



CHIS 2020

Adult CAWI Questionnaire

(Self-Administered)

Version 1.12 Chinese

June 24, 2021

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 2020 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 'QA20_A1' :
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA20_A1' [AA1] - What is your date of birth?

您的出生日期是什麼？

_____ Month [RANGE: 1-12]
_____ 月

- ☐ 1 January
- ☐ 1 1 月
- ☐ 2 February
- ☐ 2 2 月
- ☐ 3 March
- ☐ 3 3 月
- ☐ 4 April
- ☐ 4 4 月
- ☐ 5 May
- ☐ 5 5 月
- ☐ 6 June
- ☐ 6 6 月
- ☐ 7 July
- ☐ 7 7 月
- ☐ 8 August
- ☐ 8 8 月
- ☐ 9 September
- ☐ 9 9 月
- ☐ 10 October
- ☐ 10 10 月
- ☐ 11 November
- ☐ 11 11 月
- ☐ 12 December
- ☐ 12 12 月

_____ Day [RANGE: 1-31]
_____ 天

_____ Year [RANGE: 1907-2001]
_____ 年

PROGRAMMING NOTE 'QA20_A2' :
IF 'QA20_A1' = -3, CONTINUE WITH 'QA20_A2' ;
ELSE GO TO 'QA20_A5'

'QA20_A2' [AA1A] - What month and year were you born?

您在哪年哪月出生？

_____ Month [RANGE: 1-12]

_____ 月

- ☐ 1 January
- ☐ 1 1 月
- ☐ 2 February
- ☐ 2 2 月
- ☐ 3 March
- ☐ 3 3 月
- ☐ 4 April
- ☐ 4 4 月
- ☐ 5 May
- ☐ 5 5 月
- ☐ 6 June
- ☐ 6 6 月
- ☐ 7 July
- ☐ 7 7 月
- ☐ 8 August
- ☐ 8 8 月
- ☐ 9 September
- ☐ 9 9 月
- ☐ 10 October
- ☐ 10 10 月
- ☐ 11 November
- ☐ 11 11 月
- ☐ 12 December
- ☐ 12 12 月

_____ Year [RANGE: 1907-2001]

_____ 年

PROGRAMMING NOTE 'QA20_A3' :
IF 'QA20_A2' = -3 , THEN CONTINUE WITH 'QA20_A3' ;
ELSE GO TO 'QA20_A5'

'QA20_A3' [AA2] - What is your age?

請告訴我您的年齡？

_____ Years of age [RANGE: 0-120]
 _____ 歲

PROGRAMMING NOTE 'QA20_A4' :
IF 'QA20_A3' = -3 THEN CONTINUE WITH 'QA20_A4' ;
ELSE GO TO 'QA20_A5'

'QA20_A4' [AA2A] - Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

您的年齡是在 18 到 29 歲、 30 到 39 歲、 40 到 44 歲、 45 到 49 歲、 50 到 64 歲之間，還是在 65 歲或 65 歲以上？

- ☐ 1 Between 18 and 29
- ☐ 1 介於 18 及 29 歲之間
- ☐ 2 Between 30 and 39
- ☐ 2 介於 30 及 39 歲之間
- ☐ 3 Between 40 and 44
- ☐ 3 介於 40 及 44 歲之間
- ☐ 4 Between 45 and 49
- ☐ 4 介於 45 及 49 歲之間
- ☐ 5 Between 50 and 64
- ☐ 5 介於 50 及 64 歲之間
- ☐ 6 65 or older
- ☐ 6 65 歲或以上

POST NOTE 'QA20_A4' : AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON 'QA20_A1' , 'QA20_A2' , OR 'QA20_A3' TO USE IN ALL
AGE-RELATED QUESTIONS;
IF 'QA20_A1' , 'QA20_A2' , OR 'QA20_A3' = -3, THEN USE 'QA20_A4' ;
ELSE USE ENUM.AGE

'QA20_A5' [AD65D] - On your original birth certificate, was your sex assigned as male or female?

在您的原始出生證明上，您的性別是男性、女性、還是跨性別？

- ☐ 1 Male
- ☐ 1 男性
- ☐ 2 Female
- ☐ 2 女性

‘QA20_A6’ [AD66B] - Do you currently describe yourself as male, female, or transgender?

目前您認為自己是男性，女性，還是跨性別者？

- ☐ 1 Male
- ☐ 1 男性
- ☐ 2 Female
- ☐ 2 女性
- ☐ 3 Transgender
- ☐ 3 跨性別
- ☐ 4 None of these
- ☐ 4 以上皆非

If = -3 go to ‘QA20_A9’

If = 1, 2, 3, go to ‘PN_’QA20_A8’

PROGRAMMING NOTE ‘QA20_A7’:
IF ‘QA20_A6’ = 4 THEN CONTINUE WITH ‘QA20_A7’;
ELSE SKIP TO PN_’QA20_A8’

‘QA20_A7’ [AD67B] - What is your current gender identity?

目前您認為自己是什麼性別？

- ☐ 1 SPECIFY: (_____)
- ☐ 1 請詳述 (_____)

PROGRAMMING NOTE ‘QA20_A8’ :IF [‘QA20_A5’ = 1 (MALE AT BIRTH) AND ‘QA20_A6’ = 1 (IDENTIFIES AS MALE)] OR [‘QA20_A5’ = 2 (FEMALE AT BIRTH) AND ‘QA20_A6’ = 2 (IDENTIFIES AS FEMALE)] OR ‘QA20_A5’=-3 OR ‘QA20_A6’=-3 THEN SKIP TO ‘QA20_A9’ ;ELSE CONTINUE WITH ‘QA20_A8’ ; DISPLAYS;IF [‘QA20_A5’ = 1 (MALE AT BIRTH) AND ‘QA20_A6’ = 2 (IDENTIFIES AS FEMALE), THEN DISPLAY {male} and {female};IF [‘QA20_A5’ = 1 (MALE AT BIRTH) AND ‘QA20_A6’ = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};

‘QA20_A8’ [AD68B] - Just to confirm, you were assigned {INSERT RESPONSE FROM AD65D} at birth and now describe yourself as {INSERT RESPONSE FROM ‘AD66’ OR ‘QA20_A7’}. Is that correct?

我想確認一下，您出生時是{INSERT RESPONSE FROM AD65D}，現在您認為自己是 INSERT RESPONSE FROM AD66 OR AD67B}。對嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

IF = 2, go to ‘QA20_A6’ AND FLAG ‘QA20_A8’ = 1

‘QA20_A9’ [AA4] - Are you Latino or Hispanic?

您是拉丁裔或西裔嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_A11’

‘QA20_A10’ [AA5] - And what is your Latino or Hispanic ancestry or origin?

您的拉丁裔或西裔祖籍或原國籍是哪里？

Check all that apply

- ☐ 1 Mexican/Mexican American/Chicano
- ☐ 1 墨西哥人／墨西哥裔美國人／齊卡諾人（Chicano）
- ☐ 4 Salvadoran
- ☐ 4 薩爾瓦多人（Salvadoran）
- ☐ 5 Guatemalan
- ☐ 5 瓜地馬拉人（Guatemalan）
- ☐ 6 Costa Rican
- ☐ 6 哥斯大黎加人（Costa Rican）
- ☐ 7 Honduran
- ☐ 7 宏都拉斯人（Honduran）
- ☐ 8 Nicaraguan
- ☐ 8 尼加拉瓜人（Nicaraguan）
- ☐ 9 Panamanian
- ☐ 9 巴拿馬人（Panamanian）
- ☐ 10 Puerto Rican
- ☐ 10 波多黎各人（Puerto Rican）
- ☐ 11 Cuban
- ☐ 11 古巴人（Cuban）
- ☐ 12 Spanish-American (from Spain)
- ☐ 12 西班牙裔-美國人（來自西班牙）
- ☐ 91 Other Latino (Specify: _____)
- ☐ 91 其他拉丁美洲人（請詳述：_____）

PROGRAMMING NOTE 'QA20 A11':

**IF 'QA20_A9' = 1 (YES, LATINO/HISPANIC) DISPLAY 'You said you are Latino or Hispanic. Also,';
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA20_A11', CONTINUE
WITH PROGRAMMING NOTE 'QA20_A12';
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

'QA20_A11' [AA5A] - {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

{您說您是拉丁美洲裔或西班牙裔。另外，}請告訴我們您會使用以下哪一項或哪幾項來描述自己。
您會形容自己是夏威夷原住民、其他太平洋島民、美洲原住民、阿拉斯加原住民、亞洲人、黑人、非洲裔美國人、還是白人？

- ☐ 1 White
☐ 1 白人
☐ 2 Black or African American
☐ 2 黑人或非洲裔美國人
☐ 3 Asian
☐ 3 亞洲人
☐ 4 American Indian or Alaska Native
☐ 4 美洲原住民或阿拉斯加原住民
☐ 5 Other Pacific Islander
☐ 5 其他太平洋島民
☐ 6 Native Hawaiian
☐ 6 夏威夷原住民
☐ 91 Other (Specify: _____)
☐ 91 其他（請詳述：

If 'QA20 A11'=1 Or 2, go to 'PN QA20 A17'

If 'QA20 A11'=3, go to 'PN QA20 A15'

If 'QA20 A11'=5, go to 'QA20 A16'

If 'QA20 A11'=6, go to 'QA20 A17'

PROGRAMMING NOTE 'QA20_A12' :
IF 'QA20_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA20_A12' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_A15'

'QA20_A12' [AA5B] - You said, American Indian or Alaska Native, and what is your tribal heritage?

您說您是美洲印地安人或阿拉斯加原住民，您屬於哪一個部落？如果屬於一個以上部落，請告訴我所有這些部落。

Check all that apply

- ☐ 1 Apache
- ☐ 1 阿帕契族 (Apache)
- ☐ 2 Blackfoot/Blackfeet
- ☐ 2 黑腳族 (Blackfoot/Blackfeet)
- ☐ 3 Cherokee
- ☐ 3 切羅基族 (Cherokee)
- ☐ 4 Choctaw
- ☐ 4 喬克托族 (Choctaw)
- ☐ 5 Mexican American Indian
- ☐ 5 墨西哥美洲原住民 (Mexican American Indian)
- ☐ 6 Navajo
- ☐ 6 納瓦荷族 (Navajo)
- ☐ 7 Pomo
- ☐ 7 波莫族 (Pomo)
- ☐ 8 Pueblo
- ☐ 8 普韋布洛族 (Pueblo)
- ☐ 9 Sioux
- ☐ 9 蘇族 (Sioux)
- ☐ 10 Yaqui
- ☐ 10 雅季族 (Yaqui)
- ☐ 91 Other Tribe (Specify: _____)
- ☐ 91 其他部落 (請詳述: _____)

'QA20_A13' [AA5C] - Are you an enrolled member in a federally or state recognized tribe?

您是不是聯邦或州政府認可的部落的一名註冊成員？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'PN_QA20_A15'

‘QA20_A14’ [AA5D] - Which tribe are you enrolled in?

您在哪一個部落註冊？

Apache

- ☐ 1 Mescalero Apache, Nm
- ☐ 1 梅斯卡勒羅阿帕契族, 新墨西哥州 (Mescalero Apache, NM)
- ☐ 2 Apache (Not Specified)
- ☐ 2 阿帕契族 (未指定)
- ☐ 3 Other Apache (Specify:)
- ☐ 3 其他阿帕契族 (請詳述_____)

Blackfeet

- ☐ 4 Blackfoot/Blackfeet
- ☐ 4 黑腳族 (Blackfoot/Blackfeet)

Cherokee

- ☐ 5 Western Cherokee
- ☐ 5 西切羅基族
- ☐ 6 Cherokee (Not Specified)
- ☐ 6 切羅基族 (未指定)
- ☐ 7 Other Cherokee (Specify: _____)
- ☐ 7 其他切羅基族 (請詳述: _____)

Choctaw

- ☐ 8 Choctaw Oklahoma
- ☐ 8 奧克拉荷馬州喬克托族
- ☐ 9 Choctaw (Not Specified)
- ☐ 9 喬克托族 (未指定)
- ☐ 10 Other Choctaw (Specify: _____)
- ☐ 10 其他喬克托族 (請詳述: _____)

Navajo

- ☐ 11 Navajo (Not Specified)
- ☐ 11 納瓦荷族 (未指定)

Pomo

- ☐ 12 Hopland Band, Hopland Rancheria
- ☐ 12 霍普蘭群落, 霍普蘭村落 (Hopland Band, Hopland Rancheria)
- ☐ 13 Sherwood Valley Rancheria
- ☐ 13 雪伍德谷村落 (Sherwood Valley Rancheria)
- ☐ 14 Pomo (Not Specified)
- ☐ 14 波莫族 (未指定)
- ☐ 15 Other Pomo (Specify: _____)
- ☐ 15 其他波莫族 (請詳述: _____)

Pueblo

- ☐ 16 Hopi
- ☐ 16 霍皮族 (Hopi)
- ☐ 17 Ysleta Del Sur Pueblo Of Texas
- ☐ 17 德州依斯雷達普魏布勒族 (Ysleta Del Sur Pueblo Of Texas)
- ☐ 18 Pueblo (Not Specified)
- ☐ 18 普韋布洛族 (未指定)
- ☐ 19 Other Pueblo (Specify: _____)
- ☐ 19 其他普韋布洛族 (請詳述: _____)

Sioux

- ☐ 20 Oglala/Pine Ridge Sioux
- ☐ 20 奧格拉拉/派里吉蘇族 (Oglala/Pine Ridge Sioux)
- ☐ 21 Sioux (Not Specified)

- ☐ 21 蘇族 (未指定)
 - ☐ 22 Other Sioux (Specify: _____)
 - ☐ 22 其他蘇族 (請詳述: _____)
- Yaqui
- ☐ 23 Pascua Yaqui Tribe Of Arizona
 - ☐ 23 亞利桑那州巴斯卡雅季族 (Ascu Yaqui Tribe Of Arizona)
 - ☐ 24 Yaqui (Not Specified)
 - ☐ 24 雅季族 (未指定)
 - ☐ 25 Other Yaqui (Specify: _____)
 - ☐ 25 其他_雅季族 (請詳述: _____)
- Other
- ☐ 91 Other (Specify: _____)
 - ☐ 91 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_A15' :IF 'QA20_A11' = 3 (ASIAN) CONTINUE WITH 'QA20_A15' ; ELSE GO TO PROGRAMMING NOTE 'QA20_A16'

'QA20_A15' [AA5E] - You said Asian, and what specific ethnic group are you?

Check all that apply

您選擇了亞裔，您指的是哪一個具體族裔？

(18 maximum responses)

- ☐ 1 Bangladeshi
- ☐ 1 孟加拉人
- ☐ 2 Burmese
- ☐ 2 緬甸人
- ☐ 3 Cambodian
- ☐ 3 柬埔寨人
- ☐ 4 Chinese
- ☐ 4 華人
- ☐ 5 Filipino
- ☐ 5 菲律賓人
- ☐ 6 Hmong
- ☐ 6 西部苗族人 (Hmong)
- ☐ 7 Indian (India)
- ☐ 7 印度人 (印度)
- ☐ 8 Indonesian
- ☐ 8 印尼人
- ☐ 9 Japanese
- ☐ 9 日本人
- ☐ 10 Korean
- ☐ 10 韓國人
- ☐ 11 Laotian
- ☐ 11 老撾人或寮國人
- ☐ 12 Malaysian
- ☐ 12 馬來西亞人
- ☐ 13 Pakistani
- ☐ 13 巴基斯坦人
- ☐ 14 Sri Lankan
- ☐ 14 斯里蘭卡人

- ☐ 15 Taiwanese
- ☐ 15 台灣人
- ☐ 16 Thai
- ☐ 16 泰國人
- ☐ 17 Vietnamese
- ☐ 17 越南語
- ☐ 91 Other Asian (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_A16' :IF 'QA20_A11' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA20_A16' ;ELSE GO TO PROGRAMMING NOTE 'QA20_A17'

'QA20_A16' [AA5E1] - You said you are Pacific Islander. What specific ethnic group are you?

Check all that apply

您說您是太平洋群島人。您具體屬於哪一個種族團體？

(5 maximum responses)

- ☐ 1 Samoan/American Samoan
- ☐ 1 薩摩亞人／美屬薩摩亞人 (Samoan/American Samoan)
- ☐ 2 Guamanian
- ☐ 2 關島人 (Guamanian)
- ☐ 3 Tongan
- ☐ 3 東加人 (Tongan)
- ☐ 4 Fijian
- ☐ 4 斐濟人 (Fijian)
- ☐ 91 Other Pacific Islander (Specify: _____)
- ☐ 91 其他太平洋島民 (請詳述: _____)

PROGRAMMING NOTE 'QA20_A17' :IF 'QA20_A9' = 1 (LATINO) AND ['QA20_A11' = 6 (NATIVE HAWAIIAN) OR 'QA20_A11' = 5 (OTHER PACIFIC ISLANDER) OR 'QA20_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA20_A11' = 3 (ASIAN) OR 'QA20_A11' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA20_A11' = 1 (WHITE) OR 'QA20_A11' = 91 (OTHER)], CONTINUE WITH 'QA20_A17' ;ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA20_A11' , 'QA20_A15' , OR 'QA20_A16' [NOT COUNTING -3, CONTINUE WITH 'QA20_A17' ; ELSE SKIP TO 'QA20_A19'

'QA20_A17' [AA5G] - You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

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

Do you identify with any one race in particular?

您是否認同任何一個特定的種族？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_A19'

PROGRAMMING NOTE FOR 'QA20_A18' :

IF 'QA20_A9' = 1 (YES, LATINO) AND 'QA20_A10' ≠ -3, DO NOT DISPLAY 'QA20_A18' = 14 (LATINO);

IF 'QA20_A11' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA20_A16' = 1 TO 4 OR 91, DO NOT DISPLAY 'QA20_A18' = 17 (OTHER PACIFIC ISLANDER);

IF 'QA20_A11' = 3 AND 'QA20_A15' = 1 TO 17 OR 91, DO NOT DISPLAY 'QA20_A18' = 19 (ASIAN)

'QA20_A18' [AA5F] - Which do you most identify with?

您最認同的是哪一個族裔？

- ☐ 1 Mexican/Mexican American/Chicano
- ☐ 1 墨西哥人／墨西哥裔美國人／齊卡諾人 (Chicano)
- ☐ 4 Salvadoran
- ☐ 4 薩爾瓦多人 (Salvadoran)
- ☐ 5 Guatemalan
- ☐ 5 瓜地馬拉人 (Guatemalan)
- ☐ 6 Costa Rican
- ☐ 6 哥斯大黎加人 (Costa Rican)
- ☐ 7 Honduran
- ☐ 7 宏都拉斯人 (Honduran)
- ☐ 8 Nicaraguan
- ☐ 8 尼加拉瓜人 (Nicaraguan)
- ☐ 9 Panamanian
- ☐ 9 巴拿馬人 (Panamanian)
- ☐ 10 Puerto Rican
- ☐ 10 波多黎各人 (Puerto Rican)
- ☐ 11 Cuban
- ☐ 11 古巴人 (Cuban)
- ☐ 12 Spanish-American (from Spain)
- ☐ 12 西班牙裔-美國人 (來自西班牙)
- ☐ 13 Latino, Other Specify
- ☐ 13 種族, 其他, 請詳述
- ☐ 14 Latino
- ☐ 14 拉丁美洲人
- ☐ 16 Native Hawaiian
- ☐ 16 夏威夷原住民
- ☐ 17 Other Pacific Islander
- ☐ 17 其他太平洋島民
- ☐ 18 American Indian or Alaska Native
- ☐ 18 美洲原住民或阿拉斯加原住民
- ☐ 19 Asian
- ☐ 19 亞洲人
- ☐ 20 Black or African American
- ☐ 20 黑人或非洲裔美國人
- ☐ 21 White
- ☐ 21 白人
- ☐ 22 Race, Other Specify
- ☐ 22 種族, 其他, 請詳述
- ☐ 30 Bangladeshi
- ☐ 30 孟加拉人
- ☐ 31 Burmese

- ☐ 31 緬甸人
- ☐ 32 Cambodian
- ☐ 32 柬埔寨人
- ☐ 33 Chinese
- ☐ 33 華人
- ☐ 34 Filipino
- ☐ 34 菲律賓人
- ☐ 35 Hmong
- ☐ 35 西部苗族人 (Hmong)
- ☐ 36 Indian (India)
- ☐ 36 印度人 (印度)
- ☐ 37 Indonesian
- ☐ 37 印尼人
- ☐ 38 Japanese
- ☐ 38 日本人
- ☐ 39 Korean
- ☐ 39 韓國人
- ☐ 40 Laotian
- ☐ 40 老撾人或寮國人
- ☐ 41 Malaysian
- ☐ 41 馬來西亞人
- ☐ 42 Pakistani
- ☐ 42 巴基斯坦人
- ☐ 43 Sri Lankan
- ☐ 43 斯里蘭卡人
- ☐ 44 Taiwanese
- ☐ 44 台灣人
- ☐ 45 Thai
- ☐ 45 泰國人
- ☐ 46 Vietnamese
- ☐ 46 越南語
- ☐ 49 Asian, Other Specify
- ☐ 49 亞洲人, 其他, 請詳述
- ☐ 50 Samoan/American Samoan
- ☐ 50 薩摩亞人/美屬薩摩亞人 (Samoan/American Samoan)
- ☐ 51 Guamanian
- ☐ 51 關島人 (Guamanian)
- ☐ 52 Tongan
- ☐ 52 東加人
- ☐ 53 Fijian
- ☐ 53 斐濟人
- ☐ 55 Pacific Islander, Other Specify
- ☐ 55 太平洋島民, 其他, 請詳述
- ☐ 90 Both/All/Multiracial
- ☐ 90 兩者/所有/多種族的
- ☐ 95 None of these
- ☐ 95 以上皆非
- ☐ 97 Other (Specify: _____)
- ☐ 97 其他 (請詳述: _____)

‘QA20_A19’ [AH36] - What languages do you speak at home?

您在家中用什麼語言交談？

Check all that apply

- ☐ 1 English
- ☐ 1 英語
- ☐ 2 Spanish
- ☐ 2 西班牙語
- ☐ 3 Cantonese
- ☐ 3 廣東話
- ☐ 4 Vietnamese
- ☐ 4 越南語
- ☐ 5 Tagalog
- ☐ 5 他加祿語 (TAGALOG)
- ☐ 6 Mandarin
- ☐ 6 國語
- ☐ 7 Korean
- ☐ 7 韓國語
- ☐ 8 Asian Indian languages (including Hindi, Punjabi, Urdu)
- ☐ 8 亞洲印度語 (Hindi, Punjabi, Urdu)
- ☐ 9 Russian
- ☐ 9 俄語
- ☐ 12 Japanese
- ☐ 12 日本語
- ☐ 14 French
- ☐ 14 法語
- ☐ 15 German
- ☐ 15 德語
- ☐ 18 Farsi
- ☐ 18 現代伊朗語
- ☐ 19 Armenian
- ☐ 19 亞美尼亞語
- ☐ 20 Arabic
- ☐ 20 阿拉伯語
- ☐ 91 Other 1 (Specify: _____)
- ☐ 91 其他 1 (請詳述: _____)
- ☐ 92 Other 2 (Specify: _____)
- ☐ 92 其他 2 (請詳述: _____)

PROGRAMMING NOTE 'QA20_A20' :
IF 'QA20_A19' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO
PROGRAMMING NOTE 'QA20_A21' ;
IF 'QA20_A19' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH
'QA20_A20' AND DISPLAY: 'Since you speak a language other than English at home, we are
interested in your own opinion of how well you speak English' AND DROP RESPONSE
CATEGORY 'Not at all?';
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA20_A20' WAS
ASKED

'QA20_A20' [AH37] - {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

{因為您在家中說的語言不是英文，我們很想知道您認為自己英語說得怎樣。} 您認為您的英語說得.....

- ☐ 1 Very well
- ☐ 1 非常好
- ☐ 2 Fairly well
- ☐ 2 好
- ☐ 3 Not well
- ☐ 3 不好
- ☐ 4 Not at all
- ☐ 4 完全不會

'QA20_A21' [AH43] - Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

您現在是已婚、與伴侶像婚姻關係一樣同居、喪偶、離婚、分居還是從未結婚？

- ☐ 1 Married
- ☐ 1 已婚
- ☐ 2 Living with partner
- ☐ 2 與伴侶同居
- ☐ 3 Widowed
- ☐ 3 鰥寡
- ☐ 4 Divorced
- ☐ 4 離婚
- ☐ 5 Separated
- ☐ 5 分居
- ☐ 6 Never married
- ☐ 6 未婚

PROGRAMMING NOTE 'QA20_A22' :

IF ['QA20_A21' = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)], THEN CONTINUE WITH 'QA20_A22';
IF 'QA20_A21' = 1, THEN DISPLAY 'spouse';
IF 'QA20_A21' = 2, THEN DISPLAY 'partner';
ELSE GO TO 'QA20_A24'

'QA20_A22' [AH44] - Is your {spouse/partner} also living in your household?

您的不是也住在您的住戶中？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_A23' [SC11A] - May I have your {spouse/partner}'s first name, age, and gender?

你是否能夠告訴我你的{伴侶}的名字和年齡？

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

SPOUSE/PARTNER NAME _____

和您的配偶／伴侶名稱_____

SPOUSE/PARTNER AGE [SR: 18-102]_____

和您的配偶／伴侶齡相[SR: 18-102]_____

SPOUSE/PARTNER SEX _____

和您的配偶／伴侶性 _____

PROGRAMMING NOTE 'QA20_A24': IF WSC6=-3 IN SCREENER, CONTINUE WITH 'QA20_A24';
ELSE SKIP TO PN_ 'QA20_A25'

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

除了您自己（和您的配偶／伴侶）之外，是否還有其他 18 歲或以上的成年人目前住在這個家庭裡？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_A25':
IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GO TO 'QA20_B2'

'QA20_A25' [SC7A] - How many children, age 11 and younger including babies, normally live in this household?

通常有幾個 11 歲及以下的兒童，包括嬰兒，住在這個家庭？

Children under 12 _____

'QA20_A26' [SC8A] - And how many adolescents age 12-17, normally live in this household?

而且，通常有幾個 12 至 17 歲的青少年居住在這個家庭？

Children 12 -17 _____

POST NOTE SC8: SET KIDCNT = SC7 + SC8

'QA20_A27' [SC13A1] - {Let's start with the oldest} What is (the child's/this child's/the next child's) first name or initials?

{從年紀最大的開始} (兒童/這名兒童/下一名兒童)的姓名或姓名縮寫是什麼？

Name/ Initials given (SPECIFY) _____

'QA20_A28' [SC13A2] - What is (the child's/this child's) age?

(兒童/這名兒童)年紀多大？

☐ -7 REFUSED

PROGRAMMING NOTE 'QA20_A29':
IF KIDCNT =1 INSERT 'the child's'
IF KIDCNT >1 INSERT 'this child's'

'QA20_A29' [GENDER6] - What is {the child's/this child's} gender?

{兒童/這名兒童}的性別是什麼？

- ☐ 1 男性
- ☐ 1 Male
- ☐ 2 女性
- ☐ 2 Female

PROGRAMMING NOTE 'QA20_A30':
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK 'QA20_A30' FOR EACH ROSTER MEMBER WITHOUT AN AGE
NOTE 'QA20_A30' IS PART OF THE CHILD ROSTER
(IF 'QA20_A28' =-3. ASK 'QA20_A30' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)
(IF 'QA20_A27' =-3 AND 'QA20_A28' =-3 INSERT 'the child'
AND DO NOT DISPLAY CHILD NAME/SEX)

'QA20_A30' [SC15A4] - Is {CHILD NAME/ the child}...

{CHILD NAME/小孩}是..

- ☐ 1 0 to 5 years old, or
- ☐ 1 0 至 5 歲, 或
- ☐ 2 6 to 11 years old, or
- ☐ 2 6 至 11 歲, 或
- ☐ 3 12 to 17 years old?
- ☐ 3 12 至 17 歲?

PROGRAMMING NOTE 'QA20_A31':
IF KIDCNT =1 INSERT 'the child'
IF KIDCNT >1 INSERT 'all the children'

'QA20_A31' [SC14B4] - Are you the parent or legal guardian of (the child/all the children) in your household?

您是家庭內(兒童/所有兒童)的家長或法定監護人嗎?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_A32':
IF 'QA20_A31' =2
ASK 'QA20_A33' FOR EACH CHILD IN THE ROSTER

'QA20_A32' [SC14B] - Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

您是{CHILD NAME/AGE/SEX}的家長或法定監護人嗎?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_A33':
IF NAME GIVEN AT 'QA20_A23' INSERT 'QA20_A23' NAME
ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
IF KIDCNT =1 INSERT 'the child'
IF KIDCNT >1 INSERT 'all the children'

'QA20_A33' [SC14C1] - Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

{SC11A NAME/ AR ADULT NAME/AGE/SEX 的配偶/伴侶)是您家庭內(兒童/所有兒童)的家長或法定監護人嗎?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST NOTE: IF 'QA20_A33' =1 AUTO POPULATE 'QA20_A34' AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE 'QA20_A34': IF 'QA20_A33' =2
ASK 'QA20_A34' FOR EACH CHILD IN THE ROSTER

'QA20_A34' [SC14C2] - Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

(AR NAME/AGE/SEX)是(CHILD NAME/AGE/SEX)的家長或法定監護人嗎?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE:

```

IF 'QA20_A32'=1 THEN
CHILD1CNT = COUNT OF CHILDREN IN 'QA20_A32' AGED 0 TO 5 YRS
CHILD2CNT = COUNT OF CHILDREN IN 'QA20_A32' AGED 6 TO 11 YRS
TEENCNT = COUNT OF CHILDREN IN 'QA20_A32' AGED 12 TO 17 YRS

# Child selection from only those with 'QA20_A32'=1
IF CHILD2CNT=0,
IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],
ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD1CNT=0,
IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],
ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT
ELSE,
FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT +
CHILD2CNT)
FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT +
CHILD2CNT)
SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

# Teen selection from only those with QA20_A32'=1
IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,
ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

```

'QA20_A35' [SC13A] - You indicated there are {NUMBER}{child/children} under 18 in the household. Have we missed any children under 18 who usually live here but are temporarily away?

我在家庭內記錄到{NUMBER}名 18 歲以下兒童。我們有沒有漏掉任何 18 歲以下，通常居住在這裡但暫時離家的兒童？

- ☐ 1 No, no one missed
- ☐ 1 沒有任何錯過
- ☐ 2 Yes
- ☐ 2 是

If = 2, Go back to "QA20_A35'_Loop1'

POST NOTE SC13:

```

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

```


‘QA20_B1’ [SC17B] - What is your relationship to {CHILD NAME/ AGE/SEX}?

您與{CHILD NAME/ AGE/SEX}之間是什麼關係？

- ☐ 1 Mother (Birth/Adoptive/Step/Foster)
- ☐ 1 母親 (生母／領養／繼母／寄養)
- ☐ 2 Father (Birth/Adoptive/Step/Foster)
- ☐ 2 父親 (生父／領養／繼父／寄養)
- ☐ 3 Sister (Birth/Adoptive/Step/Foster)
- ☐ 3 姊妹, 包括繼姊妹、領養姊妹、寄養姊妹
- ☐ 4 Brother (Birth/Adoptive/Step/Foster)
- ☐ 4 兄弟, 包括繼兄弟、領養兄弟、寄養兄弟
- ☐ 5 Grandmother
- ☐ 5 祖母
- ☐ 6 Grandfather
- ☐ 6 祖父
- ☐ 7 Aunt
- ☐ 7 姑／姨／孀／舅母
- ☐ 8 Uncle
- ☐ 8 伯／叔／舅／姑／姨丈
- ☐ 9 Cousin
- ☐ 9 堂／表兄弟姐妹
- ☐ 10 Other relative
- ☐ 10 其他親戚
- ☐ 11 Nonrelative
- ☐ 11 非親屬

POST NOTE ‘QA20_B1’:

IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C ‘We would now like to ask you some questions about (CHILD). This section of the interview takes about 10 minutes.’

Section B: Health Conditions

‘QA20_B2’ [AB1] - These next questions are about your health.

接下來這些問題與您的健康有關

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

總體而言，您認為您的健康狀況是極好、很好、好、一般還是很差？

- ☐ 1 Excellent
- ☐ 1 極好
- ☐ 2 Very good
- ☐ 2 很好
- ☐ 3 Good
- ☐ 3 好
- ☐ 4 Fair
- ☐ 4 普通
- ☐ 5 Poor
- ☐ 5 很差

‘QA20_B3’ [AB17B] - Has a doctor ever told you that you have asthma?

有沒有醫生曾經告訴過您患有哮喘病？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_B8’

‘QA20_B4’ [AB40] - Do you still have asthma?

你是否依然患有哮喘病？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_B5’ [AB41] - During the past 12 months, have you had an episode of asthma or an asthma attack?

在 b 過去 12 個月中，您是否曾經有過哮喘發作？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_B6’ [AB18] - Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor

您目前是否每天服用醫生開給您的或是醫生提供給您的控制哮喘的藥物？

This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.

包括口服藥和吸入劑，但不是用於快速緩解症狀的吸入劑。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_B7’ [AB43] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE ‘QA20_B8’ :
IF ‘QA20_A5’ = 2 (FEMALE AT BIRTH) DISPLAY ‘Other than during pregnancy, has’;
ELSE BEGIN DISPLAY WITH ‘Has’

‘QA20_B8’ [AB22] - {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

{除了懷孕期間，} 是否有醫生曾經告訴您患有糖尿病？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_B16' :
IF 'QA20_B8' = 1 THEN CONTINUE WITH 'QA20_B16' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_B23'

'QA20_B16' [AB23] - How old were you when a doctor first told you that you have diabetes?

當醫生第一次告訴您患有糖尿病時，您的年齡多大？

_____ Age in years

_____ 歲

'QA20_B17' [AB51] - Were you told that you had Type 1 or Type 2 diabetes?

您是否曾經被告知患有一類或二類糖尿病？

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.

一類糖尿病是由於身體無法產生胰島素而引起，常見於兒童及年輕人。二類糖尿病是由於抗胰島素作用而引起，是最常見的糖尿病類型。

- ☐ 1 Type 1
- ☐ 1 一類糖尿病
- ☐ 2 Type 2
- ☐ 2 二類糖尿病
- ☐ 3 Double diabetes (Type 1 and Type 2)
- ☐ 3 3 雙重糖尿病 (double diabetes : 第 1 型及第 2 型)
- ☐ 91 Another Type (Specify: _____)
- ☐ 91 另一型 (具體說明: _____)

'QA20_B18' [AB24] - Are you now taking insulin?

您目前在使用胰島素嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_B19’ [AB25] - Do you now take diabetic pills to lower your blood sugar?

您目前在服用降血糖的糖尿病藥物嗎？

These are sometimes called oral agents or oral hypoglycemic agents.

有時稱作口服藥劑或口服降血糖藥劑。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_B20’ [AB27] - About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin A1c?

在過去的 12 個月中，醫生或其他健康專業人員大約為您進行過多少次糖化血色素（Hemoglobin ‘A one C’）測定？

_____ Number of times
_____ 次

‘QA20_B21’ [AB63] - When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

您最近一次接受瞳孔放大眼科檢查是什麼時候？瞳孔放大会使您的眼睛在短時間內對亮光敏感。

- ☐ 1 Less than 1 month ago
- ☐ 1 少於 1 個月以前
- ☐ 2 Between 1 and 12 months ago
- ☐ 2 介於 1 個月至 12 個月以前
- ☐ 3 Between 1 and 2 years ago
- ☐ 3 介於 1 年至 2 年以前
- ☐ 4 2 or more years ago
- ☐ 4 2 年或 2 年以上
- ☐ 5 Never
- ☐ 5 從來沒有

‘QA20_B22’ [AB112] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便讓您瞭解如何護理自己的糖尿病？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_B23’ [AB29] - Has a doctor ever told you that you have high blood pressure?

是否有醫生曾經告訴過您患有高血壓？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 03 Borderline or pre-hypertension
- ☐ 03 邊緣性 (borderline) 或前期高血壓 (pre-hypertension)

‘QA20_C1’ [AB34] - Has a doctor ever told you that you have any kind of heart disease?

有沒有醫生告訴過您患有任何一種心臟病？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

Section CV: COVID-19

'QA20_CV1' [CV1] - Have you ever had, or thought you might have had, the Coronavirus, COVID-19?
(Implemented May 5th, 2020)

您是否曾感染，或者認為覺得自己可能會感染新型冠狀病毒（COVID-19）？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If= 2, -3 go to 'CV7'

'QA20_CV2' [CV2] - Did you contact a health professional about your COVID-19 concerns?
(Implemented May 5th, 2020)

您會否因為擔心自己感染新型冠狀病毒（COVID-19）而接觸過醫護人員？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'CV5'

'QA20_CV3' [CV3] - Did the health professional tell you they suspected that you had COVID-19?
(Implemented May 5th, 2020)

醫護人員是否告訴您他們懷疑您已感染新型冠狀病毒（COVID-19）？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_CV4' [CV4] - Were you ever tested for COVID-19?
(Implemented May 5th, 2020, asked of all respondents starting June 1st, 2020)

您是否接受過新型冠狀病毒（COVID-19）檢測？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN CV6'

'QA20_CV5' [CV5] - Did you ever receive a positive test result for COVID-19?
(Implemented May 5th, 2020)

您是否曾被確診感染新型冠狀病毒 (COVID-19) ?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_CV6' [CV6] - Were you ever a patient in a hospital overnight or longer because of COVID-19?
(Implemented May 5th, 2020)

您是否曾經因為是新型冠狀病毒 (COVID-19) 病人而入院過夜或住院更長時間 ?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_CV7’ [CV7] - Have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak?
(Implemented May 5th, 2020)

- 您是否曾經因為新型冠狀病毒（COVID-19）疫情爆發而經歷過以下任何情況？

SELECT ALL THAT APPLY

請選擇所有適用選項

- ☐ 01 I've lost my regular job.
- ☐ 01 我失去了我本來的工作。
- ☐ 02 I've had a reduction in hours, or a reduction in income.
- ☐ 02 我被減少工時，或者收入減少。
- ☐ 03 I've switched to working from home.
- ☐ 03 我改為在家工作。
- ☐ 04 因為我是必要人員，所以我需要繼續回公司上班。
- ☐ 05 I've had difficulty in obtaining childcare, or had an increase in childcare expenses.
- ☐ 05 我難以獲得兒童托管服務，或增加了兒童托管服務方面的開支。
- ☐ 06 I've had financial difficulties with paying rent or mortgage.
- ☐ 06 我在支付租金或按揭供款方面有經濟困難。
- ☐ 07 I've had financial difficulties with basic necessities, such as paying bills, tuition, affording groceries, etc.
- ☐ 07 我在生活必需開支方面有經濟困難，例如無法支付賬單、教育費、購買雜貨等。
- ☐ 08 I've been treated unfairly because of my race/ethnicity.
- ☐ 08 我因為我的種族而受到不公平對待。
- ☐ 09 I've experienced other challenges (Specify: _____)
- ☐ 09 我曾經歷過其他挑戰（請註明：_____）
- ☐ 10 None of these
- ☐ 10 以上皆非

PN_CVA11: IF AA5A=3,5,6 AND (CV7=6 OR 7), CONTINUE WITH CVA11, ELSE SKIP TO CV8

'QA20_CV10' [CVA11] – Please select which types of bill(s) you had trouble paying during the COVID-19 pandemic:

(Implemented July 2nd, 2020)

請選擇您在新冠肺炎疫情期間難以支付的賬單類型：

SELECT ALL THAT APPLY

請選擇所有適用項

- ☐ 01 Mortgage
- ☐ 01 按揭貸款（例如：房貸）
- ☐ 02 Rent
- ☐ 02 租金
- ☐ 03 Car payment
- ☐ 03 汽車分期付款
- ☐ 04 Car, home, or health insurance
- ☐ 04 汽車、房屋或健康保險
- ☐ 05 Home utilities
- ☐ 05 家庭水電氣賬單
- ☐ 06 Credit card
- ☐ 06 信用卡
- ☐ 07 None of these
- ☐ 07 以上皆非
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請註明：_____）

'QA20_CV8' [CV8] -- During the stay-at-home orders connected to the COVID-19 outbreak, was there an increase in your household of any of the following:

(Implemented May 5th, 2020)

- 在因為新型冠狀病毒（COVID-19）疫情而實施留家命令期間，在您家中是否多了發生以下事情：

SELECT ALL THAT APPLY

請選擇所有適用選項

- ☐ 01 Interpersonal conflict with family members or loved ones.
- ☐ 01 與家人或親密的人發生人際衝突
- ☐ 02 Snapping at or yelling at family members or loved ones.
- ☐ 02 拍打家人或親密的人或對他們大聲呼喝。
- ☐ 03 Physical punishment of family members or loved ones.
- ☐ 03 對家人或親密的人進行體罰。
- ☐ 04 None of these
- ☐ 04 以上皆非

'QA20_CV9' [CV9] - If a vaccine becomes available for COVID-19, would you get it?

