 |
| 3rd Year (Junior)   | 15 |
| 4th Year (Senior) (BA/BS) | 16 |
| 5th Year            | 17 |
| Graduate or Professional School |    |
| 1st Year Grad or Prof School | 18 |
| 2nd Year Grad or Prof |    |
| School (MA/MS)      | 19 |
| 3rd Year Grad or Prof School | 20 |
| More Than 3 Years Grad or Prof School (PhD) | 21 |
| 2-Year Junior or Community College |    |
| 1st Year            | 22 |
| 2nd Year (AA/AS)    | 23 |
| Vocational, Business, or Trade School |    |
| 1st Year            | 24 |
| 2nd Year            | 25 |
| More Than 2 Years   | 26 |
| Refused             | -7 |
| Don't Know (Out of Range) | -8 |

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

| AG22 |
| Yes                                         | 1 |
| No                                          | 2 |
| Refused                                     | -7 |
| Don't Know (Out of Range)                   | -8 |
QA15_G19  When did you serve?
언제 복무하셨습니까?

AG23  
FROM _________ _____ TO________________

{OR}

[CHECK ALL THAT APPLY]

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

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

AG24  
_____ YEARS
_____ MONTHS

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

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

AK1  
Working at a job or business, ........................................1  [GO TO QA15_G25G26]
With a job or business but not at work, ......................2  [GO TO QA15_G25G26]
Looking for work, or ............................................... 3
Not working at a job or business? .................................4  [GO TO QA15_G25G26]
REFUSED ........................................................................7
DON'T KNOW .......................................................... -8  [GO TO QA15_G25G26]
What is the main reason you did not work last week?

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

- TAKING CARE OF HOUSE OR FAMILY ..........1
- ON PLANNED VACATION ..............................2
- COULDN'T FIND A JOB .................................3
- GOING TO SCHOOL/STUDENT .......................4
- RETIRED ...................................................5

[GO TO PN QA15_G24G25]

- DISABLED ..................................................6
- 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

Are you receiving Social Security Disability Insurance or SSDI?

[GO TO PN QA15_G29G27]

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

Programming Note QA15_G24:
If [AAGE = -7 OR -8 OR AAGE < 65] AND [QA15_G23 = 2 (DOES NOT USUALLY WORK) OR QA15_G22 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA15_G24;
ELSE GO TO PROGRAMMING NOTE QA15_G25
QA15_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?

본인의 주된 직업에 대해서 말는데요, 귀하는 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 아니면 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

[IF NEEDED, SAY: “Where did you work most hours?”]
[IF NEEDED, SAY: “가장 많이 일하신 곳이 어디입니까?”]

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

QA15_G26 {What kind of agency or department is this? / What kind of business or industry is this?}

{ 이것은 어떤 종류의 기관 또는 부서입니까? / 이것이 어떤 종류의 사업인지 또는 어떤 업종인지 말씀해 주시겠습니까?}

[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]

[IF NEEDED, SAY: “What do they make or do at this business?”]
[IF NEEDED, SAY: “이 기업에서 무엇을 만드는지 어떤 종류의 일을 하는지 말씀해 주시겠습니까?”]

[INTERVIEWER: ENTER DESCRIPTION]
QA15_G27  What is the main kind of work you do?
본인이 주로 하시는 일은 무엇입니까?

AK6  [MAIN JOB = WHERE WORKS MOST HOURS.]
[INTERVIEWER: ENTER DESCRIPTION]  

___________________________ (OCCUPATION)  
REFUSED ............................................................... -7  
DON'T KNOW ......................................................... -8

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

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

AK8  [IF NEEDED, SAY: "Your best guess is fine."]  
[IF NEEDED, SAY: "정확히 모르시면 비슷하게라도 말씀해 주시면 됩니다."]  

1 OR 2 .......................................................................1  
3-9 .............................................................................2  
10-24 .......................................................................3  
25-50 .......................................................................4  
51-100 .......................................................................5  
101-200 .....................................................................6  
201-999 .....................................................................7  
1,000 OR MORE .......................................................8  
REFUSED .....................................................................-7  
DON'T KNOW .........................................................-8
PROGRAMMING NOTE QA15_G29:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1, CONTINUE WITH QA15_G29;
IF QA15_A16 = 1, THEN DISPLAY “spouse”; 
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY “partner”; 
ELSE GO TO QA15_H1

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

AG8

<table>
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<tr>
<th>Choice</th>
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<tbody>
<tr>
<td>Working at a job or business</td>
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<tr>
<td>With a job or business but not at work</td>
<td>2</td>
</tr>
<tr>
<td>Looking for work, or</td>
<td>3</td>
</tr>
<tr>
<td>Not working at a job/business?</td>
<td>4</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_G31G32]

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

AG11

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>LOOKING FOR WORK</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>

[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?

{배우자/동거인}의 주된 직업에 대해서 알으시겠어요. 그 분은 민간 회사에 고용되어 있습니까, 정부 공무원이십니까, 아니면 자영업을 하십니까, 또는 가족이 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

**AG9**

[IF NEEDED, SAY: “Where did {he/she} work MOST hours?”]

[IF NEEDED, SAY: “그분께서 가장 많이 일하신 곳이 어디였습니까?”]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<td>PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION</td>
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</tr>
<tr>
<td>GOVERNMENT</td>
<td>2</td>
</tr>
<tr>
<td>SELF-EMPLOYED</td>
<td>3</td>
</tr>
<tr>
<td>FAMILY BUSINESS OR FARM</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>
Section H – Health Insurance

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

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

    □ [INTERVIEWER NOTE: CIRCLE “3” OR “4” ONLY IF VOLUNTEERED. DO NOT PROBE.]
    YES ...........................................................................1
    NO .............................................................................2  [GO TO QA15_H3]
    DOCTOR/MY DOCTOR ...........................................3
    KAISER .....................................................................4
    MORE THAN ONE PLACE .......................................5
    REFUSED .........................................................................-7  [GO TO QA15_H3]
    DON'T KNOW .........................................................-8  [GO TO QA15_H3]

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

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

    □ AH3
    DOCTOR’S OFFICE/KAISER/OTHER HMO ............1
    CLINIC/HEALTH CENTER/HOSPITAL CLINIC ......2
    EMERGENCY ROOM.................................................3
    SOME OTHER PLACE (SPECIFY: __________) ... 91
    NO ONE PLACE ...................................................... 92
    REFUSED .........................................................................-7
    DON'T KNOW .....................................................................-8
PROGRAMMING NOTE QA15_H3:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA15_H4; ELSE CONTINUE WITH QA15_H3

QA15_H3 During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

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

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

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

AH95 [IF NEEDED, SAY: “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”]
[IF NEEDED, SAY: “지난 12 개월 동안, 귀하 본인의 건강 문제 때문에 병원 응급실에 간 적이 몇 번이나 되십니까?”]

________ NUMBER OF TIMES

REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QA15_H5  MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?
메디케어는 65 세 이상이거나 특정 장애자분들을 위한 의료 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계십니까?

**AI1**

[Interviewer Note: Include Medicare Managed Plans as well as the original Medicare Plan.]

<table>
<thead>
<tr>
<th>Response</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>

**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?
귀하께서 연세가 65 세이거나 아니면 65 세를 넘었다고 하셨는데 메디케어 혜택은 받지 않고 있다고 하셨습니까?

**AI2**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct, Not Covered by Medicare</td>
<td>1</td>
</tr>
<tr>
<td>Not Correct, R is Covered by Medicare</td>
<td>2</td>
</tr>
<tr>
<td>Age is Incorrect</td>
<td>93</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
</tr>
</tbody>
</table>

**Post-Note QA15_H6:**
If QA15_H6 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

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

**AI3**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Years of Age [HR: 18-105]</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

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

AH123

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

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

POST-NOTE QA15_H8;
IF QA15_H8 = 1, SET ARMADV= 1
Is your Medicare Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

[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: “HMO는 건강 관리 기구의 약자입니다. HMO 플랜에서는 이 플랜의 네트워크에 속한 의사와 병원만을 이용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 플랜에서 의료비를 지불하지 않습니다.”]

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

[IF NEEDED, SAY: “PPO는 선호 외료 제공자 기구의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터.”]

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

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

[INTERVIEWER NOTE: R 이 특정 의료 보험의 이름을 말했다면 (예: “카이저 (Kaiser)”), “1 (HMO)”로 코드.]

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

[INTERVIEWER NOTE: 자발적으로 언급할 경우에만 “4”를 선택할 것. 프로브할 필요 없음.]

HMO (HEALTH MAINTENANCE ORGANIZATION) 1
PPO (PREFERRED PROVIDER ORGANIZATION) 2
PFFS (PRIVATE FEE FOR SERVICE) ....................3
SNP (SPECIAL NEEDS PLAN) ..........................4
OTHER (SPECIFY: ____________________) ....... 91
REFUSED ...................................................... -7
DON’T KNOW ................................................. -8
What is the name of your Medicare plan?
귀하의 메디케어 플랜의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “혹시 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있습니까?”]
HERITAGE PROVIDER NETWORK .......................... 42
HUMANA GOLD PLUS ....................................... 43
HUMANA HEALTH PLAN ...................................... 44
IEHP (INLAND EMPIRE HEALTH PLAN) ............. 45
INTER VALLEY HEALTH PLAN......................... 46
HEALTH ADVANTAGE ...................................... 82
KAISER PERMANENTE ..................................... 47
KAISER PERMANENTE SENIOR ADVANTAGE ......... 48
KERN FAMILY HEALTH CARE ......................... 49
L.A. CARE HEALTH PLAN ................................ 50
MD CARE ...................................................... 51
MOLINA HEALTHCARE OF CALIFORNIA ............ 54
MONARCH HEALTH PLAN .................................. 55
ON LOK SENIOR HEALTH SERVICES .............. 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA .... 57
PIH HEALTH CARE SOLUTIONS .......................... 58
PREMIER HEALTH PLAN SERVICES .................... 59
PRIMECARE MEDICAL NETWORK ..................... 60
PROVIDENCE HEALTH NETWORK .................... 61
SCRIPPS HEALTH PLAN SERVICES .................... 68
SEASIDE HEALTH PLAN .................................... 69
SAN FRANCISCO HEALTH PLAN ....................... 84
SANTA CLARA FAMILY HEALTH PLAN ............... 90
SAN MATEO HEALTH COMMISION ................. 86
SANTA BARBARA ......................................... 88
SATELLITE HEALTH PLAN ................................ 92
SCAN HEALTH PLAN ...................................... 67
SHARP HEALTH PLAN ..................................... 70
SUTTER HEALTH PLAN .................................... 71
SUTTER SENIOR CARE ................................... 72
UNITED HEALTHCARE ..................................... 73
UNITED HEALTHCARE SECURE HORIZON ............ 74
UNIVERSITY HEALTHCARE ADVANTAGE ........... 75
VALLEY HEALTH PLAN .................................... 76
VENTURA COUNTY HEALTH CARE PLAN ........... 77
WESTERN HEALTH ADVANTAGE ...................... 78
CHAMPUS/CHAMP-VA .................................... 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES ......................... 89
MEDI-CAL ................................................... 52
MEDICARE .................................................. 53
OTHER (SPECIFY: _____________) ................. 85
REFUSED .................................................... -7
DON'T KNOW ............................................... -8

POST-NOTE FOR QA15_H10:
ALL ANSWERS GO TO PROGRAMMING NOTE QA15_H12;
IF QA15_H10 = 93, 87, OR 89 THEN ARMILIT = 1
QA15_H11 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
메디케어로 혜택을 받을 수 있는 분들 중에는 메디갭(Medigap) 또는 메디케어 서플리먼트(Medicare Supplement)라는 민간 의료 보험을 추가로 갖고 있는 분들도 있는데요. 귀하는 이런 종류의 의료 보험이 있습니까?

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

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

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

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

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

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

DIRECTLY .................................................................1
CURRENT EMPLOYER ...........................................2
FORMER EMPLOYER .............................................3
UNION......................................................................4
FAMILY BUSINESS..................................................5
AARP ........................................................................6
SPOUSE’S EMPLOYER.............................................7
SPOUSE’S UNION ...................................................8
PROFESSIONAL/FRATERNAL ORGANIZATION ....9
OTHER.................................................................91
REFUSED ..................................................................-7
DON'T KNOW ........................................................-8
Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 이 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 부담했던 지불해야 하는 공통부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

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

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

[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]

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

[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

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

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

YES .................................................................1
NO ...........................................................................2
REFUSED ....................................................................-7
DON'T KNOW ......................................................-8
QA15_H15  Who is that?  
그 다른 사람이 누구 입니까?

AH55  
[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]  
[IF NEEDED, SAY: “귀하 이외에 직장이나 노동조합, 전문인 단체 등이 의료보험 비용의 전부 혹은 일부를 지불합니까?”]

[CODE ALL THAT APPLY]  

[PROBE: “Any others?”]  
[PROBE: “그 외에도 더 있습니까?”]

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

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

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

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

AI6  
[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]  
[IF NEEDED, SAY: “이것은 특정한 저소득층 자녀 및 가족, 임신부, 장애인 또는 노인들을 위한 플랜입니다.”]

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

POST-NOTE FOR QA15_H16:  
IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;  
IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0
PROGRAMMING NOTE QA15_H17:
IF ARSUPP = 1, DISPLAY “Besides the Medicare supplemental plan you told me about” AND “any other”; ELSE IF ARMADV = 1, DISPLAY “Besides the Medicare Advantage plan you told me about” AND “any other”; ELSE DISPLAY “a”

QA15_H17
{Besides the Medicare supplemental plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?
{말씀해 주신 메디케어 보조 프로그램 이외에/ 말씀해 주신 메디케어 어드밴티지 플랜 이외에}, 귀하께서는 지금 예전 직장이나 현재 직장, 또는 노조를 통해 가입한 또 다른 의료 보험이 있으십니까?

AI8

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

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

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

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

QA15_H18
Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

AI11

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

YES .................................................................1
NO .................................................................2 [GO TO PN QA15_H20]
REFUSED ..........................................................-7 [GO TO PN QA15_H20]
DON’T KNOW .....................................................-8 [GO TO PN QA15_H20]

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

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

AH104

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

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

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

AI9

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

IN OWN NAME .........................................................1  [GO TO PN QA15_H22]
IN SOMEONE ELSE’S NAME .................................2  [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_D20D23 = 1 OR QA15_D21D24 = 1 OR IF QA15_G14G15 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA15_H21;
ELSE GO TO PROGRAMMING NOTE QA15_H22;
IF QA15_A16 = 1, THEN DISPLAY “spouse’s name”;
IF QA15_A16 ≠ 1 AND (QA15_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY “partner’s name”;
IF QA15_G14G15 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

QA15_H21 Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?

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 AREMSPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H19H18 = 1 AND QA15_H21 = 1 SET AREMPS = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF QA15_H17 = 1 AND QA15_H21 = 2 SET AREMPARAREMPAR =1 AND AREMPOTH = 0;
IF QA15_H18 = 1 AND QA15_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA15_H18 = 1 AND QA15_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0
PROGRAMMING NOTE QA15_H22:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28G29 < 5 (FIRM SIZE <=100),
CONTINUE WITH QA15_H22 AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAYDISPLAY (you);
IF AREMPSP = 1 OR AREMPPARAREMPar =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA15_H23;

QA15_H22
How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California’s SHOP program?

{귀하는/ 그 분은 } 이 의료보험을 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서입니까, 아니면 커버드 캘리포니아의 슈(SHOP) 프로그램을 통해서입니까?

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

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

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

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

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

QA15_H23
Was this a bronze, silver, gold or platinum plan?

이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AH106

BRONZEBronze ........................................................1
SILVERSilver ..........................................................2
GOLDFGold ...........................................................3
PLATINUMPlatinum ................................................4
MEDI-CAL / MEDICAID ........................................5
MINIMUM COVERAGE PLAN/CATASTROPHIC ....6
OTHER (SPECIFY: ___________):___________) 92
REFUSED ..............................................................-7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE QA15_H24:
IF QA15_H22H21 = 3, THEN GO TO QA15_H25;
ELSE CONTINUE WITH QA15_H24;

<table>
<thead>
<tr>
<th>QA15_H24</th>
<th>Question</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Was there a subsidy or discount on the premium for this plan?</td>
<td>이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니다?</td>
</tr>
<tr>
<td></td>
<td>AH107</td>
<td>YES .................................................................1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .................................................................2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REFUSED ......................................................-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW .....................................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_H25:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_H25;
ELSE GO TO PROGRAMMING NOTE QA15_H28

QA15_H25
Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 이 의료 보험료나 관련 비용의 전부 또는 일부를 지불하고 계십니까? 귀하의 가족이 부담해야하는 공동부담액(co-pays) 및 본인 부담금(deductibles)은 포함하지 마십시오.

AH57

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."]
[IF NEEDED, SAY: "공동부담액(Copay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]
[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다."]
[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]

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

[GO TO PN QA15_H27]

QA15_H26
Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

직장, 노동조합, 전문인 단체 등 다른 사람이 이 의료 보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

AH58

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

[GO TO PN QA15_H28]
PROGRAMMING NOTE QA15_H27:

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

QA15_H27

{Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that?}

{귀하 이외에, 직장이나 노동조합, 전문인 단체 등이 의료 보험 비용의 전부 혹은 일부를 지불합니까?/누가 지불합니까?}

AH56

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

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]
[PROBE: “그 외에도 더 있습니까?”]

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

POST-NOTE QA15_H27:

IF QA15_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA15_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA15_H27 = 6, THEN SET AROTHER = 1;
IF QA15_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 11, SET ARHBEX = 1;
IF QA15_H27 = 91, THEN SET AROTHER = 1
PROGRAMMING NOTE QA15_H28:
IF [QA15_G21 = 1 OR 2 (R WORKED LAST WEEK) OR QA15_G23 = 1 (R USUALLY WORKS)] AND QA15_G25 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA15_H28;
ELSE GO TO PROGRAMMING NOTE QA15_H32

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

AI13  
YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_H32]
REFUSED ............................................................... -7 [GO TO PN QA15_H32]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H32]

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

AI14  
YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_H31]
REFUSED ............................................................... -7 [GO TO PN QA15_H32]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H32]

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

AI15  
COVERED BY ANOTHER PLAN .............................1 [GO TO PN QA15_H32]
TOO EXPENSIVE .....................................................2 [GO TO PN QA15_H32]
DIDN'T LIKE PLAN OFFERED ..............................3 [GO TO PN QA15_H32]
DON'T NEED OR BELIEVE IN HEALTH INSURANCE ..............................................4 [GO TO PN QA15_H32]
OTHER (SPECIFY: ______________________) . 91 [GO TO PN QA15_H32]
REFUSED ............................................................... -7 [GO TO PN QA15_H32]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H32]
What is the *one* main reason why you are not eligible for this plan?

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

**AI15A**

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

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

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

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

**AI16**

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

**POST-NOTE QA15_H32:**
*IF QA15_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1*
PROGRAMMING NOTE QA15_H33:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH QA15_H33;
ELSE GO TO PROGRAMMING NOTE QA15_H34

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

AI17

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]

[IF NEEDED, SAY: “에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP)또는 MRMIP 는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성에게 피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다.

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?
귀하가 현재 가입한 다른 의료 보험이 있는데 제가 빼뜨린 것이 있습니까?

AI18

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_H35  What type of health insurance do you have?
어떤 종류의 의료 보험을 가지고 있습니까?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "그 외에도 더 있습니까?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a
current or former employer/union, through a school, professional association, trade
group, or other organization, or directly from the health plan?"

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "이 의료보험에 어떻게 드셨습니까?
현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는
기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?"]

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

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

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

AH59

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

IN OWN NAME .........................................................1
IN SOMEONE ELSE'S NAME .................................2
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8

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

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

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

AH60

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

POST-NOTE QA15_H37:
IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOWN = 0 AND ARSAMESP=1;
IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0
CHIS 2016 Adult Questionnaire Version 2.72 August 10, 2017

PROGRAMMING NOTE QA15_H37:
IF ARHIH ≠ 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?
인디언 건강 서비스, 특정 부족을 위한 건강 프로그램 또는 도시거주 인디언 보건소를 통해 혜택을 받고 계십니까?

