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<td>Teen’s Health Insurance</td>
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(in the CHIS data file) associated with a question, appears in a box beneath the question number. Please
consult the CHIS 2005 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 QA05_A1:**
SET AADATE = CURRENT DATE (YYYYMMDD)

<table>
<thead>
<tr>
<th>Age QA05_A1</th>
<th>What is your date of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>나이 말씀해 주시겠습니까?</td>
</tr>
<tr>
<td>( )년 ( )월 ( )일</td>
<td></td>
</tr>
<tr>
<td>( )세</td>
<td></td>
</tr>
</tbody>
</table>

**QA05_A1**

<table>
<thead>
<tr>
<th>MONTH ____</th>
<th>DAY ____</th>
<th>YEAR ____</th>
<th>[GO TO QA05_A5]</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED ....................................................................................... -7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ................................................................................. -8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. JANUARY</td>
<td>7. JULY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. FEBRUARY</td>
<td>8. AUGUST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. MARCH</td>
<td>9. SEPTEMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. APRIL</td>
<td>10. OCTOBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. MAY</td>
<td>11. NOVEMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. JUNE</td>
<td>12. DECEMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_A2:**
IF QA05_A1 = -7 OR –8 (REF/DK), CONTINUE WITH QA05_A2;
ELSE GO TO QA05_A5

<table>
<thead>
<tr>
<th>QA05_A2</th>
<th>What month and year were you born?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>귀하는 몇 년 몇 월에 출생하셨습니까?</td>
</tr>
</tbody>
</table>

**AA1A**

<table>
<thead>
<tr>
<th>MONTH ____</th>
<th>YEAR ____</th>
<th>[GO TO QA05_A5]</th>
</tr>
</thead>
<tbody>
<tr>
<td>(RANGE: 1-12)</td>
<td>(RANGE: 1898-1985)</td>
<td></td>
</tr>
<tr>
<td>REFUSED ....................................................................................... -7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ................................................................................. -8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. JANUARY</td>
<td>7. JULY</td>
<td></td>
</tr>
<tr>
<td>2. FEBRUARY</td>
<td>8. AUGUST</td>
<td></td>
</tr>
<tr>
<td>3. MARCH</td>
<td>9. SEPTEMBER</td>
<td></td>
</tr>
<tr>
<td>4. APRIL</td>
<td>10. OCTOBER</td>
<td></td>
</tr>
<tr>
<td>5. MAY</td>
<td>11. NOVEMBER</td>
<td></td>
</tr>
<tr>
<td>6. JUNE</td>
<td>12. DECEMBER</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_A3:
IF QA05_A1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A3;
ELSE GO TO QA05_A5

QA05_A3
What is your age, please?
나이를 말씀해 주시겠습니까?
만으로 ( )세

AA2

_____YEARS OF AGE  [GO TO QA05_A5]

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

PROGRAMMING NOTE QA05_A4:
IF QA05_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A4;
ELSE GO TO QA05_A5

QA05_A4
Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
귀하께서는 18 세와 29 세 사이, 30 세와 39 세 사이, 40 세와 44 사이, 45 세와 49 세 사이, 50 세와 64 세 사이, 또는 65 세 이상 중 어디에 속하십니까?

AA2A

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

PROGRAMMING NOTE QA05_A5: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA05_A1, QA05_A2, OR QA05_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA05_A1, QA05_A2, OR QA05_A3 = -7 OR -8 (REF/DK), THEN USE QA05_A4;
ELSE USE ENUM.AGE

Gender
QA05_A5
Are you male or female?
이건 어느 분계나 드리게 되어 있는 성별에 관한 질문인테요. 남성분이십니까, 여성분이십니까?

AA3

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

Ethnicity
QA05_A6
Are you Latino or Hispanic?
라티노나 히스페닉계이십니까?

AA4

YES ........................................................................... 1
NO ............................................................................ 2
And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran— and if you have more than one, tell me all of them.

그럼, 어떤 라티노나 히스패닉계에 속하십니까? 예를 들면, 멕시코인, 엘살바도르인, 큐바인, 온두라스인 등이요— 하나 이상에 해당되는 경우, 모두 말씀해 주십시오.