(Implemented May 5th, 2020)

如果有針對新型冠狀病毒（COVID-19）的疫苗，您是否會接種？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PN_CVA1: IF AA5A=3,5,6, CONTINUE WITH CVA1, ELSE SKIP TO CVA12

'QA20_CV11' [CVA1] - Over the past 12 months, have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak.

(Implemented July 2nd, 2020)

在過去12個月，由於新冠肺炎疫情爆發，您是否曾經歷以下任何情形？

I have directly experienced a hate incident due to Coronavirus.

由於新冠肺炎疫情，我直接經歷一宗仇恨事件。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2,-3 go to 'CVA3'

'QA20_CV12' [CVA2] – Did you experience...

(Implemented July 2nd, 2020)

您是否經歷了.....

SELECT ALL THAT APPLY

請選擇所有適用項

- ☐ 01 Physical abuse or attack,
- ☐ 01 肢體虐待或襲擊
- ☐ 02 Verbal abuse or insults,
- ☐ 02 言語虐待或侮辱
- ☐ 03 Cyberbullying, or
- ☐ 03 網絡欺凌或
- ☐ 04 Something else? (Specify: _____)
- ☐ 04 其他？（請註明：_____）
- ☐ 05 None of these
- ☐ 05 以上皆非

‘QA20_CV13’ [CVA3] - I have witnessed another Asian or Pacific Islander person being treated unfairly due to their race, ethnicity, or national origin.

(Implemented July 2nd, 2020)

我目擊了其他亞洲人或太平洋島民由於其種族、族裔或民族血統而受到不公對待。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_CV14’ [CVA4] – I have had difficulties performing my work due to poor internet or lack of usable computer.

(Implemented July 2nd, 2020)

由於互聯網連接差或缺乏可用的電腦，我難以完成工作。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_CV15’ [CVA5] – Where do you get updated news and information about COVID-19?

(Implemented July 2nd, 2020)

您通過什麼管道獲取新冠肺炎疫情的最新消息和資訊？

Check all that apply.

請勾選所有適用項。

- ☐ 01 Television – Mainstream
- ☐ 01 電視——主流
- ☐ 02 Television – Ethnic
- ☐ 02 電視——民族
- ☐ 03 Radio – Mainstream
- ☐ 03 廣播——主流
- ☐ 04 Radio – Ethnic
- ☐ 04 廣播——民族
- ☐ 05 Newspaper – Mainstream
- ☐ 05 報紙——主流
- ☐ 06 Newspaper – Ethnic
- ☐ 06 報紙——民族
- ☐ 07 Governmental agencies
- ☐ 07 政府機構
- ☐ 08 Your doctor
- ☐ 08 您的醫生
- ☐ 09 Family members
- ☐ 09 家人
- ☐ 10 Friends
- ☐ 10 朋友
- ☐ 11 Your employer
- ☐ 11 僱主
- ☐ 12 Social media, such as Facebook, WeChat, and Instagram
- ☐ 12 社交媒體，例如Facebook、微信和Instagram
- ☐ 13 Religious leader
- ☐ 13 宗教領袖
- ☐ 14 Elders/Community leaders
- ☐ 14 耆英/社區領袖

PN_CVA6: IF MULTIPLE RESPONSES TO CVA5; CONTINUE WITH CVA6, ELSE SKIP TO CVA7

'QA20_CV16' [CVA6] – Of the sources of information that you mentioned, which one do you rely upon the most?

(Implemented July 2nd, 2020)

就您提及的資訊來源中，您最依賴哪一個管道？

- ☐ 01 Television – Mainstream
- ☐ 01 電視——主流
- ☐ 02 Television – Ethnic
- ☐ 02 電視——民族
- ☐ 03 Radio – Mainstream
- ☐ 03 廣播——主流
- ☐ 04 Radio – Ethnic
- ☐ 04 廣播——民族
- ☐ 05 Newspaper – Mainstream
- ☐ 05 報紙——主流
- ☐ 06 Newspaper – Ethnic
- ☐ 06 報紙——民族
- ☐ 07 Governmental agencies
- ☐ 07 政府機構
- ☐ 08 Your doctor
- ☐ 08 您的醫生
- ☐ 09 Family members
- ☐ 09 家人
- ☐ 10 Friends
- ☐ 10 朋友
- ☐ 11 Your employer
- ☐ 11 僱主
- ☐ 12 Social media, such as Facebook, WeChat, and Instagram
- ☐ 12 社交媒體，例如Facebook、微信和Instagram
- ☐ 13 Religious leader
- ☐ 13 宗教領袖
- ☐ 14 Elders/Community leaders
- ☐ 14 耆英/社區領袖

‘QA20_CV17’ [CVA7] – Please tell us the extent to which you agree or disagree with the following statements.

(Implemented July 2nd, 2020)

請告知我們您在多大程度上贊同或反對以下陳述。

I feel that my city or local government has done a good job managing the COVID-19 outbreak.

我認為我所在城市或當地政府在控制新冠肺炎疫情方面表現不錯。

- ☐ 01 Strongly agree
- ☐ 01 強烈贊同
- ☐ 02 Agree
- ☐ 02 贊同
- ☐ 03 Neither agree nor disagree
- ☐ 03 既不贊同也不反對
- ☐ 04 Disagree
- ☐ 04 反對
- ☐ 05 Strongly disagree
- ☐ 05 強烈反對

‘QA20_CV18’ [CVA8] – I feel that the national government has done a good job managing the COVID-19 outbreak.

(Implemented July 2nd, 2020)

我認為國家政府在控制新冠肺炎疫情方面表現不錯。

- ☐ 01 Strongly agree
- ☐ 01 強烈贊同
- ☐ 02 Agree
- ☐ 02 贊同
- ☐ 03 Neither agree nor disagree
- ☐ 03 既不贊同也不反對
- ☐ 04 Disagree
- ☐ 04 反對
- ☐ 05 Strongly disagree
- ☐ 05 強烈反對

PN_CVA9: IF SELECTED SCHOOL-AGE CHILD IN HH CONTINUE, ELSE SKIP TO PN_CVA10

'QA20_CV19' [CVA9] – [CHILD'S NAME]'s school has made efforts to continue educating students during the “stay at home orders” that met my child's needs.
(Implemented July 2nd, 2020)

在「居家令」期間，[CHILD'S NAME] 的學校努力堅持教學，滿足我孩子的需求。

- ☐ 01 Strongly agree
- ☐ 01 強烈贊同
- ☐ 02 Agree
- ☐ 02 贊同
- ☐ 03 Neither agree nor disagree
- ☐ 03 既不贊同也不反對
- ☐ 04 Disagree
- ☐ 04 反對
- ☐ 05 Strongly disagree
- ☐ 05 強烈反對

- ☐ 06 My child's school has stopped instruction
- ☐ 06 我孩子的學校已停止教學

PN_CVA10: IF SELECTED TEEN IN HH CONTINUE, ELSE SKIP TO CVA12

'QA20_CV20' [CVA10] – [TEEN'S NAME]'s school has made efforts to continue educating students during the “stay at home orders” that met my teen's needs.
(Implemented July 2nd, 2020)

在「居家令」期間，[TEEN'S NAME]的學校努力堅持教學，滿足我的青少年孩子的需求。

- ☐ 01 Strongly agree
- ☐ 01 強烈贊同
- ☐ 02 Agree
- ☐ 02 贊同
- ☐ 03 Neither agree nor disagree
- ☐ 03 既不贊同也不反對
- ☐ 04 Disagree
- ☐ 04 反對
- ☐ 05 Strongly disagree
- ☐ 05 強烈反對

- ☐ 06 My teen's school has stopped instruction
- ☐ 06 我孩子的學校已停止教學

‘QA20_CV21’ [CVA12] – Please tell us if you agree or disagree with this statement: I feel some resentment towards Asians for the spread of COVID-19.

(Implemented July 2nd, 2020)

請告知我們您是否同意這項陳述：由於新冠肺炎疫情的傳播，我對亞洲人有怨恨感。

- ☐ 01 Strongly agree
- ☐ 01 強烈贊同
- ☐ 02 Agree
- ☐ 02 贊同
- ☐ 03 Neither agree nor disagree
- ☐ 03 既不贊同也不反對
- ☐ 04 Disagree
- ☐ 04 反對
- ☐ 05 Strongly disagree
- ☐ 05 強烈反對

Section C: Health Behaviors

‘QA20_C2’ [AE2] - Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

現在請想想您上個月（即過去 30 天）的飲食，包括正餐及零食。上月您吃過多少次水果？不包括果汁。您可以告訴我每天、每週或每個月的次數。

Your best guess is fine

盡量估計就可以了

_____ times
_____ 次

- ☐ 1 Per day [HR: 0-20; SR: 0-9]
- ☐ 1 每天[HR: 0-20; SR: 0-9]
- ☐ 2 Per week [HR: 0-70; SR: 0-29]
- ☐ 2 每週[HR: 0-20; SR: 0-29]
- ☐ 3 Per month [HR: 0-210; SR: 0-149]
- ☐ 3 每個月[HR: 0-210; SR: 0-149]

‘QA20_C3’ [AE7] - [During the past month,] how many times did you eat vegetables like green salad, green beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.

[在上個月，]您吃過多少次蔬菜，例如蔬菜沙拉、四季豆或馬鈴薯？{不包括炸薯條 或煮熟的乾豆，如豆泥（refried beans）、焗豆（baked beans）、或豆湯。如果是每天、每週、或每個月，請輸入}

Other vegetables include tomatoes, carrots, onions, or broccoli. Rice is not a vegetable

如番茄、胡蘿蔔、洋蔥、或花椰菜

_____ Times
_____ 次

- ☐ 1 Per day [HR: 0-20; SR: 0-9]
- ☐ 1 每天[HR: 0-20; SR: 0-9]
- ☐ 2 Per week [HR: 0-70; SR: 0-29]
- ☐ 2 每週[HR: 0-20; SR: 0-29]
- ☐ 3 Per month [HR: 0-210; SR: 0-149]
- ☐ 3 每個月[HR: 0-210; SR: 0-149]

‘QA20_C4’ [AC46] - During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

[過去一個月中,] 您喝加糖果汁飲料、運動或能量飲料的頻率有多高?

Examples might include lemonade, Gatorade, Snapple, or Red Bull.

例如檸檬水、Gatorade、Snapple 或 Red Bull

Do not include: 100% fruit juices or soda, yogurt drinks, carbonated water, or fruit-flavored teas

請不要包括：100%果汁或汽水、優酪乳、蘇打水或水果茶。

_____ times

Select one

- ☐ 1 Per day [HR: 0-20; SR: 0-9]
- ☐ 1 每天[HR: 0-20; SR: 0-9]
- ☐ 2 Per week [HR: 0-70; SR: 0-29]
- ☐ 2 每週[HR: 0-20; SR: 0-29]
- ☐ 3 Per month [HR: 0-210; SR: 0-149]
- ☐ 3 每個月[HR: 0-210; SR: 0-149]

‘QA20_C5’ [AE15] - Now, I am going to ask about various health behaviors.

現在, 我想就各種不同的健康行為問題提問。

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

在您的一生中, 您抽煙的總量是否至少有 100 支或 100 支以上?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If= 2, -3, go to ‘E-CIGARETTE INTRO’

'QA20_C6' [AE15A] - Do you now smoke cigarettes every day, some days, or not at all?

您現在是每天、某些天抽煙還是完全不抽煙？

- ☐ 1 Every day
- ☐ 1 每天
- ☐ 2 Some days
- ☐ 2 有些天
- ☐ 3 Not at all
- ☐ 3 從未

If =2, go to 'QA20_C8'

If =3, -3, go to 'E-CIGARETTE INTRO'

'QA20_C7' [AD32] - On average, how many cigarettes do you now smoke a day?

目前您每天平均抽多少支煙？

A pack usually contains 20 cigarettes

一包香菸通常裝有 20 支香菸

_____ Number of cigarettes [HR: 0-120]
_____ 支香菸 [HR: 0-120]

If = -3, go to 'QA20_C9'

PROGRAMMING NOTE 'QA20_C8' :IF 'QA20_C6' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA20_C8' ;ELSE GO TO 'QA20_C9'

'QA20_C8' [AE16] - In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

在過去 30 天中您抽煙的日子裡，您每天抽多少支煙？

If you did not smoke everyday in the past 30 days, consider the days you did smoke. A pack usually contains 20 cigarettes.

如果您在過去 30 天內沒有每天吸菸，請細想您過去吸菸的日子

_____ Number of cigarettes [HR: 0-120]
_____ 支香菸 [HR: 0-120]

‘QA20_C9’ [AC58C] - Are the cigarettes you usually smoke menthol-flavored?

您通常抽的香煙是薄荷口味的嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE ‘QA20_C10’ :

IF ‘QA20_C6’ = 1 (SMOKE EVERY DAY) OR ‘QA20_C6’ = 2 (SMOKE SOME DAYS), CONTINUE WITH ‘QA20_C10’ ;ELSE GO TO ‘E-CIGARETTE INTRO’

‘QA20_C10’ [AC49] - During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

在過去十二個月中，您是否曾因嘗試戒煙而停止抽煙一天或更長時間？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C11’ [AC50] - Are you thinking about quitting smoking in the next six months?

您是否在考慮在今後六個月內戒煙？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'E-CIGARETTE INTRO' [E-CIGARETTE INTRO] - The next questions are about electronic cigarettes and other electronic vaping products. These products typically contain nicotine, flavors, and other ingredients. They may also be called e-cigs, vape pens, pod mods, hookah pens or e-hookah. Popular brands include JUUL, Blu, NJOY, Suorin, and Vuse.

接下來的問題是關於電子煙和其他電子煙產品。這些產品通常含有尼古丁、香精、和其他成分。它們也可能被稱為電子煙（e-cigs）、筆式電子煙（vape pens）、封閉式可換彈電子煙（pod mods）、水煙筆（hookah pens）、或電子水煙袋（e-hookah）。熱門品牌包括 JUUL、Blu、NJOY、Suorin 和 Vuse 請在答案中包括使用 JUUL 或 JUULing。

Do not include products used only for marijuana.

不包括僅用於吸大麻的產品。

'QA20_C12' [AC81C] - Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

您是否曾經使用過電子煙和其他電子煙產品，即使一生只用過一次？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2,-3, go to 'QA20_C16'

'QA20_C13' [AC82C] - In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

在過去 30 天內，您會有多少天使用電子煙和其他電子煙產品？

_____ Number of days [HR: 0 -30]
_____天[HR: 0 -30]

'QA20_C14' [AC134] - Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

您使用的電子香煙中，是否有薄荷、水果，糖果或酒的口味？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C15’ [AC83C] - What best describes your reasons for using e-cigarettes?

您是因為什麼原因抽電子煙？

Check all that apply

- ☐ 1 To quit smoking
- ☐ 1 戒煙
- ☐ 2 To replace smoking
- ☐ 2 取代吸煙
- ☐ 3 To cut down or reduce smoking
- ☐ 3 減少吸煙或降低吸煙量
- ☐ 4 To use in places where smoking is not allowed
- ☐ 4 用於不准吸煙之處
- ☐ 5 To just try it out of curiosity
- ☐ 5 出於好奇而試用
- ☐ 6 To avoid the lingering odor of cigarettes
- ☐ 6 避免揮之不去的煙味
- ☐ 7 To help me concentrate/ stay alert
- ☐ 7 幫助我集中精神／保持警覺
- ☐ 8 Because they come in many flavors
- ☐ 8 因為它們有多種口味
- ☐ 9 Because they are less expensive than cigarettes
- ☐ 9 因為它們比香煙還便宜
- ☐ 10 Because they are healthier than cigarettes
- ☐ 10 因為它們比香煙更健康
- ☐ 11 For enjoyment or social reasons
- ☐ 11 出於享受或社交原因
- ☐ 12 To reduce stress, anxiety, or pain
- ☐ 12 抒解壓力、焦慮、或疼痛
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

‘QA20_C16’ [AC135] - During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

在過去 30 天內，有多少天您曾使用過嚼用菸草、濕鼻煙粉、或乾鼻煙粉？

- ☐ 1 0 days
- ☐ 1 0 天
- ☐ 2 1-2 days
- ☐ 2 1~2 天
- ☐ 3 3-5 days
- ☐ 3 3~5 天
- ☐ 4 6-9 days
- ☐ 4 6~9 天
- ☐ 5 10-19 days
- ☐ 5 10~19 天
- ☐ 6 20-29 days
- ☐ 6 20~29 天
- ☐ 7 30 days
- ☐ 7 30 天

If = 1, -3 go to ‘QA20_C18’

‘QA20_C17’ [AC136] - Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

您使用過的嚼用菸草中，是否有例如薄荷、水果，糖果或酒之類的口味？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C18’ [AC137] - During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

在過去 30 天內，有多少天您會抽過小雪茄？

- ☐ 1 0 days
- ☐ 1 0 天
- ☐ 2 1-2 days
- ☐ 2 1~2 天
- ☐ 3 3-5 days
- ☐ 3 3~5 天
- ☐ 4 6-9 days
- ☐ 4 6~9 天
- ☐ 5 10-19 days
- ☐ 5 10~19 天
- ☐ 6 20-29 days
- ☐ 6 20~29 天
- ☐ 7 30 days
- ☐ 7 30 天

If = 1, -3 go to ‘QA20_C20’

‘QA20_C19’ [AC138] - Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

您所抽過的小雪茄是否有例如薄荷、水果、糖果或是酒之類的口味？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C20’ [AC139] - During the past 30 days, on how many days did you smoke big cigars?

在過去 30 天裡，有多少天您曾抽過大雪茄？

- ☐ 1 0 days
- ☐ 1 0 天
- ☐ 2 1-2 days
- ☐ 2 1~2 天
- ☐ 3 3-5 days
- ☐ 3 3~5 天
- ☐ 4 6-9 days
- ☐ 4 6~9 天
- ☐ 5 10-19 days
- ☐ 5 10~19 天
- ☐ 6 20-29 days
- ☐ 6 20~29 天
- ☐ 7 30 days
- ☐ 7 30 天

If = 1, -3 go to ‘QA20_C22’

‘QA20_C21’ [AC140] - Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

您使用過的雪茄是否有例如薄荷、水果、糖果或是酒之類的口味？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C22’ [AC141] - During the past 30 days, on how many days did you use a hookah water pipe?

在過去 30 天裡，有多少天您曾使用過‘胡卡’水烟？

- ☐ 1 0 days
- ☐ 1 0 天
- ☐ 2 1-2 days
- ☐ 2 1~2 天
- ☐ 3 3-5 days
- ☐ 3 3~5 天
- ☐ 4 6-9 days
- ☐ 4 6~9 天
- ☐ 5 10-19 days
- ☐ 5 10~19 天
- ☐ 6 20-29 days
- ☐ 6 20~29 天
- ☐ 7 30 days
- ☐ 7 30 天

If = 1, -3 go to ‘QA20_C24’

‘QA20_C23’ [AC142] - Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

您使用過的‘胡卡’水烟是否有例如薄荷、水果、糖果或是酒之類的口味？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C24’ [AC143] - Which statement best describes smoking or vaping a tobacco product, including e-cigarettes, inside your home?

下列哪一項敘述最能說明在您家裡抽煙或電子煙產品，包括電子煙等的情形？

- ☐ 01 Not allowed anywhere or at any time inside my home
- ☐ 01 在我家裡，不論任何地方或任何時間都不允許
- ☐ 02 Allowed in some places or at some times inside my home
- ☐ 02 在我家裡，在某些地方或某些時間允許
- ☐ 03 Allowed anywhere and at any time inside my home
- ☐ 03 在我家裡，不論任何地方或任何時間都允許

‘QA20_C25’ [AC144] - In the last two weeks, have you ever been exposed to secondhand tobacco smoke or e-cigarette vapor in California?

在過去的兩週內，您在加州是否曾經暴露在烟草或電子煙的二手菸裏？

You are exposed to secondhand smoke or vapor when people around you are smoking or vaping.

當您周圍的人抽煙或吸電子煙產品時，您會暴露於二手煙或蒸氣的環境。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C26’ [AC115] - The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking. Have you ever, even once, tried marijuana or hashish in any form?

接下來的問題是關於大麻，又稱大麻或大麻草、哈希什及其他含有四氫大麻酚的產品。使用這些產品有多種方法，包括吸食、蒸氣抽吸、塗抹、進食或進飲。您曾否使用（即使只是一次）大麻或哈希什？

THC is the active ingredient in marijuana

四氫大麻酚（THC）是大麻中的主要成份。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_C39’

‘QA20_C27’ [AC116] - How long has it been since you last used marijuana or hashish in any form?

自您上次使用大麻或哈希什起有多久了？

If less than one day since last used marijuana or hashish, enter 0

自從上次使用大麻或哈希什（hashish）至今，如果不足一天的時間，請輸入 0

- ☐ 1 Days [HR: 0-365]
- ☐ 1 天 [HR: 0-365]
- ☐ 2 Months [HR: 0-12]
- ☐ 2 個月大 [HR: 0-12]
- ☐ 3 Years [0-99]
- ☐ 3 歲 [0-99]

PROGRAMMING NOTE ‘QA20_C28’

IF ‘QA20_C27’ >30 DAYS OR >1 MONTH, THEN GO TO ‘QA20_C39’;

ELSE CONTINUE WITH ‘QA20_C28’;

‘QA20_C28’ [AC117] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

過去 30 天內，您有多少天使用過大麻、哈希什或其他含有四氫大麻酚的產品？

- ☐ 1 0 days
- ☐ 1 0 天
- ☐ 2 1-2 days
- ☐ 2 1~2 天
- ☐ 3 3-5 days
- ☐ 3 3~5 天
- ☐ 4 6-9 days
- ☐ 4 6~9 天
- ☐ 5 10-19 days
- ☐ 5 10~19 天
- ☐ 6 20-29 days
- ☐ 6 20~29 天
- ☐ 7 30 days
- ☐ 7 30 天

If = 1, go to ‘QA20_C39’

‘QA20_C29’ [AC118] - How often have you used tobacco and marijuana at the same time?

您同時抽煙及抽大麻的頻率為何？您會說.....

- ☐ 1 Usually
- ☐ 1 通常
- ☐ 2 Sometimes
- ☐ 2 有時
- ☐ 3 Never
- ☐ 3 從未

‘QA20_C30’ [AC119] - During the past 30 days, how did you use marijuana? Did you...

Smoke it in a joint, bong, or pipe?

過去 30 天內，您如何使用大麻？您曾否.....用煙卷、水煙壺或煙斗吸食？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C31’ [AC120] - During the past 30 days, how did you use marijuana? Did you...

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

過去 30 天內，您如何使用大麻？您曾否.....吸食內含部分或全部大麻的雪茄（有時稱為小雪茄煙）？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C32’ [AC121] - During the past 30 days, how did you use marijuana? Did you...

Eat it?

[過去 30 天內，您如何使用大麻？] 您有否.....進食大麻？

For example, in brownies, cakes, cookies or candy

例如布朗尼、蛋糕、曲奇/餅乾或糖果形式

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C33’ [AC122] - During the past 30 days, how did you use marijuana? Did you...

Drink it?

過去 30 天內，您如何使用大麻？] 您有否.....進飲大麻？

For example, in tea, cola, alcohol or other drinks

例如茶、可樂、酒或其他飲品形式

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C34’ [AC123] - During the past 30 days, how did you use marijuana? Did you...

Vaporize it?

[過去 30 天內，您如何使用大麻？] 您有否.....蒸氣抽吸大麻？

For example, in an e-cigarette type vaporizer

例如電子煙式蒸發器

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C35’ [AC124] - During the past 30 days, how did you use marijuana? Did you...

Dab it?

[過去 30 天內，您如何使用大麻？] 您有否.....塗抹大麻？

For example, using butane hash oil, wax or concentrates

例如塗抹丁烷大麻油、蠟或精華

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C36’ [AC125] - During the past 30 days, how did you use marijuana? Did you...

Use it some other way?

[過去 30 天內，您如何使用大麻？] 您有否.....以其他方式使用大麻？

- ☐ 1 Yes (Specify_____)
- ☐ 1 是 請詳述：_____)
- ☐ 2 No
- ☐ 2 否

‘QA20_C37’ [AC126] - Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

上月您使用大麻，是醫生或其他醫護人員建議的嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, go to ‘QA20_C39’

‘QA20_C38’ [AC127] - Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

上月您使用大麻，是醫生或其他醫護人員建議的嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C39’ [AC128] - Have you used heroin in the past 12 months?

過去 12 個月內，您曾否使用海洛英？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C40’ [AC129] - Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

처방약 진통제의 예로는 Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® 및 Methadone 이 있습니다. 過去 12 個月內，您 曾否 未按醫囑而服用任何處方止痛藥？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_C48’

‘QA20_C42’ [AC131] - Did you get the prescription(s) from one doctor or from more than one doctor?

您有否獲一位或多位醫生處方？

- ☐ 01 One doctor
- ☐ 01 一位醫生
- ☐ 02 More than one doctor
- ☐ 02 多於一位醫生
- ☐ 03 Didn't get it from a doctor
- ☐ 03 沒有從醫生那裡取得

‘QA20_C44’ [AC133] - What condition or conditions have you taken the medicine for?

在什麼狀況或多種狀況下，您曾經服用該藥？

Check all that apply

- ☐ 1 Dental work/ dental pain
- ☐ 1 牙齒治療／牙痛
- ☐ 2 Surgery, not accident related
- ☐ 2 手術，無關意外事故
- ☐ 3 Recent injury
- ☐ 3 最近的傷害
- ☐ 4 Chronic pain, regardless of cause
- ☐ 4 慢性疼痛，無論原因為何
- ☐ 91 Other (Specify) _____
- ☐ 91 其他（請詳述：_____）

‘QA20_C45’ [AC163] - What is your best estimate of the number of days you used prescription pain killers in any way a doctor did not direct you to use during the past 30 days?

在過去 30 天內，您估計有多少天您曾以未按醫囑的方式使用處方止痛藥？

_____ [0-30 days]

_____ [0~30 天]

If <1, go to ‘PN_QA20_C48’

‘QA20_C46’ [AC164] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while...

在過去 30 天內，您是否曾以未按醫囑的方式使用處方止痛藥，同時做任何下列事：

Drinking alcohol or within a couple of hours of drinking?

喝藥幾個小時內就喝酒了？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C47’ [AC165] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while ...Using Benzodiazepines (e.g. Xanax, Ativan, Klonopin, Valium, etc.)?

在過去 30 天內，您是否曾以未按醫囑的方式使用處方止痛藥，同時做任何下列事：

使用苯二氮平類（Benzodiazepines）藥物？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C48’ [AC166] - Have you used methamphetamines in the past 12 months?

在過去 12 個月內您是否使用過甲基安非他命？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C49’ [AC167] - Have you used any prescription stimulants (such as Adderall®, Dexedrine®) in any way a doctor did not direct you to use it in the past 12 months?

在過去 12 個月內，您是否曾以未按醫囑的方式使用任何處方興奮劑（即阿得拉（Adderall）、德太德林（Dexedrine））？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_C50’ [AC160] –On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think genetics and medical care are to a person’s health?

請以 1 到 10 的等級來評估，1 表示毫不重要，10 表示極端重要，您認為遺傳對於人的健康的重要程度為何？

_____ [HR: 1-10]

‘QA20_D1’ [AC161] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think individual or environmental factors – such as a person’s behaviors or access to healthy foods or recreation – are to a person’s health?

請以 1 到 10 的等級來評估，1 表示毫不重要，10 表示極端重要，您認為個人或環境因素—比如人的行為或享有健康食品或娛樂的機會—對人的健康的重要程度為何？

_____ [HR: 1-10]

Section D: General Health, Disability, and Sexual Health

‘QA20_D2’ [AE17] - These next questions are about your height and weight. How tall are you without shoes?

以下是幾個有關您的身高和體重的問題。您不穿鞋時身高是多少？

You may answer in feet and inches or centimeters

您可以用英尺和英寸、或公尺和公分長度單位來回答

- _____ Feet (Range 3-7)
- _____ 英尺 (Range 3-7)
- _____ Inches (Range 0-11)
- _____ 英寸 (Range 0-11)

- _____ Meters (Range 1-2)
- _____ 公尺 (Range 1-2)
- _____ Centimeters (Range 0-300)
- _____ 公分 (Range 0-300)

PROGRAMMING NOTE ‘QA20_D3’ :
IF ‘QA20_A5’ = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR ‘QA20_A4’ < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY ‘When not pregnant, how’;
ELSE DISPLAY ‘How’

‘QA20_D3’ [AE18] - {When not pregnant, how/How} much do you weigh without shoes?

{不懷孕時, } 您不穿鞋時體重是多少？

You may answer in pounds or kilograms

請盡量估計體重。您可以用磅或公斤重量單位來回答。

- _____ Pounds (Range 50 - SR: 450 HR: 999)
- _____ 磅 (Range 50 - SR: 450 HR: 999)

- _____ Kilograms (Range 20-220)
- _____ 公斤 (Range 20-220)

‘QA20_D4’ [AD50] - Are you blind or deaf, or do you have a severe vision or hearing problem?

您是盲人或聾人，或有嚴重視力或聽力障礙嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_D6’

‘QA20_D5’ [AL8] - Are you legally blind?

您是不是法律認可的盲人？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_D6’ [AL10] - Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

由於身體、精神、或情緒狀況，{您／他／她／姓名}是否在注意力、記憶力、或作決定方面有嚴重的困難？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_D7’ [AL11] - Do you have difficulty dressing or bathing?

您是否在穿衣或洗澡方面有困難？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_D8’ [AL12] - Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

由於身體、精神、或情緒狀況，您是否很難獨自辦事，比如拜訪醫生診所或購物？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_D9’ [AD43B] - We are asking a few questions about people’s sexual experiences. All answers will be kept private.

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

我們會提出幾個有關性經歷的問題。所有的答案都會予以保密。在過去十二個月中，您有過幾位性伴侶？

_____ Number of partners [HR: 0 - 99, SR: 0 - 20]

_____ 位合作夥伴 [HR: 0 - 99, SR: 0 - 20]

If >=0, -3 go to ‘QA20_D11’

- ☐ -8 Don't know
- ☐ -8 不知

‘QA20_D10’ [AD44B] - Can you give me your best guess of the number of sexual partners you have had in the past 12 months?

您能不能儘量估計有幾個人？

_____ Number of partners [HR: 0 - 99, SR: 0 - 20]

_____ 位合作夥伴 [HR: 0 - 99, SR: 0 - 20]

- ☐ 1 0 partners
- ☐ 1 0 位伴侶
- ☐ 2 1 partner
- ☐ 2 1 位伴侶
- ☐ 3 2-3 partners
- ☐ 3 2-3 位伴侶
- ☐ 4 4-5 partners
- ☐ 4 4-5 位伴侶
- ☐ 5 6-10 partners
- ☐ 5 6-10 位伴侶
- ☐ 6 More than 10 partners
- ☐ 6 超過 10 位伴侶

PROGRAMMING NOTE AD45 :IF 'QA20_D9' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE 'QA20_D12' ;ELSE CONTINUE WITH AD45 ; IF 'QA20_D9' OR AD44 = 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'

'QA20_D11' [AD45B] - {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

{您的性伴侶是男性還是女性/在過去十二個月中，您的性伴侶是男性、女性還是既有男性又有女}?

- ☐ 1 Male
- ☐ 1 男性
- ☐ 2 Female
- ☐ 2 女性
- ☐ 03 Both male and female
- ☐ 03 男性和女性皆有

PROGRAMMING NOTE AD46 :IF 'QA20_A6' =2, 3, 4, -3 (IDENTIFIES AS FEMALE, TRANSGENDER, NONE OF THESE, SKIPPED), DISPLAY 'Gay, Lesbian' IN QUESTION AND 'Gay and Lesbian' IN HELP SCREEN AND 'GAY, LESBIAN, OR HOMOSEXUAL' IN RESPONSE CATEGORY; ELSE DISPLAY 'Gay' IN QUESTION AND 'Gay' in HELP SCREEN AND 'Gay' IN RESPONSE CATEGORY

'QA20_D12' [AD46B] - Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

您認為自己是異性戀、男同性戀、{女同性戀}同性戀、還是雙性戀？

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, Bisexuals have sex with or are attracted to people of both sexes.

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

- ☐ 1 Straight or heterosexual
- ☐ 1 異性戀
- ☐ 2 Gay{, lesbian,} or homosexual
- ☐ 2 男同性戀者、女同性戀者、或同性戀者
- ☐ 3 Bisexual
- ☐ 3 雙性戀
- ☐ 4 Not sexual, celibate, or none of the above
- ☐ 4 無性行為／獨身／無性
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE AD60 :

**IF ['QA20_A6' = 1 (IDENTIFIES AS MALE) AND 'QA20_D11' = 1 (MALE)] OR ['QA20_A6' = 2 (IDENTIFIES AS FEMALE) AND 'QA20_D11' = 2 (FEMALE)] OR ['QA20_D11' = 3, -3] OR [IF 'QA20_D12' ≠ 1] CONTINUE WITH 'QA20_D13' ;
ELSE GO TO 'QA20_D15'**

'QA20_D13' [AD60B] - Are you legally married to someone of the same sex?

您是否與同性別的人合法登記結婚？

Do not include legal domestic partnership. Include legal same sex marriages performed in California and other states

不包括合法的同居伴侶關係 (*domestic partnership*)。包括在加州和其他州履行的合法同性婚姻 (*same-sex marriage*)

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'PN_QA20_D15'

'QA20_D14' [AD61B] - Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

您與同性別的人合法登記為同居伴侶是否獲得加利福尼亞州政府的認可？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_D15';
IF ['QA20_A5' = 1 OR 'QA20_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND
'QA20_D11' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN
CONTINUE WITH 'QA20_D15';
ELSE IF ('QA20_A6' = 1 AND 'QA20_A5' = 2) OR ('QA20_A6' = 2 AND 'QA20_A5' = 1), THEN
CONTINUE WITH 'QA20_D15';
ELSE IF 'QA20_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA20_D15';
ELSE IF 'QA20_A6' = 1 AND 'QA20_D12' = 2 OR 3, THEN CONTINUE WITH 'QA20_D15'; ELSE SKIP
TO 'QA20_D19';

'QA20_D15' [AD79] - People who do not have HIV can take one pill a day to lower their risk of getting HIV.

This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

At any time in the past 30 days, have you taken PrEP or Truvada®?

沒有愛滋病毒（人類免疫缺乏病毒）的人可每天服用一粒藥丸，以減低染上愛滋病毒的風險。這稱為預防性用藥或 PrEP，而藥丸亦稱為特魯瓦達（Truvada®）。過去 30 天內任何時刻，您曾否服用預防性用藥或特魯瓦達？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_D19'

'QA20_D16' [AD80] - In the past 12 months, have you taken any PrEP or Truvada®?

過去 12 個月內，您曾否服用任何預防性用藥或特魯瓦達？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_D19'

'QA20_D17' [AD81] - Have you ever taken any PrEP or Truvada®?

您有否試過服用任何預防性用藥或特魯瓦達？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_D19'

‘QA20_D18’ [AD82] - Before today, have you ever heard of PrEP or Truvada®?

今天前，您有否聽過預防性用藥或特魯瓦達？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_D19’ [AD83] - Have you ever been tested for HIV, the virus that causes AIDS?

您是否曾經接受過艾茲病毒 HIV 測試？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_E1’

‘QA20_D20’ [AD84] - For your most recent HIV test, were you offered the test or did you ask for the test?

您最近一次接受愛滋病毒測試，是獲提供測試，還是自己主動要求接受測試？

- ☐ 1 I was offered the test
- ☐ 1 我曾接受測試
- ☐ 2 I asked for the test
- ☐ 2 我曾要求測試
- ☐ 3 I don't remember
- ☐ 3 我不記得了
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

If = 1, 2, 3, 91, -3, go to PN_ ‘QA20_E2’

‘QA20_E1’ [AD85] - Were you ever offered an HIV test?

您曾否獲提供愛滋病毒測試？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

Section F: Mental Health

‘QA20_E2’ [AJ29] - The following questions ask about how you have been feeling during the past 30 days.

For each question, please mark the category that best describes how often you had this feeling.

以下是有關你在過去三十天內的感覺的問題。

About how often during the past 30 days did you feelnervous?

在過去30天內，您大約每隔多久會感到緊張不安您認為是始終、大多數時間、有時、很少還是從不？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_E3’ [AJ30] - ... hopeless?

感到毫無希望？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_E4’ [AJ31] - ... restless or fidgety?

不安或煩躁？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_E5’ [AJ32] - ... so depressed that nothing could cheer you up?

非常壓抑以致任何事情都無法讓您高興起來？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_E6’ [AJ33] - ... that everything was an effort?

做每件事都很費力？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_E7’ [AJ34] - ... worthless?

自己毫無用處？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_E8’ [AF62] - Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

**PROGRAMMING NOTE ‘QA20_F1’ :IF ‘QA20_E8’ = 1 THEN CONTINUE WITH ‘QA20_F1’ ;
ELSE SKIP TO PROGRAMMING NOTE ‘QA20_F7’ intro**

‘QA20_F1’ [AF63] - The next questions are about the one month in the past 12 months when you were at your worst emotionally.

以下是有關在過去十二個月中你的精神狀態最差的一個月的問題。

During that same month, how often did you feelnervous?

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

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_F2’ [AF64] - ... hopeless?

感到毫無希望？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_F3’ [AF65] - ... restless or fidgety?

不安或煩躁？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_F4’ [AF66] - ... so depressed that nothing could cheer you up?

非常壓抑以致任何事情都無法讓您高興起來？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_F5’ [AF67] - ... that everything was an effort?

做每件事都很費力？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

‘QA20_F6’ [AF68] - ... worthless?