AI20

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

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

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

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

AI37intro

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

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

AI37

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

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;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY “You said that you have a Medicare Advantage plan.” AND “also”;
IF QA15_A16 = 1 (MARRIED) THEN DISPLAY “spouse’s”;
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1 THEN DISPLAY “partner’s”;
ELSE GO TO PROGRAMMING NOTE QA15_H41

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

AH127
[IF NEEDED, SAY: “MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage.”]
[IF NEEDED, SAY: “메디케어 어드벤티지 플랜(MediCARE Advantage plans)은 파트 C (Part C) 플랜이라고도 하는데요, 메디케어가 승인한 민간 회사를 통해서 제공되는 의료 보험 플랜입니다. 메디케어 어드벤티지 플랜은 메디케어 파트 A와 메디케어 파트 B에서 적용되는 모든 혜택을 제공합니다.”]

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

POST-NOTE QA15_H40:
IF QA15_H40 = 1, THEN SET SPMADV= 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA15_H41:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse”; 
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 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?

{귀하 본인이 메디케어 보조 프로그램이 있다고 하셨는데요.} 귀하의 {동거인/남편/여친/배우자}께서는(도) 이런 메디케어 보조 프로그램의 혜택을 받으십니까?

AI37A

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

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

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

QA15_H42 You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

본인{은/도} 메디-칼이 있다고 말씀하셨는데요. 귀하의 (배우자/동거인)께서도 메디-칼의 혜택을 받으십니까?

AI38

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

POST-NOTE QA15_H42:
IF QA15_H42 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA15_H43:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H43;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H43  You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?
귀하는 자신의 현재 또는 예전 직장이나 노동조합에서 나온 의료 보험이 있다고 말씀하셨는데요. 귀하의 (배우자/동거인)께서는(도) 귀하의 직장이나 노동조합에서 나온 의료 보험의 혜택을 받으십니까?

AI40

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

POST-NOTE QA15_H43:
IF QA15_H43 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE QA15_H44:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA15_H44;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H44
You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?
귀하는 Covered California 의 SHOP 프로그램을 통해서 구입한 의료 보험이 있다고 말씀하셨습니다. 귀하의 (배우자/동거인 동거인)께서는 (도)이 의료 보험의 혜택을 받습니까?

YES ...........................................................................1
NO .............................................................................2
OTHER ......................................................................3
REFUSED ...................................................................-7
DON’T KNOW ..........................................................-8

POST-NOTE QA15_H44:
IF QA15_H44 = 1, SET SPEMPSP = 1 AND SET SPINSURE =1 AND ARSAMESP=1 AND SPHBEX= 1;
PROGRAMMING NOTE QA15_H45:
IF QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS),
CONTINUE WITH QA15_H45;
IF AREMPSP = 1 AND QA15_A16 = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;
ELSE IF AREMPSP = 1 AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY “You said you have insurance from your partner’s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H46

QA15_H45
{You said you have insurance from your spouse’s employer or union./You said you have insurance from your partner’s employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?
{귀하는 배우자의 직장이나 노동 조합을 통해 가입한 의료보험이 있다고 말씀하셨는데요./귀하는 동거인의 직장이나 노동 조합을 통해 가입한 의료보험이 있다고 말씀하셨는데요.} 귀하의 (배우자/동거인)께서는 {자신이 다니는 직장을 통해 의료보험에 들어 있을까요?

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 ARMHCARE = 1 OR ARMHCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H47

QA15_H46 You said you (also) have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) (also) covered by this plan?
귀하께서 보험 회사에 직접 보험료를 내고 가입한 의료 보험의료 보험이 있다고 하셨는데요. {배우자/동거인}께서 {는/도} 그 보험에 돌아 있습니까?

AI41

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

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

PROGRAMMING NOTE QA15_H47:
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH QA15_H47;
IF ARMHCARE = 1 OR ARMHCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H48

QA15_H47 You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) (also) covered by this plan?
귀하는 Covered California로부터 직접 구입한 보험이 있다고 말씀하셨습니다. 귀하의 {배우자/동거인}도 {또한} 이 보험의 혜택을 받습니다 거나?

AH109

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW .................................................... -8
**POST-NOTE QA15_H47:**
IF QA15_H47 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMEP=1 AND SPHBEX = 1;

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

**QA15_H48**
You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

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

**POST-NOTE QA15_H48:**
IF QA15_H48 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMEP=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?

<table>
<thead>
<tr>
<th>ASKED</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>

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}?

<table>
<thead>
<tr>
<th>ASKED</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 PN QA15_H52]
[GO TO QA15_H56]
What type of health insurance does (he/she) have?

{그분은} 어떤 종류의 의료 보험을 가지고 있습니까?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: “다른 보험도 있습니다?"

[IF NEEDED, SAY: “Such as from a current or former employer, or that they purchased directly from a health plan.”]
[IF NEEDED, SAY: “현재 또는 이전의 직장에서 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다.”]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Did (he/she) get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “그분은 이 의료보험에 어떻게 드셨습니까? 현재 또는 이전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?”]

THROUGH CURRENT OR FORMER EMPLOYER/UNION.................................................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION ...................................................................................................................2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) ........................................3
MEDICARE .................................................................................................4
MEDI-CAL ...............................................................................................5
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ............7
........... INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ....8
COVERED CALIFORNIA.............................................................................. 10
SHOP THROUGH COVERED CALIFORNIA .......... 11
OTHER GOVERNMENT HEALTH PLAN ............ 91
OTHER NON-GOVERNMENT HEALTH PLAN ....... 92
REFUSED .........................................................................................-7
DON'T KNOW ..............................................................................-8
POST-NOTE QA15_H51:
IF QA15_H51 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 2, SET SPOther = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 8, SET SPIHS = 1;
IF QA15_H51 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 92, -7, OR -8, SET SPOther = 1 AND SET SPINSURE = 1
You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

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

[GO TO PN QA15_H56]
What type of health insurance does {he/she} have?
그분은 어떤 종류의 의료보험을 가지고 있습니다?

[CODE ALL THAT APPLY]

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “그 분은 이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서, 학교를 통해서, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서, 혹은 아니면 의료 보험회사로부터 직접 구입하셨습니까?”]

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

POST-NOTE QA15_H53:
IF QA15_H53 = 1, SET SPEMPTH = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 8, SET SPIHS = 1;
IF QA15_H53 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1;
### PROGRAMMING NOTE QA15_H54:

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA15_H51 = (1, 2, 3, 10, 11) OR QA15_H53 = (1, 2, 3, 10, 11)</td>
<td>CONTINUE WITH QA15_H54;</td>
</tr>
<tr>
<td>QA15_A16 = 1 (MARRIED)</td>
<td>DISPLAY “spouse’s”;</td>
</tr>
<tr>
<td>ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1</td>
<td>DISPLAY “partner’s”;</td>
</tr>
<tr>
<td>ELSE SKIP TO PROGRAMMING NOTE QA15_H56</td>
<td></td>
</tr>
</tbody>
</table>

### QA15_H54

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN SPOUSE’S/PARTNER’S NAME ..........................1</td>
<td>[GO TO PN QA15_H56]</td>
</tr>
<tr>
<td>IN SOMEONE ELSE’S NAME ..................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
<td>[GO TO PN QA15_H56]</td>
</tr>
<tr>
<td>DON’T KNOW ......................................................... -8</td>
<td>[GO TO PN QA15_H56]</td>
</tr>
</tbody>
</table>

### POST-NOTE QA15_H54:

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>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;</td>
<td></td>
</tr>
<tr>
<td>QA15_H54 = 1 (SPOUSE’S/PARTNER’S NAME) AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1;</td>
<td></td>
</tr>
</tbody>
</table>

### QA15_H55

Is the plan in your name, parent’s name, or someone else’s name?

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN ADULT RESPONDENT’S NAME ..........................1</td>
<td></td>
</tr>
<tr>
<td>IN ADULT RESPONDENT’S PARENT’S NAME ......2</td>
<td></td>
</tr>
<tr>
<td>IN SOMEONE ELSE’S NAME ..................................3</td>
<td></td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ......................................................... -8</td>
<td></td>
</tr>
</tbody>
</table>

### POST-NOTE QA15_H55:

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA15_H55 = 1 AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET SPEMPAR = 1 AND SET SEMPOTH = 0 AND ARSAMEESP=1;</td>
<td></td>
</tr>
<tr>
<td>QA15_H55 = 1 AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1 AND ARSAMEESP=1;</td>
<td></td>
</tr>
<tr>
<td>QA15_H55 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0</td>
<td></td>
</tr>
</tbody>
</table>
**PROGRAMMING NOTE QA15_H56:**

If SPEMOWN = 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

<table>
<thead>
<tr>
<th>QA15_H56</th>
<th>Does your {spouse’s/partner’s} employer offer health insurance to any of its employees?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI43</td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO.............................................................................2  [GO TO PN QA15_H60]</td>
</tr>
<tr>
<td></td>
<td>REFUSED .....................................................................-7 [GO TO PN QA15_H60]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .................................................................-8 [GO TO PN QA15_H60]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_H57</th>
<th>Is {he/she} eligible to be in this plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI44</td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO.............................................................................2  [GO TO QA15_H59]</td>
</tr>
<tr>
<td></td>
<td>REFUSED .....................................................................-7 [GO TO PN QA15_H60]</td>
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<td>DON'T KNOW .................................................................-8 [GO TO PN QA15_H60]</td>
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<table>
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<tr>
<th>QA15_H58</th>
<th>What is the ONE main reason why {he/she} isn’t in this plan?</th>
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<tbody>
<tr>
<td>AI45</td>
<td>COVERED BY ANOTHER PLAN .............................................1 [GO TO PN QA15_H60]</td>
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<tr>
<td></td>
<td>TOO EXPENSIVE ...................................................................2 [GO TO PN QA15_H60]</td>
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<tr>
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<td>DOESN’T LIKE PLAN OFFERED ............................................3 [GO TO PN QA15_H60]</td>
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<td>DOESN’T NEED OR BELIEVE IN HEALTH INSURANCE ..................4 [GO TO PN QA15_H60]</td>
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<td></td>
<td>OTHER (SPECIFY: __________) ..........................................91</td>
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<td></td>
<td>REFUSED .....................................................................-7 [GO TO PN QA15_H60]</td>
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<td>DON’T KNOW .................................................................-8 [GO TO PN QA15_H60]</td>
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<table>
<thead>
<tr>
<th>QA15_H59</th>
<th>What is the one main reason why {he/she} is not eligible for this plan?</th>
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<tbody>
<tr>
<td>AI45A</td>
<td>HASN’T YET WORKED FOR THIS EMPLOYER ..............................................1</td>
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<td>LONG ENOUGH TO BE COVERED .......................................................1</td>
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<td>CONTRACT OR TEMPORARY EMPLOYEES ..................................................2</td>
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<td>NOT ALLOWED IN PLAN ....................................................................2</td>
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<td>DOESN’T WORK ENOUGH HOURS PER WEEK ..........................................3</td>
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<td>OR WEEKS PER YEAR ........................................................................</td>
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<td>OTHER (SPECIFY: _______________) .................................................91</td>
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<td></td>
<td>REFUSED .....................................................................-7 [GO TO PN QA15_H60]</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW .................................................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_H60:
IF ARM CARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARM CAL ≠ 1 AND AR MILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTH GOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA15_H63;

IF ARM CARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARM CAL ≠ 1 AND AR MILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTH GOV ≠ 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 ARM CARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARM CAL = 1 OR AR MILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTH GOV = 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 ARM CARE = 1 (R HAS MEDICARE) AND (ARM CAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”;

IF ARM CARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARM CAL = 1 OR AR MILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTH GOV = 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 ARM CARE = 1 (R HAS MEDICARE) AND (ARM CAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARM MILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTH GOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY “Next, I have some questions about your own main health plan.”; AND “ “;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARM CAL = 1 AND ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan.” AND “Medi-Cal”;

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARM MILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTH GOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “ “;

IF ARM CAL = 1 AND ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “Medi-Cal”;

ELSE DISPLAY, “Is your health plan an HMO?”
QA15_H60 {Besides your the MediCARE plan you told me about earlier, I have some questions about your other health plan coverage. Next, I have some questions about your own main health plan.} {앞서 말씀해 주신 메디케어 플랜 이외에도, 귀하의 다른 의료보험에 대해서도 몇 가지 어워보겠습니다.} {다음에는 귀하의 주된 의료보험에 대해 몇 가지 어워보겠습니다.}

Is your {Medi-Cal/other} health plan an HMO? 귀하의 {Medi-Cal/다른} 의료 보험은 HMO 입니까?

[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: “HMO란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다.”]


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

QA15_H61  Is your health plan a PPO or EPO?
귀하의 의료 보험은 PPO 입니까, EPO 입니까?

[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: “EPO는 Exclusive Provider Organization(독점적 의료 제공자 기구)의
약자입니다. EPO 풀랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야
하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you
use any doctors and hospitals, but you pay less if you use doctors and hospitals that
belong to your plan’s network. Also, you can access doctors and specialists directly
without a referral from your primary care provider.”]
[IF NEEDED, SAY: “PPO는 Preferred Provider Organization(선호 의료 제공자 기구)의
약자입니다. PPO 풀랜에서는 모든 의사와 병원을 이용할 수 있으나, 풀랜의 네트워크에 속한
의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접
의사와 전문의로부터 진료를 받을 수 있습니다.”]

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

PPO.................................................................1
EPO.................................................................2
OTHER (SPECIFY: ____________)...................... 91
REFUSED..........................................................-7
DON’T KNOW.....................................................-8
**PROGRAMMING NOTE QA15_H62:**

If ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "your main"

If ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "this"

**QA15_H62**

What is the name of {your main/this} health plan?

{귀하의 주된/이} 의료 보험의 이름은 무엇입니까?

**AI22A**

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “플랜의 이름이 적혀 있는 보험 카드나 다른 서류가 있습니까?”]

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<td>CENTRAL CALIFORNIA ALLIANCE FOR HEALTH</td>
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<td>CONTRA COSTA HEALTH PLAN</td>
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<td>HEALTH NET</td>
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<td>HEALTH NET SENIORITY PLUS</td>
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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 AROTHE ≠ 1) AND QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “Next I have some questions about your own main health plan.”

QA15_H63

{Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

{다음으로는 귀하의 주된 의료 보험에 대해 몇가지 질문을 드리겠습니다.} 귀하의 보험은 처방약도 보장해주나요? 즉, 귀하의 의료보험은 처방약 비용을 일부라도 지불합니까?

AI25

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

PROGRAMMING NOTE QA15_H64:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA15_H64;
ELSE GO TO QA15_H69

QA15_H64

Does your health plan have a deductible that is more than $1,000?

귀하의 의료보험의 본인 부담금, 그러니까 디덕터블이 $1,000 이 넘습니까?

AH71

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

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ..........3
REFUSED ......................................................................-7
DON’T KNOW ............................................................... -8

[GO TO QA15_H66]  
[GO TO QA15_H66]
PROGRAMMING NOTE QA15_H65:
IF AREMPOWN = 1 OR AREMPS = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H65;
ELSE GO TO QA15_H66

QA15_H65  Does your health plan have a deductible that is more than $2,000?
의료 보험의 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

AH96  [IF EDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.”]

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

[GO TO QA15_H67]
QA15_H66  Does your health plan have a deductible for all covered persons that is more than $2,000?
귀하의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

AH72  
[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말입니다.”]

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

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

QA15_H67  Does your health plan have a deductible for all covered persons that is more than $4,000?
귀하의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $4,000 이 넘습니까?

AH97  
[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말입니다.”]

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

QA15_H68
Do you have a special account or fund you can use to pay for medical expenses?
귀하는 의료비를 지불하기 위해 사용할 수 있는 특별한 계좌나 기금이 있습니까?

AH73
[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.”]
[IF NEEDED, SAY: “이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 포함됩니다. 다른 계좌의 이름에는 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 고용주가 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다.”]

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

QA15_H69
Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?
지난 12 개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

AI31

YES ...........................................................................1 [GO TO PN QA15_H62H82]
NO .............................................................................2 [GO TO QA15_H72]
REFUSED ............................................................................-7 [GO TO QA15_H72]
DON’T KNOW .................................................................-8  [GO TO QA15_H72]

QA15_H70
During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
지난 12 개월 동안 지금의 그 의료 보험이 없었던 때에는, 어떤 다른 의료 보험이 있겠습니까?

AI32

YES ...........................................................................1 [GO TO QA15_H73]
NO .............................................................................2 [GO TO QA15_H72]
REFUSED ............................................................................-7 [GO TO QA15_H72]
DON’T KNOW .................................................................-8  [GO TO QA15_H72]
QA15_H71  Was your other health insurance Medi-Cal, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

귀하가 들어있던 다른 의료보험은 어떤 것이었습니까? 메디-칼, 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니다?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "다른 플래인 또 있습니까?"]

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

QA15_H72 During the past 12 months, was there any time when you had no health insurance at all?

지난 12 개월 동안, 의료보험이 전혀 없던 때가 있었습니다?

AI34

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

QA15_H73 For how many months of the past 12 months did you have no health insurance at all?

지난 12 개월 동안, 의료보험이 전혀 없던 때가 있었습니다?

AI35

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

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

REFUSED .....................................................................7 [GO TO QA15_H82]
DON'T KNOW ......................................................... -8 [GO TO QA15_H82]
**QA15_H74** What is the ONE MAIN reason why you did not have any health insurance during those months?
그 기간 동안 의료 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

[AI36]

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

**QA15_H75** During the time that you were uninsured, did you try to find health insurance on your own?
의료 보험이 없었던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니까?

[AH74]

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

**QA15_H76** What is the ONE MAIN reason why you do not have any health insurance?
아무런 의료 보험에도 들지 않은 한 가치 이유는 무엇입니까?

[AI24]

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB .........................2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS ..........................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ......................................4
FAMILY SITUATION CHANGED ............................5
DON'T BELIEVE IN INSURANCE ..........................6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN ..............................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR
OWN CARE ....................................................8
OTHER (SPECIFY: ______________) .................. 91
REFUSED .........................................................-7
DON'T KNOW ....................................................-8
QA15_H77 During the time that you have been uninsured, have you tried to find health insurance on your own?
의료 보험이 없으셨던 기간 동안, 혼자 힘으로라도 보험에 가입하려고 노력하셨습니까?

AH75
YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

QA15_H78 Were you covered by health insurance at any time during the past 12 months?
지난 12개월 동안 의료보험 혜택을 받으신 적이 있습니까?

AI27
YES ...........................................................................1 [GO TO QA15_H80]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

QA15_H79 How long has it been since you last had health insurance?
의료 보험없이 지내신 기간은 얼마나 되었습니까?

AI28
MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO ...................................1 [GO TO PN QA15_H82]
MORE THAN 3 YEARS AGO ...................................2 [GO TO PN QA15_H82]
NEVER HAD HEALTH INSURANCE........................3 [GO TO PN QA15_H82]
REFUSED ............................................................... -7 [GO TO PN QA15_H82]
DON'T KNOW ..........................................................-8 [GO TO PN QA15_H82]

QA15_H80 For how many months out of the last 12 months did you have health insurance?
지난 12개월 동안 몇 개월 동안 의료 보험에 가입되어 있었습니다か?

AI29
[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] [IF 0, THEN GO TO PN QA15_H82]

REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8
QA15_H81 During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
비료 보험이 있던 기간 동안, 귀하가 들어있던 보험은 어떤 것이였습니까? 메디-칼, 직장을 통해 가입한 보험, 직장 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이였습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이였습니까?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: “그 외에도 더 있습니다?”]

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

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

QA15_H82 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?
지난 12개월 이내에, 귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 의료 보험을 구입하려고 시도한 적이 있습니까?

AH103h

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_H99]
REFUSED ............................................................... -7 [GO TO PN QA15_H99]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H99]
QA15_H83  Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
 그것은 어떤 것이었습니까? 다음 보기 중 선택해 주십시오.