IF NECESSARY, GIVE MORE EXAMPLES

CODE ALL THAT APPLY

- MEXICAN/MEXICANO
- MEXICAN AMERICAN
- CHICANO
- SALVADORAN
- GUATEMALAN
- COSTA RICAN
- HONDURAN
- NICARAGUAN
- PANAMANIAN
- PUERTO RICAN
- CUBAN
- SPANISH-AMERICAN (FROM SPAIN)
- OTHER LATINO (SPECIFY): ____________
- REFUSED
- DON'T KNOW
PROGRAMMING NOTE QA05_A8:
IF QA05_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY “You said you are Latino or Hispanic. Also…”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA05_A8, CONTINUE WITH
PROGRAMMING NOTE QA05_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

Race QA05_A8 {You said you are Latino or Hispanic. Also} please tell me which one or more of the following you
would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific
Islander, American Indian, Alaska Native, Asian, Black, African American, or White?
또한 귀하가 다음의 인종 중 어느 것 하나나 하나 #이상에 속하는지를 말씀해 주십시오. 귀하는
하와이 원주민, 기타 태평양 섬 주민, 아메리칸 인디언, 알래스카 원주민, 아시아인, 흑인, 아프리카계
미국인 또는 백인 중에서 어느 인종에 속합니까?

AA5A

[IF R SAYS "아메리카 원주민," CODE AS "4"]

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

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

WHITE ................................................................. 1
BLACK OR AFRICAN AMERICAN .......................... 2
ASIAN ..................................................................... 3
AMERICAN INDIAN OR ALASKA NATIVE ............ 4
OTHER PACIFIC ISLANDER ................................. 5
NATIVE HAWAIIAN .............................................. 6
OTHER (SPECIFY): ____________________________ 91
REFUSED ........................................................... -7
DON’T KNOW ..................................................... -8

PROGRAMMING NOTE QA05_A9:
IF QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_A9;
ELSE GO TO PROGRAMMING NOTE QA05_A12

QA05_A9 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more
than one tribe, tell me all of them.
아메리칸 인디언이나 알래스카 인디언이라고 말씀하셨는데요, 여러 부족에 속하신니까? 하나
이상의 부족에 속하신 경우, 모두 말씀해 주십시오.

AA5B

[CODE ALL THAT APPLY]

APACHE ................................................................. 1
BLACKFOOT/BLACKFEET ..................................... 2
CHEROKEE .............................................................. 3
CHOTCAW ............................................................... 4
MEXICAN AMERICAN INDIAN ........................... 5
NAVAJO ................................................................. 6
POMO ................................................................. 7
PUEBLO ................................................................. 8
SIOUX ................................................................. 9
YAQUI ................................................................. 10
OTHER TRIBE [Ask for spelling] (SPECIFY): ______ 91
REFUSED ........................................................... -7
DON’T KNOW ..................................................... -8

QA05_A10 Are you an enrolled member in a federally or state recognized tribe?
귀하께서는 연방정부와 주정부에서 인정하는 부족으로 등록된 분이십니까?

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

Which tribe are you enrolled in?

APACHE
MESCALERO APACHE, NM .......................... 1
APACHE (NOT SPECIFIED) ........................... 2
OTHER APACHE [Ask for spelling] (SPECIFY): ... 91

BLACKFEET
BLACKFOOT/BLACKFEET ............................. 3

CHEROKEE
WESTERN CHEROKEE ................................. 4
CHEROKEE (NOT SPECIFIED) ......................... 5
OTHER CHEROKEE [Ask for spelling] (SPECIFY): 92

CHOCTAW
CHOCTAW OKLAHOMA .................................. 6
CHOCTAW (NOT SPECIFIED) .......................... 7
OTHER CHOCTAW [Ask for spelling] (SPECIFY): ... 93

NAVAJO
NAVAJO (NOT SPECIFIED) ............................. 8

POMO
HOPLAND BAND, HOPLAND RANCHERIA ...... 9
SHERWOOD VALLEY RANCHERIA ................. 10
POMO (NOT SPECIFIED) ................................. 11
OTHER POMO [Ask for spelling] (SPECIFY): ...... 94