自己毫無用處？

- ☐ 1 All of the time
- ☐ 1 總是
- ☐ 2 Most of the time
- ☐ 2 大部分時候
- ☐ 3 Some of the time
- ☐ 3 有些時候
- ☐ 4 A little of the time
- ☐ 4 少量時候
- ☐ 5 None of the time
- ☐ 5 從未

```

IF 'QA20_E2'-'QA20_E7' > 0 THEN,
IF 'QA20_E2'-'QA20_E7' = 1 THEN 'QA20_E2'_R-'QA20_E7'_R = 4;
ELSE IF 'QA20_E2'-'QA20_E7' = 2 THEN 'QA20_E2'_R-'QA20_E7'_R = 3;
ELSE IF 'QA20_E2'-'QA20_E7' = 3 THEN 'QA20_E2'_R-'QA20_E7'_R = 2;
ELSE IF 'QA20_E2'-'QA20_E7' = 4 THEN 'QA20_E2'_R-'QA20_E7'_R = 1;
ELSE IF 'QA20_E2'-'QA20_E7' = 5 THEN 'QA20_E2'_R-'QA20_E7'_R = 0;
ELSE 'QA20_E2'_R-'QA20_E7'_R = 'QA20_E2'-'QA20_E7';
IF 'QA20_F1'-'QA20_F6' > 0 THEN,
IF 'QA20_F1'-'QA20_F6' = 1 THEN 'QA20_F1'_R-'QA20_F6'_R = 4;
ELSE IF 'QA20_F1'-'QA20_F6' = 2 THEN 'QA20_F1'_R-'QA20_F6'_R = 3;
ELSE IF 'QA20_F1'-'QA20_F6' = 3 THEN 'QA20_F1'_R-'QA20_F6'_R = 2;
ELSE IF 'QA20_F1'-'QA20_F6' = 4 THEN 'QA20_F1'_R-'QA20_F6'_R = 1;
ELSE IF 'QA20_F1'-'QA20_F6' = 5 THEN 'QA20_F1'_R-'QA20_F6'_R = 0;
ELSE 'QA20_F1'_R-'QA20_F6'_R = 'QA20_F1'-'QA20_F6';

IF ('QA20_E2'_R - 'QA20_E7'_R) >= 0 (NON-MISSING) THEN DO;
IF ('QA20_E2'_R + 'QA20_E3'_R + 'QA20_E4'_R + 'QA20_E5'_R + 'QA20_E6'_R + 'QA20_E7'_R) > 8
OR
('QA20_F1'_R + 'QA20_F2'_R + 'QA20_F3'_R + 'QA20_F4'_R + 'QA20_F5'_R + 'QA20_F6'_R) > 8,
THEN CONTINUE WITH 'QA20_F7' INTRO;

IF ('QA20_F1'_R - 'QA20_F6'_R) 7 OR
('QA20_F1'_R + 'QA20_F2'_R + 'QA20_F3'_R + 'QA20_F4'_R + 'QA20_F5'_R + 'QA20_F6'_R) > 7,
THEN CONTINUE WITH 'QA20_F7' INTRO;

IF 'QA20_E8' = 1 THEN DISPLAY 'again, please';
ELSE SKIP TO 'QA20_F12';

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'AF69B_INTRO' [AF69B_INTRO] - Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

請想一想過去十二個月中您的情緒處於最差狀況的一個月。

PROGRAMMING NOTE 'QA20_F7' :
IF AGE > 70 GO TO 'QA20_F8' ;
ELSE CONTINUE WITH 'QA20_F7'

'QA20_F7' [AF69B] - Did your emotions interfere a lot, some, or not at all with your performance at work/school?

您的情緒對您在工作中的表現是影響很大、有一些影響還是根本沒有影響？

- ☐ 1 A lot
- ☐ 1 大量
- ☐ 2 Some
- ☐ 2 有些
- ☐ 3 Not at all
- ☐ 3 毫不
- ☐ 4 I do not work
- ☐ 4 不起作用

‘QA20_F8’ [AF70B] - Did your emotions interfere a lot, some, or not at all with your household chores?

您的情緒對您做家務是影響很大、有一些影響還是根本沒有影響？

- ☐ 1 A lot
- ☐ 1 大量
- ☐ 2 Some
- ☐ 2 有些
- ☐ 3 Not at all
- ☐ 3 毫不
- ☐ 4 I do not work
- ☐ 4 不起作用

‘QA20_F9’ [AF71B] - Did your emotions interfere a lot, some, or not at all with your social life?

您的情緒對您的社交生活是影響很大、有一些影響還是根本沒有影響？

- ☐ 1 A lot
- ☐ 1 大量
- ☐ 2 Some
- ☐ 2 有些
- ☐ 3 Not at all
- ☐ 3 毫不
- ☐ 4 I do not work
- ☐ 4 不起作用

AF72B’ [AF72B] - Did your emotions interfere a lot, some, or not at all with y our relationship with friends and family?

您的情緒對您與朋友及家人的關係是影響很大、有一些影響還是根本沒有影響？

- ☐ 1 A lot
- ☐ 1 大量
- ☐ 2 Some
- ☐ 2 有些
- ☐ 3 Not at all
- ☐ 3 毫不
- ☐ 4 I do not work
- ☐ 4 不起作用

‘QA20_F11’ [AF73B] - Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

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

_____ Number of days

_____ 支香煙

‘QA20_F12’ [AF81] - Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_F14’

‘QA20_F13’ [AJ1] - Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

您的保險是否為精神健康疾病治療提供保賠？例如，心理學家或精神病學家門診。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 03 Don't have insurance
- ☐ 03 不喜歡去

‘QA20_F14’ [AF74] - In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過您的主治醫生或全科醫生？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_F15' [AF75] - In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過任何其他專業人員，例如心理諮詢師、精神病醫生或社會工作者？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_F16' :
IF 'QA20_F14' = 1 OR 'QA20_F15' = 1 THEN CONTINUE WITH 'QA20_F16' ;
ELSE SKIP TO 'QA20_F21'

'QA20_F16' [AF76] - Did you seek help for your mental or emotional health or for an alcohol or drug problem?

您是否曾經因為精神或情感健康、酗酒或吸毒的問題尋求幫助？

- ☐ 1 Mental-emotional health
- ☐ 1 心理—情緒健康
- ☐ 2 Alcohol-drug problem
- ☐ 2 酗酒—吸毒問題
- ☐ 3 Both mental and alcohol-drug problems
- ☐ 3 心理及酗酒—吸毒問題皆有

PROGRAMMING NOTE 'QA20_F17' :
IF 'QA20_F16' = 1, display: 'mental or emotional health';
IF 'QA20_F16' = 2, display: 'use of alcohol or drugs';
IF 'QA20_F16' = 3, display: 'mental or emotional health and your use of alcohol or drugs';
ELSE SKIP TO 'QA20_F18'

'QA20_F17' [AF77] - In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

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

_____ Number of visits [HR: 0 - 365, SR: 0 - 52]

_____ 次就診次數 [HR: 0 - 365, SR: 0 - 52]

‘QA20_F18’ [AF78] - Are you still receiving treatment for these problems from one or more of these providers?

您現在仍然因為這些問題在約見其中的一位或多位服務提供者嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, -3 go to ‘QA20_F21’

‘QA20_F19’ [AF79] - Did you complete the recommended full course of treatment?

您是否已經完成了建議的全部療程？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, -3 go to ‘QA20_F21’

‘QA20_F20’ [AF80] - What is the main reason you are no longer receiving treatment?

您不再接受治療的主要原因是什麼？

- ☐ 1 Got better/ no longer needed treatment
- ☐ 1 狀況好轉／不再需要了
- ☐ 2 Not getting better
- ☐ 2 狀況沒有好轉
- ☐ 3 Wanted to handle problem on my own
- ☐ 3 想要自己處理問題
- ☐ 4 Had bad experiences with treatment
- ☐ 4 治療經驗不良
- ☐ 5 Lack of time or transportation
- ☐ 5 缺乏時間／交通工具
- ☐ 6 Too expensive
- ☐ 6 太過昂貴
- ☐ 7 Insurance does not cover
- ☐ 7 保險不保
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

‘QA20_F21’ [AJ5] - During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMING NOTE ‘QA20_F22’ :

**IF ‘QA20_F12’ = 1 AND (‘QA20_F14’ ≠ 1 AND ‘QA20_F15’ ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH ‘QA20_F22’ ;
ELSE SKIP TO ‘QA20_F26’**

‘QA20_F22’ [AF82] - Here are some reasons people have for not seeking help even when they think they might need it. Please mark ‘yes’ or ‘no’ for whether each statement applies to why you did not see a professional.

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

You were concerned about the cost of treatment.

您擔心治療的費用。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_F23’ [AF83] - You did not feel comfortable talking with a professional about your personal problems.

您與專業人員談論自己的個人問題感到不自在。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_F24’ [AF84] - You were concerned about what would happen if someone found out you had a problem.

您擔心如果有人知道了您的問題後會出現什麼情況。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_F25’ [AF85] - You had a hard time getting an appointment.

您在預約時遇到了困難。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

**PROGRAMMING NOTE ‘QA20_F26’::;IF AAGE .>=65, CONTINUE WITH ‘QA20_F26’
ELSE GO TO ‘QA20_F29’**

‘QA20_F26’ [AF107B] - 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.

接下來的問題是關於您對生活中不同方面的感受。對於每一項，請告訴我您有這種感覺的頻繁程度。

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

首先，您覺得自己缺乏友誼的頻率如何？是不是.....

- ☐ 1 Hardly ever
- ☐ 1 幾乎從來沒有
- ☐ 2 Some of the time
- ☐ 2 有的時候
- ☐ 3 Often
- ☐ 3 經常

‘QA20_F27’ [AF108B] - How often do you feel left out? Is it...

您覺得被遺忘的頻率如何？是不是.....

- ☐ 1 Hardly ever
- ☐ 1 幾乎從來沒有
- ☐ 2 Some of the time
- ☐ 2 有的時候
- ☐ 3 Often
- ☐ 3 經常

‘QA20_F28’ [AF109B] - How often do you feel isolated from others? Is it...

您覺得被孤立的頻率如何？是不是.....

- ☐ 1 Hardly ever
- ☐ 1 幾乎從來沒有
- ☐ 2 Some of the time
- ☐ 2 有的時候
- ☐ 3 Often
- ☐ 3 經常

‘QA20_F29’ [AG44] - The next questions are about your use of technology.

接下來是關於您利用科技的問題。

People may use the internet for streaming video/music, playing games, checking social media, using apps, browsing the web, etc, on a computer or on a phone or mobile device.

On a typical day, how often do you use the internet?

在平常的一天裡，您出於個人原因而使用網際網路進行例如：瀏覽網頁、串流影片／音樂、玩遊戲、查看社群媒體、使用應用程式等活動的頻率是多少？您會說...

- ☐ 01 Almost constantly
- ☐ 01 幾乎不間斷，
- ☐ 02 Many times a day,
- ☐ 02 每日許多次，
- ☐ 03 A few times a day, or
- ☐ 03 每日幾次
- ☐ 04 Less than a few times a day
- ☐ 04 每天不到幾次

‘QA20_F30’ [AG45] - On a typical day, how often do you use a computer or mobile device for social media?

在平常的一天裡，您使用電腦或行動裝置上社群媒體的頻率為何？

Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc

社群媒體可能包括 Facebook、Instagram、Twitter、Snapchat、YouTube 等

- ☐ 01 Almost constantly
- ☐ 01 幾乎不間斷，
- ☐ 02 Many times a day,
- ☐ 02 每日許多次，
- ☐ 03 A few times a day, or
- ☐ 03 每日幾次
- ☐ 04 Less than a few times a day
- ☐ 04 每天不到幾次

‘QA20_F31’ [AG46] - In the past 12 months, have you tried to get help from an on-line tool, including mobile apps or texting services for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

在過去的 12 個月內，您是否嘗試從線上工具獲得援助，包括行動應用程式或簡訊服務，用來解決您的心理健康、情緒、神經、或酒精或藥物的使用問題？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, go to ‘QA20_F33’

If=-3, go to ‘QA20_F34’

‘QA20_F32’ [AG47] - How useful was this?

其有用的程度？

- ☐ 01 Very
- ☐ 01 非常
- ☐ 02 Somewhat
- ☐ 02 有些
- ☐ 3 Not at all
- ☐ 3 毫不

**PROGRAMMING NOTE 'QA20_F33': IF 'QA20_F31' =2 AND 'QA20_F12' = 1 THEN CONTINUE WITH 'QA20_F33'
ELSE SKIP TOAG49**

'QA20_F33' [AG48] - What is the main reason you did not try to get help from an on-line tool, including mobile apps, or texting services?

您如果沒有嘗試利用線上工具來獲得援助，包括行動應用程式或簡訊服務，其主要原因是什麼？

- ☐ 1 Got better/ no longer needed
- ☐ 1 狀況好轉／不再需要了
- ☐ 2 Wanted to handle problem myself
- ☐ 2 想要自己處理問題
- ☐ 3 Don't own a smartphone or computer
- ☐ 3 沒擁有智慧型手機或電腦
- ☐ 4 Didn't know about these apps
- ☐ 4 不知道是否有或找不到這些類型的應用程式
- ☐ 5 Don't trust mobile apps
- ☐ 5 不信任行動應用程式
- ☐ 6 Concerns about privacy and security of data
- ☐ 6 關切資料的隱私和安全
- ☐ 7 Don't think it would be helpful or work
- ☐ 7 不認為這會有幫助或有效
- ☐ 8 Cost
- ☐ 8 成本
- ☐ 9 Don't have time
- ☐ 9 缺乏研究
- ☐ 10 Received traditional/ face-to-face services
- ☐ 10 應用程式似乎難以使用
- ☐ 11 Don't think I needed it
- ☐ 11 沒有時間使用應用程式
- ☐ 12 Don't have enough space to download new apps
- ☐ 12 得到傳統的／面對面的服務
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

‘QA20_F34’ [AG49] - In the past 12 months, have you connected online with people that have mental health or alcohol/drug concerns similar to yours through methods such as social media, blogs, and online forums?

在過去的 12 個月中，您是否曾透過社群媒體、部落格、和線上論壇等方式，跟與您有類似心理健康或酗酒／毒品方面關切的人在線上聯繫？

Include online forums or closed social media groups on specific issues, doing hashtag searches on social media, or following people with similar health conditions

包括對特定問題的線上論壇或封閉社群媒體組群，在社群媒體上從事主題標籤搜索，或關注具有相似健康狀況人群的進展。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_F35’ [AG50] - In the past 12-months, have you used online tools to find, be referred to, contact, or connect with a mental health professional?

在過去 12 個月中，您是否使用線上工具查找、轉介、接觸、或聯繫心理健康專業人員？

For example, by texting, on-line messaging, video chat, or a mental health or health-related mobile app

例如，透過發簡訊、線上發通訊、視訊聊天、或心理健康或與健康相關的行動應用程式。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

Section G: Demographic Information, Part II

PROGRAMMING NOTE 'QA20_G1':

IF CHILD INTERVIEW COMPLETED AND 'QA20_B1'=1, MARK 'QA20_G1'= CH11 AND GO TO 'QA20_G2';

IF CHILD INTERVIEW COMPLETED AND 'QA20_B1'=2, MARK 'QA20_G1'= CH14 AND GO TO 'QA20_G2';

ELSE CONTINUE WITH 'QA20_G1'

'QA20_G1' [AH33] - Now a few more questions about your background.

現在，我想問幾個有關您的背景的問題。

In what country were you born?

您是在哪一個國家出生的？

- ☐ 1 United States
- ☐ 1 美國
- ☐ 2 American Samoa
- ☐ 2 美屬薩摩亞
- ☐ 3 Canada
- ☐ 3 加拿大
- ☐ 4 China
- ☐ 4 中國
- ☐ 09 Guam
- ☐ 09 關島
- ☐ 16 Japan
- ☐ 16 日本
- ☐ 17 Korea
- ☐ 17 韓國
- ☐ 18 Mexico
- ☐ 18 墨西哥
- ☐ 19 Philippines
- ☐ 19 菲律賓
- ☐ 22 Puerto Rico
- ☐ 22 波多黎各
- ☐ 25 Vietnam
- ☐ 25 越南
- ☐ 26 Virgin Islands
- ☐ 26 美屬維京群島
- ☐ 13 Other (Specify: _____)
- ☐ 13 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_G2' :**IF 'QA20_G1' ≠ 1, (NOT BORN IN US) GO TO 'QA20_A19' ;****ELSE IF 'QA20_G1' = 1 OR -3 (BORN IN US, SKIPPED) CONTINUE WITH 'QA20_G2';****IF CHILD INTERVIEW COMPLETED ['QA20_B1'=1, 2 AND 'QA20_G1'=1 DISPLAY 'You previously mentioned you were born in the United States.'];****ELSE DISPLAY 'In what country was your mother born'**

'QA20_G2' [AH34] - {You previously mentioned you were born in the United States}.In what country was your mother born?

귀하는 앞서 미국에서 태어나셨다고 말씀하셨습니다}.您的母親是在哪一個國家出生的?

- ☐ 1 United States
- ☐ 1 美國
- ☐ 2 American Samoa
- ☐ 2 美屬薩摩亞
- ☐ 3 Canada
- ☐ 3 加拿大
- ☐ 4 China
- ☐ 4 中國
- ☐ 09 Guam
- ☐ 09 關島
- ☐ 16 Japan
- ☐ 16 日本
- ☐ 17 Korea
- ☐ 17 韓國
- ☐ 18 Mexico
- ☐ 18 墨西哥
- ☐ 19 Philippines
- ☐ 19 菲律賓
- ☐ 22 Puerto Rico
- ☐ 22 波多黎各
- ☐ 25 Vietnam
- ☐ 25 越南
- ☐ 26 Virgin Islands
- ☐ 26 美屬維京群島
- ☐ 13 Other (Specify: _____)
- ☐ 13 其他 (請詳述 : _____)

‘QA20_G3’ [AH35] - In what country was your father born?

您的父親是在哪一個國家出生的？

- ☐ 1 United States
- ☐ 1 美國
- ☐ 2 American Samoa
- ☐ 2 美屬薩摩亞
- ☐ 3 Canada
- ☐ 3 加拿大
- ☐ 4 China
- ☐ 4 中國
- ☐ 09 Guam
- ☐ 09 關島
- ☐ 16 Japan
- ☐ 16 日本
- ☐ 17 Korea
- ☐ 17 韓國
- ☐ 18 Mexico
- ☐ 18 墨西哥
- ☐ 19 Philippines
- ☐ 19 菲律賓
- ☐ 22 Puerto Rico
- ☐ 22 波多黎各
- ☐ 25 Vietnam
- ☐ 25 越南
- ☐ 26 Virgin Islands
- ☐ 26 美屬維京群島
- ☐ 13 Other (Specify: _____)
- ☐ 13 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_G4' :
IF 'QA20_G1' = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND 'QA20_B1'=1,2], GO TO PROGRAMMING NOTE 'QA20_G7'
ELSE CONTINUE WITH 'QA20_G4'

'QA20_G4' [AH39] - The next questions are about citizenship and immigration.

以下是有關公民身份及移民的幾個問題。

Are you a citizen of the United States?

您是美國公民嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Application pending
- ☐ 3 申請待審

If = 1, go to 'QA20_G6'

'QA20_G5' [AH40] - Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

您是持有綠卡的永久居民嗎？您的回答會得到保密，不會向移民局報告。

People usually call this a 'Green Card' but the color can also be pink, blue, or white.

人們通常把它稱作「綠卡」，但卡的顏色可能是粉紅色、藍色或白色。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Application pending
- ☐ 3 申請待審

'QA20_G6' [AH41] - About how many years have you lived in the United States?

您在美國已經居住了大約多少年？

For less than a year, enter 1 year

若不足一年，輸入 1 年

_____ Number of years
_____ 年

PROGRAMMING NOTE AH41Y: (IF 'QA20_G1' = 03-08, 10-21, 23-25 OR 91-99) AND 'QA20_G6' = MISSING, CONTINUE ELSE GO TO PROGRAMMING NOTE 'QA20_A22'

_____ Year (First came to live in U.S.)
 _____ 年首次來到並居住在美國

PROGRAMMING NOTE 'QA20_G7' :IF [AAGE < 30 OR 'QA20_A4' = 1 (AGE 18-29)] AND ['QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'QA20_A21' = 3, 4, 5, 6, OR -3 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, SKIPPED) AND 2 OR MORE ADULTS LIVING IN HH], CONTINUE WITH 'QA20_G7' ; ELSE GO TO PROGRAMMING NOTE 'QA20_G16'

'QA20_G7' [AH43A] - Are you now living with either of your parents?

您目前有沒有與您的父母之中一人住在一起？

This includes your parents as well as your spouse/partner's parents

這包括您的父母以及您的配偶／伴侶的父母

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_G8' [TP1] - {Earlier you mentioned you had at least one adolescent age 12 to 17 in your household.} We would like to survey {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take {him/her} about 15 minutes to complete. Your teen's answers may help other teens in your community and across California.

{您之前提到過，您家裡至少有一位 12 至 17 歲的青少年。} 我們的研究想要對{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}進行調查。這是一項網上調查，{他／她}可能需要花費大約 15 分鐘完成。您孩子的答案可能會對您社區和整個加州的其他青少年有幫助。

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

我們將寄送 10 美元的禮券以酬謝您的孩子完成這項調查。

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

我們將會調查資訊郵寄到您家中，其中附有指導您的孩子完成調查的操作指南。

1. [Click here to see the types of questions we will ask](#)
1. [按一下這裡查看我們將提出的問題類型](#)

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

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

{青少年調查中的問題非常類似您正在回答的問題，但長度要短得多。其中涵蓋了一系列健康問題，包括一般健康、飲食、運動，以及其他健康和健康的習慣，如吸煙、飲酒、吸毒等。還有一些關於霸凌、暴力、和性行為的問題。有幾個關於自殺想法或企圖的問題，因為這是相當嚴重的健康問題。對任何需要幫助的青少年，我們提供諮詢和援助資訊。}

2. [Click here to learn about how we intend to contact your teen](#)

2. 按一下這裡了解我們將如何聯絡您的孩子

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

我們將寄一封信到您家裡，要求您給您的孩子一封密封信封。這信封會包含研究連結及其獨有的安全存取碼。在您同意之下，如果您的青少年沒有完成線上調查，我們還希望向您取得最方便的聯絡電話號碼，儘量透過電話完成調查。研究完成之後，您孩子的名字和聯絡方式都會從我們的紀錄中刪除。

3. [Click here for our privacy protection policy](#)

3. 按一下這裡{hyperlink3}查看我們的隱私權保護政策

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

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}可以跳過任何{他／她}想跳過的問題，或者可以隨時停止調查。就如同您的答案一樣，我們將嚴格保密{他／她}的答案，並將其與其他青少年的答案相結合，僅供研究之用。{他／她}的名字不會與這些答案相關連。{他／她}的名字和我們所擁有的聯絡方式將在研究完成後從我們的記錄中刪除。}

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

我們是否有您的許可與{他／她}聯絡，並請{他／她}參加調查？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

**PROGRAMMING NOTE 'QA20_G8'_A: IF 'QA20_G8' =2,-3 SKIP TO 'QA20_G8'_BRC, ELSE CONTINUE WITH TP_1A
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA20_G8', DO NOT DISPLAY 'Questions in teen survey....in need.;
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA20_G8', DO NOT DISPLAY 'Like your answers, {his/her} answers....8714.'
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA20_G8'=1, SKIP TO TP_NAME**

'QA20_G9' [TP1_A] - Thank you. Your teen's answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

謝謝您的合作。您孩子的答案可能會對您社區和整個加州的其他青少年有幫助。{在繼續進行之前，我們需要向您展示一些文本。}

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

{青少年調查中的問題非常類似您正在回答的問題，但長度要短得多。其中涵蓋了一系列健康問題，包括一般健康、飲食、運動，以及其他健康和健康的習慣，如吸煙、飲酒、吸毒等。還有一些關於霸凌、暴力、和性行為的問題。有幾個關於自殺想法或企圖的問題，因為這是相當嚴重的健康問題。對任何需要幫助的青少年，我們提供諮詢和援助資訊。}

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

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}可以跳過任何{他／她}想跳過的問題，或者可以隨時停止調查。就如同您的答案一樣，我們將嚴格保密{他／她}的答案，並將其與其他青少年的答案相結合，僅供研究之用。{他／她}的名字不會與這些答案相關連。{他／她}的名字和我們所擁有的聯絡方式將在研究完成後從我們的記錄中刪除。}

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

要進一步了解有關研究對象權利的資訊，請聯絡研究對象保護辦事處（Office for the Protection of Research Subjects），電話號碼是 310-825-8714

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

確認一下，我們是否有您的許可與{他／她}聯絡，並請{他／她}參加調查？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 5 No
- ☐ 5 否

PROGRAMMING NOTE 'QA20_G8'_BRC: IF 'QA20_G8'_A =2,-3 CONTINUE WITH 'QA20_G8'_BRC AND DISPLAY 'However,...interview'; ELSE IF 'QA20_G8'=2, CONTINUE WITH 'QA20_G8'_BRC AND DISPLAY ' Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 8714.'

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA20_G8', DO NOT DISPLAY 'Questions in teen survey....any time.'

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA20_G8', DO NOT DISPLAY 'Like your answers, {his/her} answers8714.'

ELSE SKIP TO TP_NAME

'QA20_G10' [TP1_BRC] - We understand that you would prefer that your teen not participate in the survey.

我們理解您不希望您的青少年參與調查。謝謝您的考慮。

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

{然而，加州正面臨這些重要的公共健康問題。某些父母選擇不讓他們的孩子參與，因為讓孩子回答有關毒品或性行為的問題，他們會感覺不自在。如果您希望我不要問關於吸毒或性行為的問題，我可以確定在訪談中不會提這些問題。}

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

{青少年調查中的問題非常類似您正在回答的問題，但長度要短得多。其中涵蓋了一系列健康問題，包括一般健康、飲食、運動，以及其他健康和健康的習慣，如吸煙、飲酒、吸毒等。還有一些關於霸凌、暴力、和性行為的問題。有幾個關於自殺想法或企圖的問題，因為這是相當嚴重的健康問題。對任何需要幫助的青少年，我們提供諮詢和援助資訊。}

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

加州正面臨這些重要的公共健康問題。某些父母選擇不讓他們的孩子參與，因為讓孩子回答有關毒品或性行為的問題，他們會感覺不自在。如果您希望我不要問關於吸毒或性行為的問題，我可以確定在訪談中不會提這些問題。

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

{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}可以跳過任何{他／她}想跳過的問題，或者可以隨時停止調查。就如同您的答案一樣，我們將嚴格保密{他／她}的答案，並將其與其他青少年的答案相結合，僅供研究之用。{他／她}的名字不會與這些答案相關連。{他／她}的名字和我們所擁有的聯絡方式將在研究完成後從我們的記錄中刪除。}

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

根據這些訊息，您是否會重新考慮允許我們聯繫{他/她}並詢問{他/她}是否願意參加這項調查嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 Yes if no questions on drugs
- ☐ 2 是的，如果排除關於毒品的問題
- ☐ 3 Yes if no questions on sexual behavior
- ☐ 3 是的，如果排除關於性行為的問題
- ☐ 4 Yes if no questions on drugs and sexual behavior
- ☐ 4 是的，如果排除關於毒品和性行為的問題
- ☐ 5 No
- ☐ 5 否

If=1, 2,3, 4 go to TP_NAME

If= 5, -3 go to 'QA20_G14'

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

感謝您同意讓您的青少年參與這項重要的研究。為了以適當方式聯絡您的孩子，請提供{ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION}的名字和姓氏。請記住，{他的／她的}名字不會和回答聯繫起來。

First name _____
名字 _____

Last name _____
姓氏 _____

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

如果您的孩子沒有完成線上調查，我們希望取得您的同意，儘量聯絡您的孩子讓{他／她}透過電話完成調查。因為我們必須聯繫{ADOLESCENT'S FIRST NAME}來完成本調查，如果您能提供{他／她}的最佳聯絡電話號碼以儘量聯絡到他{他／她}，將會很有幫助。研究完成後，這個電話號碼將從我們的記錄中刪除。這可以是住家、有線（固網）或手機號碼。

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

可以請您提供我們聯繫{ADOLESCENT'S FIRST NAME}的住家、有線（固網）或手機號碼嗎？

____ - ____ - ____ - ____ - ____

- | | |
|----|------------|
| 01 | Landline |
| 01 | 有線（固網） |
| 02 | Cell phone |
| 02 | 手機 |

(ASK IF TP_NAME= 2)

'TP2_CELL2' [TP2_CELL2]. Is the cell phone number you just provided your teen's personal phone number?

您剛才提供的手機號碼是您孩子的私人電話號碼嗎？

- | | |
|-----------------------|-------|
| <input type="radio"/> | 1 Yes |
| <input type="radio"/> | 1 是 |
| <input type="radio"/> | 2 No |
| <input type="radio"/> | 2 否 |

(ASK IF TP2_CELL2 = 1)

'QA20_G13' [TP3]. Are you willing to let us send your teen a text message reminder to participate in the survey?

您是否同意我們向您的孩子發送簡訊，以提醒參與調查？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_G14' [TP6] - We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

我們理解您不希望您的孩子參與調查。非常感謝您的體諒。

PROGRAMMING NOTE 'QA20_G15': IF 'QA20_G8' = 1 OR 'QA20_G8'_RC =1,2,3, CONTINUE WITH 'QA20_G15'; ELSE SKIP TO 'QA20_G16'

'QA20_G15' [TP_END] - Thank you for allowing your teen to participate. We have some more questions for you.

感謝您允許您的孩子參加。我們還有一些問題要問您。

**PROGRAMMING NOTE 'QA20_G16' :ANY CHILDREN IN 'QA20_A35' ARE AGE 13 OR LESS, CONTINUE WITH 'QA20_G16';ELSE GO TO 'QA20_G19' ;
IF ANY CHILD IN ROSTER 'QA20_A35' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY 'for any children under age 14';IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY 'you or your spouse';ELSE IF 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY 'you or your partner';ELSE DISPLAY 'you'**

'QA20_G16' [AH44A] - In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

在過去一個月中，當{您或您的配偶/您或您的伴侶/您}在工作、上學或尋找工作時，是否{讓任何年齡在 14 歲以下的孩子}接受任何付費幼兒看護服務？

This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.

這包括學前啟蒙計劃（*Head Start*）、日託所、上學前及放學後的看護計劃以及任何臨時幼兒照看安排。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'QA20_G19'

'QA20_G17' [AH44B] - In the past month, how much did you pay for all child care arrangements and programs?

在上個月中，您為所有的幼兒看護安排及計劃支付了多少費用？

You or another adult in your household may pay for this arrangement or program

您或您家中的另一位成年人可能會為此安排或計畫負擔費用

\$_____ Amount last month [HR: 0-8,000]
\$_____ 上個月金額[HR: 0-8,000]

- ☐ 3 There was no payment in the last month
- ☐ 3 上個月無應付金額

'QA20_G18' [AH44BW] - If it easier for you, how much do you pay for all child care arrangements and programs in a typical week last month.

如果這樣比較容易，您可以告訴我您在上個月最有代表性的一週中支付了多少費用。您或您的住戶裡任何一位成年人。

\$_____ Amount in typical week [HR: 0-3,000]
\$_____ 平常按週計算金額為[HR: 0-3,000]

PROGRAMMING NOTE 'QA20_G19' :
IF CHILD INTERVIEW COMPLETE AND AR ≠ CHILD INTERVIEW RESPONDENT OR CHILD
INTERVIEW NOT COMPLETE, CONTINUE WITH 'QA20_G19' ;
ELSE GO TO 'QA20_G20'

'QA20_G19' [AH47] - What is the highest grade of education you have completed and received credit for?

您完成的最高教育和獲得學分的最高年級是什麼？

- | | |
|---------|---|
| Grade | <input type="radio"/> 30 No formal education
<input type="radio"/> 30 沒有受過正規教育 |
| High | <input type="radio"/> 1 1st Grade
<input type="radio"/> 1 1 年級
<input type="radio"/> 2 2nd Grade
<input type="radio"/> 2 2 年級
<input type="radio"/> 3 3rd Grade
<input type="radio"/> 3 3 年級
<input type="radio"/> 4 4th Grade
<input type="radio"/> 4 4 年級
<input type="radio"/> 5 5th Grade
<input type="radio"/> 5 5 年級
<input type="radio"/> 6 6th Grade
<input type="radio"/> 6 6 年級
<input type="radio"/> 7 7th Grade
<input type="radio"/> 7 7 年級 (初中／國中 1 年級)
<input type="radio"/> 8 8th Grade
<input type="radio"/> 8 8 年級 (初中／國中 2 年級) |
| College | <input type="radio"/> 9 9th Grade
<input type="radio"/> 9 9 年級 (初中／國中 3 年級)
<input type="radio"/> 10 10th Grade
<input type="radio"/> 10 10 年級 (高中 1 年級)
<input type="radio"/> 11 11th Grade
<input type="radio"/> 11 11 年級 (高中 2 年級)
<input type="radio"/> 12 12th Grade
<input type="radio"/> 12 12 年級 (高中 3 年級)
<input type="radio"/> 13 1st year of college or university (Freshman)
<input type="radio"/> 13 大學 1 年級 (大一新生)
<input type="radio"/> 14 2nd year of college or university (Sophomore)
<input type="radio"/> 14 大學 2 年級 (大二學生)
<input type="radio"/> 15 3rd year of college or university (Junior)
<input type="radio"/> 15 大學 3 年級 (大三學生)
<input type="radio"/> 16 4th year of college or university (Senior)(BA/BS)
<input type="radio"/> 16 大學 4 年級 (大四學生) (文學士/理學士)
<input type="radio"/> 17 5th year of college or university
<input type="radio"/> 17 大學 5 年級 |

Graduate

- ☐ 18 1st year of graduate or professional school
- ☐ 18 研究所或專業學校 1 年級
- ☐ 19 2nd year of graduate or professional school (MA/MS)
- ☐ 19 研究所或專業學校 2 年級
- ☐ 20 3rd year of graduate or professional school
- ☐ 20 研究所或專業學校 3 年級
- ☐ 21 More than 3 years of graduate or professional school (PhD)
- ☐ 21 3 年以上研究所或專業學校 (博士)

Community

- ☐ 22 1st year of junior or community college
- ☐ 22 1 年制初級學院 (專科學校) 或社區大學
- ☐ 23 2nd year of junior or community college (AA/AS)
- ☐ 23 大學 2 年級 (文學副學士/理學副學士)

Business

- ☐ 24 1st year of vocational, business, or trade school
- ☐ 24 1 年制 職業、商業、或貿易學校
- ☐ 25 2nd year of vocational, business, or trade school
- ☐ 25 2 年制 職業、商業、或貿易學校
- ☐ 26 More than 2 years of vocational, business, or trade school
- ☐ 26 超過 2 年以上職業、商業、或貿易學校

‘QA20_G20’ [AG22] - Did you ever serve on active duty in the Armed Forces of the United States?

您是否曾經在美國軍隊當過現役軍人？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_G25’

‘QA20_G21’ [AG23] - When did you serve?

您是什麼時候在軍隊服役的？

FROM _____ (Dynamic range - Starting range for each person should be their birth year)
自 _____

TO _____
至 _____

OR

Check all that apply

(6 maximum responses)

- ☐ 1 World War II (Sept 1940 to July 1947)
- ☐ 1 第二次世界大戰（1940 年 9 月至 1947 年 7 月）
- ☐ 2 Korean War (June 1950 to Jan 1955)
- ☐ 2 韓戰（1950 年 6 月至 1955 年 1 月）
- ☐ 3 Vietnam War (Aug 1964 to April 1975)
- ☐ 3 越南戰爭（1964 年 8 月至 1975 年 4 月）
- ☐ 4 Gulf War/ Operation Desert Storm (1990 to 1991)
- ☐ 4 波斯灣戰爭／沙漠風暴行動（1990 年至 1991 年）
- ☐ 5 Afghanistan/ Operation Enduring Freedom (2001 to Present)
- ☐ 5 阿富汗／持久自由作戰（2001 年至今）
- ☐ 6 Iraq War / Operation Iraqi Freedom (2003 to Present)
- ☐ 6 伊拉克戰爭／伊拉克自由作戰（2003 年至今）

‘QA20_G22’ [AG24] - Altogether, how long did you serve?

您總共服役多長時間？

_____ Years
_____ 歲

_____ Months
_____ 月

‘QA20_G23’ [AG31] - Do you have a VA service-connected disability rating?

您是否有美國退伍軍人服役殘疾（VA service-connected disability）評分？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_G24':
IF 'QA20_G23' =1, CONTINUE WITH 'QA20_G24';
ELSE SKIP TO 'QA20_G25'

'QA20_G24' [AG32] - What is your service-connected disability rating?

您與服役相關而造成殘疾的等級是多少？

- ☐ 01 0 Percent
- ☐ 01 0%
- ☐ 02 10 or 20 Percent
- ☐ 02 10% 或 20%
- ☐ 03 30 or 40 Percent
- ☐ 03 30% 或 40%
- ☐ 04 50 or 60 Percent
- ☐ 04 50% 或 60%
- ☐ 05 70 Percent or higher
- ☐ 05 70% 或以上

'QA20_G25' [AK1] - Which of the following were you doing last week?

您上週曾經從事以下哪些工作，是.....

如果您以遠程方式在家工作，請選擇您是為了一項工作或一間公司工作。·

- ☐ 1 Working at a job or business,
- ☐ 1 從事工作或業務
- ☐ 2 With a job or business but not at work,
- ☐ 2 有工作或業務，但不在工作
- ☐ 3 Looking for work, or
- ☐ 3 在找工作，還是
- ☐ 4 Not working at a job or business?
- ☐ 4 沒有從事工作或業務？

If = 1, -3 go to 'PN_QA20_G29'

‘QA20_G26’ [AK2] - What is the main reason you did not work last week?

您上週沒有工作的主要原因是什麼？

Main reason is the most important reason

主要原因指最重要的原因。

- ☐ 1 Taking care of house or family
- ☐ 1 照顧房子或家庭
- ☐ 2 On planned vacation
- ☐ 2 在度計劃的假期
- ☐ 3 Couldn't find a job
- ☐ 3 找不到工作
- ☐ 4 Going to school/student
- ☐ 4 上學／學生
- ☐ 5 Retired
- ☐ 5 退休
- ☐ 6 Disabled
- ☐ 6 殘障
- ☐ 7 Unable to work temporarily
- ☐ 7 暫時無法工作
- ☐ 8 On layoff or strike
- ☐ 8 臨時解雇或罷工中
- ☐ 9 On family or maternity leave
- ☐ 9 休家庭假或產假
- ☐ 10 Off season
- ☐ 10 淡季
- ☐ 11 Sick
- ☐ 11 病假
- ☐ 91 Other
- ☐ 91 其他

If = 5, 6, go to ‘QA20_G28’

‘QA20_G27’ [AG10] - Do you usually work?

您通常工作嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Looking for work
- ☐ 3 找工作

PROGRAMMING NOTE 'QA20_G28' :

**IF [AAGE = -3 OR AAGE < 65] AND ['QA20_G27' = 2 (DOES NOT USUALLY WORK) OR 'QA20_G26' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'QA20_G28' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_G29'**

'QA20_G28' [AL22] - Are you receiving Social Security Disability Insurance or SSDI?

您是否在領取社會安全殘障保險(Social Security Disability Insurance, 簡稱 SSDI)?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, 2, -3, go to 'PN_QA20_G36'

PROGRAMMING NOTE 'QA20_G29' :

**IF 'QA20_G25' = 1, 2, -3 (working, with job, skipped) OR 'QA20_G27' = 1 (usually works),
CONTINUE WITH 'QA20_G29' ; ELSE GO TO PROGRAMMING NOTE 'QA20_G36'**

'QA20_G29' [AK4] - On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

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

Your main job is where you work the most hours

- ☐ 1 Private company, non-profit organization or foundation
- ☐ 1 私營公司非營利組織, 基金會
- ☐ 2 Government
- ☐ 2 政府
- ☐ 3 Self-employed
- ☐ 3 自雇者 (Self-Employed)
- ☐ 4 Family business or farm
- ☐ 4 家族企業或農場

PROGRAMMING NOTE 'QA20_G30' :IF 'QA20_G29' = 2 (GOVERNMENT EMPLOYEE), DISPLAY 'What kind of agency or department is this?' and ['Include both the level of government (such as state, or local) and the function (such as budget, office, police, etc.);ELSE DISPLAY 'What kind of business or industry is this?' AND ['What do they make or do at this business?']'

'QA20_G30' [AK5] - {What kind of agency or department is this? / What kind of business or industry is this?}

{這是屬於什麼樣的機構或部門 ? /這是屬於什麼樣的企業或行業 ? }

{[Include both the level of government (such as state, or local) and the function (such as budget office, police, etc./ 'What do they make or do at this business?']}]

'QA20_G31' [AK6] - What is the main kind of work you do?

您主要從事何種類型的工作？

PROGRAMMING NOTE 'QA20_G32' : IF 'QA20_G29' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA20_G32' = 8 AND GO TO 'QA20_G33' ;IF 'QA20_G29' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA20_G32' AND DISPLAY 'Including yourself, about' and 'you';ELSE CONTINUE WITH 'QA20_G32' AND DISPLAY 'About' and 'your employer';

'QA20_G32' [AK8] - {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

{包括您在內}, {您的雇主/您}在所有地點總共聘用了大約多少名雇員?

Your best guess is fine

請盡量估計人數

- ☐ 1 1 or 2
- ☐ 1 1 或 2
- ☐ 2 3-9
- ☐ 2 3-9
- ☐ 3 10-24
- ☐ 3 10-24
- ☐ 4 25-50
- ☐ 4 25-50
- ☐ 5 51-100
- ☐ 5 51-100
- ☐ 6 101-200
- ☐ 6 101-200
- ☐ 7 201-999
- ☐ 7 201-999
- ☐ 8 1,000 or more
- ☐ 8 1,000 或以上

PROGRAMMING NOTE 'QA20_G33' : IF 'QA20_A5'=2 (FEMALE AT BIRTH) AND AAGE < 48 THEN CONTINUE, ELSE SKIP TO PN 'QA20_G36';

'QA20_G33' [AG51] - In the last 12 months, were you fired or laid off from a job?

在過去 12 個月內，您曾被開除或被解雇嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_G34' [AG52] - In the last 12 months, were you unemployed and looking for a job for more than a month?

在過去 12 個月內，您曾否失業並花了超過一個多月的時間找工作？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_G35' [AG53] - In the last 12 months, have you experienced a major financial crisis, declared bankruptcy, or more than once been unable to pay your bills on time?

在過去 12 個月內，您是否曾經歷過重大的財務危機、宣佈破產、或多次無法按時支付帳單？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_G36' :IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1, CONTINUE WITH 'QA20_G36' ;IF 'QA20_A21' = 1, THEN DISPLAY 'spouse'; ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1, THEN DISPLAY 'partner';ELSE GO TO 'QA20_H1'

'QA20_G36' [AG8] – Which of the following was your {spouse/partner} doing last week?

您的{配偶/伴侶}上週曾經從事以下哪些工作，是……

- ☐ 1 Working at a job or business,
- ☐ 1 從事工作或業務
- ☐ 2 With a job or business but not at work,