AH110h

DIRECTLY FROM AN INSURANCE COMPANY OR HMO, 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.}
먼저, 보험회사 또는 HMO 로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed? Was it...
귀하에게 필요한 혜택을 제공하는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH98h

Very difficult, ..............................................................1
매우 어려웠음 ..............................................................1
Somewhat difficult, .......................................................2
약간 어려웠음 ..............................................................2
Not too difficult, or .................................................3
별로 어렵지 않았음 ...................................................3
Not at all difficult? ....................................................4
전혀 어렵지 않았음 ................................................4
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8
QA15_H85  How difficult was it to find a plan you could afford? Was it...
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH99h

Very difficult, ..............................................................1
매우 어려웠음 ..........................................................1
Somewhat difficult, ...................................................2
약간 어려웠음 ..........................................................2
Not too difficult, or .....................................................3
별로 어렵지 않았음 ..................................................3
Not at all difficult? .......................................................4
전혀 어렵지 않았음 ..................................................4
REFUSED ....................................................................7
DON'T KNOW .............................................................8

QA15_H86  Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

AH100h

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

QA15_H87  Who helped you?
누가 도움을 주였습니까?

AH101h

BROKER .................................................................1
FAMILY MEMBER/FRIEND ......................................2
INTERNET ...............................................................3
OTHER (SPECIFY: __________________) ......... 91
REFUSED ....................................................................7
DON'T KNOW .............................................................8
PROGRAMMING NOTE QA15_H88:
IF QA15_H83 = 2; THEN CONTINUE WITH QA15_H88;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H88 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA15_H92;

QA15_H88

{Now, think about your experience with Covered California.}
지금부터는 Covered California에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
Covered California를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나 어려웠습니까?

```
AH111h
Very difficult...............................................................1
매우 어려웠음............................................................1
Somewhat difficult....................................................2
약간 어려웠음............................................................2
Not too difficult .......................................................3
별로 어렵지 않았음..................................................3
Not at all difficult?....................................................4
전혀 어렵지 않았음..................................................4
REFUSED..................................................................-7
DON'T KNOW...........................................................-8
```

QA15_H89

How difficult was it to find a plan you could afford? Was it...
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

```
AH112h
Very difficult...............................................................1
매우 어려웠음............................................................1
Somewhat difficult....................................................2
약간 어려웠음............................................................2
Not too difficult .......................................................3
별로 어렵지 않았음..................................................3
Not at all difficult?....................................................4
전혀 어렵지 않았음..................................................4
REFUSED..................................................................-7
DON'T KNOW...........................................................-8
```

QA15_H90

Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 준 사람이 있습니까?

```
AH113h
YES.................................................................1
NO.........................................................................2
REFUSED............................................................-7
DON'T KNOW........................................................-8
[GO TO QA15_H92]
[GO TO QA15_H92]
[GO TO QA15_H92]
```
QA15_H91  Who helped you?
누가 도움을 주었습니까?

AH114h

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

QA15_H92  Did you have all the information you felt you needed to make a good decision on a health plan?
귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고 생각하는 모든 정보를 가지고 있었습니까?

AH115h

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

PROGRAMMING NOTE QA15_H93:
IF QA15_G8G9 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_H93;
ELSE GO TO QA15_H94;

QA15_H93  Were you able to get information about your health plan options in your language?
귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로 제공받을 수 있었습니까?

AH116h

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

QA15_H94  Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
의료 보험을 선택하는 데 있어서, 의료 보험 비용은 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH117h

VERY IMPORTANT .......................................................1
SOMewhat IMPORTANT ...........................................2
NOT IMPORTANT ....................................................3
REFUSED ............................................................-7
DON'T KNOW ......................................................-8
QA15_H95  Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

| AH118h | VERY IMPORTANT ..................................................1
|        | SOMEWHAT IMPORTANT ...........................................2
|        | NOT IMPORTANT ....................................................3
|        | REFUSED ..........................................................-7
|        | DON'T KNOW ......................................................-8

QA15_H96  Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

귀하가 원하는 병원에서 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

| AH119h | VERY IMPORTANT ..................................................1
|        | SOMEWHAT IMPORTANT ...........................................2
|        | NOT IMPORTANT ....................................................3
|        | REFUSED ..........................................................-7
|        | DON'T KNOW ......................................................-8

QA15_H97  Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

플랜의 네트워크 내에서 의사를 선정하는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

| AH120h | VERY IMPORTANT ..................................................1
|        | SOMEWHAT IMPORTANT ...........................................2
|        | NOT IMPORTANT ....................................................3
|        | REFUSED ..........................................................-7
|        | DON'T KNOW ......................................................-8
PROGRAMMING NOTE QA15_H98:
IF QA15_H23 = 1 THEN DISPLAY “Bronze”
ELSE IF QA15_H23 = 2 THEN DISPLAY “Silver”
ELSE IF QA15_H23 = 3 THEN DISPLAY “Gold”
ELSE IF QA15_H23 = 4 THEN DISPLAY “Platinum”
ELSE IF QA15_H23 = 6 THEN DISPLAY “Minimum coverage”
ELSE DISPLAY “ “;

QA15_H98
Finally, what was the 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?
마지막으로 귀하가 {브론즈/실버/골드/플래티넘/최소 보장} 플랜을 선택하신 가장 중요한 이유는
무엇입니까? 비용, 원하는 의사, 원하는 병원, 네트워크 내에 속한 의사들 때문인가, 아니면
다른 이유가 있습니까?

AH121h
COST .................................................................1
SPECIFIC DOCTOR .............................................2
SPECIFIC HOSPITAL .........................................3
CHOICE OF DOCTORS IN NETWORK ................4
OTHER (SPECIFY: __________):____________)92
REFUSED ......................................................-7
DON’T KNOW ...........................-8

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

QA15_H99
During the past 12 months, were you a patient in a hospital overnight or longer?
 지난 12 개월 동안, 환자로서 하룻밤 이상 병원에 입원했던 적이 있습니까?

AH14
YES .................................................................1
NO ..............................................................2 [GO TO PN QA15_H101]
REFUSED ......................................................-7 [GO TO PN QA15_H101]
DON’T KNOW ...........................-8 [GO TO PN QA15_H101]
PROGRAMMING NOTE QA15_H100:
IF ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA15_H100;
ELSE GO TO PROGRAMMING NOTE QA15_H101

QA15_H100  Was any of that hospital care paid for by Medi-Cal?
그 병원비 중 메디-칼로 보장된 비용이 조금이라도 있었습니까?

AH76

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

PROGRAMMING NOTE FOR QA15_H101:
IF [ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR SC14AQA15_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA15_H101;
ELSE SKIP TO PROGRAMMING NOTE QA15_I1

QA15_H101  During the last 12 months, did you get prenatal care that you didn’t have to pay for?
지난 12개월 동안, 출산 전 진료를 받았는데 관여가 비용을 지불할 필요가 없었던 적이 있었습니다か?

AH77

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

[GO TO PN QA15_I1]

QA15_H102  Was it paid for by Medi-Cal?
그 비용은 메디-칼로 보장되었습니까?

AH78

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

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

QA15_I1
These next questions are about health insurance (CHILD) may have.
다음은 (CHILD)(이)의 의료 보험에 대한 질문입니다.

Does (CHILD) have the same insurance as you?
(CHILD)(이)가 귀하와 같은 의료 보험을 갖고 있습니까?

CF10A

YES ...........................................................................1 [GO TO QA15_I19]
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ..........................................................-8

POST-NOTE QA15_I1:
IF QA15_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
PROGRAMMING NOTE QA15_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;
ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;
ELSE CONTINUE WITH QA15_I2

QA15_I2
Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}? 
(CHILD)(이)가 {귀하의 배우자/귀하의 동거인/ 배우자 이름/ 동거인 이름}과 같은 보험을 갖고 있습니다?

MA1

YES ...........................................................................1  [GO TO QA15_I19]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

POST-NOTE QA15_I2:
IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOPATH = 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 SMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPIHS = 1, SET CHIHS = 1

QA15_I3
Is {he/she} currently covered by Medi-CAL?
이 자녀는 현재 메디칼 (Medi-CAL) 에 들어 있습니까?

CF1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: “메디-칼은 특정 저소득 어린이나 과 임신부 그리고 장애자나 노령자들을 위한 보험입니다.”]

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

POST-NOTE QA15_I3:
IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
QA15_I4  Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(CHIP)는 귀하 또는 다른 사람의 직장이나 노동 조합을 통해 제공되는 의료 보험이나 HMO에 가입되어 있습니까?

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

YES ..............................................................1
NO .............................................................2 [GO TO PN QA15_I6]
REFUSED ....................................................-7 [GO TO PN QA15_I6]
DON'T KNOW .................................................-8 [GO TO PN QA15_I6]

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5  Is this plan through an employer, through a union, or through Covered California’s SHOP program?

이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 입니까, 아니면 커버드 캘리포니아의 습(SHOP) 프로그램을 통해서입니까?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]
[IF NEEDED, SAY: “SHOP은 소기업 건강 혜택 옵션 프로그램”의 약자입니다”]

EMPLOYER .....................................................1
UNION ................................................................2
SHOP / COVERED CALIFORNIA .......................3
OTHER (SPECIFY: ___________):___________) 91
REFUSED ..........................................................-7
DON'T KNOW ...................................................-8

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1
PROGRAMMING NOTE QA15_I6:
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6

QA15_I6
Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
(CHILD) (이)는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

CF4
[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital.”]
[IF NEEDED, SAY: “암이나 뇌졸중 같은 특정한 질병에 한해 의료비를 지불하거나, 또는 귀하가 입원하는 경우 "추가 현금"만을 제공하는 의료 보험을 포함시키지 마십시오.”]

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DONT KNOW ..................................................-8

POST-NOTE QA15_I6:
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA15_I7:
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8

QA15_I7
How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
귀하는 이 의료 보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 캘리포니아를 통해서 하셨습니까?

AI91
INSURANCE COMPANY OR HMO.........................1
COVERED CALIFORNIA......................................2
OTHER (SPECIFY: ____________).........................91
REFUSED ......................................................-7
DONT KNOW ..................................................-8

POST-NOTE FOR QA15_I7:
IF QA15_I7 = 2, THEN SET CHHBEX = 1
PROGRAMMING NOTE QA15_I8
IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I8 Was this a bronze, silver, gold or platinum plan?
이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

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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_I9H9 Was there a subsidy or discount on the premium for this plan?
이 의료 보험의 보험료에는 보조금 또는 할인이 제공되었습니다?

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</table>
**PROGRAMMING NOTE QA15_I10:**

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_I10; ELSE GO TO PROGRAMMING NOTE QA15_I13**

**QA15_I10**

Do you pay any or all of the premium or cost for (CHILD)’s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

귀하는 (CHILD)의 의료 보험료나 관련 비용의 전부 혹은 일부를 지불하고 계십니까? 귀하나 귀하의 가족이 지불해야 하는 공동 부담액(Co-pays)이나 본인 부담금(deductibles)에 대한 비용은 포함시키지 마십시오.

**AI54**

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

*[IF NEEDED, SAY: "공동 부담액(co-pay)이란 의료 보험이 귀하의 의료비를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 시스템을 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다."]*

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

*[IF NEEDED, SAY: "공제액(deductibles)이란 보험회사에서 지불해주기 전에 본인이 지불하는 의료비용입니다."]*

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

*[IF NEEDED, SAY: "보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다."]*

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**QA15_I11**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)’s health plan?

직장 노동조합, 전문인 단체 등 다른 사람이 아이의 의료보험료나 관련 비용의 일부 또는 전부를 지불하고 있습니까?

**AI50**

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<td>2</td>
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<td>-8</td>
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[GO TO PN QA15_I13]  [GO TO PN QA15_I13]  [GO TO PN QA15_I13]
QA15_I12  Who else pays all or some portion of the cost for (CHILD)'s health plan?
그 외에 또 누가 (CHILD) (이)의 의료보험비용의 전부 또는 일부를 지불합니까?

[CODE ALL THAT APPLY.]

- CURRENT EMPLOYER ...........................................1
- FORMER EMPLOYER .............................................2
- UNION.............................................................3
- SPOUSE’S/PARTNER’S CURRENT EMPLOYER...4
- SPOUSE’S/PARTNER’S FORMER EMPLOYER.....5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE ..............7
- COVERED CALIFORNIA.........................................10
- OTHER.............................................................91
- REFUSED ...........................................................7
- DON'T KNOW ....................................................8

POST-NOTE QA15_I12:
IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA15_I12 = 7, SET CHMCAL = 1
IF QA15_I12 = 10, SET CHHBEX = 1;

QA15_I13  Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
자녀분은 CHAMPUS/CHAMP-VA, TRICARE, VA 또는 다른 군인이나 군인 가족을 위한 의료보험에 가입되어 있습니까?

CF6

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

[GO TO PN QA15_I19]

POST-NOTE QA15_I13:
IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1
QA15_I14 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else? 
{자녀분/ 이 아이} (은)는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Health Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니까?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

[IF NEEDED, SAY: "에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP) 또는 MRMIP는 주요 위험 의료보험 프로그램의 줄임말입니다."]

AIM ................................................................. 1 [GO TO PN QA15_I19]
"MISTER MIP"/MRMIP ........................................ 2 [GO TO PN QA15_I19]
HEALTHY KIDS ........................................... 3 [GO TO PN QA15_I19]
NO OTHER PLAN ............................................. 4
SOMETHING ELSE (SPECIFY: ____________) .. 91 [GO TO PN QA15_I19]
REFUSED .................................................. -7
DON'T KNOW ............................................... -8

POST-NOTE QA15_I14:
IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15 Does {he/she} have any health insurance coverage through a plan that I missed?
자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빼뜨린 것이 있습니까?

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]
**QA15_I16**
What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?
자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

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

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<td>PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)</td>
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<tr>
<td>CHAMPUS/CHAMP-VA, TRICARE, VA, ORSOME</td>
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<td>OTHER MILITARY HEALTH CARE</td>
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<tr>
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<td>SHOP THROUGH COVERED CALIFORNIA</td>
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**POST-NOTE QA15_I16:**

- If QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
- If QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
- If QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
- If QA15_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
- If QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
- If QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
- If QA15_I16 = 8, SET CHIHS = 1
- If QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
- If QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
- If QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
- If QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
- If QA15_I16 = .7 OR -8, SET CHINSURE = 1
PROGRAMMING NOTE QA15_I17:
IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;
ELSE SKIP TO PROGRAMMING NOTE QA15_I18

QA15_I17  Just to verify, you said that (CHILD) gets health insurance through Medicare?
재확인하는 차원에서 다시 여쭤봅니다. (CHILD)이(가) 메디케어 혜택을 받는다고 하셨습니까?

CF9VER
YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18  What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
(CHILD)이(가) 메디-칼에 들어 있지 않은 가장 주된 한 가지 이유는 무엇입니까?

CF1A
PAPERWORK TOO DIFFICULT ..............................1
DIDN'T KNOW IF ELIGIBLE ................................2
INCOME TOO HIGH, NOT ELIGIBLE .....................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ........................................4
OTHER NOT ELIGIBLE ............................................5
DON'T BELIEVE IN HEALTH INSURANCE ............6
DON'T NEED IT BECAUSE HEALTHY ....................7
ALREADY HAVE INSURANCE ...............................8
DIDN'T KNOW IT EXISTED ....................................9
DON'T LIKE / WANT WELFARE ............................10
OTHER (SPECIFY) .................................................91
REFUSED ..............................................................-7
DON'T KNOW ........................................................-8
QA15_I19

Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

(CHILD) (이)의 주된 의료 보험이 HMO, 즉 건강 관리 기구입니까?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, (he/she) must use the doctors and hospitals belonging to its network. If (he/she) goes outside the network, generally it will not be paid for unless it’s an emergency.”]

[IF NEEDED, SAY: “HMO 란 Health Maintenance Organization(건강 관리 기구)의 약어입니다. HMO 플랜에서는 네트워크에 속한 의사와 병원만을 사용해야 합니다. 네트워크에 속하지 않은 의사와 병원에서 진료를 받으면 응급인 경우를 제외하고 일반적으로 의료비를 보험회사가 지불하지 않습니다.”]

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

[GO TO QA15_I21]
PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20 Is (CHILD)'s health plan a PPO or EPO?
(CHILD)의 의료 보험은 PPO 입니까, EPO 입니까?

[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: “EPO는 Exclusive Provider Organization(독점적 의료 제공자 기구)의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직 접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

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

[IF NEEDED, SAY: “PPO는 Preferred Provider Organization(선호 의료 제공자 기구)의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: “{His/Her} MAIN health plan.”]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: “자녀분의 주된 의료 보험.”]

PPO.................................................................................................1
EPO.................................................................................................2
OTHER (SPECIFY: ______________) .................................. 91
REFUSED.......................................................................................-7
DON’T KNOW...............................................................................-8
What is the name of (CHILD)'s main health plan?

(CHILD) (이)가 가입한 주된 의료보험의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an insurance card or something else with the plan name on it?”]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “혹시 (CHILD) (이)의 의료보험 이름이 적혀 있는 보험카드나 서류 같은 것이 있으십니까?”]

ACCESS SENIOR HEALTHCARE .......................1
AETNA ..........................................................2
AETNA GOLDEN MEDICARE ...........................3
AIDS HEALTHCARE FOUNDATION, LA ..........4
ALAMEDA ALLIANCE FOR HEALTH ................5
ALTAMED HEALTH SERVICES .......................83
ANTHEM BLUE CROSS OF 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
CALIFORNIA HEALTH AND WELLNESS PLAN ....14
CALIFORNIA KIDS (CALKIDS) ......................15
CAL OPTIMA (CAL OPTIMA ONE CARE) ..........16
CALVIVA HEALTH .........................................17
CARE 1ST HEALTH PLAN ................................18
CAREMORE HEALTH PLAN ...........................19
CENTER FOR ELDER’S INDEPENDENCE ..........21
CEN CAL HEALTH ........................................80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH ..22
CENTRAL HEALTH PLAN .................................23
CHINESE COMMUNITY HEALTH PLAN .............24
CHOICE PHYSICIANS NETWORK ....................25
CIGNA HEALTHCARE ....................................26
CITIZENS CHOICE HEALTHPLAN ..................27
COMMUNITY CARE HEALTH PLAN ................28
COMMUNITY HEALTH GROUP ........................29
CONTRA COSTA HEALTH PLAN ......................81
DAVITA HEALTHCARE PARTNERS PLAN ...........31
EASY CHOICE HEALTH PLAN .......................32
EPIC HEALTH PLAN .......................................33
GEM CARE HEALTH PLAN ............................34
GOLD COAST HEALTH PLAN ..........................35
GOLDEN STATE MEDICARE HEALTH PLAN ..........36
HEALTH NET .................................................38
HEALTH NET SENIORITY PLUS ......................39
HEALTH PLAN OF SAN JOAQUIN .................40
HEALTH PLAN SAN JP AUTHORITY .................41
HERITAGE PROVIDER NETWORK ..................42
HUMANA GOLD PLUS ....................................43
HUMANA HEALTH PLAN .................................44
IEHP (INLAND EMPIRE HEALTH PLAN) ..............45
INTER VALLEY HEALTH PLAN......................... 46
HEALTH ADVANTAGE .................................. 82
KAISER PERMANENT......................... 47
KAISER PERMANENT SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE............... 49
L.A. CARE HEALTH PLAN...................... 50
MD CARE.............................................. 51
MOLINA HEALTHCARE OF CALIFORNIA .. 54
MONARCH HEALTH PLAN...................... 55
ON LOK SENIOR HEALTH SERVICES ..... 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS.............. 58
PREMIER HEALTH PLAN SERVICES........ 59
PRIMECARE MEDICAL NETWORK........... 60
PROVIDENCE HEALTH NETWORK.......... 61
SCRIPPS HEALTH PLAN SERVICES...... 68
SEASIDE HEALTH PLAN...................... 69
SAN FRANCISCO HEALTH PLAN .......... 84
SANTA CLARA FAMILY HEALTH PLAN ... 90
SAN MATEO HEALTH COMMISSION ....... 86
SANTA BARBARA................................. 88
SATELLITE HEALTH PLAN............... 92
SCAN HEALTH PLAN .................. 67
SHARP HEALTH PLAN .................... 70
SUTTER HEALTH PLAN .................... 71
SUTTER SENIOR CARE ..................... 72
UNITED HEALTHCARE ..................... 73
UNITED HEALTHCARE SECURE HORIZON..... 74
UNIVERSITY HEALTHCARE ADVANTAGE .. 75
VALLEY HEALTH PLAN..................... 76
VENTURA COUNTY HEALTH CARE PLAN .... 77
WESTERN HEALTH ADVANTAGE............ 78
CHAMPUS/CHAMP-VA....................... 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES............. 89
MEDI-CAL........................................... 52
MEDICARE........................................... 53
OTHER (SPECIFY: _____________) ....... 85
REFUSED...........................................-7
DON'T KNOW.....................................-8

QA15_I22 Is (CHILD) covered for prescription drugs?
(CHILD)(의) 보험은 처방약도 보장해 줄니까?