PUEBLO
HOPI ............................................................ 12
YSLETA DEL SUR PUEBLO OF TEXAS .......... 13
PUEBLO (NOT SPECIFIED) ............................. 14
OTHER PUEBLO [Ask for spelling] (SPECIFY): ... 95

SIOUX
OGLALA/PINE RIDGE SIOUX ......................... 15
SIOUX (NOT SPECIFIED) ............................... 16
OTHER SIOUX [Ask for spelling] (SPECIFY): ...... 96

YAQUI
PASCUA YAQUI TRIBE OF ARIZONA ............... 17
YAQUI (NOT SPECIFIED) .............................. 18
OTHER YAQUI [Ask for spelling] (SPECIFY): ...... 97

OTHER
OTHER [Ask for spelling] (SPECIFY): .............. 98
REFUSED ...................................................... -7
DON'T KNOW ............................................... -8
PROGRAMMING NOTE QA05_A12:
IF QA05_A8= 3 (ASIAN) CONTINUE WITH QA05_A12;
ELSE GO TO PROGRAMMING NOTE QA05_A13

QA05_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.
아시안이라고 말씀하셨는데요, 중국계라던지, 필리핀계, 또는 베트남계 등, 정확히 어느 민족이십니까? 한 가지 이상이면, 전부 말씀해 주십시오.

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA05_A13:
IF QA05_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA05_A13;
ELSE GO TO PROGRAMMING NOTE QA05_A14

QA05_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
귀하는 태평양 섬 주민이라고 말씀하셨습니다. 귀하가 속한 인종 그룹을 사모아인, 통가인 또는 괌인 같이 구체적으로 말씀해 주시겠습니까? 두 가지 이상의 인종 그룹에 속하는 경우에는 해당되는 인종 그룹을 모두 말씀해 주십시오.

AA5E1

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN................................. 1
GUAMANIAN ............................................................. 2
TONGAN ................................................................. 3
FIJIAN ..................................................................... 4
OTHER PACIFIC ISLANDER (SPECIFY): ____________ 91
REFUSED ................................................................. -7
DON'T KNOW ........................................................... -8
PROGRAMMING NOTE QA05_A14:
IF QA05_A6 = 1 (LATINO) AND [QA05_A8= 6 (NATIVE HAWAIIAN) OR QA05_A8= 5 (OTHER PACIFIC ISLANDER) OR QA05_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA05_A8= 3 (ASIAN) OR QA05_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA05_A8= 1 (WHITE) OR QA05_A8 = 91 (OTHER)], CONTINUE WITH QA05_A14;
ELSE IF MULTIPLE RESPONSES TO QA05_A8, QA05_A12, OR QA05_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA05_A14;
ELSE GO TO QA05_A15

[NOTE: FOR QA05_A14 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF QA05_A7 = -7 (REFUSE), INSERT "Latino"]

IF QA05_A6 = 1 (YES, LATINO) AND ANY OF QA05_A7 = 1 THRU 12, DO NOT DISPLAY QA05_A14 = 14 (LATINO).
IF QA05_A8 = 5 (OTHER PACIFIC ISLANDER) AND QA05_A13 = 1 THRU 4, DO NOT DISPLAY QA05_A14 = 17 (OTHER PACIFIC ISLANDER).
IF QA05_A8= 3 (ASIAN) AND ANY OF QA05_A12 = 1 THRU 17, DO NOT SAY QA05_A14 = 19 (ASIAN)

AA5F

[IF R UNABLE TO CHOOSE ONE, OFFER OPTION "BOTH/ALL/MULTIRACIAL"]