- ☐ 2 有工作或業務，但不在工作
- ☐ 3 Looking for work, or
- ☐ 3 在找工作，還是
- ☐ 4 Not working at a job or business?
- ☐ 4 沒有從事工作或業務？

If = 1, 2, go to 'QA20_G38'

'QA20_G37' [AG11] - Does your {spouse/partner} usually work?

您的{配偶/伴侶}通常工作嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Looking for work
- ☐ 3 找工作

If = 2, 3, -3, go to 'QA20_H1'

'QA20_G38' [AG9] - On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

您的{配偶/伴侶}從事的主要工作的僱主是：私人公司、政府部門、還是{他/她}是自行經營者（個體經營者），還是從事家庭企業或農場內不付薪水的工作？

- ☐ 1 Private company, non-profit organization or foundation
- ☐ 1 私營公司非營利組織，基金會
- ☐ 2 Government
- ☐ 2 政府
- ☐ 3 Self-employed
- ☐ 3 自雇者（Self-Employed）
- ☐ 4 Family business or farm
- ☐ 4 家族企業或農場

Section H: Health Insurance

'QA20_H1' [AH1] - The next topics are about health insurance and health care.

以下是有關健康保險及健康護理的問題。

Is there a place that you usually go to when you are sick or need advice about your health?

當您生病或需要接受健康諮詢時，您是否有一個通常可以去的地方？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'QA20_H3'

**PROGRAMMING NOTE 'QA20_H2' :IF 'QA20_H1' = 1, CONTINUE WITH 'QA20_H2'
ELSE SKIP TO PN_ 'QA20_H3'**

'QA20_H2' [AH3] - What kind of place do you go to most often—a medical doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

{您最常去什麼樣的地方—/您的醫生是否在一個私人} 醫生辦公室、診所或醫院診所、急診室或其它地方？

- ☐ 1 Medical doctor's office
- ☐ 1 個私人}醫生辦公室
- ☐ 2 Clinic/Health Center/Hospital clinic
- ☐ 2 診所或醫院診所
- ☐ 3 Emergency room
- ☐ 3 急診室
- ☐ 91 Some other place (Specify: _____)
- ☐ 91 其他機構（請詳述：_____）
- ☐ 94 No one place
- ☐ 94 沒有一處

'QA20_H3' [AH12] - During the past 12 months, did you visit a hospital emergency room for your own health?

在過去 12 個月中，您有沒有因為自身的健康去過醫院急診室？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_H5'

‘QA20_H4’ [AH95] - How many times did you do that?

您去就醫多少次？

Count times you visited a hospital emergency room for your own health.

計算您為了自己的健康而去醫院急診室的次數

_____ Number of times [HR: 0 - 200]
 ____次[HR: 0 - 200]

‘QA20_H5’ [AI1] - Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘QA20_H8’

If = -3, go to ‘QA20_H14’

POST-NOTE ‘QA20_H5’ :

IF ‘QA20_H5’ = 1, SET ARM CARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE ‘QA20_H6’ :
IF [AAGE > 64 OR ‘QA20_A4’ = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND ‘QA20_H5’ = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH ‘QA20_H6’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA20_H8’

‘QA20_H6’ [AI2] - Is it correct that you are not covered by Medicare even though you told me earlier that you are 65 or older?

雖然您剛才告訴過我您的年齡在 65 歲或 65 歲以上，但您沒有享受 MediCARE（醫療保障計劃），對不對？

- ☐ 1 Correct, I am not covered by Medicare
- ☐ 1 正確，聯邦老人醫療保險（Medicare）不承保
- ☐ 2 Not correct, I am covered by Medicare
- ☐ 2 不正確，聯邦老人醫療保險（Medicare）承保

If = 1, -3, go to ‘PN_QA20_H14’

If = 2, go to ‘PN_QA20_H8’

PROGRAMMING NOTE 'QA20_H8' :
IF ARM CARE = 1, CONTINUE WITH 'QA20_H8' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H14'

'QA20_H8' [AH123] - Is this a Medicare Advantage Plan?

這個醫療保險是 MediCARE Advantage 計劃嗎？

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.

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If=1, go to 'QA20_H10'

POST-NOTE 'QA20_H8' ;
IF 'QA20_H8' = 1, SET ARMADV= 1

'QA20_H9' [AI4] - Some people who are eligible for Medicare also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

有些有資格享受 MediCARE 的人另外還有私人保險，有時稱為 Medigap 或 Medicare 補充保險。您有此類健康保險嗎？

These are policies that cover health care costs not covered by Medicare alone.

這些是為 MediCARE 不提供保賠的健康護理費用提供保賠的保險。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_H14'

POST-NOTE FOR 'QA20_H9' :
IF 'QA20_H9' = 1, SET ARSUPP = 1

PROGRAMMING NOTE 'QA20_H10' :**IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA20_H14' ;****DISPLAYS;****IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY 'MediCARE Advantage plan';****IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY 'MediCARE Supplement plan';**

'QA20_H10' [AH126] - For the {Medicare Advantage plan/Medicare Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

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

AARP stands for the American Association of Retired Persons

AARP 代表「美國退休人協會」。

- ☐ 1 Directly
- ☐ 1 直接
- ☐ 2 Your current employer
- ☐ 2 您的現任雇主
- ☐ 3 Your former employer
- ☐ 3 您的前任雇主
- ☐ 4 Union
- ☐ 4 工會
- ☐ 5 Family Business
- ☐ 5 家族企業
- ☐ 6 AARP
- ☐ 6 美國退休人員協會 (AARP)
- ☐ 7 Spouse's / Partner's employer
- ☐ 7 配偶的雇主
- ☐ 8 Spouse's / Partner's union
- ☐ 8 配偶的工會
- ☐ 9 Professional/Fraternal Organization
- ☐ 9 職業／兄弟組織
- ☐ 91 Other

‘QA20_H11’ [AH53] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您的家庭可能必須支付的任何協同付款或免賠額費用。

Premium is the monthly charge for the cost of your health insurance plan.

保費是您的健康保險計劃的每月收費

Co-pays 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.

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

A deductible is the amount you pay for medical care before your health plan starts paying.

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_H12’ [AH54] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

是否有任何其他人（例如雇主、工會或專業機構）支付該項保健計劃的全部或部份保費或費用？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_H14’

‘QA20_H13’ [AH55] - Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?

除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構。

Check all that apply

- ☐ 1 Your current employer
- ☐ 1 您的現任雇主
- ☐ 2 Your former employer
- ☐ 2 您的前任雇主
- ☐ 3 Union
- ☐ 3 工會
- ☐ 4 Spouse's/Partner's current employer
- ☐ 4 配偶／伴侶的現任雇主
- ☐ 5 Spouse's/Partner's former employer
- ☐ 5 配偶／伴侶的前任雇主
- ☐ 6 Professional/Fraternal organization
- ☐ 6 職業／兄弟組織
- ☐ 7 Medicaid/Medi-Cal assistance
- ☐ 7 聯邦醫療補助計劃 (Medicaid) ／加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 91 Other
- ☐ 91 其他

POST-NOTE FOR ‘QA20_H13’ :

IF ‘QA20_H13’ = 7, SET ARMCAL = 1;

PROGRAMMING NOTE ‘QA20_H14’ :

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

ELSE DISPLAY ‘Are you’

‘QA20_H14’ [AI6] - {Is it correct that you are/Are you} covered by Medi-CAL?

您享受Medi-CAL的保賠，{對嗎/嗎}？

Cal is a plan for certain low-income children and their families, pregnant women, and disabled or elderly people

這是一項向某些低收入兒童及其家人、孕婦、殘障人士或年長者提供的計劃。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE FOR ‘QA20_H14’ :

IF ‘QA20_H14’ = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;

IF ARMCAL = 1 AND ‘QA20_H14’ = 2, SET ARMCAL = 0

PROGRAMMING NOTE 'QA20_H15' :

IF ARSUPP = 1, DISPLAY 'Besides the Medicare supplement plan you told me about' AND 'any other';

ELSE IF ARMADV = 1, DISPLAY 'Besides the Medicare Advantage plan you told me about' AND 'any other';

ELSE DISPLAY 'a'

'QA20_H15' [A18] - {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

{除了您告訴我的 Medicare 補充計劃/除了您告訴我的 Medicare Advantage 計劃}, 您是否享有目前或以前的雇主或工會提供的{其他任何}醫療保險計劃或 HMO?

You may be covered either through your own or someone else's employment

您可以是通過自己的或其他人的工作投保

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE FOR 'QA20_H15' :

IF 'QA20_H15' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H16' :IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDICAL, AND EMPLOYER), CONTINUE WITH 'QA20_H16' ;ELSE GO TO PROGRAMMING NOTE 'QA20_H18'

'QA20_H16' [A111] - Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

您是否享受您直接從保險公司或 HMO 或透過 Covered California 購買的醫療保險計劃的承保?

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.

請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_H18'

POST-NOTE FOR 'QA20_H16' :

IF 'QA20_H16' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H17' :
IF ARDIRECT = 1, THEN CONTINUE WITH 'QA20_H17' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H18'

'QA20_H17' [AH104] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

您是如何購買這項健康保險的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

- ☐ 1 Insurance company or HMO
- ☐ 1 保險公司或 HMO
- ☐ 2 Covered California
- ☐ 2 加州全保 (Covered California)
- ☐ 92 Other (Specify: _____)
- ☐ 92 其他 (請詳述: _____)

POST-NOTE FOR 'QA20_H17' :
IF 'QA20_H17' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA20_H18' :
IF 'QA20_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA20_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_H18' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H20'

'QA20_H18' [AI9] - Was this plan obtained in your own name or in the name of someone else?

這項計劃是用您的姓名申請還是用其他人的姓名申請的？

This may include someone who does not live in this household

甚至不是住在您的家中的人

- ☐ 01 In your own name
- ☐ 01 以您自己的名字
- ☐ 02 In someone else's name
- ☐ 02 以別人的名字

If = 1, -3, go to 'PN_QA20_H20'

POST-NOTE FOR 'QA20_H18' :
IF 'QA20_H15' = 1 AND 'QA20_H18' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF 'QA20_H15' = 1 AND 'QA20_H18' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA20_H16' = 1 AND 'QA20_H18' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF 'QA20_H16' = 1 AND 'QA20_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE 'QA20_H19' :

IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1 OR IF 'QA20_G7' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA20_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA20_H19' ;

ELSE GO TO PROGRAMMING NOTE 'QA20_H20' ;

IF 'QA20_A21' = 1, THEN DISPLAY 'spouse's name';

IF 'QA20_A21' ≠ 1 AND ('QA20_D13' = 1 OR 'QA20_D14' = 1), THEN DISPLAY 'partner's name';

IF 'QA20_G7' = 1 OR AAGE < 26, THEN DISPLAY 'parent's name';

'QA20_H19' [AI9A] - Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

是否以您的{配偶}{伴侶}{父母}名義或其他人的名義參加該項計劃?

- ☐ 1 In spouse's/partner's name
- ☐ 1 以配偶／伴侶的名字
- ☐ 2 In parent's name
- ☐ 2 以父母的名字
- ☐ 3 In someone else's name
- ☐ 3 以別人的名字

POST-NOTE FOR 'QA20_H19' :

IF 'QA20_H15' = 1 AND 'QA20_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;

IF 'QA20_H17' = 2 AND 'QA20_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;

IF 'QA20_H15' = 1 AND 'QA20_H19' = 2 SET AREMPPAR=1 AND AREMPOTH = 0;

IF 'QA20_H16' = 1 AND 'QA20_H19' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF 'QA20_H16' = 1 AND 'QA20_H19' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA20_H20' :IF 'QA20_H15' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA20_G32' =< 5 (FIRM SIZE <=100), CONTINUE WITH 'QA20_H20' AND DISPLAY;IF AREMPOWN = 1 THEN DISPLAY {you};IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she}; ELSE GO TO PROGRAMMING NOTE 'QA20_H21' ;

'QA20_H20' [AH105] - How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

{您/他或她}是如何註冊參加這項健康保險的 — 透過雇主、工會還是透過 Covered California 的 SHOP 計劃？

SHOP is the Small Business Health Options Program administered by Covered California

SHOP 是 Covered California 開展的小企業保健選擇計劃

- ☐ 1 Employer
- ☐ 1 雇主
- ☐ 2 Union
- ☐ 2 工會
- ☐ 3 SHOP / Covered California
- ☐ 3 SHOP／加州全保
- ☐ 92 Other (Specify: _____)
- ☐ 92 其他（請詳述：_____）

POST-NOTE FOR 'QA20_H20' :

IF 'QA20_H20' = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'QA20_H21':IF ARHBEX = 1, THEN CONTINUE WITH 'QA20_H21' ; ELSE GO TO PROGRAMMING NOTE 'QA20_H23' ;

'QA20_H21' [AH106] - Was this a bronze, silver, gold or platinum plan?

這是銅、銀、金還是白金計劃？

- ☐ 1 Bronze
- ☐ 1 銅
- ☐ 2 Silver
- ☐ 2 銀
- ☐ 3 Gold
- ☐ 3 金
- ☐ 4 Platinum
- ☐ 4 鉑
- ☐ 5 Medi-CAL / Medicaid
- ☐ 5 加州醫療補助計劃白卡／聯邦醫療補助計劃
- ☐ 6 Minimum coverage plan / Catastrophic
- ☐ 6 最低保險計劃／災難性
- ☐ 92 Other (Specify: _____)
- ☐ 92 其他（請詳述：_____）

PROGRAMMING NOTE 'QA20_H22' :
IF 'QA20_H20' = 3, THEN GO TO 'QA20_H23' ;
ELSE CONTINUE WITH 'QA20_H22' ;

'QA20_H22' [AH107] - Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_H23' :
IF 'QA20_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA20_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_H23' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H28'

'QA20_H23' [AH57] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

Premium is the monthly charge for the cost of your health insurance plan.

保費是您的健康保險計劃的每月收費

Co-pays 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.

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

A deductible is the amount you pay for medical care before your health plan starts paying.

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, go to 'PN_QA20_H26'

‘QA20_H24’ [AH128] - How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

對於您的 {您家庭的} 健康保險計劃，您 {您的家庭} 每個月要支付多少錢？越準確越好。

Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

共付額（co-pays）是您每次看醫生或使用醫療保健系統時支付您的醫療保健服務的部分款項，而由其他人支付您的主要醫療保險。

Premium is the monthly charge for the cost of your health insurance plan.

保費是您的健康保險計劃的每月收費

Co-pays 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.

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

A deductible is the amount you pay for medical care before your health plan starts paying.

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

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

‘QA20_H25’ [AH58] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

是否有任何其他人（例如雇主、工會或專業機構）支付該項保健計劃的 全部或部份保費或費用？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘PN_QA20_H28’

PROGRAMMING NOTE 'QA20_H26' : IF 'QA20_H23' = 2, CONTINUE WITH 'QA20_H26'; ELSE SKIP TO PN_ 'QA20_H28'

'QA20_H26' [AH56] - Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?

{除了您本人，還有誰支付這項計劃的任何費用？例如，您的雇主、工會或專業機構？/是誰}？

Check all that apply

- ☐ 1 Your current employer
- ☐ 1 您的現任雇主
- ☐ 2 Your former employer
- ☐ 2 您的前任雇主
- ☐ 3 Union
- ☐ 3 工會
- ☐ 4 Spouse's/Partner's current employer
- ☐ 4 配偶／伴侶的現任雇主
- ☐ 5 Spouse's/Partner's former employer
- ☐ 5 配偶／伴侶的前任雇主
- ☐ 6 Professional/Fraternal organization
- ☐ 6 職業／兄弟組織
- ☐ 7 Medicaid/Medi-Cal assistance
- ☐ 7 聯邦醫療補助計劃 (Medicaid) ／加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 9 Medicare
- ☐ 9 聯邦老人醫療保險 (Medicare)
- ☐ 11 Covered California
- ☐ 11 加州全保 (Covered California)
- ☐ 91 Other
- ☐ 91 其他

POST-NOTE 'QA20_H26' :

IF 'QA20_H26' = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF 'QA20_H26' = 4 OR 5, THEN SET AREMPSP = 1;

IF 'QA20_H26' = 6, THEN SET AROTHER = 1;

IF 'QA20_H26' = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;

IF 'QA20_H26' = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;

IF 'QA20_H26' = 11, SET ARHBEX = 1;

IF 'QA20_H26' = 91, THEN SET AROTHER = 1

'QA20_H27' [AH129] - How much do they contribute to your plan each month?

他們每月就您的計劃供款多少？

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

POST NOTE: IF RESPONDENT GIVES AMOUNT GREATER THAN SR DISPLAY 'Just to confirm, you said (DISPLAY AMOUNT ENTERED)'

PROGRAMMING NOTE 'QA20_H28' :

**IF ['QA20_G25' = 1 OR 2 (R WORKED LAST WEEK) OR 'QA20_G27' = 1 (R USUALLY WORKS)]
AND 'QA20_G29' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED
COVERAGE), CONTINUE WITH 'QA20_H28';
ELSE GO TO PROGRAMMING NOTE 'QA20_H32'**

'QA20_H28' [A113] - Does your employer offer health insurance to any of its employees?

您的雇主有沒有提供醫療保險給任何員工？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_H32'

'QA20_H29' [A114] - Are you eligible to be in this plan?

您是否有資格參加該項計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, go to 'QA20_H31'

If = -3, go to 'PN_QA20_H32'

'QA20_H30' [A115] - What is the one main reason why you aren't in this plan?

您沒有參加該項計劃的一個主要原因是什麼？

- ☐ 01 Covered by another plan
- ☐ 01 由另一計劃承保
- ☐ 02 Plan too expensive
- ☐ 02 以前的保險太貴
- ☐ 03 Didn't like plan offered
- ☐ 03 不喜歡所提供的計劃
- ☐ 04 Don't need or believe in health insurance
- ☐ 04 不需要或不相信健康保險
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

If = 1, 2, 3, 4, 91, -3, go to 'PN_QA20_H32'

‘QA20_H31’ [A15A] - What is the one main reason why you are not eligible for this plan?

您沒有資格參加該項計劃的一個主要原因是什麼？

- ☐ 01 Haven't yet worked for this employer long enough to be covered
- ☐ 01 為這個雇主工作時間不夠久，無法得到保險
- ☐ 02 Contract or temporary employees not allowed in plan
- ☐ 02 計劃不接受契約僱員或臨時僱員
- ☐ 03 Don't work enough hours per week or weeks per year
- ☐ 03 每週工作時間或每年工作週數不足
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE ‘QA20_H32’ :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH ‘QA20_H32’ ;
ELSE GO TO PN ‘QA20_H33’

‘QA20_H32’ [A16] - Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

您是否享受 CHAMPUS/ CHAMP-VA、TRICARE、VA 或其它軍隊醫療護理計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE ‘QA20_H32’ :
IF ‘QA20_H32’ = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H33'

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'QA20_H33' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H34'**

'QA20_H33' [AI17] - Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

您是否享受其他政府醫療保險計劃，例如 AIM、Mister MIP、Family PACT、Healthy Kids、或其他計劃？

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.

AIM 表示「母嬰保險計劃」；Mister MIP 或 MRMIP 表示「重大風險醫療保險計劃」；Family PACT 是一項州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H33' :

IF 'QA20_H33' = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H34' :

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA20_H34' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H38'**

'QA20_H34' [AI18] - Do you have any health insurance coverage through a plan that I missed?

您有沒有享受任何我可能漏掉的其它醫療保險計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'PN_QA20_H38'

‘QA20_H35’ [A119] - What type of health insurance do you have?

您有哪種醫療保險計劃？

Check all that apply.

- ☐ 1 Through current or former employer/union
- ☐ 1 通過現任或前任雇主／工會
- ☐ 2 Through school, professional association, trade group, or other organization
- ☐ 2 通過學校、職業協會、行業團體、或其他組織
- ☐ 3 Purchased directly from health plan
- ☐ 3 直接從健康計劃（由調查對象本人或任何其他人士）購得
- ☐ 4 MediCARE
- ☐ 4 聯邦老人醫療保險（Medicare）
- ☐ 5 Medi-CAL
- ☐ 5 加州醫療補助計劃白卡（Medi-Cal）
- ☐ 7 CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care
- ☐ 7 軍中文職人員保健醫療計劃（CHAMPUS）／文職人員保健醫療計劃—退伍軍人（CHAMP-VA）、國防健保（TRICARE）計劃、或其他軍事醫療保健
- ☐ 8 Indian health service, Tribal health program or urban Indian clinic
- ☐ 8 印地安健康服務（Indian health service）、部落健康計劃、或城市印地安診所
- ☐ 10 Covered California
- ☐ 10 加州全保（Covered California）
- ☐ 11 Shop through Covered California
- ☐ 11 通過加州全保 SHOP
- ☐ 91 Other government health plan
- ☐ 91 其他政府健康計劃
- ☐ 92 Other non-government health plan
- ☐ 92 其他非政府健康計劃

POST-NOTE ‘QA20_H35’ :

IF ‘QA20_H35’ = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF ‘QA20_H35’ = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF ‘QA20_H35’ = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;

IF ‘QA20_H35’ = 4, SET ARM CARE = 1 AND SET ARINSURE = 1;

IF ‘QA20_H35’ = 5, SET ARM CAL = 1 AND SET ARINSURE = 1;

IF ‘QA20_H35’ = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;

IF ‘QA20_H35’ = 8, SET ARIHS = 1;

IF ‘QA20_H35’ = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;

IF ‘QA20_H35’ = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;

IF ‘QA20_H35’ = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;

IF ‘QA20_H35’ = 92, -7, OR -8, SET AROTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H36' :
IF 'QA20_H35' = 1, 2, OR 3 CONTINUE WITH 'QA20_H36' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H38'

'QA20_H36' [AH59] - Was this plan obtained in your own name or in the name of someone else?

該項計劃是以您自己的名義還是以其他人的名義獲得的?

This may include someone who does not live in this household

甚至不是住在您的家中的人

- ☐ 1 In your own name
- ☐ 1 以您自己的名字
- ☐ 2 In someone else's name
- ☐ 2 以別人的名字

If = 1, -3 go to 'PN_QA20_H38'

POST-NOTE 'QA20_H36' :
IF ('QA20_H35' = 1 OR 2 OR KAI19=11) AND 'QA20_H36' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('QA20_H35' = 3 OR 10) AND 'QA20_H36' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('QA20_H35' = 1 OR 2) AND ('QA20_H36' = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF 'QA20_H35' = 1 AND ('QA20_H36' = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA20_H37' :
IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1 OR IF 'QA20_G7' = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA20_H37' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H38' ;
IF 'QA20_A21' = 1 THEN DISPLAY 'spouse's name';
IF 'QA20_A21' ≠ 1 AND ('QA20_D13' = 1 OR 'QA20_D14' = 1), THEN DISPLAY 'partner's name';
IF 'QA20_G7' = 1 OR AAGE < 26, THEN DISPLAY 'parent's name';

'QA20_H37' [AH60] - Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

該項計劃是以您的{配偶名字、}{伴侶名字、}{父母名字、}或其他人名義獲得的嗎?

- ☐ 1 In spouse's / partner's name
- ☐ 1 配偶名/伴侶名字
- ☐ 2 In parent's name
- ☐ 2 父母名字
- ☐ 3 In someone else's name
- ☐ 3 他人名義獲得的嗎

POST-NOTE 'QA20_H37' :
IF 'QA20_H37' = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF 'QA20_H37' = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE 'QA20_H38' :IF ARIHS ≠ 1 AND 'QA20_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA20_H38';ELSE GO TO PROGRAMMING NOTE AI37intro

'QA20_H38' [AI20] - Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H38' :
IF 'QA20_H38' = 1, SET ARIHS = 1

PROGRAMMING NOTE AI37intro :IF ['QA20_A21' = 1 (MARRIED) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;IF 'QA20_A21' = 1, THEN DISPLAY 'spouse';ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1, THEN DISPLAY 'partner'; ELSE GO TO PROGRAMMING NOTE 'QA20_H60'

'AI37intro' [AI37intro] - These next questions are about the type of health insurance your {spouse/partner} may have.

接下來這些問題和您的{配偶/伴侶}可能有的健康保險種類有關。

PROGRAMMING NOTE 'QA20_H39' :IF SPOUSE 65 OR OLDER THEN IF ARM CARE ≠ 1, CONTINUE WITH 'QA20_H39' WITHOUT DISPLAY ELSE IF ARM CARE = 1, CONTINUE WITH 'QA20_H39' AND DISPLAY 'You said that you are covered by Medicare.' AND 'also';ELSE GO TO PROGRAMMING NOTE 'QA20_H42'

'QA20_H39' [AI37] - {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

{您說您有 Medicare.} 您的{配偶/伴侶} {也}能享受 Medicare 保賠嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H39' :
IF 'QA20_H39' = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H40' :
IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA20_H41' ;
DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA20_H40' WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA20_H40' AND DISPLAY 'You said that you have a Medicare Advantage plan.' AND 'also';
IF 'QA20_A21' = 1 (MARRIED) THEN DISPLAY 'spouse's';
ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1 THEN DISPLAY 'partner's';

'QA20_H40' [AH127] - {You said that you have a MediCARE Advantage plan.} Does your {spouse/partner}{also} have a MediCARE Advantage plan?

{您說您有 *Medicare Advantage* 計劃。} 您的{配偶/伴侶} 是否{也} 加入了 *Medicare Advantage* 計劃 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.

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H40' :
IF 'QA20_H40' = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H41' :
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA20_H42' ;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA20_H41' WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH 'QA20_H41' AND DISPLAY 'You said that you have a Medicare Supplement plan.' AND 'also';
IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse';
ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1 THEN DISPLAY 'partner';
ELSE GO TO PROGRAMMING NOTE 'QA20_H42'

'QA20_H41' [AI37A] - {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{您說您有 *Medicare* 補充計劃。} 您的{伴侶/丈夫/妻子/配偶} 是否{也} 加入了 *Medicare* 補充計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H41' :
IF 'QA20_H41' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H42' :
IF ARMCAL = 1, CONTINUE WITH 'QA20_H42' ;
DISPLAY 'also' IF ARMCARE =1;
ELSE GO TO PROGRAMMING NOTE 'QA20_H43'

'QA20_H42' [A138] - You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

您說您{也}可以享受 MediCal (加州醫療保健計劃)。您的{配偶/伴侶} 是否也能享受 Medi-Cal 保賠?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H42' :
IF 'QA20_H42' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H43' :
IF AREMPOW = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA20_H43' ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA20_H44'

'QA20_H43' [A140] - You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

{您說您從您配偶的僱主或工會那兒獲得的保險。/您說您從您伴侶的僱主或工會那兒獲得的保險。} 您的{配偶/伴侶} 是否{也} 能夠通過{他/她} 自己的僱主獲得保賠?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Other
- ☐ 3 其他

If = 1, go to 'PN_QA20_H46'

POST-NOTE 'QA20_H43' :
IF 'QA20_H43' = 1, SET SEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA20_H44' :
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA20_H44' ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA20_H45'

'QA20_H44' [AH108] - You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

您說您是透過 Covered California 的 SHOP 計劃參加保健計劃。您的{配偶/伴侶}{也}享受這項保健計劃的承保嗎？

SHOP is the Small Business Health Options Program administered by Covered California.

SHOP是Covered California 開展的小企業保健選擇計劃。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Other
- ☐ 3 其他

If = 1, go to 'PN_QA20_H46'

POST-NOTE 'QA20_H44' :
IF 'QA20_H44' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE AI40A :

IF 'QA20_G36' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA20_G37' = 1 (USUALLY WORKS), CONTINUE WITH 'QA20_H45' ;

IF AREMPSP = 1 AND 'QA20_A21' = 1, DISPLAY 'You said you have insurance from your spouse's employer or union.';

ELSE IF AREMPSP = 1 AND ('QA20_D13' = 1 OR 'QA20_D14' = 1), THEN DISPLAY 'You said you have insurance from your partner's employer or union.';

IF SPINSURE = 1, THEN DISPLAY 'also';

ELSE GO TO PROGRAMMING NOTE 'QA20_H46'

'QA20_H45' [AI40A] - {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?

{您說您從您配偶的僱主或工會那兒獲得的保險。/您說您從您伴侶的僱主或工會那兒獲得的保險。} 您的{配偶/伴侶} 是否{也} 能夠通過{他/她} 自己的僱主獲得保賠？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H45' :

IF 'QA20_H45' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H46' :

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA20_H46' ;

IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY 'also';

ELSE GO TO PROGRAMMING NOTE 'QA20_H47'

'QA20_H46' [AI41] - You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

您說您{也}有一項直接從保險公司購買的計劃。您的{配偶/伴侶}是否{也}能享受該項計劃的保賠？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H46' :

IF 'QA20_H46' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA20_H47' :
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH 'QA20_H47' ;
IF ARM CARE = 1 OR ARM CAL = 1 OR AREMPOWN = 1, DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA20_H48'

'QA20_H47' [AH109] - You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

您說您有一項直接從 Covered California 購買的計劃。您的{配偶/伴侶}{也}享受這項計劃的承保嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H47' :
IF 'QA20_H47' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE 'QA20_H48' :
IF ARMILIT = 1, CONTINUE WITH 'QA20_H48' ;
IF ARM CARE = 1 OR ARM CAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY 'also';
ELSE GO TO PROGRAMMING NOTE 'QA20_H49'

'QA20_H48' [AI42] - You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

您說您{還}透過 CHAMPUS/CHAMPUS-VA、TRICARE、VA 或其它某種軍隊健康護理計劃享受健康保險。您的{配偶/伴侶} 是否也能享受該項計劃的保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H48' :
IF 'QA20_H48' = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA20_H49' :
IF AROTHGOV = 1, CONTINUE WITH 'QA20_H49' ;
IF 'QA20_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 'QA20_H50'

'QA20_H49' [AI42A] - You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

您說您{還}透過{ AIM/MRMIP/Family PACT/PCIP/一些政府醫療保險計劃}享受醫療保險。您的{配偶/伴侶}是否也在這項計劃的承保範圍內？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_H49' :
IF 'QA20_H49' = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1

PROGRAMMING NOTE 'QA20_H50' :
IF SPINSURE ≠ 1, DISPLAY 'any';
ELSE DISPLAY 'through any other source'

'QA20_H50' [AI46] – Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

您的{配偶/伴侶} 是否有{任何} {從其他地方獲得的}健康保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, go to 'PN_QA20_H52'
If = -3, go to 'PN_QA20_H56'

'QA20_H51' [AI47] - What type of health insurance does {he/she} have?

{他/她}有哪一種健康保險？

Check all that apply

- ☐ 1 Through current or former employer/union
- ☐ 1 通過現任或前任雇主／工會
- ☐ 2 Through school, professional association, trade group, or other organization
- ☐ 2 通過學校、職業協會、行業團體、或其他組織
- ☐ 3 Purchased directly from health plan
- ☐ 3 直接從健康計劃（由調查對象本人或任何其他人士）購得
- ☐ 4 MediCARE
- ☐ 4 聯邦老人醫療保險（Medicare）
- ☐ 5 Medi-CAL
- ☐ 5 加州醫療補助計劃白卡（Medi-Cal）
- ☐ 7 CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care
- ☐ 7 軍中文職人員保健醫療計劃（CHAMPUS）／文職人員保健醫療計劃—退伍軍人（CHAMP-VA）、國防健保（TRICARE）計劃、或其他軍事醫療保健
- ☐ 8 Indian health service, Tribal health program or urban Indian clinic
- ☐ 8 印地安健康服務（Indian health service）、部落健康計劃、或城市印地安診所
- ☐ 10 Covered California
- ☐ 10 加州全保（Covered California）
- ☐ 11 Shop through Covered California
- ☐ 11 通過加州全保 SHOP
- ☐ 91 Other government health plan
- ☐ 91 其他政府健康計劃
- ☐ 92 Other non-government health plan
- ☐ 92 其他非政府健康計劃

POST-NOTE 'QA20_H51' :

IF 'QA20_H51' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 8, SET SPIHS = 1;

IF 'QA20_H51' = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1;

IF 'QA20_H51' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;

IF 'QA20_H51' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF 'QA20_H51' = 92, -3, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA20_H52' :
IF SPINSURE \neq 1, CONTINUE WITH 'QA20_H52' ;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING
NOTE 'QA20_H54' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_H56'

'QA20_H52' [AI48] - You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

您說您的{配偶/伴侶} 沒有來自任何來源的健康保險，對不對？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, -3, go to 'PN_QA20_H56'

‘QA20_H53’ [AI49] - What type of health insurance does {he/she} have?

{他/她}有哪一種健康保險？

Check all that apply

- ☐ 1 Through current or former employer/union
- ☐ 1 通過現任或前任雇主／工會
- ☐ 2 Through school, professional association, trade group, or other organization
- ☐ 2 通過學校、職業協會、行業團體、或其他組織
- ☐ 3 Purchased directly from health plan
- ☐ 3 直接從健康計劃（由調查對象本人或任何其他人士）購得
- ☐ 4 MediCARE
- ☐ 4 聯邦老人醫療保險（Medicare）
- ☐ 5 Medi-CAL
- ☐ 5 加州醫療補助計劃白卡（Medi-Cal）
- ☐ 7 CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care
- ☐ 7 軍中文職人員保健醫療計劃（CHAMPUS）／文職人員保健醫療計劃—退伍軍人CHAMP-VA）、國防健保（TRICARE）計劃、或其他軍事醫療保健
- ☐ 8 Indian health service, Tribal health program or urban Indian clinic
- ☐ 8 印地安健康服務（Indian health service）、部落健康計劃、或城市印地安診所
- ☐ 10 Covered California
- ☐ 10 加州全保（Covered California）
- ☐ 11 Shop through Covered California
- ☐ 11 通過加州全保 SHOP
- ☐ 91 Other government health plan
- ☐ 91 其他政府健康計劃
- ☐ 92 Other non-government health plan
- ☐ 92 其他非政府健康計劃

POST-NOTE ‘QA20_H53’ :

IF ‘QA20_H53’ = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF ‘QA20_H53’ = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF ‘QA20_H53’ = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF ‘QA20_H53’ = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;

IF ‘QA20_H53’ = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF ‘QA20_H53’ = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF ‘QA20_H53’ = 8, SET SPIHS = 1;

IF ‘QA20_H53’ = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;

IF ‘QA20_H53’ = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;

IF ‘QA20_H53’ = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF ‘QA20_H53’ = 92, -3, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE 'QA20_H54' :

IF 'QA20_H51' = (1, 2, 3, 10, 11) OR 'QA20_H53' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA20_H54' ;

IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse's' ;

ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1 THEN DISPLAY 'partner's' ;

ELSE SKIP TO PROGRAMMING NOTE 'QA20_H56'

'QA20_H54' [AH62] - Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

這項計劃是以您的{配偶/伴侶}名義還是以其他人的名義獲得的?

This may include someone who does not live in this household

- ☐ 1 In spouse's/partner's name
- ☐ 1 以配偶／伴侶的名字