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) (이)의 의료 보험의 본인 부담금, 그러니 디덕터블이 $1,000 이 넘습니까?

AI79 [IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.”]

YES .................................................................1 [GO TO QA15_I25]
NO .................................................................2 [GO TO QA15_I25]
YES, ONLY WHEN GO OUT OF NETWORK ........3 [GO TO QA15_I25]
REFUSED ...........................................................-7
DON'T KNOW ...................................................-8

PROGRAMMING NOTE FOR QA15_I24:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I24;
ELSE GO TO QA15_I25

QA15_I24  Does (CHILD)'s health plan have a deductible that is more than $2,000?
(CHILD) (이)의 의료 보험의 본인 부담금, 그러니 디덕터블이 $2,000 이 넘습니까?

AI85 [IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “본인 부담금(deductibles)이란 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.”]

YES ...........................................................................1 [GO TO PN QA15_I26]
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ...........3
REFUSED .................................................................-7
DON'T KNOW ..........................................................-8
QA15_I25  Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000? (CHILD) (이)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $2,000 이 넘습니까?

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

YES .................................................................1
NO ....................................................................2  [GO TO PN QA15_I27]
YES, ONLY WHEN GO OUT OF NETWORK ..........3  [GO TO PN QA15_I27]
REFUSED ..........................................................-7
DON'T KNOW ...................................................-8
PROGRAMMING NOTE FOR QA15_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I26;
ELSE GO TO PROGRAMMING NOTE QA15_I27

QA15_I26
Does (CHILD)’s health plan have a deductible for all covered persons that is more than $4,000?

(CHILD)의 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러나며 다크터블이 $4,000 이 넘습니까?

AI86

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

YES .................................................................1
NO .................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ........3
REFUSED ...........................................................7
DON’T KNOW .....................................................8

PROGRAMMING NOTE QA15_I27:
IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I27
Do you have a special account or fund you can use to pay for (CHILD)’s medical expenses?
(CHILD)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 기금이 있습니까?

AI81

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]
[IF NEEDED, SAY: “이러한 계좌에는 Health Savings Account(의료비 저축 계좌, HSA), Health Reimbursement Account(의료비 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 있습니다. 그밖에 Personal care account(개인 의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 직장에서 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다.”]

YES .................................................................1
NO .................................................................2
REFUSED ...........................................................7
DON’T KNOW .....................................................8
PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28  What is the one main reason (CHILD) does not have any health insurance?
(CHILD) (이)가 의료보험이 없는 가장 주된 가지 이유는 무엇입니까?

  CF18
  CAN'T AFFORD/TOO EXPENSIVE .........................1
  NOT ELIGIBLE DUE TO WORKING STATUS/
  CHANGED EMPLOYER/LOST JOB ...............................2
  NOT ELIGIBLE DUE TO HEALTH OR
  OTHER PROBLEMS ..................................................3
  NOT ELIGIBLE DUE TO CITIZENSHIP/
  IMMIGRATION STATUS ..........................................4
  FAMILY SITUATION CHANGED ...............................5
  DON'T BELIEVE IN INSURANCE ..............................6
  SWITCHED INSURANCE COMPANIES,
  DELAY BETWEEN ...................................................7
  CAN GET HEALTH CARE FOR FREE/PAY
  FOR OWN CARE ......................................................8
  OTHER (SPECIFY: ____________) .........................91
  REFUSED .............................................................-7
  DON'T KNOW ..........................................................-8

QA15_I29  Was (CHILD) covered by health insurance at any time during the past 12 months?
(CHILD) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

  CF20
  YES ...........................................................................1
  NO ............................................................................2
  REFUSED ...............................................................-7
  DON'T KNOW ..........................................................-8

QA15_I30  How long has it been since (CHILD) last had health insurance?
(CHILD) (이)가 의료보험 없이 지난 기간은 얼마나 되었습니까?

  CF21
  MORE THAN 12 MONTHS, BUT NOT
  MORE THAN 3 YEARS AGO .................................1
  MORE THAN 3 YEARS AGO .................................2
  NEVER HAD HEALTH INSURANCE COVERAGE ........3
  REFUSED .............................................................-7
  DON'T KNOW ..........................................................-8
QA15_I31  For how many of the last 12 months did {he/she} have health insurance?
지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

[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?
(CHILD)이가 의료 보험이 있던 기간 동안 들어있던 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한
보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

CF23  [CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "그 외에도 더 있습니까?"]

MEDI-CAL .................................................................1
HEALTHY FAMILIES ...............................................2
THROUGH CURRENT OR FORMER EMPLOYER
UNION.................................................................3
HEALTHY KIDS .........................................................4
PURCHASED DIRECTLY ...........................................5
COVERED CALIFORNIA ............................................6
OTHER HEALTH PLAN ...............................................91
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?
(CHILD)은 지난 12 개월 내내 현재와 같은 의료 보험에 들어 있었습니까?

CF24  YES .................................................................1
NO .................................................................2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ..3
REFUSED ...............................................................7
DON'T KNOW .........................................................8
QA15_I34 When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

CF25

YES .................................................................1
NO .................................................................2 [GO TO QA15_I36]
REFUSED .......................................................-7 [GO TO QA15_I36]
DON’T KNOW ...............................................-8 [GO TO QA15_I36]

QA15_I35 Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

이 다른 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험, 직접 보험회사로부터 구입한 보험, 커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

CF26

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

MEDI-CAL .................................................................1
THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................4
PURCHASED DIRECTLY .........................................5
COVERED CALIFORNIA ..........................................6
OTHER HEALTH PLAN ......................................... 91
REFUSED .......................................................-7
DON’T KNOW .....................................................-8

QA15_I36 During the past 12 months, was there any time when {he/she} had no health insurance at all?

지난 12 개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

CF27

YES .................................................................1
NO .................................................................2 [GO TO PN QA15_I39]
REFUSED .......................................................-7 [GO TO PN QA15_I39]
DON’T KNOW .....................................................-8 [GO TO PN QA15_I39]

QA15_I37 For how many of the past 12 months did {he/she} have no health insurance?

지난 12 개월 동안(CHILD)이(가) 의료보험이 없었던 기간은 몇 개월입니까?

CF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

REFUSED .............................................................-7
DON’T KNOW ......................................................-8
QA15_I38  What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn’t covered?
(CHILD) (이)가 보험에 들어있지 않았던 동안, 보험에 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

CF29  [IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB .....................2
NOT ELIGIBLE DUE TO HEALTH OR PROBLEMS ...................................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ........................................4
FAMILY SITUATION CHANGED ..............................5
DON'T BELIEVE IN INSURANCE ...........................6
SWITCHED INSURANCE COMPANIES, OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS .........................................4
FAMILY SITUATION CHANGED ..............................5
DON'T BELIEVE IN INSURANCE ...........................6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN ...................................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ..................................................8
OTHER (SPECIFY) ................................................ 9
REFUSED ................................................................-7
DON'T KNOW .......................................................-8
PROGRAMMING NOTE QA15_I39:
IF NO TEEN SELECTED, GO TO PN QA15_I78;
IF ARINSURE = 1, CONTINUE WITH QA15_I39;
IF ARINSURE = 0, GO TO PN QA15_I40;
ELSE CONTINUE WITH QA15_I39

QA15_I39 These next questions are about health insurance (TEEN) may have.
다음은 (TEEN)의 의료 보험에 대한 질문입니다.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
(TEEN)이 귀하와 같은 의료 보험을 갖고 있습니까?

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

POST-NOTE QA15_I39:
IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEEMP = 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;
PROGRAMMING NOTE QA15_I40:
IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
ELSE IF QA15_I39 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
ELSE CONTINUE WITH QA15_I40

QA15_I40  Does (TEEN) have the same insurance as your spouse?
(TEEN) (이)가 귀하의 배우자와 같은 보험을 갖고 있습니까?

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

[GO TO QA15_I58]

POST-NOTE QA15_I40:
IF QA15_I40 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOOTHER = 1, SET TEOOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1;
IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1
PROGRAMMING NOTE QA15_I41:
IF CHINSURE ≠ 1, THEN SKIP TO QA15_I42;
ELSE IF (QA15_I39= 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;
ELSE CONTINUE WITH QA15_I41;

QA15_I41 Does (TEEN) have the same insurance as (CHILD)?
(TEEN) (은) (CHIL) (와) 같은 보험을 갖고 있습니까?

MA6

YES ...........................................................................1  [GO TO PN QA15_I72]
NO .............................................................................2
REFUSED ..................................................................-7
DON'T KNOW .........................................................-8

POST-NOTE QA15_I41:
IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;
IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1

QA15_I42 Is {he/she} currently covered by Medi-CAL?
이 자녀는 현재 메디칼(Medi-CAL)에 들어 있습니까?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "메디-칼(Medi-CAL)은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

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

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
**QA15_I43**  
Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?  
(TEEN)은 귀하 또는 다른 사람의 직장이나 노동 조합을 통해서 가입한 의료 보험이나 HMO에 들어 있습니까?

**IA3**  
[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]  

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**POST-NOTE QA15_I43:**  
IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

**QA15_I44**  
Is this plan through an employer, through a union, or through Covered California's SHOP program?  
이 의료보험은 어디를 통해서 들게 된 것입니까? 직장이나 노동조합을 통해서 있습니까, 아니면 커버드 캘리포니아의 습(SHOP) 프로그램을 통해서 있습니까?

**AI94**  
[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”].”]

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<tr>
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<tr>
<td>DON'T KNOW</td>
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**POST-NOTE FOR QA15_I44:**  
IF QA15_I44 = 3, THEN SET TEHBEX = 1
PROGRAMMING NOTE QA15_I45:
IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45

QA15_I45  Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
(TEEN) (이)는 귀하가 보험회사나 HMO 로부터 직접 구입했거나, Covered California 를 통해서 구입한 의료 보험의 혜택을 받습니까?

IA4

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

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7 [GO TO PN QA15_I52]
DON’T KNOW ..................................................................-8 [GO TO PN QA15_I52]

POST-NOTE QA15_I45:
IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:
IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46  How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
귀하는 이 의료보험을 어떻게 구입하셨습니까? 보험회사나 HMO 에서 직접 구입하셨습니까, 아니면 커버드 켈리포니아를 통해서 하셨습니까?

AI95

INSURANCE COMPANY OR HMO ......................1
COVERED CALIFORNIA .............................................2
OTHER (SPECIFY: ____________) ......................... 91
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8

POST-NOTE FOR QA15_I46:
IF QA15_I46 = 2, THEN SET TEHBEX = 1
PROGRAMMING NOTE QA15_I47
IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;

QA15_I47 Was this a bronze, silver, gold or platinum plan?
이 의료 보험은 브론즈, 실버, 골드 또는 플래티넘 플랜 중 어느 것이었습니까?

AI96

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<tr>
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</table>

PROGRAMMING NOTE QA15_I48
IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;

QA15_I48 Was there a subsidy or discount on the premium for this plan?
이 의료 보험의 보험료에는 보조금이나 할인이 제공되었습니까?

AI97

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</table>
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.

있습니까? (분담책)의 의료보험료가 존재하 여 전부 또는 일부를 지불하려고 계시는가요? 계신 또는 계신 가족이 지불해야 하는 공동부담금(Co-pays)이나 본인부담금(deductibles)에 대한 비용은 포함시키지 마십시오.

AI55

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

[IF NEEDED, SAY: “공동부담액(co-pays)이나 다른 사람이 귀하의 의료보험료를 지불하는 상황에서 귀하가 의사의 진료를 받거나 의료 서비스를 사용할 때마다 지불해야 하는 의료비의 일부를 말합니다.”]

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

[IF NEEDED, SAY: “공제액(deductibles)이란 보험회사에서 지불해주기 전에 본인이 지불하는 의료비용입니다.”]

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

[IF NEEDED, SAY: “보험료는 의료보험비용으로 매달 지불하는 금액을 말합니다.”]

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

QA15_I50  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)’s health plan?

직장, 노동조합, 또는 전문인 단체와 같은 다른 사람이 (TEEN) (이)의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불하시는가?

AI52

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

[GO TO PN QA15_I52]
QA15_I51  Who else pays all or some portion of the cost for (TEEN)’s health plan?
그 외에 또 누가 (TEEN) (이)의 의료보험비용의 전부 또는 일부를 지불합니까?

A153  [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 TEDITRUCT = 0;
IF QA15_I51 = 7, SET TEMCAL = 1;
IF QA15_I51 = 10I54 = 51, SET TEHBEX =1;

PROGRAMMING NOTE QA15_I52:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;
ELSE CONTINUE WITH QA15_I52

QA15_I52  Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
자녀분이 CHAMPUS/CHAMP VA, Tricare, 또는 군인이나 군인가족을 위한 의료혜택을 받고 있습니까?

IA6  [GO TO PN QA15_I58]

- 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?

{자녀분/ 이 아이 (은)는 에임(AIM), "미스터 MIP (Mister MIP), 패밀리 팩트 (Family PACT), 헬시키즈 (Healthy Kids) 등 정부가 제공하는 건강 관련 프로그램의 혜택을 받고 있습니다?}

**IA7**

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]

[IF NEEDED, SAY: “에임(AIM)은 보험이 없는 신생아와 산모를 위한 프로그램입니다; 미스터 MIP (Mister MIP) 또는 MRMIP는 주요 위험 의료보험 프로그램의 줄임말입니다; 패밀리 팩트(Family Pact)는 보험이 없는 저소득층의 여성과 남성을 위해 피임 및 모성 보건 관련 서비스를 제공하는 주 정부의 프로그램입니다.”]

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<td>Family PACT</td>
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<tr>
<td>HEALTHY KIDS</td>
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<td>NO OTHER PLAN</td>
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**POST-NOTE QA15_I53:**

IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

**QA15_I54**  Does {he/she} have any health insurance coverage through a plan that I missed?

{자녀분이 현재 가입한 다른 의료 보험이 있는데 제가 빼뜨린 것이 있습니까?}

**IA8**

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[GO TO PN QA15_I58]
QA15_I55 What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?
자녀분이 어떤 종류의 의료 보험을 가지고 있습니까? 메디-칼이나 직장, 노동 조합을 통해서입니까, 아니면 그 밖의 다른 곳을 통해서입니까?

IA9

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

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “이 의료보험에 어떻게 드셨습니까? 현재 또는 예전의 직장이나 노동 조합을 통해서였습니까, 학교를 통해서였습니까, 전문인 협회나 동종 업체 단체, 또는 기타 다른 단체를 통해서였습니까, 아니면 의료 보험회사로부터 직접 구입하셨습니까?”]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE: “그 외에도 더 있습니다か?”]

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 TEOOTHGOV = 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_I55I57 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57

**QA15_I56**

Just to verify, you said that (TEEN) gets health insurance through Medicare?
재확인 하는 차원에서 다시 여쭤어 봅니다. (TEEN)이(가) 메디케어 혜택을 받는다고 하셨습니까?

IA9VER

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

**PROGRAMMING NOTE QA15_I57:**

IF TEINSURE ≠ 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;

**QA15_I57**

What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
(TEEN) (이)가 메디-칼에 들어 있지 않은 가장 주된 가지 이유는 무엇입니까?

IA1A

PAPERWORK TOO DIFFICULT .........................1
DIDN'T KNOW IF ELIGIBLE ................................2
INCOME TOO HIGH, NOT ELIGIBLE ....................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ......................4
OTHER NOT ELIGIBLE .....................................5
DON'T BELIEVE IN HEALTH INSURANCE ...........6
DON'T NEED IT BECAUSE HEALTHY ...................7
ALREADY HAVE INSURANCE ............................8
DIDN'T KNOW IT EXISTED .................................9
DON'T LIKE / WANT WELFARE .......................10
OTHER (SPECIFY: ________________) ...............91
REFUSED ......................................................-7
DON'T KNOW ..................................................-8
Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it’s an emergency.”]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “{his/her} MAIN health plan.”]


YES ................................................................. 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON'T KNOW ................................................. -8
PROGRAMMING NOTE QA15_I59:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA15_I60;
ELSE CONTINUE WITH QA15_I59;

QA15_I59  Is (TEEN)'s health plan a PPO or EPO?

(TEEN)의 의료 보험은 PPO 입니까, EPO 입니까?

AI116  [IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “EPO는 Exclusive Provider Organization의 약자입니다. EPO 플랜에서는 응급인 경우를 제외하고 네트워크에 속한 의사와 병원들을 이용해야 하며, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

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

[IF NEEDED, SAY: “PPO는 Preferred Provider Organization의 약자입니다. PPO 플랜에서는 모든 의사와 병원을 이용할 수 있으나, 플랜의 네트워크에 속한 의사와 병원을 이용하는 경우, 의료비를 적게 지불합니다. 또한, 주치의가 의뢰하지 않더라도 직접 의사와 전문의로부터 진료를 받을 수 있습니다.”]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “(His/Her) MAIN health plan.”]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “자녀분의 주된 의료 보험.”]

PPO ...........................................................................1
EPO ...........................................................................2
OTHER (SPECIFY: _____________):______________) 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_I60 What is the name of (TEEN)'s main health plan?
(TEEN) (이)가 가입한 주된 의료 보험의 이름은 무엇입니까?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (TEEN) have an insurance card or something else with the plan name on it?”]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “혹시 (TEEN) (이)의 의료 보험 이름이 적혀 있는 보험 카드나 서류 같은 것이 있습니까?”]

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REFUSED ....................................................... -7
DON'T KNOW ............................................... -8
**QA15_I61**  Is (TEEN) covered for prescription drugs?
(TEEN)(이)의 보험은 처방약도 보장해 줍니까?

**IA14**

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

**PROGRAMMING NOTE FOR QA15_I62:**
IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA15_I62; ELSE SKIP TO PN QA15_I67]

**QA15_I62**  Does (TEEN)'s health plan have a deductible that is more than $1,000?
(TEEN) (이)의 의료 보험의 본인 부담금, 그러니 디덕터블이 $1,000 이 넘습니까?

**AI82**

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

- YES ...........................................................................1
- NO .............................................................................2
- YES, ONLY WHEN GO OUT OF NETWORK ........3 [GO TO QA15_I64]
- REFUSED .....................................................................-7
- DON'T KNOW ............................................................... -8

**PROGRAMMING NOTE QA15_I63:**
IF TEEMP = 1, THEN CONTINUE WITH QA15_I63; ELSE GO TO QA15_I61

**QA15_I63**  Does (TEEN)'s health plan have a deductible that is more than $2,000?
(TEEN)의 의료 보험의 본인 부담금, 그러니 디덕터블이 $2,000 이 넘습니까?

**AI87**

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

- YES ...........................................................................1 [GO TO PN QA15_I65]
- NO .............................................................................2
- YES, ONLY WHEN GO OUT OF NETWORK ........3
- REFUSED .....................................................................-7
- DON'T KNOW ............................................................... -8
QA15_I64  Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000? (TEEN) (이) 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $4,000 이 넘습니까?

AI83

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “본인 부담금(deductibles)이라면 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.”]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3 [GO TO PN QA15_I66]
REFUSED .................................................................-7 [GO TO PN QA15_I66]
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_I65:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I65;
ELSE GO TO PROGRAMMING NOTE QA15_I66

QA15_I65  Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000? (TEEN) (이) 의료보험으로 보장되는 모든 사람들에 대한 본인 부담금, 그러니까 디덕터블이 $4,000 이 넘습니까?

AI88

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “본인 부담금(deductibles)이라면 의료 서비스에 대해 의료 보험이 지불하기 전에 귀하가 지불해야 하는 금액을 말합니다.”]

YES .................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED .................................................................-7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_I66:
IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67

QA15_I66  Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?
(TEEN)의 의료비를 지불하기 위해 사용할 수 있는 특별 계좌 또는 가금이 있습니까?