MEXICAN/MEXICANO .........................1
MEXICAN AMERICAN .........................2
CHICANO ..........................................3
SALVADORAN .....................................4
GUATEMALAN ...................................5
COSTA RICAN ....................................6
HONDURAN ......................................7
NICARAGUAN ......................................8
PANAMANIAN .....................................9
PUERTO RICAN ..................................10
CUBAN ...........................................11
SPANISH-AMERICAN (FROM SPAIN) .........12
LATINO, OTHER SPECIFY ..................13
LATINO ..........................................14
NATIVE HAWAIIAN ............................16
OTHER PACIFIC ISLANDER .................17
AMERICAN INDIAN OR ALASKA NATIVE ....18
ASIAN ..........................................19
BLACK OR AFRICAN AMERICAN ..........20
WHITE ..........................................21
RACE, OTHER SPECIFY .....................22
BANGLADESHI ..................................30
BURMESE .......................................31
CAMBODIAN ....................................32
CHINESE .......................................33
FILIPINO .......................................34
HMONG .........................................35
INDIAN (INDIA) ...............................36
INDONESIAN ...................................37
JAPANESE ......................................38
QA05_A14  CONTINUED...
KOREAN ................................................................. 39
LAOTIAN ................................................................. 40
MALAYSIAN ............................................................ 41
PAKISTANI .............................................................. 42
SRI LANKAN ........................................................... 43
TAIWANESE ............................................................ 44
THAI ............................................................... 45
VIETNAMESE ......................................................... 46
ASIAN, OTHER SPECIFY ......................................... 49
SAMOAN/AMERICAN SAMOAN ........................... 50
GUAMANIAN ......................................................... 51
TONGAN ............................................................... 52
FIJIAN ................................................................. 53
PACIFIC ISLANDER, OTHER SPECIFY .................. 55
BOTH/ALL/MULTIRACIAL ........................................ 90
NONE OF THESE ................................................... 95
REFUSED .............................................................. -7
DON'T KNOW ....................................................... -8

Marital Status
QA05_A15  Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?
 현재 기혼자이신가, 법적으로는 결혼을 안 했지만, 사실상 결혼한 것과 마찬가지인 동거자와 함께 살고 계십니까, 미망인이신가, 이혼하셨습니까, 별거중이신가, 아니면 미혼이신가?

[AH43]
[IF R MENTIONS MORE THAN ONE, CODE THE LOWEST NUMBER THAT APPLIES]

MARRIED ............................................................. 1
LIVING WITH PARTNER ........................................... 2
WIDOWED ............................................................ 3
DIVORCED ............................................................ 4
SEPARATED ............................................................ 5
NEVER MARRIED .................................................. 6
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
Section B –Health Conditions

QA05_B1 These next questions are about your health. Would you say that in general your health is excellent, very good, good, fair or poor?
다음은 귀하의 건강에 대해 몇 가지 질문을 드리겠습니다. 전반적으로 건강이 괜찮으십니까?
상당히 좋아십니까, 좋아십니까, 괜찮으십니까? 아니면 안 좋아십니까?

AB1
EXCELLENT .............................................................. 1
VERY GOOD ............................................................. 2
GOOD ........................................................................ 3
FAIR ........................................................................... 4
POOR ........................................................................ 5
REFUSED ................................................................. -7
DON’T KNOW ........................................................... -8

Asthma

QA05_B2 Has a doctor ever told you that you have asthma?
귀하께서 천식이 있다고 의사가 말한 적이 있습니까?

AB17
YES ............................................................................ 1
NO .............................................................................. 2 [GO TO QA05_B12]
REFUSED ................................................................. -7 [GO TO QA05_B12]
DON’T KNOW ........................................................... -8 [GO TO QA05_B12]

QA05_B3 Do you still have asthma?
아직도 천식이 있으십니까?

AB40
YES ............................................................................ 1
NO .............................................................................. 2
REFUSED ................................................................. -7
DON’T KNOW ........................................................... -8

QA05_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?
지난 12개월 동안, 이따금씩 또는 한 번이라도 천식 증상이 있었던 적이 있습니까?