- ☐ 2 In someone else's name
- ☐ 2 以別人的名字

If = 1, -3, go to 'PN_QA20_H56'

POST-NOTE 'QA20_H54' :

IF 'QA20_H54' = 1 AND ['QA20_H51' = (1 OR 2) OR 'QA20_H53' = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;

IF 'QA20_H54' = 1 AND ['QA20_H51' = 3 OR 'QA20_H53' = 3], SET KSPDIROW = 1;

IF 'QA20_H54' = 1 AND ['QA20_H51' = 10 OR 'QA20_H53' = 10], SET SPHBEX = 1 AND SPDIROW = 1;

IF 'QA20_H54' = 1 AND ['QA20_H51' = 11 OR 'QA20_H53' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA20_H55' [AH63] - Is the plan in your name, parent's name, or someone else's name?

該項計劃是以您本人、您的父母還是以其他人的名義獲得的?

- ☐ 1 In my name
- ☐ 1 你的名
- ☐ 2 In my parent's name
- ☐ 2 父母名字
- ☐ 3 In someone else's name
- ☐ 3 以別人的名字

POST NOTE 'QA20_H55':

IF 'QA20_H55' = 1 AND ['QA20_H51' = (1 OR 2) OR 'QA20_H53' = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;

IF 'QA20_H55' = 1 AND ['QA20_H51' = 3 OR 'QA20_H53' = 3], SET SPDIPAR = 1 AND ARSAMES = 1;

IF 'QA20_H55' = 1 AND ['QA20_H51' = 10 OR 'QA20_H53' = 10], SET SPHBEX = 1 AND SPDIPAR = 1 AND ARSAMES = 1;

IF 'QA20_H55' = 1 AND ['QA20_H51' = 11 OR 'QA20_H53' = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;

IF 'QA20_H55' = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

PROGRAMMING NOTE 'QA20_H56' : IF SPEMPOW = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA20_H60' ; ELSE IF [('QA20_G36' = 1 OR 2) OR ('QA20_G37' = 1)] AND

'QA20_G38'≠3 CONTINUE WITH 'QA20_H56' ;IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse's';ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY 'partner's'ELSE GO TO PROGRAMMING NOTE 'QA20_H60'

'QA20_H56' [A143] - Does your {spouse's/partner's} employer offer health insurance to any of its employees?

您的{配偶/伴侶}的僱主是否向其僱員提供健康保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_H60'

'QA20_H57' [A144] - Is {he/she} eligible to be in this plan?

{他/她} 是否有資格參加該項計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, go to 'QA20_H59'

If = -3 go to 'PN_QA20_H60'

'QA20_H58' [A145] - What is the ONE main reason why {he/she} isn't in this plan?

{他/她} 未參加該項計劃的一個主要原因是什麼？

- ☐ 1 Covered by another plan
- ☐ 1 由另一計劃承保
- ☐ 2 Plan too expensive
- ☐ 2 以前的保險太貴
- ☐ 3 Didn't like the plan offered
- ☐ 3 不喜歡所提供的計劃
- ☐ 4 Didn't need or believe in health insurance
- ☐ 4 不需要或不相信健康保險
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

If = 1, 2, 3, 4, 91, -3, go to 'PN_QA20_H60'

‘QA20_H59’ [AI45A] - What is the one main reason why {he/she} is not eligible for this plan?

{他/她} 沒有資格參加該項計劃的一個主要原因是什麼？

- ☐ 1 Hasn't yet worked for this employer long enough to be covered
- ☐ 1 為這個雇主工作時間不夠久，無法得到保險
- ☐ 2 Contract or temporary employees not allowed in
- ☐ 2 計劃不接受契約僱員或臨時僱員
- ☐ 3 Doesn't work enough hours per week or week per year
- ☐ 3 每週工作時間或每年工作週數不足
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE ‘QA20_H60’ :

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN ‘QA20_H63’ ;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO ‘QA20_H82’ ;

ELSE CONTINUE WITH ‘QA20_H60’ DISPLAY;

IF [‘QA20_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘other’ ;

IF [‘QA20_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘Medi-CAL’ ;

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘other’ ;

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘Medi-CAL’ ;

IF [‘QA20_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY ‘Next, I have some questions about your own main health plan.’; AND’;

IF [‘QA20_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan.’ AND ‘Medi-Cal’;

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY’;

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY ‘Medi-Cal’;
ELSE DISPLAY, ‘Is your health plan an HMO?’

‘QA20_H60’ [A122C] - {Besides your Medicare plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

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

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

您的{Medi-Cal/其他}醫療保險計劃是 HMO 嗎？

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.

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

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘PN_QA20_H62’

PROGRAMMING NOTE ‘QA20_H61’ :IF ARMAL = 1 (R HAS MEDI-CAL), GO TO ‘QA20_H62’ ; ELSE CONTINUE WITH ‘QA20_H61’ ;

‘QA20_H61’ [AH122] - Is your health plan a PPO or EPO?

您的保健計劃是一項 PPO 計劃還是 EPO 計劃？

EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospital. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

EPO 代表特定醫療服務組織。使用 EPO，您必須使用網絡內的醫生和醫院，但如果是緊急情況，您可以直接去看醫生和專科醫生而無需初級保健提供者轉診

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.

PPO 代表特選醫療提供組織。使用 PPO 您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網絡的醫生和醫院，會減少您支付的費用。而且您可以直接去看醫生和專科醫生，無需初級保健提供者轉診。

- ☐ 1 PPO
- ☐ 2 EPO
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QA20_H62' :IF ARINSURE = 1 AND ARM CARE ≠ 1, THEN CONTINUE WITH 'QA20_H62' AND DISPLAY 'your main';IF ARINSURE = 1 AND ARM CARE = 1, THEN CONTINUE WITH 'QA20_H62' AND DISPLAY 'this'

'QA20_H62' [AI22A] - What is the name of {your main/this} health plan?

{您的主要/這個}健康保險計劃的名稱是什麼？

- ☐ 07 Anthem Blue Cross of California
- ☐ 07 加州安盛藍十字
- ☐ 38 Health Net
- ☐ 38 健康網
- ☐ 47 Kaiser Permanente
- ☐ 47 凱薩醫療機構
- ☐ 48 Kaiser Permanente Senior Advantage
- ☐ 48 凱薩醫療機構老齡優勢
- ☐ 67 Scan Health Plan
- ☐ 67 SCAN 醫療保健計劃
- ☐ 73 United Healthcare
- ☐ 73 聯合健康保險
- ☐ 74 United Healthcare Secure Horizon
- ☐ 74 聯合健康保險安全展望
- ☐ 53 Medicare
- ☐ 53 聯邦老人醫療保險
- ☐ 85 Other (Specify: _____)
- ☐ 85 其他 (請詳述: _____)

POST NOTE 'QA20_H62' :

IF 'QA20_H62' = 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA20_H63' :IF ARM CARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARM CAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTH ER ≠ 1) AND 'QA20_A21' = 1 (MARRIED) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY 'Next I have some questions about your own main health plan.'

'QA20_H63' [AI25] - {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

{接下來，我對要問您一些關於您的主要健康保險計劃的問題。} 您享有處方藥物的保賠嗎？就是說，是否有某項計劃可支付處方藥物的部份費用？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_H64' :
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1
THEN CONTINUE WITH 'QA20_H64' ;
ELSE GO TO 'QA20_H69'

'QA20_H64' [AH71] - Does your health plan have a deductible that is more than \$1,000?

您的保健計劃是否要求支付超過 1,000 美元的自付額？

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數額。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Yes, but only when we go out of network
- ☐ 3 是的，只當我們在網絡外的時候

'QA20_H65' [AH72] - Does your health plan have a deductible for all covered persons that is more than \$2,000?

您的保健計劃是否要求為所有受保人支付超過2,000美元的自付額？

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

自付額 (*deductibles*) 是您在健康計劃開始支付醫療費用之前必須支付的金額。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Yes, but only when we go out of network
- ☐ 3 是的，只當我們在網絡外的時候

PROGRAMMING NOTE 'QA20_H66' :

**IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH 'QA20_H66' ;
ELSE CONTINUE WITH 'QA20_H69'**

'QA20_H66' [AH73B] - Do you have a special account or fund you can use to pay for medical expenses?

您是否有一個可用於支付醫療費用的特別帳戶或基金？

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).

帳戶有時指健康儲蓄帳戶 (HSAs) 或健康償付帳戶 (HRAs)。其他類似帳戶包括個人護理帳戶、個人醫療基金或選擇基金 (Choice Funds)、及雇主所提供的醫療保險彈性支出帳戶 (Flexible Spending Accounts)。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_H69'

'QA20_H67' [AH130] - Do you have money in this account?

您在這個帳戶有錢嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_H69'

'QA20_H68' [AH131] - How much money do you have in this account? Your best guess is fine.

您在這個帳戶有多少錢？盡量估計就可以了。

_____ (Amount) [HR: 0 -9997]

_____ (金額) [HR: 0 -9997]

‘QA20_H69’ [AI31] - Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

請想一想您目前的醫療保險，您在過去 12 個月中，是不是每個月使用的都是同一個保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ -8 Don't know
- ☐ -8 不知

If = 2, go to ‘QA20_H71’

If = -3, go to ‘QA20_H77’

If = -8, go to ‘QA20_H72’

‘QA20_H70’ [AH132] - How long have you had your current health insurance?

您持有目前的健康保險計劃多久了？

_____ Number of Years
_____ 年

If >=0, go to ‘QA20_H75’

_____ Number of Months
_____ 個月

If >=0, go to ‘QA20_H75’

If = -3,, go to ‘QA20_H75’

‘QA20_H71’ [AH133] - Out of the last 12 months, how many months did you have your current health insurance plan?

過去 12 個月內，您持有目前的健康保險計劃多少個月？

_____ Number of Months
_____ 個月

‘QA20_H72’ [AI32] - During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

在過去十二個月中，當您沒有享受當前的健康保險保賠時，您是否有任何其它健康保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If =2, -3, go to ‘QA20_H75’

‘QA20_H73’ [A133] - Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

您的其他健康保險是不是加州醫療補助計劃白卡（Medi-Cal）、您透過雇主獲得的計劃、您從保險公司直接購得的計劃、您透過加州全保（Covered California）購得的計劃，還是其他計劃？

Check all that apply

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡（Medi-Cal）
- ☐ 3 Obtained through current or former employer/union
- ☐ 3 通過現任或前任雇主／工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Purchased through Covered California
- ☐ 6 透過加州全保（Covered California）購得
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

PROGRAMMING NOTE ‘QA20_H74’:
IF MORE THAN ONE RESPONSE FROM ‘QA20_H73’, THEN CONTINUE WITH ‘QA20_H74’;
ELSE GO TO ‘QA20_H75’

‘QA20_H74’ [AH134] - Before your current plan, which health insurance did you have?

在您目前的保險計劃之前，您持有的健康保險為何？

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡（Medi-Cal）
- ☐ 3 Obtained through current or former employer/union
- ☐ 3 通過現任或前任雇主／工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Purchased through Covered California
- ☐ 6 透過加州全保（Covered California）購得
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

PROGRAMMING NOTE 'QA20_H75':
IF 'QA20_H72'≠1 OR 'QA20_H69' = 1, THEN CONTINUE WITH 'QA20_H75';
ELSE GO TO 'QA20_H76'

'QA20_H75' [AH135] - Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

在目前的計劃之前，您的其他醫療保險是 Medi-CAL、您透過雇主獲得的計劃、您從保險公司直接購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 3 Obtained through current or former employer/union
- ☐ 3 通過現任或前任雇主／工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Purchased through Covered California
- ☐ 6 透過加州全保 (Covered California) 購得
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

PROGRAMMING NOTE 'QA20_H76': IF 'QA20_H75' = 95, THEN SKIP TO 'QA20_H77', ELSE CONTINUE. IF ONLY ONE RESPONSE FROM 'QA20_H73' THEN DISPLAY THAT RESPONSE ELSE IF 'QA20_H74' >0 DISPLAY RESPONSE FROM 'QA20_H74' ELSE IF 'QA20_H75' >0 DISPLAY RESPONSE FROM 'QA20_H75' IF 'QA20_H73' OR AH143 OR 'QA20_H75'=1 DISPLAY 'the medi-CAL plan' IF 'QA20_H73' OR AH143 OR 'QA20_H75'=3 DISPLAY 'plan through current or former employer or union' IF 'QA20_H73' OR AH143 OR 'QA20_H75'=5 DISPLAY 'plan you purchased directly' IF 'QA20_H73' OR AH143 OR 'QA20_H75'=6 DISPLAY 'the Covered California plan' IF 'QA20_H73' OR AH143 OR 'QA20_H75'=91 DISPLAY 'the other health plan'

'QA20_H76' [AH136] - How long did you have the {medi-CAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

您持有{加州醫療補助計畫白卡 (medi-CAL) / 加州全保 (Covered California) / 其他健康}保險{透過現任或前任雇主或工會／您直接購得}已有多久了？

_____ Number of years

_____ 年

_____ Number of months

_____ 個月

If >=0, go to 'QA20_H77'

‘QA20_H77’ [AH137] - During the past 12 months, did you change your health insurance plan?

過去 12 月內，您曾否改變您的主要健康保險計劃

Please include changes in health plan from the same or different health insurance companies.

請包括來自相同或不同健康保險公司的健康計劃更改

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE ‘QA20_H78’: IF ‘QA20_H69’ = 2, -3 OR ‘QA20_H72’ = 1, -3 THEN CONTINUE, ELSE SKIP TO ‘QA20_H79’

‘QA20_H78’ [AI34] - During the past 12 months, was there any time when you had no health insurance at all?

在過去 12 個月中，您有沒有任何時間完全沒有醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE ‘QA20_H79’:
IF ‘QA20_H78’=1 OR ‘QA20_H72’=2, THEN CONTINUE WITH ‘QA20_H79’, ELSE SKIP TO PN ‘QA20_H88’.

‘QA20_H79’ [AI35] - For how many months of the past 12 months did you have no health insurance at all?

在過去 12 個月中，您有多少個月完全沒有醫療保險？

_____ Number of months [HR: 0-11]
_____ 個月

If = 0, go to ‘PN_QA20_H88’

If = -3, go to ‘PN_QA20_H88’

‘QA20_H80’ [A136] - What is the one main reason why you did not have any health insurance during those months?

在這些月份中，您沒有任何健康保險的一個主要原因是什麼？

- ☐ 1 Can't afford/too expensive
- ☐ 1 負擔不起／太貴了
- ☐ 2 Not eligible due to working status/changed employer/lost job
- ☐ 2 因工作狀態／更換雇主／失業而不符合資格
- ☐ 3 Not eligible due to health or other problems
- ☐ 3 因健康或其他問題而不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Family situation changed
- ☐ 5 家庭狀況發生變化
- ☐ 6 Don't believe in insurance
- ☐ 6 不相信保險
- ☐ 7 Did not have insurance while switching insurance companies
- ☐ 7 更換保險公司的期間導致延遲
- ☐ 8 Can get health care for free/pay own care
- ☐ 8 可以獲得免費的健康保險／自費負擔
- ☐ 9 Other (Specify: _____)
- ☐ 9 其他（請詳述：_____）

If = 2, go to ‘QA20_H81’

'QA20_H81' [AH140] – Was this due to a lost job, reduction in hours, change in employer, or something else?

(Implemented May 5th, 2020)

這是因為失去工作、減少工時、轉換僱主，還是其他原因？

- ☐ 1 Lost job
- ☐ 1 失去工作
- ☐ 2 Reduction in hours
- ☐ 2 減少工時
- ☐ 3 Change in employer
- ☐ 3 轉換僱主
- ☐ 91 Something else (Specify:_____)
- ☐ 91 O 其他原因 (請註明: _____)

'QA20_H82' [AH74] - During the time that you were uninsured, did you try to find health insurance on your own?

在您沒有保險的期間，您是否曾經嘗試自己尋找醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, 2, -3, go to 'PN_QA20_H90'

‘QA20_H83’ [A124] - What is the one main reason why you do not have any health insurance?

您沒有任何健康保險的一個主要原因是什麼？

- ☐ 1 Can't afford/too expensive
- ☐ 1 負擔不起／太貴了
- ☐ 2 Not eligible due to working status/changed employer/lost job
- ☐ 2 因工作狀態／更換雇主／失業而不符合資格
- ☐ 3 Not eligible due to health or other problems
- ☐ 3 因健康或其他問題而不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Family situation changed
- ☐ 5 家庭狀況發生變化
- ☐ 6 Don't believe in insurance
- ☐ 6 不相信保險
- ☐ 7 Did not have insurance while switching insurance companies
- ☐ 7 更換保險公司的期間導致延遲
- ☐ 8 Can get health care for free/pay own care
- ☐ 8 可以獲得免費的健康保險／自費負擔
- ☐ 9 Other (Specify: _____)
- ☐ 9 其他（請詳述：_____）

If = 2, go to 'QA20_H84'

‘QA20_H84’ [AH141] – Was this due to a lost job, reduction in hours, change in employer, or something else?

(Implemented May 5th, 2020)

這是因為失去工作、減少工時、轉換僱主，還是其他原因？

- ☐ 1 Lost job
- ☐ 1 失去工作
- ☐ 2 Reduction in hours
- ☐ 2 減少工時
- ☐ 3 Change in employer

‘QA20_H85’ [AH75] - During the time that you have been uninsured, have you tried to find health insurance on your own?

在您沒有保險的那段時間內，您是否曾經嘗試自己尋找醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_H86’ [AI27] - Were you covered by health insurance at any time during the past 12 months?

您在過去 12 個月中的任何時間內有沒有享受過醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘QA20_H88’

‘QA20_H87’ [AI28] - How long has it been since you last had health insurance?

您上一次有醫療保險到現在已經有多長時間？

- ☐ 1 More than 12 months ago, but not more than 3 years
- ☐ 1 超過 12 個月前，但不超過 3 年前
- ☐ 2 More than 3 years
- ☐ 2 超過3 年前
- ☐ 3 Never had health insurance
- ☐ 3 從來沒有健康保險

If = 1, 2, 3, -3 go to ‘PN_QA20_H90’

‘QA20_H88’ [AI29] - For how many months out of the last 12 months did you have health insurance?

在過去 12 個月內，您有多少個月有醫療保險？

_____ Months [HR: 0-12]
_____ 個月

If =0, go to ‘PN_QA20_H90’

‘QA20_H89’ [A130] - During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

在您的健康保險的那段時間，您的健康保險是不是加州醫療補助計劃白卡

Check all that apply

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 3 Through current or former employer/union
- ☐ 3 通過現任或前任雇主／工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Covered California
- ☐ 6 透過加州全保 (Covered California)
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

PROGRAMMING NOTE ‘QA20_H90’ :IF ARINSURE ≠ 1 OR ‘QA20_H72’ = 2 OR ARDIRECT = 1 OR ‘QA20_H8987’ = (5, 6) OR ‘QA20_H73’ = (5, 6) OR ARHBEX = 1 OR SPHBEX = 1; THEN CONTINUE WITH ‘QA20_H90’ ;ELSE GO TO PROGRAMMING NOTE ‘QA20_H107’

‘QA20_H90’ [AH103h] - In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

在過去 12 個月中您是否曾經嘗試直接從保險公司或 HMO 或透過 Covered California 購買醫療保險計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_H107’

‘QA20_H91’ [AH110h] - Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

這是直接從保險公司或 HMO 購買、還是透過 Covered California 購買、還是既從保險公司又透過 Covered California 購買的計劃？

- ☐ 1 Directly from an insurance company or HMO
- ☐ 1 直接來自保險公司或 HMO (健康維護機構)
- ☐ 2 Through Covered California
- ☐ 2 透過加州全保 (Covered California)
- ☐ 3 Both from an insurance company and through Covered California
- ☐ 3 來自保險公司以及透過加州全保兩者

If = -3, go to ‘QA20_H94’

PROGRAMMING NOTE 'QA20_H92' :**IF 'QA20_H91' = 1; THEN CONTINUE WITH 'QA20_H92' ;****IF 'QA20_H91' = 3; THEN CONTINUE WITH 'QA20_H92' AND DISPLAY 'First, think about your experience trying to purchase insurance directly from an insurance company or HMO.'****ELSE GO TO PROGRAMMING NOTE 'QA20_H96' ;**

'QA20_H92' [AH98h] - {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

How difficult was it to find a plan with the coverage you needed?

{首先，請考慮您在嘗試直接從保險公司或 HMO 購買保險時的經歷。}找到一項您需要的保賠範圍的計劃有多困難？

- ☐ 1 Very difficult,
- ☐ 1 非常困難,
- ☐ 2 Somewhat difficult,
- ☐ 2 較為困難,
- ☐ 3 Not too difficult
- ☐ 3 不太困難還是
- ☐ 4 Not at all difficult
- ☐ 4 毫無困難

'QA20_H93' [AH99h] - How difficult was it to find a plan you could afford?

找到一項您能負擔得起的計劃有多困難？

- ☐ 1 Very difficult
- ☐ 1 非常困難,
- ☐ 2 Somewhat difficult
- ☐ 2 較為困難,
- ☐ 3 Not too difficult
- ☐ 3 不太困難還是
- ☐ 4 Not at all difficult
- ☐ 4 毫無困難

'QA20_H94' [AH100h] - Did anyone help you find a health plan?

是否有人幫助您尋找醫療保險計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_H96'

‘QA20_H95’ [AH101h] - Who helped you?

是誰幫助您的？

- ☐ 1 Broker
- ☐ 1 經紀人
- ☐ 2 Family member/Friend
- ☐ 2 家庭成員／朋友
- ☐ 3 Internet
- ☐ 3 網際網路
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE ‘QA20_H96’ :IF ‘QA20_H91’ = 2; THEN CONTINUE WITH ‘QA20_H96’ ;IF ‘QA20_H91’ = 3; THEN CONTINUE WITH ‘QA20_H96’ AND DISPLAY ‘Now, think about your experience with Covered California.’ELSE GO TO PROGRAMMING NOTE ‘QA20_H100’ ;

‘QA20_H96’ [AH111h] - {Now, think about your experience with Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California?

{現在，請想一想您與 Covered California 交往的經歷。}大？

- ☐ 1 Very difficult
- ☐ 1 非常困難
- ☐ 2 Somewhat difficult
- ☐ 2 較為困難
- ☐ 3 Not too difficult
- ☐ 3 不太困難還是
- ☐ 4 Not at all difficult
- ☐ 4 毫無困難

‘QA20_H97’ [AH112h] - How difficult was it to find a plan you could afford? Was it...

找到一項你能負擔得起的計劃有多困難？

- ☐ 1 Very difficult
- ☐ 1 非常困難
- ☐ 2 Somewhat difficult
- ☐ 2 較為困難
- ☐ 3 Not too difficult
- ☐ 3 不太困難還是
- ☐ 4 Not at all difficult
- ☐ 4 毫無困難

‘QA20_H98’ [AH113h] - Did anyone help you find a health plan?

是否有人幫助您尋找醫療保險計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_H100’

‘QA20_H99’ [AH114h] - Who helped you?

是誰幫助您的？

- ☐ 1 Broker
- ☐ 1 經紀人
- ☐ 2 Family member/Friend
- ☐ 2 家庭成員／朋友
- ☐ 3 Internet
- ☐ 3 網際網路
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

‘QA20_H100’ [AH115h] - Did you have all the information you felt you needed to make a good decision on a health plan?

您是否有您認為幫助作出有關保健計劃的良好決定所需的所有資訊？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_H101' :
IF 'QA20_A20' > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
'QA20_H101';ELSE GO TO 'QA20_H102' ;

'QA20_H101' [AH116h] - Were you able to get information about your health plan options in your language?

您是否能夠用您自己的語言獲得有關您的保健計劃選擇的資訊？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_H102' [AH117h] - Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

您選擇的計劃費用在您選擇計劃時是非常重要、較為重要還是不重要？

- ☐ 1 Very important
- ☐ 1 很重要
- ☐ 2 Somewhat important
- ☐ 2 有些重要
- ☐ 3 Not important
- ☐ 3 不重要

'QA20_H103' [AH118h] - Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

從某一位特定的醫生處接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

- ☐ 1 Very important
- ☐ 1 很重要
- ☐ 2 Somewhat important
- ☐ 2 有些重要
- ☐ 3 Not important
- ☐ 3 不重要

'QA20_H104' [AH119h] - Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

從某一家特定的醫院接受護理服務在您選擇計劃時是十分重要、較為重要還是不重要？

- ☐ 1 Very important
- ☐ 1 很重要
- ☐ 2 Somewhat important
- ☐ 2 有些重要
- ☐ 3 Not important
- ☐ 3 不重要

‘QA20_H105’ [AH120h] - Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

計劃網路內的醫生選擇在您選擇計劃時是非常重要、較為重要還是不重要？

- ☐ 1 Very important
- ☐ 1 很重要
- ☐ 2 Somewhat important
- ☐ 2 有些重要
- ☐ 3 Not important
- ☐ 3 不重要

PROGRAMMING NOTE ‘QA20_H106’ :

IF ‘QA20_H21’ = 1 THEN DISPLAY ‘Bronze’

ELSE IF ‘QA20_H21’ = 2 THEN DISPLAY ‘Silver’

ELSE IF ‘QA20_H21’ = 3 THEN DISPLAY ‘Gold’

ELSE IF ‘QA20_H21’ = 4 THEN DISPLAY ‘Platinum’

ELSE IF ‘QA20_H21’ = 6 THEN DISPLAY ‘Minimum coverage’

ELSE DISPLAY ‘’;

‘QA20_H106’ [AH121h] - Finally, what was the most important reason you chose your{Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

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

- ☐ 1 Cost
- ☐ 1 費用
- ☐ 2 Specific doctor
- ☐ 2 特定的醫生
- ☐ 3 Specific hospital
- ☐ 3 特定的醫院
- ☐ 4 Choice of doctors in network
- ☐ 4 網絡內的服務提供者選擇
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QA20_H107':
IF ARINSURE = 1, CONTINUE WITH 'QA20_H107';
ELSE SKIP TO 'QA20_H108';
IF PROXY=1, GO TO 'QA20_H109'

'QA20_H107' [AH139] - Overall, how satisfied are you with your current health insurance plan?

整體來說，您有多滿意目前的健康保險計劃？

- ☐ 1 Very satisfied
- ☐ 1 非常滿意
- ☐ 2 Somewhat satisfied
- ☐ 2 還算滿意
- ☐ 3 Somewhat dissatisfied
- ☐ 3 有點不滿意
- ☐ 4 Very dissatisfied
- ☐ 4 非常不滿意

'QA20_H108' [AH14] - During the past 12 months, were you a patient in a hospital overnight or longer?

在過去十二個月內，您是否曾經因病住院一天或以上？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_H109':
IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO 'QA20_H1011';
ELSE IF 'QA20_H72' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY 'The following
questions are about your current health plan', AND CONTINUE WITH 'QA20_H109'

'QA20_H109' [AH79B] - The following questions are about your current health plan. While you've had your current health plan, have you ever reached the limit of what your insurance company would pay for?

{以下問題是關於您目前的健康計劃}您持有目前的健康計劃期間，是否曾經達到保險公司承擔的付款上限？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_H111'

'QA20_H110' [AH80B] - Did this happen in the past 12 months?

這是在過去 12 個月內發生的嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_H111' [AH81B] - During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

過去 12 個月內，您曾否難以支付或未能支付醫療帳單？不論為您自己或任何家庭成員亦然。

Dental bills should be included.

不包括牙科帳單。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to PN_'QA20_I1'

'QA20_H112' [AH83B] - What is the total amount of medical bills?

醫藥費總額是多少？

The bills can be from earlier years as well as this year

帳單可以來自早些年以及今年。

- ☐ 1 Less than \$1,000
- ☐ 1 少於 1,000 美元
- ☐ 2 \$1,000 to less than \$2,000
- ☐ 2 1,000 美元，不到 2,000 美元
- ☐ 3 \$2,000 to less than \$4,000
- ☐ 3 2,000 美元，不到 4,000 美元
- ☐ 4 \$4,000 to less than \$8,000
- ☐ 4 4,000 美元，不到 8,000 美元
- ☐ 5 \$8,000 or more
- ☐ 5 8,000 美元或以上
- ☐ 6 None
- ☐ 6 皆非

‘QA20_H113’ [AH84B] - Were you or your family member uninsured at the time care was provided?

接受醫護服務時，您或您的家庭成員是否沒有保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 More than one person with medical bill problems, some uninsured and some insured.
- ☐ 3 超過一人有醫療費用問題，有的有保險，有的沒有保險

‘QA20_H114’ [AH85B] - Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

您有否因這些醫療帳單而無力購買基本必需品，例如食物、暖氣費或租金？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_H115’ [AH86B] - Because of these medical bills, did you take on credit card debt?

您曾否因這些醫療帳單而有信用卡債務？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

Section I: Child Adolescent Health Insurance

PROGRAMMING NOTE 'QA20_I1' :
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA20_I36' TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'QA20_I2' ;
ELSE CONTINUE WITH 'QA20_I1'

'QA20_I1' [CF10A] - These next questions are about health insurance (CHILD) may have.

以下是關於 child 可能有的健康保險的問題。

Does (CHILD) have the same insurance as you?

以下是關於(CHILD)可能有的健康保險的問題。(CHILD) 的保險是否與您的保險相同?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_I18'

POST-NOTE 'QA20_I1' :

IF 'QA20_I1' = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA20_I1' = 1 AND ARIHS = 1, SET CHIHS = 1

IF 'QA20_I1' = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE 'QA20_I2' :**IF SPINSURE ≠ 1, THEN SKIP TO 'QA20_I3' ;****ELSE IF 'QA20_I1' = 2 AND ARSAMESP = 1, THEN SKIP TO 'QA20_I3' ;****ELSE CONTINUE WITH 'QA20_I2'**

'QA20_I2' [MA1] - Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

(CHILD) 的保險是否與{您配偶/您伴侶/SPOUSE NAME/ PARTNER NAME} 的保險相同?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_I18'

POST-NOTE 'QA20_I2' :

IF 'QA20_I2' = 1 AND SPMPCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPIHS = 1, SET CHIHS = 1

IF 'QA20_I2' = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

IF 'QA20_I2' = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF 'QA20_I2' = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

'QA20_I3' [CF1] - Is {he/she} currently covered by Medi-CAL?

{他/她} 目前是否享受 Medi-CAL (加州醫療保健計劃) 的保險?

Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people.

MediCAL是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計劃。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_I3' :

IF 'QA20_I3' = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

'QA20_I4' [CF3] - Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(CHILD)是否通過您或其他人的工作或工會享受醫療保險或管理式保健組織 (HMO) 計劃?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_I6'

POST-NOTE 'QA20_I4' :

IF 'QA20_I4' = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA20_I5' [AI90] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的？

SHOP is the Small Business Health Options Program administered by/ Covered California.

SHOP 是 Covered California 開展的小企業保健選擇計劃

- ☐ 1 Employer
- ☐ 1 雇主
- ☐ 2 Union
- ☐ 2 工會
- ☐ 3 SHOP / Covered California
- ☐ 3 SHOP / 加州全保
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

POST-NOTE FOR 'QA20_I5' :

IF 'QA20_I5' = 3, THEN SET CHHBEX = 1

PROGRAM NOTE 'QA20_I6' :

IF CHINSURE = 1 THEN GO TO AI92 ;

ELSE CONTINUE WITH 'QA20_I6'

'QA20_I6' [CF4] - Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

(CHILD)是否享受您直接從保險公司或HMO或透過Covered California購買的醫療保險計劃的承保？

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.

請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'PN_QA20_I12'

POST-NOTE 'QA20_I6' :

IF 'QA20_I6' = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA20_I7' :
IF CHDIRECT = 1, THEN CONTINUE WITH 'QA20_I7' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I8'

'QA20_I7' [AI91] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

您是如何購買這項保健計劃的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

- ☐ 1 Insurance company or HMO
- ☐ 1 保險公司或 HMO
- ☐ 2 Covered California
- ☐ 2 加州全保 (Covered California)
- ☐ 92 Other (Specify: _____)
- ☐ 92 其他 (請詳述: _____)

POST-NOTE FOR 'QA20_I7' :
IF 'QA20_I7' = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE 'QA20_I8'
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA20_I8' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I9' ;

'QA20_I8' [AI93] - Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_I9' :

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_I9' ;
ELSE GO TO 'QA20_I12'**

'QA20_I9' [AI54] - Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否支付(CHILD)的保健計劃的任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付 額。

Premium is the monthly charge for the cost of your health insurance plan.

保費是您的健康保險計劃的每月收費

Co-pays 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.

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

A deductible is the amount you pay for medical care before your health plan starts paying.

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_I10' [AI50] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

是否有任何其他人，例如雇主、工會或專業機構，支付(CHILD)的保健計劃的全部或部份保費或費用？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'PN_QA20_I12'

‘QA20_I11’ [AI51] - Who else pays all or some portion of the cost for (CHILD)’s health plan?

還有誰支付(CHILD)保健計劃的全部或部份費用?

Check all that apply

- ☐ 1 Your current employer
- ☐ 1 您的現任雇主
- ☐ 2 Your former employer
- ☐ 2 您的前任雇主
- ☐ 3 Union
- ☐ 3 工會
- ☐ 4 Spouse's/Partner's current employer
- ☐ 4 配偶／伴侶的現任雇主
- ☐ 5 Spouse's/Partner's former employer
- ☐ 5 配偶／伴侶的前任雇主
- ☐ 6 Professional/Fraternal organization
- ☐ 6 職業／兄弟組織
- ☐ 7 Medicaid/Medi-Cal assistance
- ☐ 7 聯邦醫療補助計劃 (Medicaid) / 加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 9 Medicare
- ☐ 9 聯邦老人醫療保險 (Medicare)
- ☐ 11 Covered California
- ☐ 11 加州全保 (Covered California)
- ☐ 91 Other
- ☐ 91 Other

POST-NOTE ‘QA20_I11’ :

IF ‘QA20_I11’ = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF ‘QA20_I11’ = 7, SET CHMCAL = 1

IF ‘QA20_I11’ = 10, SET CHHBEX = 1;

PROGRAMMING NOTE 'QA20_I12' :
IF CHINSURE = 1, GO TO PN 'QA20_I18' ;
ELSE CONTINUE WITH 'QA20_I12'

'QA20_I12' [CF6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'PN_QA20_I18'

POST-NOTE 'QA20_I12' :
IF 'QA20_I12' = 1, SET CHMILIT = 1 AND CHINSURE = 1

'QA20_I13' [CF7] - Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

{他/她}是否享受其他政府醫療保險計劃，例如 AIM、Mister MIP、Healthy Kids 或其他計劃？

AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.

AIM表示「母嬰營養計劃」；Mister MIP或MRMIP表示「重大風險醫療保險計劃」

- ☐ 1 AIM
- ☐ 1 加州孕婦嬰兒保險 (AIM)
- ☐ 2 MRMIP
- ☐ 2 高風險醫療保險計劃 (MISTER MIP/MRMIP)
- ☐ 3 Healthy Kids
- ☐ 3 兒童保健計劃 (HEALTHY KIDS)
- ☐ 4 No other plan
- ☐ 4 沒有其他健康計劃
- ☐ 91 Something else (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

If = 1, 2, 3, 91, go to 'PN_QA20_I18'

POST-NOTE 'QA20_I13' :
IF 'QA20_I13' = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

‘QA20_I14’ [CF8] - Does {he/she} have any health insurance coverage through a plan that I missed?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘PN_QA20_I17’

‘QA20_I15’ [CF9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

{他/她}有哪一種健康保險？該保險是透過加州醫療補助計劃白卡（Medi-Cal）、雇主、或工會，還是有其它來源提供的？

Check all that apply

- ☐ 1 Through current or former employer/union
- ☐ 1 通過現任或前任雇主／工會
- ☐ 2 Through school, professional association, trade group, or other organization
- ☐ 2 通過學校、職業協會、行業團體、或其他組織
- ☐ 3 Purchased directly from health plan
- ☐ 3 直接從健康計劃（由調查對象本人或任何其他人）購得
- ☐ 4 MediCARE
- ☐ 4 聯邦老人醫療保險（Medicare）
- ☐ 5 Medi-CAL
- ☐ 5 加州醫療補助計劃白卡（Medi-Cal）
- ☐ 7 CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care
- ☐ 7 軍中文職人員保健醫療計劃（CHAMPUS）／文職人員保健醫療計劃—退伍軍人（CHAMP-VA）、國防健保（TRICARE）計劃、或其他軍事醫療保健
- ☐ 8 Indian health service, Tribal health program or urban Indian clinic
- ☐ 8 印地安健康服務（Indian health service）、部落健康計劃、或城市印地安診所
- ☐ 10 Covered California
- ☐ 10 加州全保（Covered California）
- ☐ 11 Shop through Covered California
- ☐ 11 通過加州全保 SHOP
- ☐ 91 Other government health plan
- ☐ 91 其他政府健康計劃
- ☐ 92 Other non-government health plan
- ☐ 92 其他非政府健康計劃

IF ‘QA20_I15’ = 8, SET CHHS = 1

IF ‘QA20_I15’ = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT = 1;

IF ‘QA20_I15’ = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;

IF ‘QA20_I15’ = 91, SET CHOTHGOV = 1 AND CHINSURE = 1

IF ‘QA20_I15’ = 92, SET CHOTHER = 1 AND CHINSURE = 1

IF ‘QA20_I15’ = -3, SET CHINSURE = 1

POST-NOTE ‘QA20_I15’ :IF ‘QA20_I15’ = 1, SET CHEMP = 1 AND CHINSURE = 1

IF ‘QA20_I15’ = 2, SET CHEMP = 1 AND CHINSURE = 1

IF ‘QA20_I15’ = 3, SET CHDIRECT = 1 AND CHINSURE = 1

IF ‘QA20_I15’ = 4, SET CHMCARE = 1 AND CHINSURE = 1

IF ‘QA20_I15’ = 5, SET CHMCAL = 1 AND CHINSURE = 1

IF ‘QA20_I15’ = 7, SET CHMILIT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA20_I16' :IF 'QA20_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA20_I16' ;ELSE SKIP TO PROGRAMMING NOTE 'QA20_I17'