AI84

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]
[IF NEEDED, SAY: “이러한 계좌에는 Health Savings Account(의료비용 저축 계좌, HSA), Health Reimbursement Account(의료비용 상환 계좌, HRA) 및 이와 유사한 다른 계좌들이 있습니다. 또 Personal care account(개인의료비 계좌), Personal medical fund(개인 의료비 기금) 또는 Choice fund(선택 기금) 등이 있으며, 직장에서 제공하는 Flexible Spending Account(가변 지출 계좌)와는 다른 계좌입니다.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE QA15_I67:
IF TEINSURE = 1, GO TO QA15_I72;
ELSE CONTINUE WITH QA15_I67

QA15_I67  What is the one main reason (TEEN) does not have any health insurance?
(TEEN) (이)가 의료보험이 없는 가장 주된 한 가지 이유는 무엇입니까?

IA18
CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB .................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER OTHER PROBLEMS ................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS .................................................4
FAMILY SITUATION CHANGED ...........................................5
DON'T BELIEVE IN INSURANCE ........................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN .................................................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE .............................................................8
OTHER (SPECIFY: ____________):____________)91
REFUSED ............................................................... -7
DON'T KNOW ....................................................... -8

QA15_I68  Was (TEEN) covered by health insurance at any time during the past 12 months?
(TEEN) (이)가 지난 12 개월 중 의료보험 혜택을 받은 적이 있습니까?

IA20
YES ...........................................................................1 [GO TO QA15_I70]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8

QA15_I69  How long has it been since (TEEN) last had health insurance?
(TEEN) (이)가 의료보험 없이 지낸 기간은 얼마나 되었습니까?

IA21
MORE THAN 12 MONTHS, BUT NOT [GO TO QA15_I78]
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]
For how many of the last 12 months did {he/she} have health insurance?
 지난 12 개월 중 그 자녀는 몇 개월 동안 의료보험에 가입되어 있었습니까?

[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

During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

(TEEN)가 의료 보험이 있던 기간 동안, 들어있던 보험은 어떤 것이었습니까? 메디-칼, 귀하가 직장을 통해 가입한 보험,직접 보험회사로부터 구입한 보험,커버드 캘리포니아를 통해 구입한 보험이었습니까, 아니면 제가 말씀드린 것 이외의 다른 보험이었습니까?

[CODE ALL THAT APPLY.][PROBE: "Any others?"

CODING ALL THAT APPLY.] [PROBE: "그 외에도 더 있습니까?"

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

Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

(TEEN) (은)는 지난 12 개월 내내 현재와 같은 의료보험에 들어 있었습니까?

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

When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?

자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ...........................................................-8
QA15_I74 Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

이 다른 의료 보험은 어떤 것이었습니까? 메디-칼, 귀하의 직장을 통해 가입한 보험, 귀하가 직접 보험회사로 부터 구입한 보험, 혹은 귀하가 커버드 캘리포니아(Covered California)를 통해 구입한 보험이었습니까, 아니면 제가 말씀 드린 것 이외의 다른 보험이었습니까?

IA26 [CODE ALL THAT APPLY.]

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

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

QA15_I75 During the past 12 months, was there any time when (he/she) had no health insurance at all?

지난 12 개월 동안, (CHILD NAME/AGE/SEX)에게 의료 보험이 전혀 없던 때가 있었습니까?

IA27

YES ...........................................................................1
NO .............................................................................2
[GO TO QA15_I78]
REFUSED ......................................................................7
[GO TO QA15_I78]
DON'T KNOW ......................................................... -8
[GO TO QA15_I78]

QA15_I76 For how many of the past 12 months did (he/she) have no health insurance?

지난 12 개월 동안 자녀분에게 의료보험이 없었던 기간은 몇 개월입니까?

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

REFUSED ......................................................................7
DON'T KNOW ......................................................... -8
QA15_I77  What is the one main reason why (TEEN) did not have any health insurance during the time (he/she) wasn’t covered?

(TEEN) (이)가 보험에 들어 있지 않았던 동안, 보험이 없었던 가장 주된 한 가지 이유는 무엇이었습니까?

IA29

[IF R SAYS, "No need," PROBE WHY]

  CAN'T AFFORD/TOO EXPENSIVE .......................1
  NOT ELIGIBLE DUE TO WORKING STATUS/
  CHANGED EMPLOYER/LOST JOB .......................2
  NOT ELIGIBLE DUE TO HEALTH OR 
  DELAY 
  BETWEEN .....................................................7
  CAN GET HEALTH CARE FOR FREE/PAY 
  FOR 
  OWN CARE .....................................................8
  OTHER (SPECIFY: ____________) .................91
  REFUSED ..................................................-7
  DON'T KNOW ..............................................-8

PROGRAMMING NOTE QA15_I78:
IF NOT ANSWERED IN SECTION H (AH103i = -1 AND KAH103i =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95

QA15_I78  In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

지난 12 개월 이내에, 귀하는 보험회사나 HMO 로부터 직접, 또는 Covered California 를 통해서 의료 보험을 구입하려고 시도한 적이 있습니까?

AH103i

  YES .................................................................1
  NO ..............................................................2 [GO TO PN QA15_I95]
  REFUSED ..................................................-7 [GO TO PN QA15_I95]
  DON'T KNOW ..............................................-8 [GO TO PN QA15_I95]
QA15_I79  Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

그것은 어떤 것이었습니까? 다음 보기 중 선택해 주십시오.

Ah110i

DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OROR ...............................1
THROUGH COVERED CALIFORNIA, OROR ..............................2
BOTH, FROM AN INSURANCE COMPANY, AND THROUGH COVERED CALIFORNIA 3
REFUSED..............................................................................-7  [GO TO PN QA15_I82]
DON'T KNOW.......................................................................-8  [GO TO PN QA15_I82]

PROGRAMMING NOTE QA15_I80:
IF QA15_I79 = 1; THEN CONTINUE WITH QA15_I80 I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 I84 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”
ELSE GO TO PROGRAMMING NOTE QA15_ I84;

QA15_I80  {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
먼저, 보험회사 또는 HMO로부터 직접 보험을 구입하려고 시도한 것에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed? Was it...
귀하에게 필요한 혜택을 제공하는 의료 보험을 찾기가 얼마나 어려웠습니까?

Ah98i

Very difficult,..............................1
매우 어려웠음..............................1
Somewhat difficult, .........................2
약간 어려웠음..............................2
Not too difficult, or..........................3
별로 어렵지 않았음..........................3
Not at all difficult? ............................4
전혀 어렵지 않았음..........................4
REFUSED............................................... -7
DON'T KNOW.............................................-8
How difficult was it to find a plan you could afford? Was it... 
귀하의 경제적 능력에 맞는 의료보험 플랜을 찾기가 얼마나 어려웠습니까?

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</tr>
<tr>
<td>Somewhat difficult,</td>
<td>2</td>
</tr>
<tr>
<td>Not too difficult, or</td>
<td>3</td>
</tr>
<tr>
<td>Not at all difficult?</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>

Did anyone help you find a health plan? 
귀하가 의료보험을 찾는 데 도움을 준 사람이 있습니까?

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

Who helped you? 
누가 도움을 주었습니까?

<table>
<thead>
<tr>
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<th>Code</th>
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<tr>
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<tr>
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<td>INTERNET</td>
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<td>OTHER (SPECIFY: ________)</td>
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<td>REFUSED</td>
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<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_I84I94:
IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QA15_I88;

QA15_I84

{Now, think about your experience with Covered California.}
지금부터는 Covered California에 대한 귀하의 경험을 말씀해 주십시오.

How difficult was it to find a plan with the coverage you needed through Covered California? Was it…
Covered California를 통해서 귀하에게 필요한 혜택을 제공하는 보험을 찾기가 얼마나 어려웠습니까?

AH111i

Very difficult...............................................................1
매우 어려웠음............................................................1
Somewhat difficult......................................................2
약간 어려웠음............................................................2
Not too difficult .........................................................3
별로 어렵지 않았음..................................................3
Not at all difficult?.....................................................4
전혀 어렵지 않았음...................................................4
REFUSED .....................................................................-7
DON'T KNOW ............................................................-8

QA15_I85

How difficult was it to find a plan you could afford? Was it…
귀하의 경제적 능력에 맞는 의료 보험을 찾기가 얼마나 어려웠습니까?

AH112i

Very difficult...............................................................1
매우 어려웠음............................................................1
Somewhat difficult......................................................2
약간 어려웠음............................................................2
Not too difficult .........................................................3
별로 어렵지 않았음..................................................3
Not at all difficult?.....................................................4
전혀 어렵지 않았음...................................................4
REFUSED .....................................................................-7
DON'T KNOW ............................................................-8

QA15_I86

Did anyone help you find a health plan?
귀하가 의료 보험을 찾는 데 도움을 주셨 사람이 있습니까?

AH113i

YES ...........................................................................1
[GO TO QA15_I88]
NO .............................................................................2
REFUSED .....................................................................-7
[GO TO QA15_I88]
DON'T KNOW ............................................................-8
[GO TO QA15_I88]
CHIS 2016 Adult Questionnaire  Version 2.72  August 10, 2017

QA15_I87  Who helped you?
누가 도움을 주었습니까?

AH114i

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<td>2</td>
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<tr>
<td>CERTIFIED INSURANCE AGENTS</td>
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<tr>
<td>OTHER (SPECIFY: _<em><strong><strong><strong><strong><strong>):</strong></strong></strong></strong></strong></em></td>
<td>91</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
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<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

QA15_I88  Did you have all the information you felt you needed to make a good decision on a health plan?
귀하는 의료 보험에 대한 결정을 잘 내리기 위해 필요하다고 생각하는 모든 정보를 가지고 있었습니까?

AH115i

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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

PROGRAMMING NOTE QA15_I89:
IF QA15_G8G9 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89; ELSE GO TO QA15_I90;

QA15_I89  Were you able to get information about your health plan options in your language?
귀하는 의료 보험의 다양한 옵션에 관한 정보를 귀하의 모국어로 제공받을 수 있었습니까?

AH116i

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

QA15_I90  Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
본인의 의료 보험을 선택하는 데 있어서, 보험비용은 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH117i

<table>
<thead>
<tr>
<th>Option</th>
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<tbody>
<tr>
<td>VERY IMPORTANT</td>
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<tr>
<td>SOMewhat IMPORTANT</td>
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<td>REFUSED</td>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_I91  Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 의사로부터 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오.

AH118i

VERY IMPORTANT ..................................................1
SOMewhat IMPORTANT ..........................................2
NOT IMPORTANT ..................................................3
REFUSED ............................................................ -7
DON'T KNOW ..................................................... -8

QA15_I92  Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
귀하가 원하는 병원에서 진료를 받는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH119i

VERY IMPORTANT ..................................................1
SOMewhat IMPORTANT ..........................................2
NOT IMPORTANT ..................................................3
REFUSED ............................................................ -7
DON'T KNOW ..................................................... -8

QA15_I93  Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?
보험의 네트워크 내에서 의사를 선정하는 것은 귀하가 보험을 선택할 때 얼마나 중요했습니까? 매우 중요했음, 약간 중요했음, 또는 중요하지 않았음 중에서 선택해 주십시오?

AH120i

VERY IMPORTANT ..................................................1
SOMewhat IMPORTANT ..........................................2
NOT IMPORTANT ..................................................3
REFUSED ............................................................ -7
DON'T KNOW ..................................................... -8
PROBLEMINO 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/Coverage plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan’s network, or was it something else?

마지막으로 귀하께서 {브론즈/실버/골드/플래티넘/최소 보장/커버지} 플랜을 선택하신 가장 중요한 이유는 무엇입니까? 비용, 원하는 의사, 원하는 병원, 네트워크내에 속한 의사들 때문입니까, 아니면 다른 이유가 있습니까?

AH121i

COST ........................................................................1
SPECIFIC DOCTOR.................................................2
SPECIFIC HOSPITAL.............................................3
CHOICE OF DOCTORS IN NETWORK...................4
OTHER (SPECIFY:________________)............... 91
REFUSED ............................................................... -7
DON’T KNOW ....................................................... -8
PROGRAMMING NOTE QA15_I95:
IF NO TEEN SELECTED, GO TO SECTION J;
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA15_I95  In what country was (TEEN)’s {mother/father} born?
(TEEN)의 {어머니/아버지}는 어느 나라에서 출생하셨습니까?

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

AI56

UNITED STATES ......................................................1
AMERICAN SAMOA ..............................................2
CANADA ..........................................................3
CHINA .............................................................4
EL SALVADOR ...................................................5
ENGLAND .........................................................6
FRANCE ..........................................................7
GERMANY .........................................................8
GUAM ..............................................................9
GUATEMALA .....................................................10
HUNGARY ........................................................11
INDIA ..............................................................12
IRAN ...............................................................13
IRELAND .........................................................14
ITALY ..............................................................15
JAPAN ..............................................................16
KOREA ............................................................17
MEXICO ..........................................................18
PHILIPPINES ...................................................19
POLAND ..........................................................20
PORTUGAL .....................................................21
PUERTO RICO ..................................................22
RUSSIA ..........................................................23
TAIWAN ..........................................................24
VIETNAM ........................................................25
VIRGIN ISLANDS ..............................................26
OTHER (SPECIFY: ____________) .......................91
REFUSED ........................................................-7
DON’T KNOW ..................................................-8
PROGRAMMING NOTE QA15_I96:
IF QA15_I95I99 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH QA15_I96;
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA15_I96  Does (TEEN)’s {mother/father} now live in the U.S.?
(CHILD)의 {어머니/ 아버지}는 현재 미국에 살고 계십니까?

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<tr>
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<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>
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<tr>
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</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_I96I95 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA15_I97  {Is/Was} (TEEN)’s {mother/father} a citizen of the United States?
(TEEN)의 {어머니/ 아버지}는 미국 시민권자 {이십니까?/였습니까?}

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<tr>
<td>DON’T KNOW</td>
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</table>

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]  [GO TO PN QA15_I99]
PROGRAMMING NOTE QA15_I98:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA15_I98  {Is/Was} (TEEN)’s (mother/father) a permanent resident with a green card?
(TEEN)의 {어머니/ 아버지}는 그린 카드를 소지한 영주권자{이십니까? /였습니까?}

AI59  
[IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY:  “흔히들 “그린 카드”라고는 하지만, 실제 색깔은 분홍색이나 파란색, 흰색일 수도 있습니다.”]

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

PROGRAMMING NOTE QA15_I99:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA15_I99  About how many years has (TEEN)’s (mother/father) lived in the United States?
(TEEN)의 {어머니/ 아버지}는 미국에서 대략 몇 년이나 사셨습니까?

AI60  
[IF < 1 YEAR, ENTER “1”]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED ..............................3
MOTHER/FATHER NEVER LIVED IN US ...............4
REFUSED ...............................................................-7
DON’T KNOW .........................................................-8
Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA15_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care you receive”;
ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”

QA15_J1

{Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?

이제는 받고 계시는 의료 서비스에 대해 어떻게 보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 방문하셨습니까?

AH5

____ TIMES[HR: 0-365]

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

PROGRAMMING NOTE QA15_J2:
IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2;
ELSE GO TO PROGRAMMING NOTE QA15_J3

QA15_J2

About how long has it been since you last saw a doctor about your own health?

자신의 건강 문제 때문에 가장 최근에 의사들 본 게 얼마나 전이었습니까?

AH6

ONE YEAR AGO OR LESS…………………………………….0
MORE THAN 1 UP TO 2 YEARS AGO .......................1
MORE THAN 2 UP TO 5 YEARS AGO .......................2
MORE THAN 5 YEARS AGO .................................3
NEVER ..................................................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_J3:
IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4;
ELSE CONTINUE WITH QA15_J3

QA15_J3

About how long has it been since you last saw a doctor or medical provider for a routine check-up?
귀하가 일상적인 검진을 받기 위해 의사나 외래 제공자를 마지막으로 방문한 지가 대략 얼마나 되었습니다요?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]
[IF NEEDED, SAY: “일상적인 검진이란 병이나 건강 문제가 없을 때 의사에 방문하는 것을 말합니다. 일상적인 검진을 할 때는 흡연과 같은 건강과 관련된 행동에 대한 질문을 할 수도 있습니다.”]

ONE YEAR AGO OR LESS.................................................0
MORE THAN 1 UP TO 2 YEARS AGO.................................1
MORE THAN 2 UP TO 5 YEARS AGO.................................2
MORE THAN 5 YEARS AGO..............................................3
NEVER...........................................................................4
REFUSED.....................................................................-7
DON'T KNOW..............................................................-8

PROGRAMMING NOTE QA15_J4:
IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5

QA15_J4

Do you have a personal doctor or medical provider who is your main provider?
귀하의 담당 의사 역할을 하는 주치의나 외래 제공자가 있습니까?

[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]
[IF NEEDED, SAY: “여기는 일반의, 전문의, 의사 보조원, 간호사, 또는 다른 외래 제공자가 포함될 수 있습니다.”]

YES..................................................................................1
NO....................................................................................2
REFUSED.....................................................................-7
DON'T KNOW..............................................................-8
PROGRAMMING NOTE QA15_J5:
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;
ELSE GO TO PROGRAMMING NOTE QA15_J7

QA15_J5 How often does your doctor or medical provider listen carefully to you? Would you say…

담당 의사나 외로 제공자가 귀하의 말을 경청하는 경우는 얼마나 자주 있었습니까?

AJ112

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

QA15_J6 How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say…

담당 의사나 외로 제공자가 귀하가 건강을 돌보기 위해 할 일에 대해 분명하게 설명해 준 경우는 얼마나 자주 있었습니까?

AJ113

Never, .................................................................1
전혀 없었음 ..........................................................1
Sometimes, ............................................................2
가끔 ......................................................................2
Usually, or .............................................................3
보통 .....................................................................3
Always? .................................................................4
항상 ......................................................................4
REFUSED ..................................................................-7
DON'T KNOW ................................. -8
PROGRAMMING NOTE QA15_J7:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;
ELSE GO TO PROGRAMMING NOTE QA15_J9;
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY “your”; 
ELSE DISPLAY “a”;

QA15_J7
Please tell me yes or no. In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

지난 12개월 동안, 귀하가 아프거나 다쳐서 담당의사 또는 외래 제공자와 이틀 안에 진료 예약을 잡으려고 시도했던 적이 있습니까?

AJ102
[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]
[IF NEEDED, SAY: “어진트 케어 (urgent care), 즉 긴급 진료나 응급실에 가게 된 경우는 제외해 주십시오. 이 질문에는 진료 예약에만 해당됩니다.”]

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…

예약을 이틀 안에 할 수 있었던 경우가 얼마나 자주 있었습니까?

AJ103
Never.................................................................1
전혀 없었음.............................................................1
Sometimes, ...........................................................2
가끔........................................................................2
Usually, or ...........................................................3
보통........................................................................3
Always? ...............................................................4
항상 ........................................................................4
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?

지난 12 개월 동안, 귀하께서는 병원에 방문하는 대신 비디오를 통한 화상 대화나 전화 통화를 통해 의사나 외래 제공자의 진료를 받으신 적이 있습니까?

**AJ152**

[IF NEEDED, SAY: “Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline.”]

[IF NEEDED, SAY: “예약을 하기 위한 통화나 처방약 리필과 관련된 통화는 제외해 주십시오. 간호사의 헬프라인에 걸었던 전화는 제외해 주십시오.”]

YES ...........................................................................1
NO .............................................................................2  [GO TO QA15_J11J14]
REFUSED .....................................................................-7  [GO TO QA15_J11J14]
DON’T KNOW ..................................................................-8  [GO TO QA15_J11J14]

**QA15_J10**
Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

이 진료는 피부나 눈에 생긴 문제에 대한 것이었습니까, 정신 건강이나 정서 문제에 대한 것이었습니까, 아니면 기타 다른 건강문제와 관련된 것이었습니까?

**AJ153**

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: “다른 문제와 관련된 것은 없으셨습니까?”]

SKIN PROBLEM .......................................................1
EYE PROBLEM ........................................................2
MENTAL OR EMOTIONAL OR MENTAL HEALTH PROBLEM ........ 3
OTHER HEALTH PROBLEM
(SPECIFY: ____________) ................................... 91
REFUSED .....................................................................-7
DON’T KNOW ..................................................................-8

**PROGRAMMING NOTE QA15_J11J14:**

IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA15_J11J14;
ELSE GO TO PROGRAMMING NOTE QA15_J16J19

**QA15_J11J14**
The last time you saw a doctor, did you have a hard time understanding the doctor?

지난 번에 의사를 보았을 때 의사가 하는 말이 알아들기 힘들었습니다가?

**AJ8**

YES ...........................................................................1  [GO TO PN QA15_J13J16]
NO .............................................................................2
REFUSED .....................................................................-7  [GO TO QA15_J16J19]
DON’T KNOW ..................................................................-8  [GO TO QA15_J16J19]
PROGRAMMING NOTE QA15_J12J15:
IF QA15_J11J14 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND (INTERVIEW NOT CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)), CONTINUE WITH QA15_J12J15;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12J15 WAS ASKED; ELSE SKIP TO PROGRAMMING NOTE QA15_J16J19

QA15_J12  In what language did the doctor speak to you?
그 의사는 귀하와 어떤 언어로 대화합니까?

AJ50

ENGLISH ..............................................................1 [GO TO QA15_J14J17]
SPANISH ..............................................................2 [GO TO PN QA15_J16J19]
CANTONESE ...........................................................3 [GO TO PN QA15_J16J19]
VIETNAMESE ...........................................................4 [GO TO PN QA15_J16J19]
TAGALOG ...............................................................5 [GO TO PN QA15_J16J19]
MANDARIN .............................................................6 [GO TO PN QA15_J16J19]
KOREAN .................................................................7 [GO TO PN QA15_J16J19]
ASIAN INDIAN LANGUAGES ....................................8 [GO TO PN QA15_J16J19]
RUSSIAN ...............................................................9 [GO TO PN QA15_J16J19]
OTHER (SPECIFY: ____________) ...................... 91 [GO TO PN QA15_J16J19]
REFUSED .............................................................. -7 [GO TO PN QA15_J16J19]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_J16J19]

QA15_J13  Was this because you and the doctor spoke different languages?
그게 귀하와 의사가 서로 다른 언어를 사용하기 때문이었습니까?

AJ9

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

QA15_J14  Did you need someone to help you understand the doctor?
의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

AJ10

YES ......................................................................... 1 [GO TO PN QA15_J16J19]
NO ........................................................................... 2 [GO TO PN QA15_J16J19]
REFUSED .............................................................. -7 [GO TO PN QA15_J16J19]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_J16J19]
QA15_J15 Who was this person who helped you understand the doctor?
의사의 말을 알아 들도록 도와 주었던 사람이 누구었습니까?

AJ11 [IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.]

- MINOR CHILD (UNDER AGE 18) ........................................... 1
- AN ADULT FAMILY MEMBER OR FRIEND OF MINE ............ 2
- NON-MEDICAL OFFICE STAFF .......................................... 3
- MEDICAL STAFF INCLUDING NURSES/DOCTORS .............. 4
- PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) .................................................. 5
- OTHER (PATIENTS, SOMEONE ELSE) ............................. 6
- DID NOT HAVE SOMEONE TO HELP .............................. 7
- REFUSED ........................................................................ 7
- DON'T KNOW .................................................................. 8

PROGRAMMING NOTE QA15_J16J19:
IF QA15_G8G9 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16J19;
ELSE GO TO PROGRAMMING NOTE QA15_J17J20

QA15_J16 In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?
캘리포니아 주에서는 병원에서 진료를 받는 동안 통역 서비스를 무료로 받을 권리가 있습니다. 지금까지 이러한 권리가 있다는 것을 알고 계셨습니까?

AJ105

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

PROGRAMMING NOTE QA15_J17:
IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J17;
ELSE GO TO QA15_J19

QA15_J17 In the past 12 months, did you change where you usually go for health care?
지난 12개월 동안, 진료를 받으러 다니던 병원을 바꾸 적이 있습니까?

AJ106

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

[GO TO QA15_J19J22]
QA15_J18 Did you have to change because of your health insurance plan? 
의료 보험 때문에 병원을 바꾸어야 했습니까?

AJ107 
[IF NEEDED, SAY: “Did you have to change where you usually go for health care because of a reason related to your health insurance plan?”] 
[IF NEEDED, SAY: “의료 보험과 관련된 이유로 진료를 받으러 다니던 병원을 바꾸어야 했습니까?”]

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

QA15_J19 During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you? 
지난 12개월 동안 의사가 처방해준 약을 사는 것을 이루거나 아예 사지 않으신 적이 있습니까?

AH16 

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

QA15_J20 Was cost or lack of insurance a reason why you delayed or did not get the prescription? 
비용 문제나 보험이 없던 것이 처방약을 늦게 받거나 받지 못한 이유였습니까?

AJ19 

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

QA15_J21 During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional? 
지난 12개월 동안 의사, 전문의, 또는 다른 의료 전문가를 찾아가는 것과 같은 귀하가 필요하다고 느끼신 진료를 이루거나 받지 않으신 적이 있습니까?

AH22 

YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................7
DON’T KNOW .....................................................................8
QA15_J22  Did you get the care eventually?
귀하는 결국 진료를 받았습니까?

AJ129

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

QA15_J23  Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
비용 문제나 보험이 없던 것이 필요한 진료를 연기했거나 받지 못한 이유였습니까?

AJ20

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

QA15_J24  Was that the main reason?
그것이 주된 이유였습니까?

AJ130

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

QA15_J25  What was the one main reason why you delayed getting the care you felt you needed?
귀하가 필요하다고 느낀 진료받기를 연기한 한 가지 주된 이유는 무엇이었습니까?

AJ131

COULDN'T GET APPOINTMENT .................................1
MY INSURANCE NOT ACCEPTED ............................2
INSURANCE DID NOT COVER ................................3
LANGUAGE PROBLEMS ........................................4
TRANSPORTATION PROBLEMS ............................5
HOURS NOT CONVENIENT ....................................6
NO CHILD CARE FOR CHILDREN AT HOME ..........7
FORGOT OR LOST REFERRAL ...............................8
I DIDN'T HAVE TIME ..........................................9
COULDN'T AFFORD/COST TOO MUCH ..................10
NO INSURANCE ..................................................11
OTHER (SPECIFY: _________) .............................91
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8
QA15_J35  The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
다음의 질문들은 전문의에 대한 것입니다. 전문의란 외과의사, 심장과의사, 알레르기의사, 피부과의사 같은 의사들 그리고 의료 서비스의 한 분야를 전문적으로 진료하는 의사들을 말합니다.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?
지난 12 개월 동안, 귀하 또는 주치의가 귀하가 전문의의 진료를 받을 필요가 있다고 생각한 적이 있습니까?

AJ136  
[IF NEEDED: Do not include dental visits.]
[IF NEEDED, SAY: ‘치과 방문은 포함시키지 마십시오.’]

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

PROGRAMMING NOTE QA15_J27:
IF QA15_J26 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA15_J27;
ELSE GO TO QA15_J30

QA15_J27  During the past 12 months, did you have any trouble finding a medical specialist who would see you?
지난 12 개월 동안, 귀하를 진료할 전문의를 찾는 데 문제가 있었습니까?

AJ137

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

QA15_J28  During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?
지난 12 개월 동안, 전문의의 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

AJ138

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................ -7
DON'T KNOW .................................................... -8
QA15_J29
During the past 12 months, did a medical specialist’s office tell you that they did not take your main health insurance?

지난 12 개월 동안, 전문의 병원에서 자기들은 귀하의 주 의료보험을 받지 않는다고 말한 적이 있습니까?

AJ139

YES .................................................................1
NO ............................................................... 2
REFUSED .....................................................-7
DONT KNOW .............................................-8

QA15_J30
Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

이제 일반의에 대해 답변해 주십시오. 지난 12 개월 동안, 귀하를 진료해 줄 일반의를 찾는 데 문제가 있었습니까?

AJ133

YES .................................................................1
NO ............................................................... 2
REFUSED .....................................................-7
DONT KNOW .............................................-8

QA15_J31
During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?

지난 12 개월 동안, 병원에서 귀하를 새 환자로 받지 않겠다고 말한 적이 있습니까?

AJ134

YES .................................................................1
NO ............................................................... 2
REFUSED .....................................................-7
DONT KNOW .............................................-8

PROGRAMMING NOTE QA15_J32:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J32;
ELSE SKIP TO QA15_J33

QA15_J32
During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance?

지난 12 개월 동안, 병원에서 귀하의 주 의료보험을 받지 않겠다고 말한 적이 있습니까?

AJ135

YES .................................................................1
NO ............................................................... 2
REFUSED .....................................................-7
DONT KNOW .............................................-8
Have you ever used the Internet?
귀하는 인터넷을 사용한 적이 있습니까?

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_J46]
REFUSED .....................................................................-7 [GO TO QA15_J46]
DON’T KNOW ..................................................................-8 [GO TO QA15_J35J46]

In the past 12 months, did you use the internet to look for health or medical information?
지난 12 개월 동안, 건강이나 의료적인 정보를 찾기 위해 인터넷을 사용하셨습니까?

[IF NEEDED, SAY: “Include information about disease symptoms, diet, or nutrition, physical activity, healthcare providers, and health insurance plans.”]
[IF NEEDED, SAY: “병의 증상, 식생활이나 음식의 영양소, 신체적 활동, 의료 제공자에 대한 정보, 의료 보험에 대한 정보 등이 여기에 해당됩니다.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON’T KNOW ..................................................................-8
PROGRAMMING NOTE QA15_J35J46:
IF QA15_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA15_J41;
J52;ELSE CONTINUE WITH QA15_J35J46;

QA15_J35 During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?
지난 12 개월 동안, 귀하는 의사나 외래 제공자로부터 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

AJ140

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

QA15_J36 During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?
지난 12 개월 동안, 귀하는 의사나 외래 제공자로부터 피임 방법이나 처방을 제공받은 적이 있습니까?

AJ141

[INTERVIEWER NOTE: CODE ‘YES’ IF R MENTIONS VASECTOMY OF PARTNER]

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_J39 J50]
REFUSED ............................................................... -7 [GO TO QA15_J39 J50]
DON'T KNOW .......................................................... -8 [GO TO QA15_J39 J50]
QA15_J37  What **MAIN** birth control method or prescription did you receive?  
귀하께서 제공 받으신 주 **피임** 방법이나 처방은 무엇이었습니까?

AJ142  
**[IF MORE THAN ONE METHOD, ASK: “Which method did you receive most recently?”]**  
**[IF MORE THAN ONE METHOD, ASK: “가장 최근에 제공받은 피임 방법은 어느 것입니까?”]**  

**[INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]**

- TUBAL LIGATION (TUBES TIED OR CUT) .............1  
- VASECTOMY (MALE STERILIZATION) .................2  
- IUD (MIRENA, PARAGARD) ..........................3  
- IMPLANT (IMPLANON, NEXPLANON) ...............4  
- BIRTH CONTROL PILLS ..............................5  
- OTHER HORMONAL METHODS  
  (INJECTION/DEPO-PROVERA, PATCH,  
  VAGINAL RING/NUVA RING) .....................6  
- CONDOMS (MALE)  ...................................7  
- OTHER (SPECIFY: ____________) ..................91  
- REFUSED ...............................................-7  
- DON’T KNOW .........................................-8  

QA15_J38  Where did you receive the main birth control method or prescription?  
귀하는 주 **피임** 방법이나 처방을 어디에서 제공받았습니까?

AJ143  
- PRIVATE DOCTOR’S OFFICE ..........................1  
- HMO FACILITY ........................................2  
- HOSPITAL OR HOSPITAL CLINIC .................3  
- PLANNED PARENTHOOD ..............................4  
- COUNTY HEALTH DEPARTMENT, FAMILY  
  PLANNING CLINIC, COMMUNITY CLINIC ........5  
- SCHOOL OR SCHOOL-BASED CLINIC .............6  
- EMPLOYER OR COMPANY CLINIC ..................7  
- INDIAN HEALTH SERVICE .............................8  
- PHARMACY .............................................9  
- SOME OTHER PLACE (SPECIFY: __________) ....91  
- REFUSED ...............................................-7  
- DON’T KNOW .........................................-8
PROGRAMMING NOTE QA15_J39:
IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;
IF QA15_A5 = 2 (FEMALE) AND IF QA15_D18 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA15_J44;
IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J39

QA15_J39
Are you or your male sex partner currently using a birth control method to prevent pregnancy?
This includes male or female sterilization.

[IF NEEDED, SAY: “Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.”]

[IF NEEDED, SAY: “불임 수술에는 난관을 묶는 난관 피임술, 정관 절제술, 또는 아이를 가질 수 없도록 하는 기타 수술 등이 있습니다.”]

AF40

YES ...........................................................................1
NO .............................................................................2
NO MALE SEXUAL PARTNER ................................3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA15_J40
Which birth control method or methods are you using?

AJ154

[CORE ALL THAT APPLY]

[PROBE: “Any others?”]
[PROBE: “다른 보험도 있습니까?”]

TUBAL LIGATION (TUBES TIED OR CUT) ............1
VASECTOMY (MALE STERILIZATION) ...............2
IUD (MIRENA, PARAGARD) .........................3
IMPLANT (IMPLANON, NEXPLANON) ..........4
BIRTH CONTROL PILLS ..................................5
OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING/NUVA RING) .........................6
CONDOMS (MALE) .........................................7
OTHER (SPECIFY: _______________) ............. 91
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

지난 12 개월 동안, 귀하는 의사나 외료 제공자로부터 남성 또는 여성의 피임에 대한 상담을 받았거나 정보를 얻은 적이 있습니까?

AJ144

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

During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?

지난 12 개월 동안, 귀하는 의사나 외료 제공자로부터 콘돔이나 정관 수술 같은 남성 피임 방법을 제공받은 적이 있습니까?

AJ145

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_J44 J55]
REFUSED ......................................................................-7 [GO TO QA15_J44 J55]
DON'T KNOW ...............................................................-8 [GO TO QA15_J44 J55]

Where did you receive it?

그 피임 방법을 어디에서 제공받았습니까?

AJ146

PRIVATE DOCTOR'S OFFICE .................................1
HMO FACILITY .........................................................2
HOSPITAL OR HOSPITAL CLINIC ..........................3
PLANNED PARENTHOOD .......................................4
COUNTY HEALTH DEPARTMENT, FAMILY ..............5
PLANNING CLINIC, COMMUNITY CLINIC ..............5
SCHOOL OR SCHOOL-BASED CLINIC .....................6
EMPLOYER OR COMPANY CLINIC ..........................7
INDIAN HEALTH SERVICE ...................................8
PHARMACY ..............................................................9
SOME OTHER PLACE (SPECIFY: __________) . 91
REFUSED ......................................................................-7
DON'T KNOW ...............................................................-8
AQ15_J55  The next questions are about dental health.
About how long has it been since you visited a dentist or dental clinic? Include hygienists and all
types of dental specialists.
다음 질문들은 치아 건강에 관한 것입니다. 귀하가 마지막으로 치과 의사나 치과 클리닉을 방문한 지
대략 얼마나 되었습니까? 치위생사와 모든 종류의 치과 전문가들을 포함시키시오.

**HAVE NEVER VISIT** ......................................................... 0  [GO TO QA15_J46]
6 MONTHS AGO OR LESS .............................................. 1
MORE THAN 6 MONTHS UP TO 1 YEAR AGO .............. 2
MORE THAN 1 YEAR UP TO 2 YEARS AGO ................. 3
MORE THAN 2 YEARS UP TO 5 YEARS AGO ............... 4
MORE THAN 5 YEARS AGO ........................................... 5
**REFUSED** ..................................................................... -7  [GO TO QA15_J46]
**DON'T KNOW** ........................................................... -8  [GO TO QA15_J46]

AQ15_J56  Was it for a routine checkup or cleaning, or was it for a specific problem?
치과에 갔 이유는 정기 검진이나 클리닝을 위해서였습니까? 아니면, 치아에 어떤 문제가 생겨서였습니까?

**ROUTINE CHECKUP OR CLEANING** .....................1
**SPECIFIC PROBLEM** ................................................. 2
**BOTH** ................................................................. 3
**REFUSED** ............................................................ -7
**DON'T KNOW** ........................................................ -8

AQ15_J46  Do you now have any type of insurance that pays for part or all of your dental care?
귀하는 현재 치과 진료비를 전부 혹은 일부를 보조해 주는 보험이 있습니까?

**YES** ........................................................................... 1
**NO** ........................................................................... 2
**REFUSED** ............................................................ -7
**DON'T KNOW** ........................................................ -8
QA15_J47 How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?
귀하의 치아 상태는 굉장히 좋습니까, 상당히 좋습니까, 좋은 편입니까? 그러면 괜찮습니까, 아니면 좋지 않습니까?

EXCELLENT .............................................................1
VERY GOOD ............................................................2
GOOD .......................................................................3
FAIR ..........................................................................4
POOR ........................................................................5
HAS NO NATURAL TEETH ......................................6
DON'T KNOW ..........................................................-7
REFUSED ...................................................................-8
PROGRAMMING NOTE QA15_J48J58:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J48J58;
ELSE GO TO NEXT SECTION DM;
[ADMINISTERED IN ENGLISH]

QA15_J48  Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?

AJ155

  STRONGLY AGREE.................................................1
  AGREE....................................................................2
  DISAGREE...................................................................3
  STRONGLY DISAGREE...........................................4
  REFUSED...........................................................................-7
  DON'T KNOW.....................................................................-8

QA15_J49  It’s natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?

AJ156

  STRONGLY AGREE.................................................1
  AGREE....................................................................2
  DISAGREE...................................................................3
  STRONGLY DISAGREE...........................................4
  REFUSED...........................................................................-7
  DON'T KNOW.....................................................................-8

QA15_J50  Children should take care of their parents.

AJ157

  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

  STRONGLY AGREE.................................................1
  AGREE....................................................................2
  DISAGREE...................................................................3
  STRONGLY DISAGREE...........................................4
  REFUSED...........................................................................-7
  DON'T KNOW.....................................................................-8

QA15_J51  You should behave in accordance with systems around you.

AJ158

  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

  STRONGLY AGREE.................................................1
  AGREE....................................................................2
  DISAGREE...................................................................3
  STRONGLY DISAGREE...........................................4
  REFUSED...........................................................................-7
  DON'T KNOW.....................................................................-8
QA15_J52  Everything will be fine if you do things the way you have always done.

AJ159  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED .....................................................................-7
DON’T KNOW ............................................................... -8

QA15_J53  You tend to ask someone’s opinions before taking actions.

AJ160  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED .....................................................................-7
DON’T KNOW ............................................................... -8

QA15_J54  You are nervous about what other people say about you or how they feel about you.

AJ161  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED .....................................................................-7
DON’T KNOW ............................................................... -8

QA15_J55  You should behave hoping that people around you have good impressions of you.

AJ162  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED .....................................................................-7
DON’T KNOW ............................................................... -8
QA15_J56 You are careful about your behaviors and what you wear.

AJ163 [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ...........................................................-8

QA15_J57 You do not want to be embarrassed in front of people.

AJ164 [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ...........................................................-8

QA15_J58 You are concerned about your appearance.

AJ165 [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ...........................................................-8

QA15_J59 You are careful about not doing something that people may laugh at.

AJ166 [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ...........................................................-8
QA15_J65 You should behave hoping that people around you have good impressions of you.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................1
AGREE ....................................................2
DISAGREE ...............................................3
STRONGLY DISAGREE ..............................4
REFUSED ..............................................-7
DON’T KNOW ........................................ -8

QA15_J66 You are careful about your behaviors and what you wear.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................1
AGREE ....................................................2
DISAGREE ...............................................3
STRONGLY DISAGREE ..............................4
REFUSED ..............................................-7
DON’T KNOW ........................................ -8

QA15_J58 You are concerned about your appearance do not want to be embarrassed in front of people.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................1
AGREE ....................................................2
DISAGREE ...............................................3
STRONGLY DISAGREE ..............................4
REFUSED ..............................................-7
DON’T KNOW ........................................ -8

QA15_J59 You are careful concerned about not doing something that people may laugh at your appearance.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................1
AGREE ....................................................2
DISAGREE ...............................................3
STRONGLY DISAGREE ..............................4
REFUSED ..............................................-7
DON’T KNOW ........................................ -8
QA15_J69  You are careful about not doing something that people may laugh at.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

- STRONGLY AGREE .................................................1
- AGREE ......................................................................2
- DISAGREE ................................................................3
- STRONGLY DISAGREE ...........................................4
- REFUSED .....................................................................7
- DON'T KNOW ..........................................................-8
Section DM – Discrimination

QA15_DM1 These next questions are about things that have happened to you while receiving medical care. The questions ask about times where you were treated unfairly. 다음에 드릴 질문들은 귀하께서병원에서 치료를 받으셨을 때의 경험에 대한 것입니다.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group? 귀하가 다른 인종이나 민족이었다면 더 나은 치료를 받을 수도 있었을 것이라고 느껴신 적이 한 번이라도 있습니까?