'QA20_I16' [CF9VER] - Just to verify, you said that (CHILD) gets health insurance through Medicare?

我只是要確定一下，您說過 (CHILD) 有從聯邦醫療保險(Medicare) 獲得醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_I17' :IF CHINSURE ≠ 1 CONTINUE WITH 'QA20_I17' ;ELSE GO TO 'QA20_I18' ;

'QA20_I17' [CF1A] - What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?

(CHILD) 沒有加入加州醫療輔助計劃 (Medi-CAL) 的一個主要原因是什麼？

- ☐ 1 Paperwork too difficult
- ☐ 1 申請填表太困難
- ☐ 2 Don't know if eligible
- ☐ 2 不知道是否符合資格
- ☐ 3 Income too high, not eligible
- ☐ 3 因為收入太高，不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Don't believe in health insurance
- ☐ 5 不相信健康保險
- ☐ 6 Don't need insurance because I'm healthy
- ☐ 6 因為身體健康，所以不需要保險
- ☐ 7 Already have insurance
- ☐ 7 已經有保險了
- ☐ 8 Didn't know about it
- ☐ 8 不知道有保險
- ☐ 9 Don't like or want welfare
- ☐ 9 不喜歡／不想要福利
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_I18': IF 'QA20_I1'=1 AND ARM CARE=1 THEN CONTINUE WITH 'QA20_I18' ;IF CHINSURE = 1, THEN CONTINUE WITH 'QA20_I18' ;ELSE GO TO PN 'QA20_I22'

'QA20_I18' [MA3] - Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

(CHILD)參加的保健計劃是 HMO（即健康維護機構計劃）嗎？

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.

HMO 表示「健康維護機構」。在 HMO 計劃中，{他/她}必須使用網路內的醫生及醫院的服務。除非是急診，如果{他/她}在網路外醫生或醫院處接受服務，計劃通常不支付服務費。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_I20'

PROGRAMMING NOTE 'QA20_I19':IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA20_I20' ; ELSE CONTINUE WITH 'QA20_I19' ;

'QA20_I19' [AI115] - Is (CHILD)'s health plan a PPO or EPO?

(CHILD)的健康計劃是 PPO（特選醫療提供組織）還是 EPO（特定醫療服務組織）？

EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

EPO 代表特定醫療服務組織。使用 EPO，您必須使用網路內的醫生和醫院，但如果是緊急情況，您可以直接去看醫生和專科醫生而無需初級保健提供者轉診。

PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can see doctors and specialists directly without a referral from your primary care provider.

PPO 代表特選醫療提供組織。使用 PPO，您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網絡的醫生和醫院，會減少您支付的費用。而且您可以直接去看醫生和專科醫生，無需初級保健提供者轉診。

- ☐ 1 PPO
- ☐ 2 EPO
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

'QA20_I20' [MA2] - What is the name of (CHILD)'s main health plan?

(CHILD) 參加的主要健康計劃的名稱是什麼？

- ☐ 02 Aetna
- ☐ 02 安泰
- ☐ 07 Anthem Blue Cross of California
- ☐ 07 加州安盛藍十字
- ☐ 12 Blue Shield
- ☐ 12 加州藍盾
- ☐ 26 Cigna Healthcare
- ☐ 26 信諾健康照護
- ☐ 38 Health Net
- ☐ 38 健康網
- ☐ 47 Kaiser Permanente
- ☐ 47 凱薩醫療機構
- ☐ 73 United Healthcare
- ☐ 73 聯合健康保險
- ☐ 87 Tricare/Tricare for Life/Tricare Prime
- ☐ 87 國防健保計劃／國防健保計劃 for Life／國防健保計劃 Prime
- ☐ 52 Medi-Cal
- ☐ 52 加州醫療補助計劃白卡
- ☐ 85 Other (Specify: _____)
- ☐ 85 其他 (請詳述: _____)

POST NOTE 'QA20_I20' :

IF 'QA20_I20' = 93, 87, OR 89 THEN SET CHMILIT=1

'QA20_I21' [CF14] - Is (CHILD) covered for prescription drugs?

計劃是否支付(CHILD) 的處方藥品？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE FOR 'QA20_I22' :
IF (ARINSURE ≠ 1 OR 'QA20_I1' ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1),
THEN
CONTINUE WITH 'QA20_I22' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_I25'

'QA20_I22' [AI79] - Does (CHILD)'s health plan have a deductible that is more than \$1,000?

(CHILD)的健康保險計劃是否有超過 1,000 美元的免賠額？

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Yes, but only when we go out of network
- ☐ 3 是的，只有當我們在網絡外的時候

'QA20_I23' [AI80] - Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

(CHILD)的醫療保險計劃對於所有受保人是否有超過 2,000 美元的免賠額？

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

免賠額是指您的醫療保險計劃開始為您的醫療護理付款之前您必須支付的數額。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Yes, but only when we go out of network
- ☐ 3 是的，只有當我們在網絡外的時候

PROGRAMMING NOTE 'QA20_I24' :IF ('QA20_I22' = 1 OR 3) OR ('QA20_I23' = 1 OR 3), CONTINUE WITH 'QA20_I24' ;ELSE SKIP TO PROGRAMMING NOTE 'QA20_I25'

'QA20_I24' [A181] - Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

(FSAs 您是否有用於支付(CHILD)的醫療費用的特殊帳戶或資金？

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts

帳戶有時指健康儲蓄帳戶 (HSAs)、健康償付帳戶 (HRAs)、或其他類似帳戶包括個人護理帳戶、個人醫療基金或選擇基金 (Choice Funds)，但不包括雇主所提供的醫療保險彈性支出帳戶 (Flexible Spending Accounts, FSA) 。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_I25' :IF CHINSURE = 1, GO TO 'QA20_I30' ;ELSE CONTINUE WITH 'QA20_I25'

'QA20_I25' [CF18] - What is the one main reason (CHILD) does not have any health insurance?

(CHILD) 沒有醫療保險的一個主要原因是什麼？

- ☐ 1 Can't afford/too expensive
- ☐ 1 負擔不起／太貴了
- ☐ 2 Not eligible due to working status/changed employer/lost job
- ☐ 2 因工作狀態／更換雇主／失業而不符合資格
- ☐ 3 Not eligible due to health or other problems
- ☐ 3 因健康或其他問題而不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Family situation changed
- ☐ 5 家庭狀況發生變化
- ☐ 6 Don't believe in insurance
- ☐ 6 不相信保險
- ☐ 7 Did not have insurance while switching insurance companies
- ☐ 7 更換保險公司的期間導致延遲
- ☐ 8 Can get health care for free/pay own care
- ☐ 8 可以獲得免費的健康保險／自費負擔
- ☐ 9 Other (Specify: _____)
- ☐ 9 其他 (請詳述: _____)

‘QA20_I26’ [CF20] - Was (CHILD) covered by health insurance at any time during the past 12 months?

(CHILD) 是否在過去 12 個月中的任何時間享受醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘QA20_I28’

‘QA20_I27’ [CF21] - How long has it been since (CHILD) last had health insurance?

(CHILD) 上一次有醫療保險到現在已經有多長時間？

- ☐ 1 More than 12 months, but not more than 3 years ago
- ☐ 1 超過 12 個月前，但不超過 3 年前
- ☐ 2 More than 3 years ago
- ☐ 2 超過 3 年前
- ☐ 3 Never had health insurance coverage
- ☐ 3 從來沒有健康保險

If = 1, 2, 3, -3, go to ‘PN_QA20_I36’

‘QA20_I28’ [CF22] - For how many of the last 12 months did {he/she} have health insurance?

在過去 12 個月內，{他/她}有多少個月有醫療保險？

_____ Months [HR: 0-12]
_____ 個月 [HR: 0-12]

If = 0, go to ‘PN_QA20_I36’

‘QA20_I29’ [CF23] - During that time when (CHILD) had health insurance, was {his/her} insurance Medi-Cal, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

在(CHILD)有醫療保險期間，{他的/她的}保險是 MediCal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

Check all that apply

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 3 Obtained through current or former employer/union
- ☐ 3 通過現任或前任雇主／工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Purchased through Covered California
- ☐ 6 透過加州全保 (Covered California) 購得
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

If =1, 3, 5, 6, 91, -3, go to ‘PN_QA20_I36’

‘QA20_I30’ [CF24] - Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for all of the past 12 months?

請想一想 {他/她}目前的醫療保險，(CHILD) 在過去 12 個月中，是不是都是享受同一種保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘PN_QA20_I36’

‘QA20_I31’ [CF25] - When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

當{他/她}沒有享受{他/她}目前的醫療保險時，{他/她/他或她} 有沒有其它任何醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_I33’

'QA20_I32' [CF26] - 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?

這項其他健康保險是不是加州醫療補助計劃白卡

Check all that apply

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 3 Obtained through current or former employer/union
- ☐ 3 通過現任或前任雇主／工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Purchased through Covered California
- ☐ 6 透過加州全保 (Covered California) 購得
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

'QA20_I33' [CF27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?

在過去 12 個月中, {他/她}有沒有任何時間完全沒有醫療保險?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_'QA20_I36'

'QA20_I34' [CF28] - For how many of the past 12 months did {he/she} have no health insurance?

在過去 12 個月中, {他/她}有幾個月沒有健康保險?

____ Months [RANGE: 1-12]
____ 個月

‘QA20_I35’ [CF29] - What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

在(CHILD) 沒有保險的日子裡, {他/她} 沒有醫療保險的一個主要原因是什麼?

- ☐ 1 Can't afford/too expensive
- ☐ 1 負擔不起／太貴了
- ☐ 2 Not eligible due to working status/changed employer/lost job
- ☐ 2 因工作狀態／更換雇主／失業而不符合資格
- ☐ 3 Not eligible due to health or other problems
- ☐ 3 因健康或其他問題而不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Family situation changed
- ☐ 5 家庭狀況發生變化
- ☐ 6 Don't believe in insurance
- ☐ 6 不相信保險
- ☐ 7 Did not have insurance while switching insurance companies
- ☐ 7 更換保險公司的期間導致延遲
- ☐ 8 Can get health care for free/pay own care
- ☐ 8 可以獲得免費的健康保險／自費負擔
- ☐ 9 Other (Specify: _____)
- ☐ 9 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_I36' :
IF NO TEEN SELECTED, GO TO PN 'QA20_I72' ;
IF ARINSURE = 1, CONTINUE WITH 'QA20_I36' ;
IF ARINSURE ≠ 1, GO TO PN 'QA20_I37' ;
ELSE CONTINUE WITH 'QA20_I36'

'QA20_I36' [IA10A] - These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as you?

以下問題是有關 (TEEN) 可能享有的健康保險。
\n (TEEN) 是否與{您／ADULT RESPONDENT NAME}擁有相同的保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_I54'

POST-NOTE 'QA20_I36' :

IF 'QA20_I36' = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I36' = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF 'QA20_I36' = 1 AND ARIHS = 1, SET TEIHS = 1
IF 'QA20_I36' = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE 'QA20_I37' :
IF SPINSURE ≠ 1 THEN SKIP TO 'QA20_I38' ;
ELSE IF 'QA20_I36' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA20_I38' ;
ELSE CONTINUE WITH 'QA20_I37'

'QA20_I37' [MA5] - Does (TEEN) have the same insurance as your spouse?

(TEEN) 的保險是否與您配偶的保險相同?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_I54'

POST-NOTE 'QA20_I37' :

IF 'QA20_I37' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF 'QA20_I37' = 1 AND SPIHS = 1, SET TEIHS = 1

IF 'QA20_I37' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

**IF 'QA20_I37' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND
SPSAMETE = 1**

PROGRAMMING NOTE 'QA20_I38' :
IF TEINSURE ≠ 1 OR CHINSURE ≠ 1, THEN SKIP TO 'QA20_I39' ;
ELSE IF ('QA20_I36' = 2 AND ARSAMECH = 1) OR ('QA20_I37' = 2 AND SPSAMECH = 1), THEN
SKIP TO 'QA20_I39' ;
ELSE CONTINUE WITH 'QA20_I38' ;

'QA20_I38' [MA6] - Does (TEEN) have the same insurance as (CHILD)?

(TEEN) 的保險是否與(CHILD) 的保險相同?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_I66'

POST-NOTE 'QA20_I38' :

IF 'QA20_I38' = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF 'QA20_I38' = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF 'QA20_I38' = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA20_I38' = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF 'QA20_I38' = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA20_I38' = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF 'QA20_I38' = 1 AND CHIHS = 1, SET TEIHS = 1;

IF 'QA20_I38' = 1 AND CHOTHER = 1, SET TEOTHER = 1;

IF 'QA20_I38' = 1 AND CHHBEX = 1, SET TEHBEX = 1

'QA20_I39' [IA1] - Is {he/she} currently covered by Medi-CAL?

{他/她}是否享受 MediCAL (加州醫療保健計劃) 的保賠?

Medi-Cal is a plan for certain low income children and their families, pregnant women, and disabled or elderly people

Medi-CAL是為某些低收入家庭的兒童及其家人、孕婦、殘障人士或年長者提供的一項計畫。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

POST-NOTE 'QA20_I39' :

IF 'QA20_I39' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

‘QA20_I40’ [IA3] - Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(TEEN)有沒有享受通過您或其他人的工作或工會提供的醫療保險計劃或管理式保健組織計劃 (HMO)?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_I42’

POST-NOTE ‘QA20_I40’ :

IF ‘QA20_I40’ = 1, SET TEEMP = 1 AND SET TEINSURE = 1

‘QA20_I41’ [AI94] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

這項計劃是透過雇主、工會、還是 Covered California 的 SHOP 計劃購買的？

SHOP is the Small Business Health Options Program administered by Covered California.

SHOP是Covered California開展的小企業保健選擇計劃

- ☐ 1 Employer
- ☐ 1 雇主
- ☐ 2 Union
- ☐ 2 工會
- ☐ 3 SHOP / Covered California
- ☐ 3 SHOP／加州全保
- ☐ 92 Other (Specify: _____)
- ☐ 92 其他 (請詳述: _____)

POST-NOTE FOR ‘QA20_I41’ :

IF ‘QA20_I41’ = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA20_I42' :
IF TEINSURE = 1 THEN GO TO 'QA20_I43' ;
ELSE CONTINUE WITH 'QA20_I42'

'QA20_I42' [IA4] - Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

(TEEN)是否享受您直接從保險公司或 HMO 購買的醫療保險計劃的承保？

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

請不要包括僅支付某些疾病（例如癌症或中風）費用的計劃或當您住院時僅向您支付「額外現金」的計劃。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_I48'

POST-NOTE 'QA20_I42' :

IF 'QA20_I42' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'QA20_I43' :
IF TEDIRECT = 1, THEN CONTINUE WITH 'QA20_I43' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_I44'

'QA20_I43' [AI95] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

您是如何購買這項保健計劃的 — 是直接從保險公司或 HMO 購買還是透過 Covered California 購買？

- ☐ 1 Insurance company or HMO
- ☐ 1 保險公司或 HMO
- ☐ 2 Covered California
- ☐ 2 加州全保 (Covered California)
- ☐ 92 Other (Specify: _____)
- ☐ 92 其他 (請詳述: _____)

POST-NOTE FOR 'QA20_I43' :

IF 'QA20_I43' = 2, THEN SET TEHBEX = 1

**PROGRAMMING NOTE 'QA20_I44' IF 'QA20_I41' = 3, THEN GO TO PN 'QA20_I45' ;
ELSE CONTINUE WITH 'QA20_I44' ;**

'QA20_I44' [AI97] - Was there a subsidy or discount on the premium for this plan?

這項計劃的保費是否有補貼或折扣？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_I45' :IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA20_I45' ;ELSE GO TO PROGRAMMING NOTE 'QA20_I48'

'QA20_I45' [AI55] - 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.

Premium is the monthly charge for the cost of your health insurance plan.

保費是您的健康保險計劃的每月收費

Co-pays 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.

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

A deductible is the amount you pay for medical care before your health plan starts paying.

免賠額是您的保險計劃開始付款之前您支付的醫療護理費。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_I46' [AI52] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

是否有任何其他人，例如雇主、工會或專業機構，支付 (TEEN) 的保健計劃的全部或部份保費或費用？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_I48'

‘QA20_I47’ [AI53] - Who else pays all or some portion of the cost for (TEEN)’s health plan?

還有誰支付(TEEN) 的醫療保險計劃的全部或部分費用?

Check all that apply

- ☐ 1 Your current employer
- ☐ 1 您的現任雇主
- ☐ 2 Your former employer
- ☐ 2 您的前任雇主
- ☐ 3 Union
- ☐ 3 工會
- ☐ 4 Spouse's/Partner's current employer
- ☐ 4 配偶／伴侶的現任雇主
- ☐ 5 Spouse's/Partner's former employer
- ☐ 5 配偶／伴侶的前任雇主
- ☐ 6 Professional/Fraternal organization
- ☐ 6 職業／兄弟組織
- ☐ 7 Medicaid/Medi-Cal assistance
- ☐ 7 聯邦醫療補助計劃 (Medicaid) ／加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 9 Medicare
- ☐ 9 聯邦老人醫療保險 (Medicare)
- ☐ 11 Covered California
- ☐ 11 加州全保 (Covered California)
- ☐ 91 Other
- ☐ 91 Other

POST-NOTE ‘QA20_I47’ :

IF ‘QA20_I47’ = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;

IF ‘QA20_I47’ = 7, SET TEMCAL = 1;

IF ‘QA20_I47’ = 10, SET TEHBEX = 1;

**PROGRAMMING NOTE ‘QA20_I48’ :IF TEINSURE = 1, GO TO PROGRAMMING NOTE ‘QA20_I53’ ;
ELSE CONTINUE WITH ‘QA20_I48’**

‘QA20_I48’ [IA6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{他/她} 是否享受 CHAMPUS/CHAMP VA, TRICARE, VA, 或其它軍隊醫療護理計劃?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘PN_QA20_I54’

POST-NOTE ‘QA20_I48’ :

IF ‘QA20_I48’ = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

‘QA20_I49’ [IA7] - Is {he/she} covered by some other government health plan such as AIM, ‘Mister MIP’, Family PACT, Healthy Kids or something else?

{他/她}是否享有其他政府醫療保險計劃，例如 AIM, Mister MIP、Family PACT、Healthy Kids 或其他計劃？

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.

AIM 表示「母嬰保險計劃」；Mister MIP 或MRMIP表示「重大風險醫療保險計劃」；Family PACT 是一項州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用。

- ☐ 1 AIM
- ☐ 1 加州孕婦嬰兒保險 (AIM)
- ☐ 2 MRMIP
- ☐ 2 高風險醫療保險計劃 (MISTER MIP/MRMIP)
- ☐ 3 Healthy Kids
- ☐ 3 兒童保健計劃 (HEALTHY KIDS)
- ☐ 4 No other plan
- ☐ 4 沒有其他健康計劃
- ☐ 91 Something else (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

If = 1, 2, 3, 4, 91, go to ‘PN_QA20_I54’

POST-NOTE ‘QA20_I49’ :

IF ‘QA20_I49’ = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

‘QA20_I50’ [IA8] - Does {he/she} have any health insurance coverage through a plan that I missed?

{他/她} 有沒有享受任何我漏掉的其它醫療保險計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_I54’

‘QA20_I51’ [IA9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

{他/她}有哪一種健康保險？此保險是透過 Medi-CAL（加州醫療保健計劃）、僱主或工會獲得的、還是從某些其它來獲得的？

Check all that apply

- ☐ 1 Through current or former employer/union
- ☐ 1 通過現任或前任雇主／工會
- ☐ 2 Through school, professional association, trade group, or other organization
- ☐ 2 通過學校、職業協會、行業團體、或其他組織
- ☐ 3 Purchased directly from health plan
- ☐ 3 直接從健康計劃（由調查對象本人或任何其他人士）購得
- ☐ 4 MediCARE
- ☐ 4 聯邦老人醫療保險（Medicare）
- ☐ 5 Medi-CAL
- ☐ 5 加州醫療補助計劃白卡（Medi-Cal）
- ☐ 7 CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care
- ☐ 7 軍中文職人員保健醫療計劃（CHAMPUS）／文職人員保健醫療計劃—退伍軍人（CHAMP-VA）、國防健保（TRICARE）計劃、或其他軍事醫療保健
- ☐ 8 Indian health service, Tribal health program or urban Indian clinic
- ☐ 8 印地安健康服務（Indian health service）、部落健康計劃、或城市印地安診所
- ☐ 10 Covered California
- ☐ 10 加州全保（Covered California）
- ☐ 11 Shop through Covered California
- ☐ 11 通過加州全保 SHOP
- ☐ 91 Other government health plan
- ☐ 91 其他政府健康計劃
- ☐ 92 Other non-government health plan
- ☐ 92 其他非政府健康計劃

POST-NOTE ‘QA20_I51’ :

IF ‘QA20_I51’ = 1, SET TEEMP = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = 2, SET TEEMP = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = 3, SET TEDIRECT = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = 4, SET TEMCARE = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = 5, SET TEMCAL = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = 7, SET TEMILIT = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = 8, SET TEIHS = 1;

IF ‘QA20_I51’ = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;

IF ‘QA20_I51’ = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;

IF ‘QA20_I51’ = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = 92, SET TEOTHER = 1 AND TEINSURE = 1;

IF ‘QA20_I51’ = -3, SET TEINSURE = 1

PROGRAMMING NOTE 'QA20_I52' :
IF 'QA20_I51' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA20_I52' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_I53'

'QA20_I52' [IA9VER] - Just to verify, you said that (TEEN) gets health insurance through Medicare?

我只是要確定一下，您說過 (TEEN) 有從聯邦醫療保險(Medicare) 獲得醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_I53' :
IF TEINSURE ≠ 1 CONTINUE WITH 'QA20_I53' ;
ELSE GO TO 'QA20_I54' ;

'QA20_I53' [IA1A] - What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

TEEN} 沒有加入加州醫療輔助計劃 (Medi-CAL) 的一個主要原因是什麼？

- ☐ 1 Paperwork too difficult
- ☐ 1 申請填表太困難
- ☐ 2 Don't know if eligible
- ☐ 2 不知道是否符合資格
- ☐ 3 Income too high, not eligible
- ☐ 3 因為收入太高，不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Don't believe in health insurance
- ☐ 5 不相信健康保險
- ☐ 6 Don't need insurance because I'm healthy
- ☐ 6 因為身體健康，所以不需要保險
- ☐ 7 Already have insurance
- ☐ 7 已經有保險了
- ☐ 8 Didn't know about it
- ☐ 8 不知道有保險
- ☐ 9 Don't like or want welfare
- ☐ 9 不喜歡／不想要福利
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他 (請詳述：_____)

PROGRAMMING NOTE 'QA20_I54' :IF 'QA20_I38' = 1, THEN 'QA20_I54' = 'QA20_I18' AND 'QA20_I56' = 'QA20_I20' AND 'QA20_I57' = 'QA20_I21' AND GO TO PN 'QA20_I58' ; ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA20_I54' ;ELSE GO TO PROGRAMMING NOTE 'QA20_I58'

'QA20_I54' [MA8] - Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

(TEEN) 參加的 {Medi-Cal} 保健計劃是 HMO（健康維護機構計劃）嗎？

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.

HMO 表示「健康維護機構」。在 HMO 計劃中，{他/她}必須使用網路內的醫生及醫院的服務。除非是急診，如果{他/她}在網路外醫生或醫院處接受服務，計劃通常不支付服務費。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to 'QA20_I56'

PROGRAMMING NOTE 'QA20_I55' :IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA20_I56' ; ELSE CONTINUE WITH 'QA20_I55' ;

'QA20_I55' [AI116] - Is (TEEN)'s health plan a PPO or EPO?

TEEN) 的健康計劃是 PPO（特選醫療提供組織）還是 EPO（特定醫療服務組織）？

EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

EPO 代表特定醫療服務組織。使用 EPO，您必須使用網絡內的醫生和醫院，但如果是緊急情況，您可以直接去看醫生和專科醫生而無需初級保健提供者轉診。

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.

PPO 代表特選醫療提供組織。使用，PPO 您可以使用任何醫生和醫院，但如果您使用屬於您的計劃網絡的醫生和醫院，會減少您支付的費用。而且您可以直接去看醫生和專科醫生，無需初級保健提供者轉診。

- ☐ 1 PPO
- ☐ 2 EPO
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

‘QA20_I56’ [MA7] - What is the name of (TEEN)’s main health plan?

(TEEN) 參加的主要保健計劃名稱是什麼?

- ☐ 02 Aetna
- ☐ 02 安泰
- ☐ 07 Anthem Blue Cross of California
- ☐ 07 加州安盛藍十字
- ☐ 12 Blue Shield
- ☐ 12 加州藍盾
- ☐ 26 Cigna Healthcare
- ☐ 26 信諾健康照護
- ☐ 38 Health Net
- ☐ 38 健康網
- ☐ 47 Kaiser Permanente
- ☐ 47 凱薩醫療機構
- ☐ 73 United Healthcare
- ☐ 73 聯合健康保險
- ☐ 87 Tricare/Tricare for Life/Tricare Prime
- ☐ 87 國防健保計劃／國防健保計劃 for Life／國防健保計劃 Prime
- ☐ 52 Medi-Cal
- ☐ 52 加州醫療補助計劃白卡
- ☐ 85 Other (Specify: _____)
- ☐ 85 其他 (請詳述: _____)

POST NOTE ‘QA20_I56’ :

IF ‘QA20_I56’ = 93, 87, OR 89 THEN SET TEMILIT=1

‘QA20_I57’ [IA14] - Is (TEEN) covered for prescription drugs?

(TEEN) 的計劃是否支付處方藥品?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE FOR 'QA20_I58' :
IF [(ARINSURE ≠ 1 OR 'QA20_I36' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1),
THEN CONTINUE WITH 'QA20_I58' ;
ELSE SKIP TO PN 'QA20_I61'

'QA20_I58' [AI82] - Does (TEEN)'s health plan have a deductible that is more than \$1,000?

(TEEN)的健康保險計劃是否有超過 1,000 美元的免賠額？

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Yes, but only when we go out of network
- ☐ 3 是的，只當我們在網絡外的時候

'QA20_I59' [AI83] - Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

的健康保險計劃對於所有受保人是否有超過2,000美元的免賠額？

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Yes, but only when we go out of network
- ☐ 3 是的，只當我們在網絡外的時候

**PROGRAMMING NOTE 'QA20_I60' :IF ('QA20_I58' = 1 OR 3) OR ('QA20_I59' = 1 OR 3),
CONTINUE WITH 'QA20_I60' ;ELSE SKIP TO PROGRAMMING NOTE 'QA20_I61'**

'QA20_I60' [A184] - Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

您是否有可以用於支付(TEEN)的醫療費用的特殊帳戶或資金？

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).

帳戶有時稱為健康儲蓄帳戶（HSA）、健康補償帳戶（HRA）或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

**PROGRAMMING NOTE 'QA20_I61' :IF TEINSURE = 1, GO TO 'QA20_I66' ;
ELSE CONTINUE WITH 'QA20_I61'**

'QA20_I61' [IA18] - What is the one main reason (TEEN) does not have any health insurance?

(TEEN) 沒有任何健康保險的一個主要原因是什麼？

- ☐ 1 Can't afford/too expensive
- ☐ 1 負擔不起／太貴了
- ☐ 2 Not eligible due to working status/changed employer/lost job
- ☐ 2 因工作狀態／更換雇主／失業而不符合資格
- ☐ 3 Not eligible due to health or other problems
- ☐ 3 因健康或其他問題而不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Family situation changed
- ☐ 5 家庭狀況發生變化
- ☐ 6 Don't believe in insurance
- ☐ 6 不相信保險
- ☐ 7 Did not have insurance while switching insurance companies
- ☐ 7 更換保險公司的期間導致延遲
- ☐ 8 Can get health care for free/pay own care
- ☐ 8 可以獲得免費的健康保險／自費負擔
- ☐ 9 Other (Specify: _____)
- ☐ 9 其他（請詳述：_____）

‘QA20_I62’ [IA20] - Was (TEEN) covered by health insurance at any time during the past 12 months?

(TEEN) 在過去 12 個月中的任何時間是否享受醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘QA20_I64’

‘QA20_I63’ [IA21] - How long has it been since (TEEN) last had health insurance?

(TEEN) 從上一次有醫療保險到現在已有多長時間？

- ☐ 1 More than 12 months, but not more than 3 years ago
- ☐ 1 超過 12 個月前，但不超過 3 年前
- ☐ 2 More than 3 years ago
- ☐ 2 超過 3 年前
- ☐ 3 Never had health insurance coverage
- ☐ 3 從來沒有健康保險

If = 1, 2, 3, -3, go to ‘PN_QA20_I72’

‘QA20_I64’ [IA22] - For how many of the last 12 months did {he/she} have health insurance?

在過去十二個月內，{他/她}有幾個月有醫療保險？

_____ Months [HR: 0-12]
_____ 個月

If = 0, go to ‘PN_QA20_I72’

‘QA20_I65’ [IA23] - During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

在(TEEN) 有醫療保險期間, {他的/她的}保險是 Medi-Cal、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃?

Check all that apply

(5 maximum responses)

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 3 Obtained through current or former employer/union
- ☐ 3 通過現任或前任雇主/工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Purchased through Covered California
- ☐ 6 透過加州全保 (Covered California) 購得
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

If = 1, 3, 5, 6, 91, -3, go to ‘PN_QA20_I72’

‘QA20_I66’ [IA24] - Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for all of the past 12 months?

請想一想{他的/她的} 目前參加的健康保險, (TEEN) 是否在過去十二個月中一直參加這個相同的健康保險計劃?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘PN_QA20_I72’

‘QA20_I67’ [IA25] - When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?

當 {他/她} 沒有享受{他的/她的} 目前的醫療保險計劃時, {他/她} 有沒有其它任何醫療保險?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_I69’

‘QA20_I68’ [IA26] - Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

該其他醫療保險是 Medi-CAL、您透過雇主獲得的計劃、您直接從保險公司購買的計劃、您透過 Covered California 購買的計劃還是其他計劃？

Check all that apply

- ☐ 1 Medi-Cal
- ☐ 1 加州醫療補助計劃白卡 (Medi-Cal)
- ☐ 3 Obtained through current or former employer/union
- ☐ 3 通過現任或前任雇主／工會
- ☐ 5 Purchased directly
- ☐ 5 直接購得
- ☐ 6 Purchased through Covered California
- ☐ 6 透過加州全保 (Covered California) 購得
- ☐ 91 Other health plan
- ☐ 91 其他健康計畫

‘QA20_I69’ [IA27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?

在過去 12 個月中，{他/她} 有沒有任何時間完全沒有醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_I72’

‘QA20_I70’ [IA28] - For how many of the past 12 months did {he/she} have no health insurance?

在過去 12 個月中，{他/她}有幾個月沒有健康保險？

_____ Months [RANGE: 1-12]
_____個月

‘QA20_I71’ [IA29] - What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

在(TEEN)不享有保險的期間，{他/她} 沒有任何健康保險的 一個主要 原因是什麼？

- ☐ 1 Can't afford/too expensive
- ☐ 1 負擔不起／太貴了
- ☐ 2 Not eligible due to working status/changed employer/lost job
- ☐ 2 因工作狀態／更換雇主／失業而不符合資格
- ☐ 3 Not eligible due to health or other problems
- ☐ 3 因健康或其他問題而不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Family situation changed
- ☐ 5 家庭狀況發生變化
- ☐ 6 Don't believe in insurance
- ☐ 6 不相信保險
- ☐ 7 Did not have insurance while switching insurance companies
- ☐ 7 更換保險公司的期間導致延遲
- ☐ 8 Can get health care for free/pay own care
- ☐ 8 可以獲得免費的健康保險／自費負擔
- ☐ 9 Other (Specify: _____)
- ☐ 9 其他（請詳述：_____）

PPROGRAMMING NOTE 'QA20_I72' :
IF NO TEEN SELECTED, GO TO SECTION J;
IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';
IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father';
IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If
'QA20_A23' =2 DISPLAY 'mother'
ELSE IF DISPLAY 'other parent'

'QA20_I72' [A156] - In what country was (TEEN)'s {mother/father} born?

(TEEN)的{母親/父親}是在哪個國家出生的?

- ☐ 1 United States
- ☐ 1 美國
- ☐ 2 American Samoa
- ☐ 2 美屬薩摩亞
- ☐ 3 Canada
- ☐ 3 加拿大
- ☐ 4 China
- ☐ 4 中國
- ☐ 09 Guam
- ☐ 09 關島
- ☐ 16 Japan
- ☐ 16 日本
- ☐ 17 Korea
- ☐ 17 韓國
- ☐ 18 Mexico
- ☐ 18 墨西哥
- ☐ 19 Philippines
- ☐ 19 菲律賓
- ☐ 22 Puerto Rico
- ☐ 22 波多黎各
- ☐ 25 Vietnam
- ☐ 25 越南
- ☐ 26 Virgin Islands
- ☐ 26 美屬維京群島
- ☐ 13 Other (Specify: _____)
- ☐ 13 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_I73' :
IF 'QA20_I72' = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO 'QA20_I77';
ELSE CONTINUE WITH 'QA20_I73' ;
IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';
IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father'
IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If
'QA20_A23' =2 DISPLAY 'mother'
ELSE IF DISPLAY 'other parent'

'QA20_I73' [A157] - Does (TEEN)'s {mother/father} now live in the U.S.?

{TEEN} 的{母親/父親}目前住在美國嗎?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Mother/Father/Other parent} deceased
- ☐ 3 母親／父親去世
- ☐ 4 {Mother/Father/Other parent} never lived in U.S.
- ☐ 4 母親／父親從未住在美國

PROGRAMMING NOTE 'QA20_I74' :
IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';
IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father';
IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If
'QA20_A23' =2 DISPLAY 'mother'
ELSE IF DISPLAY 'other parent'
IF 'QA20_I73' = 3 (MOTHER/FATHER DECEASED), DISPLAY 'Was';
ELSE DISPLAY 'Is'

'QA20_I74' [A158] - {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

(TEEN) 的{母親/父親}是美國公民嗎?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Application pending
- ☐ 3 申請待審

PROGRAMMING NOTE 'QA20_I75' :
IF 'QA20_I74' =1 SKIP TO PN_'QA20_I76'
IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';
IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father';
IF 'QA20_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA20_A23' Sex =1 DISPLAY 'father' OR If
'QA20_A23' =2 DISPLAY 'mother'
ELSE IF DISPLAY 'other parent'
IF 'QA20_I73' = 3 (MOTHER/FATHER DECEASED), DISPLAY 'Was';
ELSE DISPLAY 'Is'

'QA20_I75' [A159] - {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

(TEEN)的{母親/父親}是持有綠卡的永久居民嗎?

People usually call this a 'Green Card' but the color can also be pink, blue, or white.

人們通常將永久居民卡稱為「綠卡」，但永久居民卡的顏色可能是粉紅色、藍色或白色。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Application pending
- ☐ 3 申請待審

PROGRAMMING NOTE 'QA20_I76' :IF 'QA20_A5' = 1 (MALE AT BIRTH), DISPLAY 'mother';
IF 'QA20_A5' = 2 (FEMALE AT BIRTH), DISPLAY 'father'

'QA20_I76' [A160] - About how many years has (TEEN)'s {mother/father} lived in the United States?

(TEEN)的{母親/父親}在美國已居住大約多少年?

_____ Number of years
 _____ 年
 _____ Year (First came to live in US.)
 _____ 年首次來到並居住在美國

- ☐ 1 Number of years
- ☐ 1 年
- ☐ 2 Year first came to live in US
- ☐ 2 年首次來到並居住在美國s
- ☐ 3 Mother/Father/Other parent} deceased
- ☐ 3 母親／父親去世
- ☐ 4 {Mother/Father/Other parent} never lived in U.S.
- ☐ 4 母親／父親從未住在美國

PROGRAMMING NOTE 'QA20_I77': IF SELECTED TEEN IN HOUSEHOLD, CONTINUE TO 'QA20_I77'; ELSE SKIP TO 'QA20_J1'

'QA20_I77' [A1117] - During the past 12 months, At [TEEN]'s last preventive check-up, did {he/she/he or she} speak with a doctor or other health care provider privately, without you or another adult in the room?

在過去的 12 個月內，在[TEEN]的最後一次預防性檢查中，{他／她／他或她}曾否在沒有您或其他成年人同一室的情況下與醫生或其他醫療保健提供者交談？

A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit

預防性檢查是指在該孩子沒有生病或受傷時進行檢查，比如年度體檢或運動體檢，或者是對孩子的兒童預防保健服務（*well-child visit*）。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 03 Did not have a preventive check-up visit in the last 12 months
- ☐ 03 在過去 12 個月內，沒有進行過預防性檢查

'QA20_I78' [A1118] - Do any of [TEEN]'s doctors or other health care providers treat only children/teens?

(TRANSLATION NEEDED)

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_I79': IF 'QA20_I78' =1 CONTINUE WITH 'QA20_I79'; ELSE SKIP TO 'QA20_I80'

'QA20_I79' [A1119] - Have they talked with you about having [TEEN] eventually see doctors or other health care providers who treat adults?

他們有沒有和您談過讓[TEEN]最終去看治療成人的醫生或其他醫療保健提供者？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_I80’ [AI120] - Has this doctor or other health care provider actively worked with [TEEN] to...think about and plan for {his/her/his or her} future?

這位醫生或其他醫療保健提供者是否積極與[TEEN]合作.....思考並計劃{他／她／他或她}的未來？

For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?

例如：花時間討論未來關於教育、工作、人際關係、及發展獨立生活技能的計劃？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_I81’ [AI121] - Has this doctor or other health care provider actively worked with [TEEN] to...make positive choices about {his/her/his or her} health?

這位醫生或其他醫療保健提供者是否積極與[TEEN]合作.....為{他／她／他或她}的健康作積極的選擇？

For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?

例如，透過健康飲食、定期運動、不吸菸、不酗酒、或不吸食其他毒品、或推遲性活動？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_I82’ [AI122] - Has this doctor or other health care provider actively worked with [TEEN] to...gain skills to manage {his/her/his or her} health and health care?

這位醫生或其他醫療保健提供者是否積極與[TEEN]合作...獲得管理{他／她／他或她}的健康和保健的技能？

For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?

例如，經由瞭解目前的健康需求，知道如何應付醫療緊急情況，或者服用可能需要的藥物？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_I83’ [AI123] - Has this doctor or other health care provider actively worked with [TEEN] to...understand the changes in health care that happen at age 18?

這位醫生或其他醫療保健提供者是否積極與[TEEN]合作.....以瞭解在 18 歲時的醫療保健方面的變化？

For example, by understanding changes in privacy, consent, access to information, or decision-making?

例如，通過瞭解不受公眾干擾 (*privacy*)、徵得同意 (*consent*)、獲取資訊、或決策方面的變化？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

Section J: Health Care Utilization and Access