DMC8

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_DM]
REFUSED ............................................................... -7 [GO TO QA15_DM]
DON'T KNOW ......................................................... -8 [GO TO QA15_DM]

QA15_DM2 Think about the last time this happened. How long ago was that? 마지막으로 이런 경험을 한 것이 언제입니까?

DMC9

A YEAR AGO OR LESS ...........................................1
MORE THAN 1 UP TO 2 YEARS AGO ....................2
MORE THAN 2 UP TO 3 YEARS AGO ....................3
MORE THAN 3 UP TO 5 YEARS AGO ....................4
MORE THAN 5 UP TO 10 YEARS AGO ..................5
MORE THAN 10 UP TO 20 YEARS AGO ...............6
MORE THAN 20 YEARS AGO .................................7
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_DM3 Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say… 귀하가 이제까지 살아오면서, 치료를 받을 때 부당한 대우를 받은 적이 얼마나 자주 있었습니까?

DMC3

Never......................................................................1 [GO TO QA15_K1]
전혀 그런 적 없었습니까........................................1
Rarely, .................................................................2
거의 없었습니까....................................................2
Sometimes, or.........................................................3
가끔 있는 일이었습니까, 아니면.........................3
Often? .................................................................4
자주 있는 일이었습니까?..........................................4
REFUSED ............................................................... -7 [GO TO QA15_K1]
DON'T KNOW ......................................................... -8 [GO TO QA15_K1]
Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

다음 중 어느 것이 귀하가 이제까지 살아오면서 부당한 대우를 받은 주된 이유라고 생각하십니까?

**DMC6B**

- Your ancestry or national origin ........................................1
- 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
- REFUSED ............................................................................-7
- DON'T KNOW .....................................................................-8

Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

지금까지 살아오면서, 이렇게 부당한 대우를 받은 경험이 때문에 얼마나 스트레스를 받으신 편입니까?

**DMC7**

- 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_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K5

QA15_K1
The next questions are about your employment.
다음의 질문들은 귀하의 고용 상태에 대한 것입니다.

How many hours per week do you usually work at all jobs or businesses?
귀하는 자신의 모든 직장 또는 사업체에서 보통 주당 몇 시간씩 일하십니까?

[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?
지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

[IF NEEDED, SAY: “That is, for your current employer.”]
[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]
[IF NEEDED, SAY: “지금 다니시는 직장을 말합니다.”]

_____ MONTHS [HR: 0-12]

_____ YEARS [HR: 0-50]

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

PROGRAMMING NOTE QA15_K4:
IF QA15_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23G24 = 1 (USUALLY WORKS) CONTINUE WITH QA15_K4;
ELSE SKIP TO PROGRAMMING NOTE QA15_K5

QA15_K4
What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
지난 달, 귀하가 시간당 임금과 월급, 팀, 커미션 등을 포함한 모든 직장과 비즈니스에서 벌 소득은 모두 얼마나입니까? 세금이나 다른 공제를 하지 않은 억수로 당신의 대로 말씀해 주십시오.

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]: $____________ AMOUNT [HR: 0-999995]

REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
PROGRAMMING NOTE QA15_K5:
IF QA15_G29G30 = 1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G30G31 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA15_K5 AND:
IF QA15_G21G22 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23G24 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1 (MARRIED), DISPLAY “The next question is about your spouse’s employment.”
ELSE IF QA15_G21G22 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23G24 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY “The next question is about your partner’s employment.”
IF QA15_A16 = 1 THEN DISPLAY “spouse”; ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1 THEN DISPLAY “partner”; ELSE SKIP TO QA15_K7

QA15_K5
{The next question is about your spouse’s employment.}
{다음 질문은 귀하의 배우자의 고용 상태에 대한 것입니다.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
귀하의 {남편/부인/배우자}는 그 분의 모든 직장 또는 사업체에서 보통 주당 몇 시간 봅니까?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

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

PROGRAMMING NOTE QA15_K6:
IF QA15_K5 ≠ 0 CONTINUE WITH QA15_K6;
IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1, THEN DISPLAY “partner’s”;
ELSE GO TO QA15_K7

QA15_K6
What is your best estimate of all your {spouse’s/partner’s} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?
지난 달, 귀하의 {배우자/동거인} (이/가) 시간당 임금과 월급, 팀, 커미션 등을 포함한 모든 직장과 비즈니스에서 별 소득은 모두 얼마입니까? 세금이나 다른 공제를 하기 전 액수로 야사는 대로 말씀해 주십시오.

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_________________ AMOUNT [HR: 0-999995]

REFUSED ............................................................... -7
DON’T KNOW ............................................................ -8
QA15_K7
What is your best estimate of your household's total annual income from all sources before taxes in 2014?
세금을 공제하기 전 2014 년 귀하 가구의 연간 총 수입은 얼마나 됩니까? 아시는 대로 말씀해 주십시오.

AK22
[IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]
[IF NEEDED, SAY: “직장 봉급, 소셜 시큐리티, 퇴직 수당, 실업 수당, 정부 지원 등을 포함해 주십시오. 아울러, 이자, 배당금, 사업체나 농장의 순수익, 임대료 및 그 밖의 수입도 포함해 주십시오.”]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_________________________ AMOUNT [HR: 0-999995]

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

QA15_K8
PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?
귀하의 총 가구수입을 (AMOUNT) 라고 기록했는데, 맞습니까?

AK22A
YES ...........................................................................1
NO .............................................................................2

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?
저희가 정확하게 알 필요는 없습니다. 그럴지만, 귀댁의 세금 공제전 연간 가구당 총수입이 $20,000 이상있습니까, 이하입니까?

AK11
MORE ..............................................................................1
EQUAL TO $20K OR LESS ..............................................2
REFUSED ............................................................................-7
DON'T KNOW .................................................................-8
**QA15_K10**  Is it …
수입이...

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>$5,000 or less,.................................1</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$5,000 이하입니까,.................................1</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$5,001 to $10,000,...............................2</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$5,001에서 $10,000 사이입니까,....................2</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$10,001 to $15,000, or............................3</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$10,001에서 $15,000 사이입니까, 아니면........3</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$15,001 to 20,000? ..................................4</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$15,001에서 $20,000 사이입니까?....................4</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>REFUSED ..................................................-7</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>DON'T KNOW .............................................-8</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
</tbody>
</table>

**QA15_K11**  Is it more or less than $70,000 per year?
수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>MORE .....................................................1</td>
<td>[GO TO QA15_K13]</td>
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<tr>
<td>EQUAL TO $70K OR LESS .............................2</td>
<td>[GO TO PN QA15_K15]</td>
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<tr>
<td>REFUSED ..................................................-7</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>DON'T KNOW .............................................-8</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
</tbody>
</table>

**QA15_K12**  Is it …
귀가구의 연간 수입이...

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>$20,001 to $30,000,...............................1</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$20,001에서 $30,000 사이..........................1</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$30,001 to $40,000,...............................2</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$30,001에서 $40,000 사이..........................2</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$40,001 to $50,000,...............................3</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$40,001에서 $50,000 사이..........................3</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$50,001 to $60,000, or.............................4</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$50,001에서 $60,000 사이..........................4</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$60,001 to $70,000? ..................................5</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>$60,001에서 $70,000 사이..........................5</td>
<td>[GO TO PN QA15_K15]</td>
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<tr>
<td>REFUSED ..................................................-7</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>DON'T KNOW .............................................-8</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
</tbody>
</table>

**QA15_K13**  Is it more or less than $135,000 per year?
수입이 연 $135,000 이상입니까, 아니면 그 이하입니까?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>MORE .....................................................1</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>EQUAL TO $135K OR LESS .............................2</td>
<td>[GO TO PN QA15_K15]</td>
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<td>REFUSED ..................................................-7</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
<tr>
<td>DON'T KNOW .............................................-8</td>
<td>[GO TO PN QA15_K15]</td>
</tr>
</tbody>
</table>
QA15_K14  Is it … 
수입이…

AK16 

$70,001 to $80,000, ..................................................1
$70,001 에서 $80,000 사이입니까, ......................1
$80,001 to $90,000, ..................................................2
$80,001 에서 $90,000 사이입니까, ......................2
$90,001 to $100,000, or ............................................3
$90,001 에서 $100,000 사이입니까, 아니면 .....................3
$100,001 to $135,000? .............................................4
$100,001 에서 $135,000 사이입니까? ......................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_K15: 
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K16; 
ELSE CONTINUE WITH QA15_K15

QA15_K15  Including yourself, how many people living in your household are supported by your total household income? 
가구 구성원 중 이 총 가구 수입으로 부양받는 사람들이 본인을 포함하여 몇 명입니까?

AK17 

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K16: 
QA15_K16 MUST BE LESS THAN QA15_K15; 
IF R IS ONLY MEMBER OF HH, GO TO QA15_K17; 
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA15_K15 GO TO PROGRAMMING NOTE QA15_K1919; 
ELSE CONTINUE WITH QA15_K16

QA15_K16  How many of these {INSERT NUMBER FROM QA15_K15} people are children under the age of 18? 
{INSERT NUMBER FROM QA15_K15} 중 몇 명이 18 세 미만의 자녀분이십니까?

AK18 

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_K17  Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?
현재 함께 살고 있지만 미국에 살고 있고, 이 총 가구 수입에 의존하는 다른 사람들이 있습니까?

<table>
<thead>
<tr>
<th></th>
<th>Answer</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
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<td>YES</td>
<td>1</td>
<td>[GO TO PN QA15_K19]</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>2</td>
<td>[GO TO PN QA15_K19]</td>
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<td>REFUSED</td>
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<td>[GO TO PN QA15_K19]</td>
</tr>
<tr>
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<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA15_K19]</td>
</tr>
</tbody>
</table>

QA15_K18  How many?
그러한 사람들이 몇 명이나 됩니까?

<table>
<thead>
<tr>
<th></th>
<th>Answer</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK33</td>
<td>_____ NUMBER OF PEOPLE [HR: 1-20]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO PN QA15_K19]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA15_K19]</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 Rounding TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM “Poverty Level 2012” DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)

IF EITHER QA15_K15 OR QA15_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA15_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133% FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K25;
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, ASK QA15_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF QA15_K9 = -7 OR QA15_K11 = -7 OR QA15_K13 = -7, GO TO PROGRAMMING NOTE QA15_K25
ELSE GO TO PROGRAMMING NOTE QA15_K20

QA15_K19 I need to ask just one more question about income. 수입에 관한 질문을 하나만 더 드리겠습니다.

Was your total annual household income before taxes less than or more than ${POVRT50}? 귀하의 가구의 연간 세금 전 총수입이 ${POVRT50}이하입니까? 이상입니까?

AK29

EQUAL TO OR LESS ...............................................1  [GO TO PN QA15_K25]
MORE ..............................................................2  [GO TO PN QA15_K25]
REFUSED ..................................................................-7 [GO TO PN QA15_K25]
DON’T KNOW ...........................................................-8 [GO TO PN QA15_K25]
I need to ask just one or two more questions about income.

Was your total annual household income before taxes less than or more than \$\text{POVRT100}\

AK18A

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_K21:

I need to ask just one more question about income.

Was your total annual household income before taxes less than or more than \$\text{POVRT133}\

AK30

EQUAL TO OR LESS ...............................................1 [GO TO PN QA15_K25]
MORE .......................................................................2 [GO TO PN QA15_K25]
REFUSED ............................................................... -7 [GO TO PN QA15_K25]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_K25]

PROGRAMMING NOTE QA15_K22:

I need to ask just one more question about income.

Was your total annual household income before taxes less than or more than \$\text{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}?

수입에 관한 질문을 하나만 더 드리겠습니다. 귀하의 가구의 연간 세금 전 총수입이 ${POVRT300}이하입니까, 이상입니까?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL TO OR LESS</td>
<td>1</td>
<td>[GO TO PN QA15_K25]</td>
</tr>
<tr>
<td>MORE</td>
<td>2</td>
<td>[GO TO PN QA15_K25]</td>
</tr>
<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>
</tbody>
</table>

**PROGRAMMING NOTE QA15_K24:**

IF THE HOUSEHOLD’S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA15_K25

**QA15_K24**

I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT400}?

수입에 관한 질문을 하나만 더 드리겠습니다. 귀하의 가구의 연간 세금 전 총수입이 ${POVRT400}이하입니까, 이상입니까?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL TO OR LESS</td>
<td>1</td>
<td>[GO TO PN QA15_K25]</td>
</tr>
<tr>
<td>MORE</td>
<td>2</td>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA15_K25]</td>
</tr>
</tbody>
</table>
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?

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

<table>
<thead>
<tr>
<th>AM1</th>
</tr>
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<tbody>
<tr>
<td>OFTEN TRUE ........................................................................1</td>
</tr>
<tr>
<td>SOMETIMES TRUE .................................................................2</td>
</tr>
<tr>
<td>NEVER TRUE ............................................................................3</td>
</tr>
<tr>
<td>REFUSED ..............................................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW .........................................................................-8</td>
</tr>
</tbody>
</table>

다음 질문들은 지난 12개월 동안 밥상 음식에 대해 그리고 식비를 부담하실 수 있었는지에 관한 겁니다.

사람들이 자신의 식생활 형편에 대해 말한 내용을 듣고 드리겠습니다. 이런 말들이 지난 12개월 동안의 귀하 본인과 귀하 가정의 경우, 흔히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

첫번째 문장은 "{}이/가 산 음식은 금방 열어졌고, {}은/는 음식을 더 살 돈이 없었다"입니다. 지난 12개월 동안의 귀하 본인과 귀하 가정의 경우에, 이 말이 여러번 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?
**PROGRAMMING NOTE QA15_K26:**

**IF QA15_K15 = 1, THEN DISPLAY “I”,
ELSE IF QA15_K15 > 1 DISPLAY “We”**

QC15_K26  The second statement is:

“{(I/We) couldn't afford to eat balanced meals.”

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

두번째 문장은 “{내/우리}가 골고루 영양분을 섭취할 수 있는 식사를 할 금전적 여유가 없었다”입니다. 지난 12 개월 동안 귀하와 귀하 가구를 생각할 때, 이것은 흔히 있는 일, 가끔 있는 일, 전혀 일어나지 않은 일 중 무엇입니까?

<table>
<thead>
<tr>
<th>AM2</th>
<th></th>
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<tbody>
<tr>
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<td>...........................................................1</td>
</tr>
<tr>
<td>SOMETIMES TRUE</td>
<td>..........................................................2</td>
</tr>
<tr>
<td>NEVER TRUE</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>

QC15_K27  Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

귀하의 가정에서 귀하나 다른 성인이 지난 12 개월 동안 음식을 살 충분한 돈의 여유가 없었기 때문에 식사의 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오로 대답해주십시오.

<table>
<thead>
<tr>
<th>AM3</th>
<th></th>
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<tbody>
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<tr>
<td>NO</td>
<td>...........................................................2</td>
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<td>REFUSED</td>
<td>.............................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................................................-8</td>
</tr>
</tbody>
</table>

QC15_K28  How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1, 2 개월 동안만 있었습니다?

<table>
<thead>
<tr>
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</thead>
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<tr>
<td>ALMOST EVERY MONTH</td>
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<tr>
<td>SOME MONTHS BUT NOT EVERY MONTH</td>
<td>..........................................................2</td>
</tr>
<tr>
<td>ONLY IN 1 OR 2 MONTHS</td>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................................................-8</td>
</tr>
</tbody>
</table>

QC15_K29  In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

지난 12 개월 동안 음식을 살 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

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<td>...........................................................2</td>
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<td>.............................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................................................-8</td>
</tr>
</tbody>
</table>
QA15_K30

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

지난 12개월 동안 귀하가 음식을 삼顿분한 돈이 없었기 때문에 배가 고파지만 음식을 걸었던 적이 있습니까?

AM5

YES ...........................................................................1
NO .............................................................................2
REFUSED ...................................................................-7
DON'T KNOW .............................................................-8
Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L: .............................................
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT
BE DETERMINED (POVERTY = 8) AND (INSMD=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L;

QA15_L1 Are you now receiving TANF or CalWORKs?
귀하는 현재 탄프(TANF)나 캘웍스(CalWORKs)를 받고 있습니까?

AL2
[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and
CalWORKs means California Work Opportunities and Responsibilities to Kids. Both
replaced AFDC, California's old welfare entitlement program.”]
[IF NEEDED, SAY: “TANF는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS는
캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의
캘리포니아 주 복지 제공 프로그램인 AFDC를 대체한 것입니다.”]

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

PROGRAMMING NOTE QA15_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;

QA15_L2 Is (TEEN) now receiving TANF or CalWORKs?
{청년,남/여}(이)가 AFDC나 TANF나 캘워크스를 현재 받고 있습니까?

IAP1
[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and
CalWORKs means California Work Opportunities and Responsibilities to Kids. Both
replaced AFDC, California’s old welfare entitlement program.”]
[IF NEEDED, SAY: “TANF는 빈곤 가정 임시 지원 프로그램의 약자이고 CalWORKS는
캘리포니아 근로 기회 및 자녀에 대한 책임 프로그램의 약자입니다. 이 두 프로그램은 이전의
캘리포니아 주 복지 제공 프로그램인 AFDC를 대체한 것입니다.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ........................................................... -8
QA15_L3 Are you receiving Food Stamp benefits, also known as CalFresh?
귀하는 CalFresh라고도 하는 푸드스탬프 혜택을 받고 계십니까?

AL5
[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: “이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드밴티지 카드라고도 합니다.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE QA15_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;
ELSE GO TO QA15_L5

QA15_L4
Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
(ADOLESCENT /AGE/SEX)에 CalFresh라고도 하는 푸드스탬프 혜택을 받고 있습니까?

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]

[IF NEEDED, SAY: "이 혜택은 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약자이고 골든 스테이트 어드벤티지 카드라고도 합니다."]

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

QA15_L5
Are you receiving SSI?
SSI를 받고 계십니까?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security."]

[IF NEEDED, SAY: "SSI는 생활보조금을 말합니다. 사회보장금과 다릅니다."]

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

PROGRAMMING NOTE QA15_L6:
IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA15_L6;
ELSE GO TO PROGRAMMING NOTE QA15_L7

QA15_L6
Are you on WIC?
WIC(ウィック) 혜택을 받고 계십니까?

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

[IF NEEDED, SAY: "WIC(ウィック)은 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다."]

YES .........................................................1
NO .............................................................2
REFUSED ..................................................-7
DON'T KNOW ........................................-----8
PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND (POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7; ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K15.

IF QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K15 = 1 DISPLAY $2000;
IF QA15_K15 = 2 DISPLAY $3000;
IF QA15_K15 = 3 DISPLAY $3150;
IF QA15_K15 = 4 DISPLAY $3300;
IF QA15_K15 = 5 DISPLAY $3450;
IF QA15_K15 = 6 DISPLAY $3600;
IF QA15_K15 = 7 DISPLAY $3750;
IF QA15_K15 = 8 DISPLAY $3900;
IF QA15_K15 = 9 DISPLAY $4050;
IF QA15_K15 ≥ 10 DISPLAY $4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “your family’s”; ELSE DISPLAY “your”

QA15_L7 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

귀하가 소유한 주택이나 자동차의 가치를 제외하고, {귀하/귀하의 가족} (이/가) 소유한 현금, 저축, 투자금 등 자신의 총 가치가 {PROPERTY LIMIT}를 넘습니까?

AL9

YES ...........................................................................1 [SKIP TO QA15_L14]
NO .............................................................................2
REFUSED .......................................................................-7
DON'T KNOW ..........................................................-8
About how much {do {you/does your family} have in cash, savings, and investments?

{귀하/귀하의 가족}은 현금, 저축, 투자한 금액으로 대략 얼마나 갖고 계십니까?