PROGRAMMING NOTE 'QA20_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'**

'QA20_J1' [AH5] - {Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?

{現在, 我想提出幾個有關您所接受的健康護理的問題。} 在過去 12 個月中, 您看過幾次醫生?

_____ Times [HR: 0-365]

_____次[HR: 0-365]

PROGRAMMING NOTE 'QA20_J2' :**IF 'QA20_J1' = 0, -3 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH 'QA20_J2' ;****ELSE GO TO PROGRAMMING NOTE 'QA20_J3'**

'QA20_J2' [AH6] - About how long has it been since you last saw a doctor about your own health?

自從您上次就自身的健康狀況去看醫生以來到現在已經有多長時間?

- ☐ 0 One year ago or less
- ☐ 0 1 年前或更短時間
- ☐ 1 More than 1 up to 2 years ago
- ☐ 1 超過 1 年至 2 年前
- ☐ 2 More than 2 up to 5 years ago
- ☐ 2 超過 2 年至 5 年前
- ☐ 3 More than 5 years ago
- ☐ 3 超過 5 年前
- ☐ 4 Never
- ☐ 4 從未

PROGRAMMING NOTE 'QA20_J3' :
IF 'QA20_J2' = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO 'QA20_J4' ;
ELSE CONTINUE WITH 'QA20_J3'

'QA20_J3' [AJ114] - About how long has it been since you last saw a doctor or medical provider for a routine check-up?

自從您上次接受醫生或其他醫療提供者的常規體檢以來大約有多長時間了？

A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.

常規體檢指並非因生病或病症而接受的門診檢查。該常規體檢可能包括有關健康行為例如抽煙）的問題。

- ☐ 0 One year ago or less
- ☐ 0 1 年前或更短時間
- ☐ 1 More than 1 up to 2 years ago
- ☐ 1 超過 1 年至 2 年前
- ☐ 2 More than 2 up to 5 years ago
- ☐ 2 超過 2 年至 5 年前
- ☐ 3 More than 5 years ago
- ☐ 3 超過 5 年前
- ☐ 4 Never
- ☐ 4 從未

'QA20_J4' [AJ115] - During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

在過去的 12 個月內，您因生病、受傷或殘疾而錯過工作或生意的天數有多少？

Do not include family or maternity/paternity leave

不包括家庭或產假／陪產假

_____ Days (0 - 365)
 _____天

- ☐ 1 Did not have job in past 12 months
- ☐ 1 過去 12 個月內失業
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QA20_J5' :
IF 'QA20_H1' = 1 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA20_J5' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_J6'

'QA20_J5' [AJ77] - Do you have a personal doctor or medical provider who is your main provider?

您是否有一位作為您的主要服務提供者的個人醫生或醫療服務提供者？

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.

可以是全科醫生、專科醫生、醫生助理、護士或其他健康服務提供者

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_J6':
IF ARINSURE=1 OR 'QA20_H1' = 1 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH
'QA20_J6'
ELSE GO TO PROGRAMMING NOTE 'QA20_J8'
IF 'QA20_J5' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY 'your';
ELSE DISPLAY 'a';

'QA20_J6' [AJ102] - 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?

在過去 12 個月中，您是否曾經因為生病或受傷嘗試預約在兩天內看醫生或醫療服務提供者？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

IF = 2, -3 go to 'PN_QA20_J8'

'QA20_J7' [AJ103] - How often were you able to get an appointment within two days? Would you say...

能夠在兩天內為您安排就診的頻率有多高？您認為是.....

- ☐ 1 Never
- ☐ 1 從未,
- ☐ 2 Sometimes
- ☐ 2 有時,
- ☐ 3 Usually
- ☐ 3 通常,還是
- ☐ 4 Always
- ☐ 4 總是

PROGRAMMING NOTE 'QA20_J8':

**IF 'QA20_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND 'QA20_J5' = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [('QA20_B4' = 1 OR 'QA20_B5' = 1 (HAS ASTHMA)) OR 'QA20_B8' = 1 (HAS DIABETES) OR 'QA20_C1' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH 'QA20_J8';
ELSE GO TO 'QA20_J9'**

'QA20_J8' [AJ80] - Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

在您的醫生辦公室或診所內是否有人幫助協調其他醫生對您的護理或服務，例如測試或治療？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_J9' [AJ152B] - During the past 12 months, did you receive care while in a health facility, from a doctor at another location, by use of a video device?

在過去 12 個月內，您是否曾在保健設施裡，由醫生從另一地點通過視頻來提供護理？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'PN_QA20_J11'

‘QA20_J10’ [AJ153B] - Was the care for a skin or eye problem, mental or emotional health problem, dental health problem or some other health problem?

該次護理是處理皮膚或眼睛問題、心理或情緒健康問題、牙齒健康問題，還是其他健康問題？

Check all that apply.

- ☐ 1 Skin problem
- ☐ 1 皮膚問題
- ☐ 2 Eye problem
- ☐ 2 眼睛問題
- ☐ 3 Mental or emotional health problem
- ☐ 3 心理或情緒健康問題
- ☐ 12 Dental health problem
- ☐ 12 牙齒健康問題
- ☐ 91 Other health problem (Specify: _____)
- ☐ 91 其他健康問題 (請詳述: _____)

PROGRAMMING NOTE AJ8 :

IF ‘QA20_A20’ >=2 (SPEAKS ENGLISH ‘WELL’, ‘NOT WELL’, OR ‘NOT AT ALL’), CONTINUE WITH AJ8 ;

ELSE GO TO PROGRAMMING NOTE ‘QA20_J16’

‘QA20_J11’ [AJ8B] - The last time you saw a doctor, did you have a hard time understanding the doctor?

您上次看醫生時，是否很難聽懂醫生說的話？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘QA20_J13’

If = -3, go to ‘PN_QA20_J16’

PROGRAMMING NOTE 'QA20_J12' :

IF 'QA20_J11' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA20_A19' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA20_J12' ; ELSE GO TO PN_ 'QA20_J16'

SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA20_J12' WAS ASKED;

'QA20_J12' [AJ50] - In what language did the doctor speak to you?

您的醫生用哪一種語言與您交談？

- ☐ 1 English
- ☐ 1 英語
- ☐ 2 Spanish
- ☐ 2 西班牙語
- ☐ 3 Cantonese
- ☐ 3 廣東話
- ☐ 4 Vietnamese
- ☐ 4 越南語
- ☐ 5 Tagalog
- ☐ 5 他加祿語 (TAGALOG)
- ☐ 6 Mandarin
- ☐ 6 國語
- ☐ 7 Korean
- ☐ 7 韓國語
- ☐ 8 Asian Indian languages (including Hindi, Punjabi, Urdu)
- ☐ 8 亞洲印度語 (Hindi, Punjabi, Urdu)
- ☐ 9 Russian
- ☐ 9 俄語
- ☐ 12 Japanese
- ☐ 12 日本語
- ☐ 14 French
- ☐ 14 法語
- ☐ 15 German
- ☐ 15 德語
- ☐ 18 Farsi
- ☐ 18 現代伊朗語
- ☐ 19 Armenian
- ☐ 19 亞美尼亞語
- ☐ 20 Arabic
- ☐ 20 阿拉伯語
- ☐ 91 Other 1 (Specify: _____)
- ☐ 91 其他 1 (請詳述: _____)

If = 1, go to 'QA20_J14'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -3, go to 'PN_QA20_J16'

‘QA20_J13’ [AJ9] - Was this because you and the doctor spoke different languages?

這是不是因為您和醫生講的是不同的語言？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J14’ [AJ10] - Did you need someone to help you understand the doctor?

您是否需要有人幫助您聽懂醫生的話？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_J16’

‘QA20_J15’ [AJ11] - Who was this person who helped you understand the doctor?

是誰幫助您聽懂醫生說的話？

- ☐ 01 Minor child (under age 18)
- ☐ 01 未成年子女（18 歲以下）
- ☐ 02 An adult family member or friend
- ☐ 02 我的成年家庭成員或朋友
- ☐ 03 Non-medical office staff
- ☐ 03 非醫療辦公人員
- ☐ 04 Medical staff including nurses and doctors
- ☐ 04 醫療人員包括護理師／醫生
- ☐ 05 Professional interpreter (both in person and on the telephone)
- ☐ 05 專業口譯員（面對面和通過電話）
- ☐ 06 Other (patients, someone else)
- ☐ 06 其他（患者、其他人）
- ☐ 07 Did not have someone to help
- ☐ 07 沒有人幫忙

PROGRAMMING NOTE 'QA20_J16' :
IF 'QA20_A20' = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH 'QA20_J16' ;ELSE GO TO 'QA20_J17'

'QA20_J16' [AJ105] - In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

在加州，您有權在就診時獲得免費口譯服務。您在今天之前是否知道這項服務？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_J17' [AH16] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

在過去 12 個月中，您有沒有延遲或沒有去拿醫生為您開的藥？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_J20'

'QA20_J18' [AJ19] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

醫療費用或沒有保險是不是您延遲或沒有領取處方藥物的一個原因？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_J19':
IF ARINSURE = 1, THEN CONTINUE WITH 'QA20_J19';
ELSE GO TO 'QA20_J20'

'QA20_J19' [AJ176] - Did you delay or not get a medicine while you had your current insurance plan?

在持有目前的保險計劃期間，您曾否延遲或沒有取藥？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J20’ [AH22] - During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

在過去十二個月中，您有沒有延遲或沒有接受任何您認為必要的醫療護理 — 例如看醫生、專科醫生或其他健康護理專業人員？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_J26’

‘QA20_J21’ [AJ129] - Did you get the care eventually?

您最終接受了護理嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J22’ [AJ20] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

醫療費用或沒有保險是不是您延遲或沒有領取處方藥物的一個原因？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_J24’

‘QA20_J23’ [AJ130] - Was that the main reason?

這是主要原因嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, -3, go to ‘QA20_J25’

‘QA20_J24’ [AJ131] - What was the one main reason why you delayed getting the care you felt you needed?

您延遲接受您認為自己需要的護理的一個最主要原因是什麼？

- ☐ 1 Couldn't get appointment
- ☐ 1 無法獲得預約
- ☐ 2 My insurance was not accepted
- ☐ 2 我的保險不 被接受
- ☐ 3 My insurance did not cover
- ☐ 3 我的保險不承保
- ☐ 4 Language understanding problems
- ☐ 4 語言上的理解問題
- ☐ 5 Transportation problems
- ☐ 5 交通工具問題
- ☐ 6 Hours were not convenient
- ☐ 6 時間安排不方便
- ☐ 7 There was no child care for children at home
- ☐ 7 無托育中心可供照顧在家的孩子
- ☐ 8 I forgot or lost referral
- ☐ 8 我忘記或失去轉診機會
- ☐ 9 I didn't have time to go
- ☐ 9 我沒有時間前往
- ☐ 10 Too expensive
- ☐ 10 太貴了
- ☐ 11 I have no insurance
- ☐ 11 我沒有保險
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

PROGRAMMING NOTE ‘QA20_J25’:
IF ARINSURE = 1, THEN CONTINUE WITH ‘QA20_J25’;
ELSE GO TO ‘QA20_J26’

‘QA20_J25’ [AJ177] - Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

在持有目前的保險計劃期間，您曾否延遲或沒有獲取其他您認為需要的醫護服務？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J26’ [AJ136] - The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

接下來是有關專科醫生的問題。專科醫生是指外科醫生、心臟病醫生、過敏醫生、皮膚科醫生和其他針對某個健康護理領域的專科醫生。

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

在過去十二個月中，您或醫生是否曾認為您應當去看專科醫生？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

**PROGRAMMING NOTE ‘QA20_J27’ :IF ‘QA20_J26’ = 1 (NEEDED A MEDICAL SPECIALIST)
CONTINUE WITH ‘QA20_J27’ ;ELSE GO TO ‘QA20_J30’**

‘QA20_J27’ [AJ137] - During the past 12 months, did you have any trouble finding a medical specialist who would see you?

在過去十二個月中，您是否有任何困難找到一位能夠為您看病的專科醫生？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J28’ [AJ138] - During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?

在過去十二個月中，是否有專科醫生診所告訴您他們不願接受您作為他們的新病人？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_J29' :IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA20_J29' ;ELSE SKIP TO 'QA20_J30'

'QA20_J29' [AJ139] - During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

在過去十二個月中，是否有專科醫生辦公室告訴您他們不接受您的主要健康保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_J30' [AJ133] - Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

現在是有關全科醫生的問題。在過去十二個月中，您是否有任何困難尋找一位為您看病的全科醫生？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_J31' [AJ134] - During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

在過去十二個月中，是否有醫生診所告訴您他們不願接受您作為他們的新病人？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

**PROGRAMMING NOTE 'QA20_J32' :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA20_J32' ;
ELSE SKIP TO 'QA20_J33'**

'QA20_J32' [AJ135] - During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

在過去十二個月中，是否有醫生診所告訴您他們不願接受您的主要醫療保險？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_J33' :
IF 'QA20_A5' = 1 (MALE AT BIRTH), THEN GO TO 'QA20_J43' ;
IF AGE > 45, THEN GO TO 'QA20_J43' ;
DISPLAYS;
IF ['QA20_A5' = 2 (FEMALE AT BIRTH) AND AD66 = 2 (IDENTIFIES AS FEMALE)], DISPLAY
'These next questions are about women's health.';
IF ['QA20_A5' = 2 (FEMALE AT BIRTH) AND AD66 = 1, 3, 4, OR -3 (MALE, TRANSGENDER, NONE,
OR SKIPPED)], DISPLAY 'These next questions may be relevant to you because you were
assigned female at birth. If not, let me know and we will skip them.'

'QA20_J33' [AD13] - {These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth.}

To your knowledge, are you now pregnant?

{以下是有關婦女健康的問題。/以下問題可能與您有關，因為您的出生証上寫的是女性。如果不是，請告訴我，我會跳過這些問題。} 据您所知，您現在懷孕了嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 Not applicable
- ☐ 3 不適用

PROGRAMMING NOTE 'QA20_J34':
IF AGE > 44 YEARS GO TO 'QA20_J50';
ELSE IF 'QA20_A5'=1 (MALE AT BIRTH) THEN GO TO 'QA20_J43';
ELSE CONTINUE WITH 'QA20_J34'

'QA20_J34' [AJ169] - Which of the following statements best describes your pregnancy plans? Would you say...

在過去十二個月中，是否有醫生診所告訴您他們不願接受您的主要醫療保險？

- ☐ 01 You do not plan to get pregnant within the next 12 months,
- ☐ 01 您不打算在未來 12 個月內懷孕，
- ☐ 02 You are not sexually active
- ☐ 02 您性生活不活躍，
- ☐ 03 You are planning to get pregnant within the next 12 months, or
- ☐ 03 您打算在未來 12 個月內懷孕，或
- ☐ 04 You are currently pregnant?,
- ☐ 04 您現正懷孕？
- ☐ 05 You are not able to get pregnant?
- ☐ 05 您不能懷孕？

PROGRAMMING NOTE 'QA20_J35': IF 'QA20_J33' = 1 (PREGNANT), GO TO 'QA20_J50'; IF 'QA20_A5' = 2 (FEMALE AT BIRTH) AND 'QA20_D12' = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO 'QA20_J50'; IF 'QA20_J34' = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO 'QA20_J38'; ELSE CONTINUE WITH 'QA20_J35'

'QA20_J35' [AF40B] - Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

您或您的男性性伴侶是否採用某種避孕方法避孕？這包括男性或女性絕育。

Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.

絕育包括輸卵管結紮、輸精管切除術或絕育手術，導致你們不能生育

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 No male sexual partner
- ☐ 3 沒有男性性伴侶

If = 3, -3, go to 'PN_QA20_J38'

If = 2, go to 'PN_QA20_J37'

PROGRAMMING NOTE 'QA20_J36':IF 'QA20_J35' = 2,, GO TO 'QA20_J37'; If 'QA20_J35' = 3, -3, go to 'PN_'QA20_J38';ELSE CONTINUE WITH 'QA20_J36'

'QA20_J36' [AJ154B] - Which birth control method or methods are you using?

您正在使用哪種避孕方法？

Check all that apply.

- ☐ 1 Tubal ligation (tubes tied, cut)
- ☐ 1 輸卵管結紮 (輸卵管捆綁或切割)
- ☐ 2 Vasectomy (male sterilization)
- ☐ 2 輸精管切除術 (Vasectomy, 男性絕育)
- ☐ 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ☐ 3 IUD (蜜蕊娜 (Mirena™)、Paragard™ 子宮環)
- ☐ 4 Implant (Implanon®, Nexplanon®, etc.)
- ☐ 4 皮下植入避孕器 (易貝儂 (Implanon™)、Nexplanon™ 避孕棒)
- ☐ 5 Birth control pills
- ☐ 5 服避孕藥 (birth control pills)
- ☐ 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ☐ 6 其他荷爾蒙法 (注射式避孕藥/depo-provera、避孕貼、陰道避孕環/舞悠陰道避孕環 (nuva ring))
- ☐ 7 Condoms (male)
- ☐ 7 保險套 (男用)
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他 (請詳述: _____)

PROGRAMMING NOTE 'QA20_J37':
IF 'QA20_J35' = 1, GO TO 'QA20_J38',
ELSE CONTINUE WITH 'QA20_J37'

'QA20_J37' [AJ170] - What is the main reason you are not currently using birth control?

您目前並無避孕的主因是甚麼？

- ☐ 1 Trying to get pregnant/want a baby
- ☐ 1 試圖懷孕／想要一個孩子
- ☐ 2 Haven't found a method I like
- ☐ 2 還沒找到我喜歡的方法
- ☐ 3 Cost
- ☐ 3 成本
- ☐ 4 Haven't had time to go in for birth control
- ☐ 4 還沒有時間從事生育控制
- ☐ 5 No transportation
- ☐ 5 沒有交通工具
- ☐ 6 Don't know where to get it
- ☐ 6 不知從何處取得
- ☐ 7 Don't believe in birth control
- ☐ 7 不相信生育控制
- ☐ 8 Worried about side effects and/or health risks
- ☐ 8 擔心副作用和／或健康風險
- ☐ 9 Partner won't let me
- ☐ 9 伴侶不許我使用
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QA20_J38':
IF 'QA20_J36' = 3 (IUD) OR 4 (IMPLANT), GO TO 'QA20_J39';
ELSE CONTINUE WITH 'QA20_J38'

'QA20_J38' [AJ171] - Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant?

醫生、醫療服務者或家庭計劃顧問曾否向您談及子宮環（IUD）或植入式避孕（手臂皮下植入）？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 I do not have a male sex partner
- ☐ 3 沒有男性性伴侶

‘QA20_J39’ [AJ179] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

醫生、醫療服務者或家庭計劃顧問曾否向您談及子宮環（IUD）或植入式避孕（手臂皮下植入）？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J40’ [AJ180] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

在過去的 12 個月中，您是否有從醫生、醫療服務提供者、或計劃生育門診等處獲得節育方法或生育控制處方？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_QA20_J43’

‘QA20_J41’ [AJ181] - What main birth control method or prescription did you receive?

您所得到主要的避孕方法或處方是哪種？

- ☐ 1 Tubal ligation (tubes tied, cut)
- ☐ 1 輸卵管結紮（輸卵管捆綁或切割）
- ☐ 2 Vasectomy (male sterilization)
- ☐ 2 輸精管切除術（Vasectomy, 男性絕育）
- ☐ 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ☐ 3 IUD（蜜蕊娜（Mirena™）、Paragard™ 子宮環）
- ☐ 4 Implant (Implanon®, Nexplanon®, etc.)
- ☐ 4 皮下植入避孕器（易貝儂（Implanon™）、Nexplanon™ 避孕棒）
- ☐ 5 Birth control pills
- ☐ 5 服避孕藥（birth control pills）
- ☐ 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ☐ 6 其他荷爾蒙法（注射式避孕藥／depo-provera、避孕貼、陰道避孕環／舞悠陰道避孕環（nuva ring）
- ☐ 7 Condoms (male)
- ☐ 7 保險套（男用）
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

'QA20_J42' [AJ182] - Where did you receive the main birth control method or prescription?

您從何處得到主要的避孕方法或處方？

- ☐ 1 Private doctor's office
- ☐ 1 私人醫生診所
- ☐ 2 HMO facility
- ☐ 2 HMO 設施
- ☐ 3 Hospital or hospital clinic
- ☐ 3 醫院或醫院診所
- ☐ 4 Planned Parenthood
- ☐ 4 計劃式親職 (Planned Parenthood)
- ☐ 5 County health department, family planning clinic, community clinic
- ☐ 5 縣衛生局、家庭計劃診所、社區門診中心
- ☐ 6 School or school-based clinic
- ☐ 6 學校或學校診所
- ☐ 7 Employer or company clinic
- ☐ 7 雇主或公司診所
- ☐ 8 Indian Health Service
- ☐ 8 印地安健康服務 (Indian health service)
- ☐ 9 Pharmacy
- ☐ 9 藥局
- ☐ 91 Some other place (Specify: _____)
- ☐ 91 其他機構 (請詳述:_____)

PROGRAMMING NOTE 'QA20_J43':

IF 'QA20_A5'=2 (FEMALE AT BIRTH) THEN GO TO 'QA20_J50';

ELSE IF 'QA20_A5'=1 (MALE AT BIRTH) CONTINUE WITH 'QA20_J43';

'QA20_J43' [AJ144B] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

在過去十二個月中，您是否曾接受過醫生或醫療提供者有關男性或女性避孕的諮詢或資訊？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J44’ [AJ172] - Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

您或您的男性性伴侶是否採用某種避孕方法避孕？這包括男性或女性絕育。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否
- ☐ 3 No female sexual partner
- ☐ 3 沒有女性性伴侶

If = 3, -3, go to ‘PN_QA20_J47’

If = 2, go to ‘PN_QA20_J46’

‘QA20_J45’ [AJ174] - Which birth control method or methods are you using?

您使用哪種或哪幾種方法避孕？

Check all that apply

- ☐ 1 Tubal ligation (tubes tied, cut)
- ☐ 1 輸卵管結紮（輸卵管捆綁或切割）
- ☐ 2 Vasectomy (male sterilization)
- ☐ 2 輸精管切除術（Vasectomy, 男性絕育）
- ☐ 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ☐ 3 IUD（蜜蕊娜（Mirena™）、Paragard™ 子宮環
- ☐ 4 Implant (Implanon®, Nexplanon®, etc.)
- ☐ 4 皮下植入避孕器（易貝儂（Implanon™）、Nexplanon™ 避孕棒）
- ☐ 5 Birth control pills
- ☐ 5 服避孕藥（birth control pills）
- ☐ 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ☐ 6 其他荷爾蒙法（注射式避孕藥／depo-provera、避孕貼、陰道避孕環／舞悠陰道避孕環（nuva ring）
- ☐ 7 Condoms (male)
- ☐ 7 保險套（男用）
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QA20_J46':
IF 'QA20_J44' =1, GO TO 'QA20_J47',
ELSE CONTINUE WITH 'QA20_J46'

'QA20_J46' [AJ175] - What is the main reason you are not currently using birth control?

您目前並無避孕的主因是甚麼？

- ☐ 1 Trying to get pregnant/want a baby
- ☐ 1 試圖懷孕／想要一個孩子
- ☐ 2 Haven't found a method I like
- ☐ 2 還沒找到我喜歡的方法
- ☐ 3 Cost
- ☐ 3 成本
- ☐ 4 Haven't had time to go in for birth control
- ☐ 4 還沒有時間從事生育控制
- ☐ 5 No transportation
- ☐ 5 沒有交通工具
- ☐ 6 Don't know where to get it
- ☐ 6 不知從何處取得
- ☐ 7 Don't believe in birth control
- ☐ 7 不相信生育控制
- ☐ 8 Worried about side effects and/or health risks
- ☐ 8 擔心副作用和／或健康風險
- ☐ 9 Partner won't let me
- ☐ 9 伴侶不許我使用
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

'QA20_J47' [AJ183] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

在過去的 12 個月中，您是否有從醫生、醫療服務提供者、或計劃生育門診等處獲得節育方法或生育控制處方？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to 'PN_QA20_J50'

‘QA20_J48’ [AJ184] - What main birth control method or prescription did you receive?

您所得到的主要的避孕方法或處方是哪種？

- ☐ 1 Tubal ligation (tubes tied, cut)
- ☐ 1 輸卵管結紮（輸卵管捆綁或切割）
- ☐ 2 Vasectomy (male sterilization)
- ☐ 2 輸精管切除術（Vasectomy, 男性絕育）
- ☐ 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ☐ 3 IUD（蜜蕊娜（Mirena™）、Paragard™ 子宮環）
- ☐ 4 Implant (Implanon®, Nexplanon®, etc.)
- ☐ 4 皮下植入避孕器（易貝儂（Implanon™）、Nexplanon™ 避孕棒）
- ☐ 5 Birth control pills
- ☐ 5 服避孕藥（birth control pills）
- ☐ 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ☐ 6 其他荷爾蒙法（注射式避孕藥／depo-provera、避孕貼、陰道避孕環／舞悠陰道避孕環（nuva ring）
- ☐ 7 Condoms (male)
- ☐ 7 保險套（男用）
- ☐ 91 Other (Specify: _____)
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

‘QA20_J49’ [AJ185] - Where did you receive the main birth control method or prescription?

您從何處得到主要的避孕方法或處方？

- ☐ 1 Private doctor's office
- ☐ 1 私人醫生診所
- ☐ 2 HMO facility
- ☐ 2 HMO 設施
- ☐ 3 Hospital or hospital clinic
- ☐ 3 醫院或醫院診所
- ☐ 4 Planned Parenthood
- ☐ 4 計劃式親職 (Planned Parenthood)
- ☐ 5 County health department, family planning clinic, community clinic
- ☐ 5 縣衛生局、家庭計劃診所、社區門診中心
- ☐ 6 School or school-based clinic
- ☐ 6 學校或學校診所
- ☐ 7 Employer or company clinic
- ☐ 7 雇主或公司診所
- ☐ 8 Indian Health Service
- ☐ 8 印地安健康服務 (Indian health service)
- ☐ 9 Pharmacy
- ☐ 9 藥局
- ☐ 91 Some other place (Specify: _____)
- ☐ 91 其他機構 (請詳述:_____)

**PROGRAMMING NOTE ‘QA20_J50’: IF AAGE 18-44 CONTINUE WITH ‘QA20_J50’;
ELSE SKIP TO ‘QA20_J52’**

‘QA20_J50’ [AJ186] - In the last 12 months, did you get any type of health care by visiting a Planned Parenthood health care center?

过去的 12 个月里，您是否曾经前往计划生育保健中心获得任何类型的卫生保健服务？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J51’ [AJ187] - In the last 12 months, did you get any health information or referral from Planned Parenthood by calling them, using their website, or through a Planned Parenthood program or workshop?

过去的 12 个月里，您是否通过打电话给“计划生育”组织，浏览他们的网站，或通过“计划生育”项目或研讨会，获得任何健康信息或推荐？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J52’ [AG1] - These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

下面是有關牙齒的問題。您最後一次看牙醫或去牙科診所大約是多久以前？請包括牙科保健員及各類牙科專家。

- ☐ 0 Have never visited
- ☐ 0 從未探訪過
- ☐ 1 6 months ago or less
- ☐ 1 6 個月前或更短時間
- ☐ 2 More than 6 months, and up to 1 year
- ☐ 2 超過 6 個月至 1 年前
- ☐ 3 More than 1 year, and up to 2 years ago
- ☐ 3 超過 1 年至 2 年前
- ☐ 4 More than 2 years, and up to 5 years ago
- ☐ 4 超過 2 年至 5 年前
- ☐ 5 More than 5 years ago
- ☐ 5 超過 5 年前

If = 0, -3, go to ‘QA20_J54’

‘QA20_J53’ [AJ167] - Was it for a routine checkup or cleaning, or was it for a specific problem?

您是去接受常規檢查或洗牙還是因為某一具體問題接受治療？

- ☐ 1 Routine checkup or cleaning
- ☐ 1 例行性檢查或清潔
- ☐ 2 Specific problem
- ☐ 2 特定問題
- ☐ 3 Both
- ☐ 3 兩者

‘QA20_J54’ [AG3] - Do you now have any type of insurance that pays for part or all of your dental care?

您目前是否有任何類型的保險可以支付牙科護理的部份或全部費用？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J55’ [AJ168] - How would you describe the condition of your teeth?

何描述您的牙齒狀況：極好、很好、較好、一般還是較差？

- ☐ 1 Excellent
- ☐ 1 的健康狀況極好
- ☐ 2 Very good
- ☐ 2 非常好
- ☐ 3 Good
- ☐ 3 良好
- ☐ 4 Fair
- ☐ 4 普通
- ☐ 5 Poor
- ☐ 5 或不佳
- ☐ 6 I have no natural teeth
- ☐ 6 沒有自然的牙齒

‘QA20_J56_INTRO’[AJ189_INTRO] - The next questions are about unwanted sexual experiences. This information will help us to better understand the problem of unwanted sexual contact and may help others in the future. This is a sensitive topic. Your answers will be kept confidential. If any question upsets you, you don't have to answer it. At the end of this section, we will give you contact information to an organization that can provide information and referral for these issues. Are you in a private enough space to answer these questions?

接下來的問題是關於不受歡迎的性經歷。這些資訊會使我們能夠進一步瞭解有關不受歡迎的性接觸問題，並可能因此在未來協助他人。這個話題相當敏感。我們將對您的答案保守秘密。如果有任何問題令您感到不安，您不必回答。在本節的末尾，我們會提供您某一組織的聯絡方式，該組織能夠提供有關這些問題的資訊和轉介到專門協助的機構。您是否是在一個足夠私密的空間裡回答這些問題？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_J58’

‘QA20_J56’ [AJ189] - Unwanted sex includes things like someone putting anything into your {vagina,} anus, or mouth or making you do these things to them after you said or showed that you didn’t want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Since you turned 18, has anyone ever had sex with you after you said or showed that you did not want them to or without your consent?

不受歡迎的性行為包括將任何東西放入您的{A65A = 2 陰道}、肛門、或嘴巴，或者是在您對他們表達或表明不想做之後，被迫對他們做這些事情。包括您無能力同意的時候，比如喝醉酒或者睡著時，或者是您以為如果拒絕您會受到傷害或懲罰。

自從您滿 18 歲後，有沒有人在您表達或表明不想要或未經您同意之後曾與您發生過性關係

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_J58’

‘QA20_J57’ [AJ190] - Think about the most recent time that a person had sex with you after you said or showed that you didn’t want to or without your consent. What was that person’s relationship to you at that time?

回想一下最近發生涉及與您發生性關係的人的事件，當時，即使在您表達或表明不想要或未經您同意之後，您仍被迫與其發生性行為。那個人與您是什麼關係？

Check all that apply.

- ☐ 1 Current boyfriend/girlfriend
- ☐ 1 現任男友／女友
- ☐ 2 Former boyfriend/girlfriend
- ☐ 2 前任男友／女友
- ☐ 3 Fiance
- ☐ 3 未婚夫或未婚妻
- ☐ 4 Spouse or live-in partner
- ☐ 4 配偶或同居伴侶
- ☐ 5 Former spouse or former live-in partner
- ☐ 5 前任配偶或前任同居伴侶
- ☐ 6 Someone you were dating
- ☐ 6 過去與您約會的人
- ☐ 7 First date
- ☐ 7 初次約會的人
- ☐ 8 Friend
- ☐ 8 朋友
- ☐ 9 Acquaintance
- ☐ 9 泛泛之交
- ☐ 10 A person known for less than 24 hours
- ☐ 10 認識不到 24 小時的人
- ☐ 11 Complete Stranger
- ☐ 11 完全陌生的人

- ☐ 12 Parent
- ☐ 12 父母
- ☐ 13 Step-parent
- ☐ 13 繼父母
- ☐ 14 Parent's partner
- ☐ 14 父母的伴侶
- ☐ 15 Parent in-law
- ☐ 15 岳父母
- ☐ 16 Other relative
- ☐ 16 其他親戚
- ☐ 17 Neighbor
- ☐ 17 鄰居
- ☐ 18 Co-worker
- ☐ 18 同事
- ☐ 19 Other non-relative
- ☐ 19 其他非親屬
- ☐ 20 More than one person
- ☐ 20 不止一人

‘SVRESOURCE’ [SVRESOURCE] - We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

我們了解這個話題可能會勾起過去的經歷，而人們可能希望討論這些經歷。如果您或您認識的人想與訓練有素的顧問交談，請撥打電話 1-800-656-HOPE (4673) 或請造訪網站：www.rainn.org。

‘QA20_J58’ [AJ87] – Now we’d like to ask about care giving. Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.

現在我們想問一些有關護理照顧的問題。有些人會協助患有嚴重或慢性疾病或殘疾的家庭成員或朋友。這可能包括協助他們做那些無法自行處理的事。

During the past 12 months, did you provide any such help to a family member or friend?

在過去 12 個月內，您是否提供過家人或朋友任何此類協助？

This may include help with baths, medicines, household chores, paying bills, driving to doctor’s visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing

這可能包括幫助洗澡、服用藥品、做家事、付帳單、開車去看醫生或到雜貨店、安排醫療和支援服務、或只是去看看他們過得好不好。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘PN_QA20_K1’

'QA20_J59' [AJ101B] - For the next set of questions, please think about the person for whom you provided the most care.

對於下一組問題，請回想一下您提供最多照顧的人。

Do you currently provide care for this person?

您目前是否在照顧這個人？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_J60': IF 'QA20_J59' =1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was".

'QA20_J60' [AJ201] - {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

在您提供照顧時，這個人的年齡是？大概估計的數字就可以。

_____ Age [HR: 0-110]

_____歲 [HR: 0-110]

‘QA20_J61’ [AJ90] - What is this person's relationship to you?

這個人與您是什麼關係？

- ☐ 1 Husband
- ☐ 1 丈夫
- ☐ 2 Wife
- ☐ 2 妻子
- ☐ 3 Spouse/partner
- ☐ 3 配偶／伴侶
- ☐ 4 Father/father-in-law
- ☐ 4 父親／岳父
- ☐ 5 Mother/mother-in-law
- ☐ 5 母親／岳母
- ☐ 6 Brother/brother-in-law
- ☐ 6 兄弟／內兄弟
- ☐ 7 Sister/sister-in-law
- ☐ 7 姊妹／配偶的姊妹
- ☐ 8 Grandfather
- ☐ 8 祖父
- ☐ 9 Grandmother
- ☐ 9 祖母
- ☐ 10 Son/son-in-law
- ☐ 10 兒子／女婿
- ☐ 11 Daughter/daughter-in-law
- ☐ 11 女兒／兒媳
- ☐ 12 Other relative
- ☐ 12 其他親戚
- ☐ 13 Friend/neighbor
- ☐ 13 朋友／鄰居
- ☐ 14 Other non-relative
- ☐ 14 其他非親屬

**PROGRAMMING NOTE ‘QA20_J62’: IF ‘QA20_J59’=1 THEN DISPLAY “do”; ELSE DISPLAY “did”;
IF ‘QA20_J61’=3 THEN DISPLAY “family member/friend”; ELSE DISPLAY {‘QA20_J61’}**

**‘QA20_J62’ [AJ93] - In a typical week, about how many hours {do/did} you spend, helping your {AJ90/
family member/friend}?**

在平常的一週內，您平均花費多少小時來幫助您的{AJ90/IF NO RESPONSE AT AJ90 INSERT ‘家人／朋友’}？

_____ Hours [HR: 0-125]

_____小時 [HR: 0-125]

PROGRAMMING NOTE 'QA20_J63' : IF 'QA20_J59' =1 OR 2 CONTINUE WITH 'QA20_J63' ; ELSE GO TO 'QA20_J64'; IF 'QA20_J59' =1 DISPLAY "Are you paid for any of the hours you help your 'AJ91'? "; IF 'QA20_J57' =2 DISPLAY "Were you paid for any of the hours you helped your 'AJ91'?"

'QA20_J63' [AJ191] - {Are/Were} you paid for any of the hours you {help/helped} your 'AJ91'?

在您的幫助下{AJ90/IF NO RESPONSE AT AJ90 INSERT '家人／朋友'}的任何時間中，您是否得到了報酬？

This could be payment from a public program, family member, or directly from the care recipient.

這項酬勞可能是由公共計劃、家庭成員、或護理對象直接支付。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_J64': IF 'QA20_J59'=1 THEN DISPLAY "is"; ELSE DISPLAY "was";

'QA20_J64' [AJ193] - How much of a financial stress would you say that caring for your {AJ90} {is/was} for you?

您認為照顧您的{AJ90/IF NO RESPONSE AT AJ90 INSERT '家人／朋友'}會對您造成多少財務壓力？

- ☐ 01 Extremely stressful
- ☐ 01 壓力非常大
- ☐ 02 Somewhat stressful
- ☐ 02 壓力頗大
- ☐ 03 A little stressful
- ☐ 03 有些壓力
- ☐ 04 Not at all stressful
- ☐ 04 完全沒有壓力？

‘QA20_J65’ [[AJ91B] - During the past 12 months, did your {AJ90} live...

在過去 12 個月內， 您的{AJ90/IF NO RESPONSE AT AJ90 INSERT ‘家人／朋友’}的居住狀況為.....

Check all that apply

- ☐ 1 Alone
- ☐ 1 獨居,
- ☐ 2 with you
- ☐ 2 與您同住,
- ☐ 3 with some other family member
- ☐ 3 與某些其他家庭成員同住,
- ☐ 4 in a nursing home
- ☐ 4 住在養老院,
- ☐ 5 in an assisted-living facility
- ☐ 5 住在輔助式居住設施 (assisted-living facility,
- ☐ 6 in some other living situation
- ☐ 6 某些其他居住情況

PROGRAMMING NOTE 'QA20_J66': IF 'QA20_J59' = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'QA20_J66' [AJ194] - {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {require/required} your help?

在您提供護理時，{他／她／他或她}需要您幫助的是什麼殘疾或疾病？

Check all that apply.

- ☐ 1 Alzheimer's, confusion, dementia, forgetfulness
- ☐ 1 老年癡呆症、意識模糊、失智症、健忘
- ☐ 2 Arthritis
- ☐ 2 關節炎
- ☐ 3 Back problems
- ☐ 3 背部問題
- ☐ 4 Broken bones
- ☐ 4 骨折
- ☐ 5 Cancer
- ☐ 5 癌症
- ☐ 6 Diabetes
- ☐ 6 糖尿病
- ☐ 7 Feeble, unsteady, falling
- ☐ 7 虛弱、不穩、摔倒
- ☐ 8 Lung disease, emphysema, COPD
- ☐ 8 肺病、肺氣腫、慢性阻塞性肺病
- ☐ 9 Mental illness, emotional illness, depression
- ☐ 9 精神病、情緒病、憂鬱症
- ☐ 10 Mobility problem, can't get around
- ☐ 10 行動不便、無法自行走動
- ☐ 11 Old age, aging
- ☐ 11 老年、老化
- ☐ 12 Stroke
- ☐ 12 中風
- ☐ 13 Surgery, wounds
- ☐ 13 手術、傷口
- ☐ 91 Other (Specify:_____)
- ☐ 91 其他 (請詳述:_____)

PROGRAMMING NOTE 'QA20_J67': IF 'QA20_J63' =1 CONTINUE WITH 'QA20_J67', ELSE GO TO 'QA20_J68'; IF 'QA20_J58' =1 DISPLAY Do you have all of the support and services you need to care for your {'AJ91'}"; IF 'QA20_J59' =2 DISPLAY "Did you have all of the support and services you needed to care for your {'AJ91'}"

'QA20_J67' 'QA20_J67' [AJ197] - {Do/Did} you have all of the support and services you {need/needed} to care for your {'AJ91'}?

您是否具備所有您需要的支援和服務用來照顧您的{AJ90/IF NO RESPONSE AT AJ90 INSERT '家人／朋友'}？； IF AJ101B =2 DISPLAY '您當時是否具備所有您需要的支援和服務用來照顧您的{'QA20_J59'}？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'QA20_J68' [AJ199] - During the past 12 months, have you suffered any physical or mental health problems yourself as a result of providing care to your {AJ90}?

在過去的 12 個月內，您自己是否曾經因為要照顧您的{AJ90/IF NO RESPONSE AT AJ90 INSERT '家人／朋友'}而遭受到身體或精神健康上的任何問題？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_J69’ S[AJ200] - Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

您的工作狀況是否因為照顧您的{AJ90/IF NO RESPONSE AT AJ90 INSERT ‘家人／朋友’}而有所改變，例如：工作職位變更、工作時數減少、辭職、或退休？

Check all that apply

- ☐ 1 No change in job status
- ☐ 1 工作狀況不變
- ☐ 2 Changed job
- ☐ 2 工作職位變更
- ☐ 3 Took a second job/Increased hours with current job
- ☐ 3 承接第二份工作
- ☐ 4 Reduced number of work hours
- ☐ 4 減少工作時數
- ☐ 5 Temporary leave of absence
- ☐ 5 暫時休假
- ☐ 6 Quit job
- ☐ 6 辭職
- ☐ 7 Retired/retired early
- ☐ 7 已退休／提早退休
- ☐ 8 Received paid family leave
- ☐ 8 休家事假 (family leave)
- ☐ 9 I don't work
- ☐ 9 我不工作
- ☐ 91 Other (Specify:_____)
- ☐ 91 其他 (請詳述:_____)

Section K: Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE 'QA20_K1' :

IF 'QA20_G25' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR 'QA20_G27' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA20_K1' ;
ELSE GO TO PROGRAMMING NOTE 'QA20_K4'

'QA20_K1' [AK3] - The next questions are about your employment.

以下是有關您的就業問題。

How many hours per week do you usually work at all jobs or businesses?

您在從事的所有的工作或業務中每週通常工作多少小時?

If you do not work, enter 0 (zero)

_____ Hours [HR: 0-95]

_____ 小時

'QA20_K2' [AK7] - How long have you worked at your main job?

您從事這份主要工作多久了?

That is, for your current employer.

就是為現在的僱主工作

_____ Months [HR: 0-12]

_____ 個月 [HR: 0-12]

_____ Years [HR: 0-50]

_____ 年 [HR: 0-50]

PROGRAMMING NOTE 'QA20_K3' :

IF 'QA20_G25' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR 'QA20_G27' = 1 (USUALLY WORKS), CONTINUE WITH 'QA20_K3' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA20_K4'

'QA20_K3' [AK10] - What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

您上個月在所有工作和業務中，包括小時工資、薪水、小費和佣金，稅前和其它扣除額之前的總收入是多少？請提供您的最佳估計數字。

\$ _____ Amount [HR: 0-999995]

\$ _____ 金額 [HR: 0-999995]

PROGRAMMING NOTE 'QA20_K4' ;
IF 'QA20_G36' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA20_G37' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH 'QA20_K4' AND:
IF 'QA20_G25' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA20_G27' ≠ 1 (R DOES NOT USUALLY WORK), AND 'QA20_A21' = 1 (MARRIED), DISPLAY 'The next question is about your spouse's employment.'
ELSE IF 'QA20_G25' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA20_G27' ≠ 1 (R DOES NOT USUALLY WORK), AND ('QA20_D13' = 1 OR 'QA20_D14' = 1), THEN DISPLAY 'The next question is about your partner's employment.'
IF 'QA20_A21' = 1 THEN DISPLAY 'spouse';
ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1 THEN DISPLAY 'partner';
ELSE SKIP TO 'QA20_K6'

'QA20_K4' [AK20] - {The next question is about your spouse's employment.}

{接下來的問題和您配偶的工作有關。}

How many hours per week does your {husband/wife/spouse/partner} usually work at all jobs or businesses?

您的{丈夫/妻子/配偶}在從事的所有的工作或業務中每週通常工作多少小時？

_____ Hours [HR: 0-95]
 _____ 小時 [HR: 0-95]

PROGRAMMING NOTE 'QA20_K5' :
IF 'QA20_K4' ≠ 0 CONTINUE WITH 'QA20_K5' ;
IF 'QA20_A21' = 1 (MARRIED), THEN DISPLAY 'spouse's';
ELSE IF 'QA20_D13' = 1 OR 'QA20_D14' = 1, THEN DISPLAY 'partner's';
ELSE GO TO 'QA20_K6'

'QA20_K5' [AK10A] - What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

據您估計，您的{配偶/伴侶}上個月從事所有的工作和業務的收入有多少？這是指在沒有扣除各項稅款和其它扣除額之前的收入，請包括小時工資、薪資、小費和佣金。

‘QA20_K6’ [AK22] - What is your best estimate of your household's total annual income from all sources before taxes in 2019?

您的住戶 2019 年來自所有來源的稅前全年總收入是多少？

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.

請包括工作、社會安全、退休收入、失業補助金、公共援助等收入。另外還請包括利息、紅利、業務、農場或租金淨收入以及任何其他資金收入。

\$ _____ Amount [HR: 0-999995]
\$ _____ 金額 [HR: 0-999995]

If = -3, go to ‘PN_QA20_K8’

‘QA20_K7’ [AK22A] - PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?

根據我的記錄，您的住戶年收入是(AMOUNT)。這是否正確？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1, go to ‘PN_QA20_K14’

If = 2, Go back to ‘QA20_K6’

PROGRAMMING NOTE ‘QA20_K8’ :
IF ‘QA20_K6’ = -3 CONTINUE WITH ‘QA20_K8’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA20_K14’

‘QA20_K8’ [AK11] - We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is ...

我們不需要知道詳細的數字，但您可不可以告訴我，你們住戶所有來源的稅前年收入是否超過還是不足 20,000 美元？

- ☐ 1 More than \$20,000 per year
- ☐ 1 每年超過 \$20,000
- ☐ 2 \$20,000 or less per year
- ☐ 2 每年 \$20,000 或以下

If = 1, go to ‘QA20_K10’

If = -3 go to ‘PN_QA20_K14’

'QA20_K9' [AK12] - Is it ...

是.....

- ☐ 1 \$5,000 or less
- ☐ 1 \$5,000 或以下
- ☐ 2 \$5,001 to \$10,000
- ☐ 2 \$5,001 - \$10,000
- ☐ 3 \$10,001 to \$15,000
- ☐ 3 \$10,001 - \$15,000
- ☐ 4 \$15,001 to 20,000
- ☐ 4 \$15,001 - 20,000

If = 1, 2, 3, 4, -3, go to 'PN_QA20_K14'

'QA20_K10' [AK13] - Is it ...

是.....

- ☐ 1 More than \$70,000 per year
- ☐ 1 每年超過 \$70,000
- ☐ 2 \$70,000 or less per year
- ☐ 2 每年 \$70,000 或以下

If = 1, go to 'QA20_K12'

If = -3, go to 'PN_QA20_K14'

'QA20_K11' [AK14] - Is it ...

是.....

- ☐ 1 \$20,001 to \$30,000
- ☐ 1 \$20,001 to \$30,000
- ☐ 2 \$30,001 to \$40,000
- ☐ 2 \$30,001 - \$40,000
- ☐ 3 \$40,001 to \$50,000
- ☐ 3 \$40,001 - \$50,000
- ☐ 4 \$50,001 to \$60,000
- ☐ 4 \$50,001- \$60,000
- ☐ 5 \$60,001 to \$70,000
- ☐ 5 \$60,001- \$70,000

If = 1, 2, 3, 4, 5, -3, go to 'PN_QA20_K14'

'QA20_K12' [AK15] - Is it ...

是.....

- ☐ 1 More than \$135,000 per year
- ☐ 1 每年超過 \$135,000
- ☐ 2 \$135,000 or less per year
- ☐ 2 每年 \$135,000 或以下

If = 1, -3, go to 'PN_QA20_K14'

'QA20_K13' [AK16] - Is it ...

是.....

- ☐ 1 \$70,001 to \$80,000
- ☐ 1 \$70,001 - \$80,000
- ☐ 2 \$80,001 to \$90,000
- ☐ 2 \$80,001 - \$90,000
- ☐ 3 \$90,001 to \$100,000
- ☐ 3 \$90,001- \$100,000
- ☐ 4 \$100,001 to \$135,000
- ☐ 4 \$100,001- \$135,000

PROGRAMMING NOTE 'QA20_K14' :IF R IS ONLY MEMBER OF HH, SET 'QA20_K14'=1 AND GO TO PROGRAMMING NOTE 'QA20_K15' ;ELSE CONTINUE WITH 'QA20_K14'

'QA20_K14' [AK17] - Including yourself, how many people living in your household are supported by your total household income?

包括您自己在內， 住在您的住戶裡的多少人需要依靠您的住戶總收入生活？

_____ Number of people [HR: 1-20]
 _____ 個人[HR: 1-20]

PROGRAMMING NOTE 'QA20_K15' :
'QA20_K15' MUST BE LESS THAN 'QA20_K14' ;
IF R IS ONLY MEMBER OF HH, GO TO 'QA20_K16' ;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS)
OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD
ENUMERATION) = 'QA20_K14' GO TO PROGRAMMING NOTE 'QA20_K16' ;
ELSE CONTINUE WITH 'QA20_K15'

'QA20_K15' [AK18] - How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

在這{INSERT NUMBER FROM AK17} 口人中， 有多少是 18 歲以下的孩子？

_____ Number of children (UNDER AGE 18) [HR: 0-20]
 _____ 兒童人數 (未滿 18 歲) [HR: 0-20]

‘QA20_K16’ [AK32] - Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

是否有住在美國、目前不住在你們住戶中、但依靠你們的住戶收入生活的任何其他人？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If= 2,-3 go to ‘PN_QA20_K18’

‘QA20_K17’ [AK33] - How many?

有幾個人？

_____ Number of people [HR: 1-20]
 _____ 個人[HR: 1-20]

PROGRAMMING NOTE ‘QA20_K18’ :IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH ‘QA20_K18’ELSE GO TO ‘QA20_L7’;PROGRAMMING NOTE ‘QA20_K18’ :IF ‘QA20_K14’ = 1, THEN DISPLAY ‘I’, ELSE IF ‘QA20_K14’ > 1 DISPLAY ‘We’

‘QA20_K18’ [AM1] - These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

以下是有關你們住戶在過去十二個月中所吃的食物以及是否有錢購買所需的食物的問題。

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:

我馬上會讀出兩句話，這是一般人針對家庭的食物狀況所說的。請就每一句話告訴我，這是否經常符合、有時符合還是從不符合您和您的住戶在過去十二個月的情況。

‘The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.’

第一句話是：「{我/我們} 購買的食物總是不夠，{我/我們} 沒有錢買更多的食物。」

Was that ...

這是...

- ☐ 1 Often true
- ☐ 1 經常是真的
- ☐ 2 Sometimes true
- ☐ 2 有時是真的
- ☐ 3 Never true
- ☐ 3 從來不是真的

PROGRAMMING NOTE 'QA20_K19' :IF 'QA20_K14' = 1, THEN DISPLAY 'I',ELSE IF 'QA20_K14' > 1 DISPLAY 'We'

'QA20_K19' [AM2] - The second statement is: '{I/We} couldn't afford to eat balanced meals.'

第二句話是：「{我/我們} 沒有錢吃均衡的食物。」

Was that ...

這是...

- ☐ 1 Often true
- ☐ 1 經常是真的
- ☐ 2 Sometimes true
- ☐ 2 有時是真的
- ☐ 3 Never true
- ☐ 3 從來不是真的

'QA20_K20' [AM3] - 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?

請告訴我，在過去 12 個月中，您或住戶中的其他成年人有沒有因為沒有足夠的錢購買食物而減少食物量或減少用餐次數？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'QA20_K22'

'QA20_K21' [AM3A] - How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

這種情況多久會出現一次—幾乎每個月、有的月份但不是每個月、或只是在 1 或 2 個月裡？

- ☐ 1 Almost every month
- ☐ 1 幾乎每個月
- ☐ 2 Some months but not every month
- ☐ 2 有的月份但不是每個月
- ☐ 3 Only in 1 or 2 months
- ☐ 3 或只是在1或 2 個月裡

‘QA20_K22’ [AM4] - In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

在過去 12 個月中，您有沒有因為沒有足夠的錢購買食物而吃不飽？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_K23’ [AM5] - In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

在過去 12 個月中，您有沒有因為買不起足夠的食物而挨餓？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

Section L: Public Program Participation

PROGRAMMING NOTE 'QA20_L1':

IF HOUSEHOLD INCOME IS \leq 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE \neq 1)] CONTINUE WITH SECTION L;

ELSE GO TO 'PN_QA20_L31'

'QA20_L1' [AL2] - Are you now receiving TANF or CalWORKs?

您目前在接受TANF或CalWORKS嗎?

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.

TANF表示「貧困家庭臨時協助」； CalWORKS表示「加州工作機會及對孩子的責任」。這兩項計劃用於替代加州原來的福利計劃AFDC。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_L2' :

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA20_L2' ;

ELSE GO TO 'QA20_L3' ;

'QA20_L2' [IAP1] - Is (TEEN) now receiving TANF or CalWORKs?

(TEEN) 目前是否在領取 TANF 或 CalWORKS?

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.

TANF表示「貧困家庭臨時協助」； CalWORKS表示「加州工作機會及對孩子的責任」。這兩項計劃用於替代加州原來的福利計劃AFDC。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_L3’ [AL5] - Are you receiving Food Stamp benefits, also known as CalFresh?

您是否在領糧食券福利？糧食券也稱為 CalFresh。

You receive benefits through an EBT card.’ EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card

您可能透過EBT卡獲得福利。EBT表示電子福利轉換卡。又稱作「黃金州優惠卡」。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE ‘QA20_L4’ :
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH ‘QA20_L4’ ;
ELSE GO TO ‘QA20_L5’

‘QA20_L4’ [IAP2] - Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

(TEEN) 是否在領糧食券福利？糧食券福利也稱為 CalFresh。

You may receive benefits through an Electronic Benefit Transfer (EBT) card, and is also known as the Golden State Advantage Card.

您通過EBT卡接受福利。EBT表示電子福利轉帳卡，也稱為「黃金州優惠卡」。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_L5’ [AL6] - Are you receiving Supplemental Security Income (SSI)?

您是否在領取 SSI?

SSI means Supplemental Security Income. This is different from Social Security

SSI指安全補助收入，這和社會安全金不同。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_L6' :IF 'QA20_A5' = 2 (FEMALE AT BIRTH) AND ['QA20_J33' = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'QA20_L6' ; ELSE GO TO PROGRAMMING NOTE 'QA20_L7'

'QA20_L6' [AL7] - Are you on WIC?

您目前是否參加了 WIC?

WIC is the Supplemental Food Program for Women, Infants and children.

WIC指為婦女、嬰兒和兒童提供的補助食品計畫。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_L7' :IF 'QA20_D5' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA20_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA20_L7' ; ELSE SKIP TO PROGRAMMING NOTE 'QA20_L8' ; OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA20_K14' . IF 'QA20_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA20_K14' = 1 DISPLAY \$2000;

IF 'QA20_K14' = 2 DISPLAY \$3000;

IF 'QA20_K14' = 3 DISPLAY \$3150;

IF 'QA20_K14' = 4 DISPLAY \$3300;

IF 'QA20_K14' = 5 DISPLAY \$3450;

IF 'QA20_K14' = 6 DISPLAY \$3600;

IF 'QA20_K14' = 7 DISPLAY \$3750;

IF 'QA20_K14' = 8 DISPLAY \$3900;

IF 'QA20_K14' = 9 DISPLAY \$4050;

IF 'QA20_K14' ≥ 10 DISPLAY \$4200;

IF 'QA20_A21' = 1 (MARRIED) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY 'your family's';ELSE DISPLAY 'your'

'QA20_L7' [AL9] - 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}?

不把你擁有的任何房子或汽車計算在內，您認為{您/您家}的資產，也就是說{您/您家}所有的現金、儲蓄、投資的總值，有沒有超過{PROPERTY LIMIT}?

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_L8' :

IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'you or your spouse';
ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY 'you or your partner';
ELSE DISPLAY 'you'

'QA20_L8' [AL15B] - Did {you or your spouse/you or your partner/you} receive any money last month for child support?

{您或您的配偶/您或您的伴侶/你們} 上個月有沒有收到任何子女扶養費？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_L10'

PROGRAMMING NOTE 'QA20_L9' :

IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your spouse';
ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D13' = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your partner';
ELSE CONTINUE WITHOUT DISPLAYS

'QA20_L9' [AL16B] - What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

{您或您的配偶/您或您的伴侶/你們} 上個月收到的子女扶養費{合計}總額是多少？

\$_____ [000001-999995]

PROGRAMMING NOTE 'QA20_L10' :

**IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your spouse or both of you';
 ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1
 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your partner or both of you'
 ELSE DISPLAY 'you'**

'QA20_L10' [AL17] - Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

{您或您的配偶/您或您的伴侶/你們} 上個月 有沒有支付任何子女扶養費？

- ☐ 1 Yes, I paid
- ☐ 1 是的, 我支付
- ☐ 2 Yes, my spouse/partner paid
- ☐ 2 是的, 我的配偶/伴侶支付
- ☐ 3 Yes, we both paid
- ☐ 3 是的, 我倆都支付
- ☐ 4 No
- ☐ 4 否

If = 4, -3, go to 'PN_QA20_L12'

PROGRAMMING NOTE 'QA20_L11' :

**IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your spouse or both of you';
 ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1
 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY 'you or your partner or both of you';
 ELSE DISPLAY 'you'**

'QA20_L11' [AL18] - What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

{您或您的配偶或你們兩人/您或您的伴侶或你們兩人} 上個月 支付的子女扶養費總共是多少？

_____ [000001-999995]

PROGRAMMING NOTE 'QA20_L12' :IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'you or your spouse';ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY 'you or your partner'; ELSE DISPLAY 'you'

'QA20_L12' [AL32] - Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

{您或您的配偶/您或您的伴侶/您} 上個月 是否領取任何工傷賠償付款？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_L14'

PROGRAMMING NOTE 'QA20_L13' :IF 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your spouse';ELSE IF ['QA20_A21' = 2 (LIVING WITH PARTNER) OR 'QA20_D13' = 1 OR 'QA20_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY 'combined' AND 'and your partner';ELSE CONTINUE WITHOUT DISPLAYS

'QA20_L13' [AL33] - What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

您{和您的配偶/伴侶} 上個月 從工傷賠償領取的{合計}總額是多少？

\$_____ [000001-999995]

PROGRAMMING NOTE 'QA20_L14' :IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA20_L14' AND DISPLAY 'you or your spouse';ELSE IF AGE ≥ 65 AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA20_L14' AND DISPLAY 'you or your partner';ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'QA20_L14' AND DISPLAY 'you';ELSE GO TO PROGRAMMING NOTE 'QA20_L16'

'QA20_L14' [AL18A] - Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

{您或您的配偶/您或您的伴侶/您} 上個月 有沒有領取任何社會安全金 (Social Security)或退休金？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to 'PN_QA20_L16'

PROGRAMMING NOTE 'QA20_L15' :

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA20_A21' = 1 (MARRIED) AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY 'you or your spouse';
ELSE IF AGE ≥ 65 AND 'QA20_A22' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY 'you or your partner';
ELSE IF AGE ≥ 65, DISPLAY 'you';

'QA20_L15' [AL18B] - What was the total amount {you} received last month from Social Security and Pensions {for both you and your spouse/partner}?

您上個月領取的社會安全金和養老金總額是多少？

_____ [000001-999995]

PROGRAMMING NOTE 'QA20_L16' :

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA20_L16' ;
ELSE GO TO 'QA20_L17'

'QA20_L16' [AL19] - What is the one main reason why you are not enrolled in the Medi-Cal program?

您{和您的配偶/伴侶}上個月從工傷賠償領取的{合計}總額是多少？

- ☐ 1 Paperwork too difficult
- ☐ 1 申請填表太困難
- ☐ 2 Don't know if eligible
- ☐ 2 不知道是否符合資格
- ☐ 3 Income too high, not eligible
- ☐ 3 因為收入太高，不符合資格
- ☐ 4 Not eligible due to citizenship/immigration status
- ☐ 4 因公民／移民身份而不符合資格
- ☐ 5 Don't believe in health insurance
- ☐ 5 不相信健康保險
- ☐ 6 Don't need insurance because I'm healthy
- ☐ 6 因為身體健康，所以不需要保險
- ☐ 7 Already have insurance
- ☐ 7 已經有保險了
- ☐ 8 Didn't know about it
- ☐ 8 不知道有保險
- ☐ 9 Don't like or want welfare
- ☐ 9 不喜歡／不想要福利
- ☐ 91 Other (Specify: _____)
- ☐ 91 其他（請詳述：_____）

PROGRAMMING NOTE 'QA20_L17':IF 'QA20_H74'=1 OR 'QA20_H75'=1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH 'QA20_L17' AND DISPLAY 'You previously said you had Medi-Cal. How long did you have Medi-Cal?';IF ARMICAL = 1 (MEDI-CAL) OR 'QA20_H73'=1, CONTINUE WITH 'QA20_L17' AND DISPLAY '{You previously said you have Medi-Cal. How long have you had Medi-Cal?}' ELSE GO TO 'QA20_L31'

'QA20_L17' [AL40] - {You previously said you had Medi-Cal. How long did you have Medi-Cal?}{You previously said you have Medi-Cal. How long have you had Medi-Cal?}

您擁有加州醫療補助計劃白卡 (Medi-Cal) 有多久了?/ 您之前提及您曾經有 Medi-Cal。您擁有 Medi-Cal 的時間有多長?

____ Years
____ 年

____ Months
____ 個月

'QA20_L18' [AL86] - During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

在過去 12 個月內，最近因為有關 Medi-Cal 福利的事，您聯絡了縣政府辦公室，您需要等多長時間才能與其代表交談？

- ☐ 01 5 minutes or less
- ☐ 01 5 分鐘或更短時間
- ☐ 02 More than 5, up to 15 minutes
- ☐ 02 超過 5 分鐘，到 15 分鐘
- ☐ 03 More than 15, up to 30 minutes
- ☐ 03 超過 15 分鐘，到 30 分鐘
- ☐ 04 More than 30 minutes
- ☐ 04 超過 30 分鐘
- ☐ 05 Never contacted the county office
- ☐ 05 從未聯絡過縣政府辦公室

If = 5, -3 go to 'QA20_L23'

‘QA20_L19’ [AL87] - Most recently, how did you contact the County office?

您如何聯絡縣政府辦公室？當您最近聯絡縣政府辦公室時，您...

- ☐ 01 Visited office in person
- ☐ 01 親自拜訪辦公室
- ☐ 02 Called office
- ☐ 02 打電話到辦公室
- ☐ 03 Directly contacted eligibility worker
- ☐ 03 直接聯絡資格核定工作人員
- ☐ 04 Online
- ☐ 04 線上
- ☐ 05 Mail
- ☐ 05 郵件
- ☐ 91 Other (Specify:_____)
- ☐ 91 其他（請詳述:_____）

‘QA20_L20’ [AL88] - How long did it take for the County representative to take care of your problem?

縣代表花了多長時間解決您的問題？

- ☐ 01 A week or less
- ☐ 01 週或更短時間
- ☐ 02 More than 1 week up to 2 weeks
- ☐ 02 超過 1 週，到 2 週
- ☐ 03 More than 2 weeks up to a month
- ☐ 03 超過 2 週，到 1 個月
- ☐ 04 More than a month
- ☐ 04 超過 1 個月

‘QA20_L21’ [AL89] – Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?

請告訴我您對以下陳述的贊成程度。

The County representative was able to answer all of my questions.

縣代表能夠解決我的所有問題。

- ☐ 01 Strongly agree
- ☐ 01 極度同意
- ☐ 02 Agree
- ☐ 02 同意
- ☐ 03 Neither agree nor disagree
- ☐ 03 模稜兩可
- ☐ 04 Disagree
- ☐ 04 不同意
- ☐ 05 Strongly disagree
- ☐ 05 極度不同意

‘QA20_L22’ [AL90] - The County representative treated me with dignity and respect.

縣代表以有尊嚴和敬重的態度對待我。

- ☐ 01 Strongly agree
- ☐ 01 極度同意
- ☐ 02 Agree
- ☐ 02 同意
- ☐ 03 Neither agree nor disagree
- ☐ 03 模稜兩可
- ☐ 04 Disagree
- ☐ 04 不同意
- ☐ 05 Strongly disagree
- ☐ 05 極度不同意

‘QA20_L23’ [AL91] - What areas should the County office consider improving?

縣政府應該考慮改善哪些方面？

Check all that apply

- ☐ 01 Reduce wait times
- ☐ 01 減少等待時間
- ☐ 02 Spend more time with me
- ☐ 02 花更多時間和我在一起
- ☐ 03 Explain things so I can understand
- ☐ 03 解釋事情，讓我能理解
- ☐ 04 Tell me what the next steps are
- ☐ 04 告訴我下一步該怎麼做
- ☐ 05 No improvement needed
- ☐ 05 無需改進
- ☐ 91 Other (specify:_____)
- ☐ 91 其他（請詳述:_____）

‘QA20_L24’ [AL92] - How satisfied are you with the County office?

您對縣辦公室的滿意度如何？

- ☐ 1 Very satisfied
- ☐ 1 非常滿意
- ☐ 2 Somewhat satisfied
- ☐ 2 還算滿意
- ☐ 3 Somewhat dissatisfied
- ☐ 3 有點不滿意
- ☐ 4 Very dissatisfied
- ☐ 4 非常不滿意

‘QA20_L25’ [AL93] - Have you renewed your Medi-Cal in the last 12 months ?

在過去 12 個月內，您是否有續保 Medi-Cal ？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_L28’

‘QA20_L26’ [AL94] - When renewing your Medi-Cal, did you have any issues or problems?

在續保 Medi-Cal 時，您是否有任何議題或問題？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 1 go to ‘QA20_L29’

‘QA20_L27’ [AL95] - Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

您是否暫時失去 1 至 2 個月的保險、完全失去保險、或者必須重新申請保險？

- ☐ 01 Yes, lost coverage for 1-2 months
- ☐ 01 是的，失去 1 至 2 個月的保險
- ☐ 02 Yes, lost coverage
- ☐ 02 是的，失去保險
- ☐ 03 Yes, had to reapply
- ☐ 03 是的，必須重新申請
- ☐ 4 No
- ☐ 4 否

‘QA20_L28’ [AL96] - Before you had Medi-Cal, what health coverage did you have?

在投保 Medi-Cal 保險之前，您有哪种健康保險？

- ☐ 01 No insurance
- ☐ 01 未投保
- ☐ 02 Employer-based
- ☐ 02 雇主提供
- ☐ 03 Private
- ☐ 03 私人
- ☐ 04 Covered California
- ☐ 04 加州全保 (Covered California)
- ☐ 05 Other
- ☐ 05 其他

If = 1,2,3, -3, go to ‘QA20_L31’

‘QA20_L29’ [AL97] - Did you have a problem changing to Medi-Cal?

在轉換到 Medi-Cal 時，您是否遇到任何問題？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3 go to ‘QA20_L31’

‘QA20_L30’ [AL98] - What was the problem?

出了什麼問題？

Check all that apply

- ☐ 01 Had to pay premiums while waiting for Medi-Cal decision
- ☐ 01 在等待 Medi-Cal 作決定時，必須支付保險費
- ☐ 02 Received conflicting eligibility notices
- ☐ 02 收到前後不一致的資格通知
- ☐ 03 Delay in receiving Medi-Cal
- ☐ 03 延遲獲得 Medi-Cal
- ☐ 04 Could not see my provider
- ☐ 04 無法去看我的醫療服務提供者
- ☐ 05 Required to provide a lot of paperwork
- ☐ 05 要求大量的申請文件
- ☐ 06 Had to file an appeal

**PROGRAMMING NOTE ‘QA20_L31’: IF ‘QA20_G1’ ≠ 1,2, 9,22, OR 26, CONTINUE WITH ‘QA20_L31’;
ELSE SKIP TO ‘QA20_M1’**

‘QA20_L31’ [AL99] - Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you, or a family member, from obtaining a green card or becoming a U.S. citizen?

您是否曾經因為擔心會使您或家人失去獲得綠卡或成為美國公民的資格，而決定不申請一項或多項非現金政府福利，例如：Medi-Cal、食物券（Food Stamp）、或住宅補貼（housing subsidies）。

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If= 2,-3 then go to ‘QA20_L33’

‘QA20_L32’ [AL104] - Did this happen in the last 12 months?

這種情況是在過去 12 個月內發生的嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_L33’ [AL100] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

當您嘗試獲得醫療服務時，您是否曾被要求提供您的社會安全保險號碼、或出示您的公民身份或合法地位的證明文件？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If =2,-3, go to ‘QA20_L35’

‘QA20_L34’ [AL101] - Did this happen in the past 12 months?

這種情況是在過去 12 個月內發生的嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_L35’ [AL102] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

當您嘗試讓自己或孩子申請入學時，您是否曾被要求提供您的社會安全保險號碼、或出示您的公民身份或合法地位的證明文件？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If =2,-3, go to ‘QA20_M1’

‘QA20_L36’ [AL103] - Did this happen in the past 12 months?

這種情況是在過去 12 個月內發生的嗎？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_M1’ [AK23] - These next questions are about your housing and neighborhood.

以下是有關您的住宅及所在社區的問題。

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

您是住在獨立屋、雙連屋、三單元或多單元建築物還是活動房屋中？

A duplex is a building with 2 units.

雙連屋指有兩個單元的建築物。

- ☐ 1 House
- ☐ 1 獨立屋
- ☐ 2 Duplex
- ☐ 2 雙連屋
- ☐ 3 Building with 3 or more units
- ☐ 3 三單元或多單元建築物
- ☐ 4 Mobile home
- ☐ 4 活動房屋

‘QA20_M2’ [AK25] - Do you own or rent your home?

您是自己擁有住宅還是租用住宅？

- ☐ 1 Own
- ☐ 1 自有
- ☐ 2 Rent
- ☐ 2 租用
- ☐ 3 Other
- ☐ 3 其他

PROGRAMMING NOTE 'QA20_M3': If AAGE >= 65 AND 'QA20_M2' = 1, ASK 'QA20_M3'

'QA20_M3' [AM37] - Are you currently paying off a mortgage or loan on this home?

您目前正償還家居按揭或貸款嗎？

[IF SPOUSE/PARTNER IS PAYING, CODE AS 'YES']

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_M4': IF 'QA20_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'QA20_M4' ELSE GO TO 'QA20_M5'

'QA20_M4' [AJ178] - Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

在您醫生或醫療保健提供者的辦公室或診所中，是否有人協助您的家人聯絡您可能需要的社區服務，例如：住宅援助、食物支持、或社會支持？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_M5' :IF 'QA20_M5' THROUGH 'QA20_M8' NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH 'QA20_M5' ;ELSE GO TO 'QA20_M9'

'QA20_M5' [AM19] - 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.

請告訴我您對以下陳述的贊成程度。您是極為贊成、贊成、不贊成還是極不贊成：

我所在社區的居民很願意互相幫助。

Do you strongly agree, agree, disagree, or strongly disagree?

: 您是極為贊成、贊成、不贊成還是極不贊成？

- ☐ 1 Strongly agree
- ☐ 1 極度同意
- ☐ 2 Agree
- ☐ 2 同意
- ☐ 3 Disagree
- ☐ 3 不同意
- ☐ 4 Strongly disagree
- ☐ 4 極度不同意

'QA20_M6' [AM20] - People in this neighborhood generally do not get along with each other.

本社區的人通常無法和睦相處。

Do you strongly agree, agree, disagree, or strongly disagree?

您是極為贊成、贊成、不贊成還是極不贊成？

- ☐ 1 Strongly agree
- ☐ 1 極度同意
- ☐ 2 Agree
- ☐ 2 同意
- ☐ 3 Disagree
- ☐ 3 不同意
- ☐ 4 Strongly disagree
- ☐ 4 極度不同意

‘QA20_M7’ [AM21] - People in this neighborhood can be trusted.

本社區的人值得信賴。

Do you strongly agree, agree, disagree, or strongly disagree?

您是極為贊成、贊成、不贊成還是極不贊成？]

- ☐ 1 Strongly agree
- ☐ 1 極度同意
- ☐ 2 Agree
- ☐ 2 同意
- ☐ 3 Disagree
- ☐ 3 不同意
- ☐ 4 Strongly disagree
- ☐ 4 極度不同意

‘QA20_M8’ [AK28] - Do you feel safe in your neighborhood...

您在居住區附近感到安全.....

- ☐ 1 All of the time,
- ☐ 1 所有的時間,
- ☐ 2 Most of the time,
- ☐ 2 大多數時間,
- ☐ 3 Some of the time, or
- ☐ 3 有些時候
- ☐ 4 None of the time
- ☐ 4 從未

‘QA20_M9’ [AM39] - In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

在過去 12 個月內，您是否曾經自願組織或領導行動以協助解決您所在社區的問題？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_M10’ [AM44] - Imagine that you find out about a problem in your community and you want to do something about it. For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water. Do you think you could express your views in front of a group of people?

想像一下，您發現社區中存在問題，並且您想對此有所作為。例如，學校附近出售非法毒品，或在當地飲用水中發現高含量的鉛。您認為您可以在人群面前表達您的觀點嗎？

- ☐ 1 Definitely could not
- ☐ 1 絕對不可以
- ☐ 2 Probably could not
- ☐ 2 可能不可以
- ☐ 3 Maybe could
- ☐ 3 也許可以
- ☐ 4 Probably could
- ☐ 4 可能可以
- ☐ 5 Definitely could
- ☐ 5 絕對可以

‘QA20_M11’ [AM45] - Do you think you could contact an elected official or someone else in government who represents your community?

您認為您可以聯絡民選官員或在政府中其他代表您社區的人嗎？

- ☐ 1 Definitely could not
- ☐ 1 絕對不可以
- ☐ 2 Probably could not
- ☐ 2 可能不可以
- ☐ 3 Maybe could
- ☐ 3 也許可以
- ☐ 4 Probably could
- ☐ 4 可能可以
- ☐ 5 Definitely could
- ☐ 5 絕對可以

‘QA20_M12’ [AM48] - In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

在過去 12 個月內，您是否曾經是試圖影響公共政策或政府的任何團體（但不包括政黨）的積極成員？

- ☐ 01 Yes
- ☐ 02 No

Section P: Voter Engagement

PROGRAMMING NOTE 'QA20_P1':

**IF 'QA20_G4'=1 (CITIZEN) OR 'QA20_G1' = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA20_P1';
ELSE GO TO 'QA20_S1'**

'QA20_P1' [AP73] - How often do you vote in presidential elections?

您多常在總統選舉中投票？

- ☐ 01 Always
- ☐ 01 總是
- ☐ 02 Sometimes
- ☐ 02 有時
- ☐ 03 Never
- ☐ 03 從未

'QA20_P2' [AP74] - How often do you vote in state elections, such as for Governor or state proposition?

您多常在州選舉（例如州長或州提案）中投票？

- ☐ 01 Always
- ☐ 01 總是
- ☐ 02 Sometimes
- ☐ 02 有時
- ☐ 03 Never
- ☐ 03 從未

'QA20_P3' [AP75] - How often do you vote in local elections, such as for Mayor or school board?

您多常在本地選舉（例如市長或教育委員會）中投票？

- ☐ 01 Always
- ☐ 01 總是
- ☐ 02 Sometimes
- ☐ 02 有時
- ☐ 03 Never
- ☐ 03 從未

PROGRAMMING NOTE 'QA20_P4': IF 'QA20_P1' or 'QA20_P2' or 'QA20_P3' = 2 OR 3, CONTINUE WITH 'QA20_P4'; ELSE SKIP TO 'QA20_S1'

'QA20_P4' [AP80] - For the most recent election that you did not vote in, what is the main reason why you did not vote?

對於最近一次您未參與投票的選舉，是什麼主要原因讓您未參與投票？

- ☐ 1 I dislike politics
- ☐ 1 我不喜歡政治
- ☐ 2 Voting has little to do with the way real decisions are made
- ☐ 2 投票無法影響真正決策的方式
- ☐ 3 I did not like any of the candidates on the ballot.
- ☐ 3 選票上的候選人我都不喜歡
- ☐ 4 My one vote is not going to affect how things turn out.
- ☐ 4 我的一票不會影響事情的發展結果
- ☐ 5 I was not informed enough about the candidates or issues to make a good decision.
- ☐ 5 我沒有充分了解候選人或問題，以致於無法做出好的決定
- ☐ 6 I did not see a difference between the candidates or parties.
- ☐ 6 我無法區分候選人或政黨之間的差異
- ☐ 7 I was not interested in what is happening in government.
- ☐ 7 我對政府的事務不感興趣
- ☐ 8 I just did not think about doing it.
- ☐ 8 我只是沒考慮做這件事
- ☐ 9 I forgot
- ☐ 9 我忘記了
- ☐ 10 I had to work
- ☐ 10 我必須工作
- ☐ 11 I did not have transportation
- ☐ 11 我沒有交通工具
- ☐ 91 Other (Specify:_____)
- ☐ 91 其他（請詳述:_____）

Section S: Suicide Ideation and Attempts

‘QA20_S1’ [AF86] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

下一節是有關自我傷害的想法。再說一遍，如果提出的任何問題使您感到不安，您不需要回答。

Have you ever seriously thought about committing suicide?

您是否曾經認真地考慮過自殺？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘PN_AM10B’

‘QA20_S2’ [AF87] - Have you seriously thought about committing suicide at any time in the past 12 months?

您在過去十二個月內的任何時間是否認真地考慮過自殺？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

If = 2, -3, go to ‘QA20_S4’

‘QA20_S3’ [AF91] - Have you seriously thought about committing suicide at any time in the past 2 months?

您在過去兩個月的任何時間是否曾經認真地考慮過自殺的問題？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

‘QA20_S4’ [AF88] - Have you ever attempted suicide?

您是否曾經嘗試過自殺？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PROGRAMMING NOTE 'QA20_S5' :**IF 'QA20_S2' = (2, -3) AND 'QA20_S4' = (2, -3) THEN GO TO SUICIDE RESOURCE;****IF 'QA20_S3' = (2, -3) AND 'QA20_S4' = (2, -3) THEN GO TO SUICIDE RESOURCE;****IF 'QA20_S3' = 1 AND 'QA20_S4' = (2, -3) THEN GO TO SUICIDE RESOURCE;****ELSE CONTINUE WITH 'QA20_S5'**

'QA20_S5' [AF89] - Have you attempted suicide at any time in the past 12 months?

您在過去十二個月內的任何時間是否曾經嘗試過自殺？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

'SUICIDE RESOURCE:' [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. The number is 1-800-273-TALK (8255).

如果您希望與人討論有關自殺的想法或企圖，您可以撥打我們的免費電話號碼。每天二十四小時有人提供幫助您的資訊。我會很樂意地等候您去拿來紙和筆，我可以將這個電話號碼告訴您。

You 這個電話號碼是 1-800-273-TALK (8255)。

can also visit www.suicidepreventionlifeline.org **to find out information about getting help.**

查找有關獲取幫助的資訊，該網址是 www.suicidepreventionlifeline.org。

PROGRAMMING NOTE AM10B:

IF ('QA20_D5' OR 'QA20_D6' OR 'QA20_D7' =1)

LGBT ELIGIBILITY:

SEXUAL ORIENTATION:

IF [AD46B=2,3 (GAY, LESBIAN, OR BISEXUAL)], THEN CTCP_LGBT=1 (YES ELIGIBLE FLAG);

TRANSGENDER:

ELSE IF [AD65A=1 (MALE AT BIRTH) AND AD66B=2 (FEMALE IDENTITY)] OR [AD65A=2 (FEMALE AT BIRTH) AND AD66B=1 (MALE IDENTITY)] OR [AD66B=3 (TRANSGENDER)], THEN CTCP_LGBT=1 (YES ELIGIBLE FLAG);

ELSE IF [AD46B=91 (SEXUAL ORIENTATION OTHER RESPONSE)] OR [AD66B=4 (TRANSGENDER NONE OF THESE RESPONSE)], THEN CTCP_LGBT=2 (ELIGIBILITY PENDING VERIFICATION OF AD46BOS AND AD67BOS RESPONSES);

LSE CTCP_LGBT=3 (FLAG NOT LGBT ELIGIBLE);

OR NHPI:

IF [AA5A_5=1 (NATIVE HAWAIIAN)] OR IF [AA5A_6=1 (PACIFIC ISLANDER) AND (AA5E1_1=1 (SAMOAN) OR AA5E1_2=1 (GUAMANIAN) OR AA5E1_3=1 (TONGAN) OR AA5E1_4=1 (FIJIAN))], THEN CTCP_NHOPI=1 (YES ELIGIBLE FLAG);

ELSE IF [AA5A_6=1 (PACIFIC ISLANDER) AND (AA5E1_91=1 (PI OTHER SPECIFY) AND (AA5E1_1≠1 (NOT SAMOAN) OR AA5E1_2≠1 (NOT GUAMANIAN) OR AA5E1_3≠1 (NOT TONGAN) OR AA5E1_4≠1 (NOT FIJIAN))], THEN CTCP_NHOPI=2 (ELIGIBILITY PENDING VERIFICATION OF AA5E1_91 OS RESPONSE);

IF [CTCP_LGBT=1 OR CTCP_NHOPI=1, THEN CTCP=1 (ELIGIBLE)] OR('QA20_D5' OR 'QA20_D6' OR 'QA20_D7' =1) DISPLAY 'JUST A COUPLE OF FINAL QUESTIONS';

ELSE IF CTCP_LGBT=2 OR CTCP_NHOPI=2, THEN CTCP=2 (ELIGIBLE PENDING VERIFICATION); DISPLAY 'JUST A COUPLE OF FINAL QUESTIONS';

ELSE CTCP=3 (NOT ELIGIBLE) OR LTSS= NOT ELIGIBLE; DISPLAY 'JUST A FINAL QUESTION';

'AM10B' [AM10B] - Just a {couple of} final question{s} and then we are done.

Please provide your name and telephone number so that we may call you if we have additional questions.

只剩最後一個{幾個}問題就完成了。請提供您的姓名和電話號碼，以便我們有其他問題時可與您聯絡。

First Name: _____ Last Name: _____

Phone Number: _____

PN_LTSS/RIGHTS FOLLOW-UP:
IF PROGRAMMING NOTE LTSS_A:
IF ('QA20_D5' OR 'QA20_D6' OR 'QA20_D7' =1) , THEN CONTINUE
ELSE GO TO CTCF FOLLOW-UP

'LTSS/' [LTSS/] - Based on your responses, you may be eligible to participate in another survey conducted by UCLA. It will take place about 2-3 weeks from now and you will be paid \$25. This other survey will take 15 minutes to complete and is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands).

May we contact you about this survey?

根據您的回答，您可能會有資格參加由 UCLA 舉辦的另一項調查。該項調查大約在 2 至 3 週內舉行，屆時您將獲得酬勞 25 美元。該項調查需時約 15 分鐘完成，是設計研究那些{在日常生活活動（如穿衣、洗澡、散步、或做差事）方面遇到困難的人／出生於亞洲或拉丁美洲的人，面臨尋求醫療保健、就業和就學、以及參與社區的問題}。

關於該項調查，您是否允許我們聯絡您？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PN_CTCP FOLLOW-UP:**CTCP ELIGIBLE:**

IF CTCP_LGBT=1 OR CTCP_NHPI=1, THEN CTCP=1 (ELIGIBLE); CONTINUE WITH CTCP FOLLOW-UP;

ELSE IF CTCP_LGBT=2 OR CTCP_NHPI=2, THEN CTCP=2 (ELIGIBLE PENDING VERIFICATION); CONTINUE WITH CTCP;

ELSE CTCP=3 (NOT ELIGIBLE); SKIP CTCP FOLLOW-UP

'CTCP FOLLOW-UP ' [CTCP FOLLOW-UP]- Based on your responses, you may be eligible to participate in another survey conducted by UCLA. It will take place about 2-3 weeks from now and you will be paid \$20. This other survey will take 15 minutes to complete.

根據您的回答，您可能有資格參加由 UCLA 舉辦的另一項調查。該調查將在今年春末展開，屆時您將獲得 20 美元的酬勞。完成另一項調查大約需要 15 分鐘。

May we contact you about this survey?

關於該項調查，您是否允許我們聯絡您？

- ☐ 1 Yes
- ☐ 1 是
- ☐ 2 No
- ☐ 2 否

PN_LTSS/CTCP CONTACT

**IF [LTSS = 1] OR [CTCP FLAG=1 OR 2] AND INFO NOT PROVIDED IN AM10B, CONTINUE;
ELSE GO TO PN_SR2**

'LTSS/ CTCP CONTACT' [LTSS/ CTCP CONTACT] - Please provide your name and telephone number so that we may call you if we have additional questions.

請提供您的姓名和電話號碼，以便我們有其他問題時可與您聯絡。

First Name: _____ Last Name: _____

Phone Number: _____

PROGRAMMING NOTE SUICIDE RESOURCE 2:

**['QA20_S3' = 1 OR ('QA20_S3' = 2, -3 AND 'QA20_S5' =1), THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1**

SUICIDE RESOURCE 2: Again, if you would like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is 1-800-273-TALK (8255).

再重申一次、如果您想要與某人談論有關自殺的念頭或企圖，有人可以每天二十四小時向您提供資訊，為您提供幫助。這個免費電話號碼是 1-800-273-TALK（8255）。

You can also visit www.suicidepreventionlifeline.org to find out information about getting help.

]該網址是 <http://www.suicidepreventionlifeline.org>

PROGRAMMING NOTE CLOSE1 AND CLOSE2:

**IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE IF CHILD SELECTED CONTINUE CHILD INTERVIEW**

'CLOSE2' [CLOSE2] - Thank you. We really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

謝謝您的時間與合作！您幫助我們進行了一項非常重要的健康調查。如果您有任何疑問，請與研究負責人 Ninez Ponce博士聯繫。他的免費電話號碼是1-866-275-2447。再次感謝，再見。