[IF NEEDED, SAY: “Again, do not count the value of any house or car you may own.”]
[IF NEEDED, SAY: “다시 말씀드리지만, 귀하의 집이나 자동차의 가치는 포함하지 말아 주십시오.”]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________ AMOUNT [HR: 0-999995]

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

Besides your primary car or truck, {do you/does your family} own other cars or trucks?

귀하가 주로 쓰는 자동차나 트럭 이외에, {귀하/귀하의 가족} (은)는 다른 자동차나 트럭들을 소유하고 계십니까?

[GO TO PN QA15_L12]

Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

이 자동차나 트럭들은 개인 용도로만 사용하실니까? 장애인의 이동을 돕는다든지, 일이나 업무용 자동차나 트럭은 포함하지 말아 주십시오.

[GO TO PN QA15_L12]
Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?

Not counting what {your/your family} owe, what is your estimated value of these cars or trucks?

{귀하/귀하의 가족}이(가) 갚어야 할 대출금을 제외하면, 이들 자동차와 트럭의 가격은 얼마 정도라고 생각하십니까?

[IF NEEDED: Do not include your primary cars or trucks.]
[IF NEEDED: 군에 주로 쓰는 자동차나 트럭들은 포함하지 마십시오.]

[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]
[IF NEEDED: 장애인의 이동을 돕거나, 업무용 자동차나 트럭들은 포함하지 말아 주십시오.]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________ AMOUNT [HR: 0-999995]

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

Does your family own a motorcycle, boat, trailer, or other non-commercial vehicle?

{귀하/귀하의 가족}은(는) 오토바이, 보트, 트레일러, 그 밖에 비 상업용 운송 수단이 있습니까?

YES ...........................................................................1
NO .............................................................................2 [SKIP TO QA15_L14]
REFUSED .................................................................-7 [SKIP TO QA15_L14]
DON'T KNOW .............................................................-8 [SKIP TO QA15_L14]
PROGRAMMING NOTE QA15_L13:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY “your family”; ELSE DISPLAY “you”

QA15_L13
Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat,
trailer, or other non-commercial vehicle {you/your family} own?
{귀하/귀하의 가족}이(가) 갚아야 할 대출금을 제외하면, {귀하/귀하의 가족}이(가) 이 소유한 이들
오토바이, 보트, 트레일러, 그 밖의 비상업용 차량의 가치는 얼마 정도라고 생각하십니까?

AL39
[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_____________ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L14:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse”;
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL
SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your
partner”;
ELSE DISPLAY "you"

QA15_L14
Did {you or your spouse/you or your partner/you} receive any money last month for child support?
{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하}은(는) 지난 달에 자녀 양육비 조로
받으신 돈이 조금이라도 있습니까?

AL15

YES .................................................................1
NO .................................................................2 [GO TO PN QA15_L16]
REFUSED .............................................................-7 [GO TO PN QA15_L16]
DON’T KNOW .........................................................-8 [GO TO PN QA15_L16]
PROGRAMMING NOTE QA15_L15:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L15
What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?

{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하} (이)가 지난 달에 자녀 양육비로 받은 것은 {모두 합해서} 총 얼마였습니까?

AL16
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$______________ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L16:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA15_L16
Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

{귀하나 귀하의 동거인 또는 두 분 모두/귀하나 귀하의 배우자 또는 두 분 모두/귀하} 이(가) 지난 달에 자녀 양육비 조로 보내신 돈이 조금이라도 있습니까?

AL17
YES, RESPONDENT PAID ........................................1
YES, SPOUSE/PARTNER PAID ...................................2
YES, BOTH PAID.......................................................3
NO .............................................................................4 [GO TO PN QA15_L18]
REFUSED ............................................................... -7 [GO TO PN QA15_L18]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_L18]
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?

AL18

{귀하나 귀하의 동거인 또는 두 분 모두/귀하나 귀하의 배우자 또는 두 분 모두/귀하}이(가) 지난 달에 자녀 양육비로 지불한 돈은 총 얼마입니까?

AL32

Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

{귀하 또는 귀하의 배우자/귀하 또는 귀하의 동거인/귀하}이(가) 지난 달에 종업원 상해 보상금, 즉 워커스 컴펜세이션(Workers compensation) 금액을 조금이라도 받으셨습니까?
PROGRAMMING NOTE QA15_L19:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L19
What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?
{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}이(가) 지난 달에 받은 종업원 상해 보상금의 합산 총액은 얼마나였습니까?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]
$______________ AMOUNT [000001-999995]

AL33

PROGRAMMING NOTE QA15_L20:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA15_L20 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA15_L20 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA15_L20 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA15_L22

QA15_L20
Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?
{귀하 또는 귀하의 배우자/ 귀하 또는 귀하의 동거인/ 귀하}은(는) 지난달 소셜 시큐리티(Social Security), 즉 사회보장금이나 연금 (Pension payments)을 받았습니까?

AL18A

[GO TO PN QA15_L22]

QA15_L21
What was the total amount received last month from Social Security and Pensions?
지난 달에 소셜 시큐리티와 연금으로 받으신 액수가 모두 얼마나였습니까?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]
$______________ AMOUNT [000001-999995]

AL18B
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.
다음의 질문들은 귀하의 주거지와 이웃에 관한 것입니다.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]
[IF NEEDED, SAY: “두 가구가 사는 연립 주택(듀플렉스)은 한 건물 안에 두 가구가 사는 구조입니다.”]

HOUSE ..............................................................1
DUPLEX .................................................................2
BUILDING WITH 3 OR MORE UNITS ....................3
MOBILE HOME ......................................................4
REFUSED ..............................................................-7
DON'T KNOW .......................................................-8

QA15_M2 Do you own or rent your home?
현재 사시는 집은 본인 소유입니까, 아니면 렌트입니까?

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?
현재 주소지에 대략 얼마나 오래 살았습니까?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

__________ MONTHS MONTHS [HR: 1 - AAGEx12MONTHS]

__________ YEARS [HR: 1 - AAGE]

REFUSED ..............................................................-7
DON'T KNOW .......................................................-8
PROGRAMMING NOTE QA15_M4:
IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4

QA15_M4 About how long have you lived in your current neighborhood?
지금까지 현재의 동네에 사신 지는 대략 얼마나 되셨습니까?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

AM15

__________ MONTHS [HR: 1 - AAGEx12MONTHS]

__________ YEARS [HR: 1 - AAGE]

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

QA15_M5 The last time you moved, what was your main reason for moving?
가장 최근에 이사를 한 주된 이유는 무엇이었습니까?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD.........................2
FOR CHILD’S EDUCATION ....................................3
TO ATTEND OR LEAVE COLLEGE ...........................4
WORK RELATED .....................................................5
COULDN'T AFFORD MORTGAGE/RENT ..................6
OTHER HOUSING RELATED ....................................7
BETTER NEIGHBORHOOD/LESS CRIME ..................8
OTHER..................................................................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
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?”]
[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.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8
QA15_M8	People in this neighborhood can be trusted.
이 동네 사람들은 믿을 수 있다.

AM21
[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE.................................................1
AGREE......................................................................2
DISAGREE................................................................3
STRONGLY DISAGREE...........................................4
REFUSED ..................................................................-7
DON'T KNOW .....................................................-8

QA15_M9.You can count on adults in this neighborhood to watch out that children are safe and don’t get in trouble.
나는 이 동네 어른들이 아이들이 안전한지, 문제를 당하지 않는지 지켜봐 준다고 믿는다.

AM35
[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE.................................................1
AGREE......................................................................2
DISAGREE................................................................3
STRONGLY DISAGREE...........................................4
REFUSED ..................................................................-7
DON'T KNOW .....................................................-8

QA15_M10. Do you feel safe in your neighborhood…
귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음 중 선택해 주십시오.

AK28

All of the time, ...........................................................1
항상 안전함 ...........................................................1
Most of the time, ........................................................2
대부분 안전함 .........................................................2
Some of the time, or ..................................................3
가끔 안전함 혹은 ..................................................3
None of the time........................................................4
전혀 안전하지 않음 ...................................................4
REFUSED ..................................................................-7
DON'T KNOW .....................................................-8
QA15_M11 In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

지난 12개월 동안, 보수를 받지 않고 자원봉사 또는 지역사회 봉사를 한 적이 있습니까?

AM36

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

QA15_M12 In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?

귀하는 지난 12개월 동안 지역사회의 문제를 처리하는 지역 위원회, 이사회 또는 단체에서 자원봉사를 한 적이 있습니까?

AM39

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

QA15_M13 In the past 12 months, have you gotten together informally with others to deal with community problems?

귀하는 지난 12개월 동안 지역사회의 문제를 처리하기 위해 다른 사람들과 비공식적으로 모임을 가진 적이 있습니까?

AM40

[IF NEEDED SAY: “For example, with a neighborhood watch group.”]
[IF NEEDED SAY: “예를 들면, 이웃 안전 감시 그룹.”]

YES .................................................................1
NO .................................................................2
REFUSED ....................................................-7
DON'T KNOW ................................................-8
**QA15_M14**  In the past 12 months, have you donated money to a charity or non-profit organization?

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<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_M15**  In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you…

<table>
<thead>
<tr>
<th>AM42</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Very likely</td>
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<tr>
<td>Somewhat likely</td>
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</tr>
<tr>
<td>A little likely, or</td>
<td>3</td>
</tr>
<tr>
<td>Not likely?</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>
M16: IF R IS A RESIDENT OF BOYLE HEIGHTS, SANTA ANA, CENTAL/SOUTHEAST/SOUTHWEST FRESNO, CITY HEIGHTS, COACHELLA VALLEY, DEL NORTE AND ADJACENT TRIBAL LANDS, EAST OAKLAND, EAST SALINAS (ALISAL), LONG BEACH, RICHMOND, SACRAMENTO, SOUTH LOS ANGELES, SOUTH KERN, OR SOUTHWEST MERCED AND EAST MERCED COUNTY CONTINUE WITH QA15_M16; ELSE SKIP TO QA15_S1

QA15_M16 Have you ever heard of “Building Healthy Communities”, a program supported by The California Endowment?

[IF NEEDED, SAY: “The Building Healthy Communities program is a 10-year project to improve the health of kids and youth. It is working to improve job opportunities, schools, housing, safety, and access to healthy foods in the neighborhood.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON’T KNOW ...........................................................-8
**Section S – Suicide Ideation and Attempts**

**QA15_S1** The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

다음은 자해, 즉 자기 자신을 해치려는 생각들에 대한 것입니다. 앞서 말씀드렸듯이, 불편한 질문에 대해서는 대답하지 않으셔도 됩니다.

**Have you ever** seriously thought about committing suicide?
한 번이라도 자살에 대해서 심각하게 생각해본 적이 있습니까?

<p>| | |</p>
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<tr>
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<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?
지난 12개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해본 적이 있습니까?

<p>| | |</p>
<table>
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<tbody>
<tr>
<td><strong>AF87</strong></td>
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<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?
지난 2개월 동안, 한 순간이라도 자살에 대해서 심각하게 생각해본 적이 있습니까?

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<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?
자살을 기도해본 적이 있습니까?

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<tr>
<td><strong>AF88</strong></td>
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<td>YES</td>
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<tr>
<td>NO</td>
<td>2</td>
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<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?
지난 12 개월 동안, 한 번이라도 실제로 자살을 기도했던 적이 있었습니까?

AF89

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

SUICIDE RESOURCE:
We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts.
Someone is available 24 hours a day to provide information to help you. Do you have something to write
with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND
THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The
number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK
TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING
OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED,
REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

자살에 대한 생각이나 자살 기도와 관련해 누군가와 이야기하고 싶다면 통화 가능한 전화번호를 알려드리고
살림. 상담자가 도움을 주기 위해 24 시간 대기하고 있습니다. 전화번호는 1-800-273-TALK (8255)입니다.

아니면, 도움이 될 만한 정보가 있는 인터넷 사이트를 방문하실 수도 있습니다. 인터넷 사이트
주소는 www.suicidepreventionlifeline.org 입니다.

POST-NOTE FOR SUICIDE RESOURCE:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE
CONTINUE

QA15_S6  Would you like to discuss your thoughts with this person?
이 곳의 상담원과 이야기를 해 보고 싶으실니까?

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.

To be sure we are covering the entire state, what county do you live in?

주 전체에서 빠진 지역이 없도록 하기 위한 확인 작업입니다. 어느 카운티에 거주하신가요?

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<td>SAN FRANCISCO</td>
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</table>
PROGRAMMING NOTE QA15_N2:
IF ADVANCE LETTER SENT AND R’S ADDRESS IS NOT A P.O. BOX, ASK QA15_N2;
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), DISPLAY “Just a few final
questions and then we are done.”;
ELSE GO TO QA15_N3

QA15_N2

{Just a few final questions and then we are done.}
{몇 가지 질문만 더 드리면 끝납니다.}

Your phone number was randomly selected for this study by a computer. We were able to match
an address to your phone number to send a letter to your home explaining the purpose of this
study. To help us better understand the environment you live in and how it may affect your
health, we would like to confirm your address. This information will be kept confidential and will
be destroyed after the entire survey has been completed.
귀하의 전화번호는 이 연구를 위해 컴퓨터에 의해 무작위로 선정되었습니다. 저희는 이 조사의
목적을 설명하는 편지를 담에 보내드리기 위해 귀하의 전화번호와 일치하는 주소를 찾았습니다.
주거 환경과 건강과의 영향을 더 잘 이해하기 위해 귀하의 주소를 확인하고 싶습니다. 이 정보는
비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

Do you now live at {R’s ADDRESS AND STREET}?  
지금 사시는 곳의 주소가 {R’s ADDRESS AND STREET} 맞습니까?

[GO TO QA15_N6]
PROGRAMMING NOTE QA15_N3:
IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT),
DISPLAY “Just a few final questions and then we are done”.

QA15_N3 {Just a few final questions and then we are done.}

{이제 몇 가지 질문만 더 드리면 됩니다.}

What is your ZIP code?
귀하 거주지의 우편번호가 무엇입니까?

AM7

_______ ZIP CODE
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_N4 To help us better understand the environment you live in and how it may affect your health,
please tell me the address where you live.  This information will be kept confidential and will be
destroyed after the entire survey has been completed.
귀하의 주거 환경과 그러한 환경이 건강에 미치는 영향을 저희가 더 잘 이해할 수 있도록 귀하의 집
주소를 말씀해 주시겠습니까? 이 정보는 비밀로 유지되고 전체 설문조사가 끝난 후에 파기됩니다.

AO2

_________ HOUSE ADDRESS NUMBER

_________ NAME OF STREET (VERIFY SPELLING) [GO TO QA15_N6]

_________ STREET TYPE

_________ APT. NO

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

PROGRAMMING NOTE QA15_N5:
IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N6;
ELSE CONTINUE WITH QA15_N5

QA15_N5 Can you tell me just the name of the street you live on?
사시는 곳의 길 이름만 말씀해 주실 수 있습니까?

AM8

______________________________ NAME OF STREET

REFUSED ............................................................... -7 [GO TO QA15_N7]
DON'T KNOW ......................................................... -8 [GO TO QA15_N7]
QA15_N6  And what is the name of the street down the corner from you that crosses your street?
사시는 곳의 거리와 교차하는 가장 가까운 거리 이름은 무엇입니까?

<table>
<thead>
<tr>
<th>AM9</th>
<th>NAME OF CROSS-STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED:              -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW:           -8</td>
</tr>
</tbody>
</table>

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 93313 OR 93304 (SOUTH KERN)] OR [AM7 = 90007 OR 90011 OR 90037 OR 90044 OR 90003 (SOUTH LOS ANGELES)] OR [AM7 = 95832 OR 95823 OR 95826 OR 95820 OR 95824 OR 95828 OR 95817 OR 95818 (SOUTH SACRAMENTO)], CONTINUE WITH QA15_N7; ELSE SKIP TO QA15_N8

QA15_N7  Have you ever heard of “Building Healthy Communities”, a program supported by The California Endowment?

| AM43 | YES ...........................................................................1 |
|      | NO .............................................................................2 |
|      | REFUSED ..................................................................-7 |
|      | DON'T KNOW .........................................................-8 |

PROGRAMMING NOTE QA15_N8N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14N13;
ELSE CONTINUE WITH QA15_N8N7

QA15_N8N7  I won’t ask you for the number, but do you have a working cell phone?

<table>
<thead>
<tr>
<th>AM33</th>
<th>[CODE “SHARES CELL PHONE” ONLY IF VOLUNTEERED]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .............................................................................2</td>
</tr>
<tr>
<td></td>
<td>SHARES CELL PHONE ......................................3</td>
</tr>
<tr>
<td></td>
<td>REFUSED ..................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .........................................................-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA15_N10N9] [GO TO PN QA15_N10N9] [GO TO PN QA15_N10N9]
How many different cell phone numbers do you currently use for personal calls?

<table>
<thead>
<tr>
<th>AN10</th>
<th>_____ CELL PHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ........................................................... -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA15_N10N9:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13N12;
ELSE CONTINUE WITH QA15_N10N9

Is there a regular or landline telephone in your household?

| AN6 | YES ...........................................................................1 |
|     | [GO TO PN QA15_N14N13] |
|     | NO .............................................................................2 |
|     | [GO TO PN QA15_N14N13] |
|     | REFUSED ............................................................... -7 |
|     | [GO TO PN QA15_N14N13] |
|     | DON'T KNOW ........................................................... -8 |

Is that telephone for personal use or business use only?

| AN7 | PERSONAL USE ONLY ...........................................1 |
|     | [GO TO PN QA15_N14N13] |
|     | BUSINESS USE ONLY .............................................2 |
|     | BOTH PERSONAL USE AND BUSINESS USE ......3 |
|     | REFUSED ............................................................... -7 |
|     | [GO TO PN QA15_N14N13] |
|     | DON'T KNOW ........................................................... -8 |

How many telephone lines do you have for personal use?

<table>
<thead>
<tr>
<th>AN11 (NEW)</th>
<th>_____ REGULAR OR LANDLINE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ........................................................... -8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_N13N12:
IF QA15_N8N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11N10 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA15_N13N12;
ELSE SKIP TO PROGRAMMING QA15_N14N13

QA15_N13 Of all the telephone calls that you receive, are...

.telugu

 걸려오는 전화를 어떻게 받으십니까?

 AM34

 All or almost all calls received on a cell phone, .............. 1
모든 또는 거의 모든 전화를 휴대폰으로 받는다, .......... 1
Some on cell phones & some on regular phones, or ...... 2
일부 전화는 휴대폰으로 받고 다른 일부 전화는 일반 전화기로 받는다, 또는......................... 2
Very few or none on cell phones.............................. 3
전혀 또는 거의 휴대폰으로 받지 않는다, ................... 3
REFUSED ...................................................... -7
DON'T KNOW ................................................. -8

PROGRAMMING NOTE QA15_N14N13:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14N13

QA15_N14 Finally, do you think you would be willing to do a follow-up to this survey sometimes some time in the future?

마지막으로, 앞으로 언제가 이 설문 조사에 대한 후속 조사가 있으면 협조해 주실 수 있습니까?

 AM10

 YES ................................................................. 1
MAYBE/PROBABLY YES ................................. 2
DEFINITELY NOT ........................................... 3
REFUSED ...................................................... -7
DON'T KNOW ............................................... -8
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA15_S6 = (2, -7, -8),
AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:
As I mentioned earlier, if you’d like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is at www.suicidepreventionlifeline.org [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

앞에서 말씀드린 것처럼, 자살에 대한 생각이나 시도에 대해 상담을 받고 싶으시면 담당자가 하루 24 시간 기다리고 있는 정보를 제공합니다. 자는 귀하가 할 일을 찾는 동안 기다리며 전화번호를 알려드립니다.
무료전화번호는 1-800-273-TALK (8255) 입니다.
또는 이기관의 웹사이트 www.suicidepreventionlifeline.org 를 방문하실 수도 있습니다.

QA15_N15 Would you like to speak with someone now?
지금 이 사항에 대해 상담을 받고 싶으시나?

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.
통화를 해야 하는 다른 분이 있는지 확인해 보겠습니다.

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.
시간을 내서 협조해 주신 것에 대해 감사드립니다. 귀하는 매우 중요한 보건 설문 조사에 도움을 주셨습니다. 질문이 있으시면 연구 책임자인 폴슨 (Ponce) 박사에게 무료 전화 1-866-275-2447 로 전화해 주십시오. 다시 한 번 감사드립니다. 안녕히 계십시오.