AB41
YES ............................................................................ 1
NO .............................................................................. 2
REFUSED ................................................................. -7
DON’T KNOW ........................................................... -8
PROGRAMMING NOTE QA05_B5:
IF QA05_B3= 2, -7, or –8 (NO, REFUSED, DON’T KNOW) AND QA05_B4= 2, -7, or –8 (NO, REFUSED, DON’T KNOW), GO TO QA05_B7;
ELSE CONTINUE WITH QA05_B5

QA05_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say …
 지난 12 개월 동안, 기침, 휘휘거리, 숨가쁨, 흉부 압박감 및 가래 등의 천식 증상이 얼마나 자주 있었습니까? 다음 중에서 선택해 주십시오.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Enumerated options</td>
<td>1</td>
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<tr>
<td>Less than every month</td>
<td>2</td>
</tr>
<tr>
<td>Every month</td>
<td>3</td>
</tr>
<tr>
<td>Every week, or</td>
<td>4</td>
</tr>
<tr>
<td>Every day?</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA05_B6 During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?
 지난 12 개월 동안, 천식때문에 병원 응급실이나 응급 진료소에 가야 했던 때가 있습니까?

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

QA05_B7 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?
 천식을 다스리기 위해 의사가 처방하거나 제공해 준 약을 현재 매일 복용하고 계십니까?

[IF NEEDED, SAY: “This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.”]
[IF NEEDED, SAY: "경구약과 흡입제를 들다 포함해서 말씀해 주십시오. 즉각적인 효과를 위해 사용하는 흡입제와는 다릅니다."]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_B8:
IF QA05_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA05_B4 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO
PROGRAMMING NOTE QA05_B10
ELSE CONTINUE WITH QA05_B8

QA05_B8
During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say …
지난 12개월 동안, 기침, 씩근거림, 가쁜 숨, 가슴 답답함 또는 가래와 같은 천식 증상이 얼마나 자주 발생했습니까?

AB66
Not at all ................................................................. 1
전혀 발생하지 않았음 ........................................... 1
Less than every month ............................................. 2
몇 달에 한 번 발생 ................................................ 2
Every month .......................................................... 3
매달 발생 ............................................................ 3
Every week, or ......................................................... 4
매주 발생 ............................................................. 4
Every day? .............................................................. 5
매일 발생 ............................................................ 5
REFUSED ............................................................. -7
DON’T KNOW ........................................................ -8

QA05_B9
During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?
지난 12개월 동안, 천식 때문에 병원 응급실이나 긴급 치료 진료소를 방문하신 적이 있습니까?

AB67
YES ............................................................................ 1
NO .............................................................................. 2
REFUSED .................................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_B10;
IF AAGE > 69 GO TO QA05_B11
ELSE CONTINUE WITH QA05_B10

QA05_B10
During the past 12 months, how many days of work did you miss due to asthma?
지난 12개월 동안, 천식 때문에 직장에 나가지 못했던게 며칠이나 되십니까?

AB42
_______ 0-365 DAYS
NOT WORKING ......................................................... -6
REFUSED ............................................................... -7
DON’T KNOW ........................................................ -8
**QA05_B11**
Has a doctor or other health professional *ever* given you an asthma management plan?

**AB43**

[If needed, say: “An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room”]

[Include Nurses and Asthma Educators]

[If needed, say: “천식 관리 안내서란 언제 약의 복용량이나 종류를 바꾸고, 자문을 위해 언제 의사에게 전화하며, 응급실에 언제 가야 하는지에 대한 설명이 나와 있는 인쇄물입니다.”]

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

**QA05_B12**
Has a doctor ever told you that you have a lung disease other than asthma, such as emphysema or COPD?

**AB62**

[If needed, say: “COPD means Chronic Obstructive Pulmonary Disease and is also known as Chronic Lower Respiratory Disease. Do not include Tuberculosis (TB).”]

[If needed, say: “COPD란 만성 폐쇄성 폐 질환을 말하며 만성 하기도 질환이라고도 합니다. 폐결핵(TB)은 포함시키지 마십시오.”]

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

**PROGRAMMING NOTE QA05_B13**
If QA05_A5 = 2 (FEMALE), DISPLAY “Other than during pregnancy, has”;
ELSE BEGIN DISPLAY WITH “Has”

Diabetes

**QA05_B13**
{Other than during pregnancy, has/Has} a doctor *ever* told you that you have diabetes or sugar diabetes?

**AB22**

DANGER 또는 PREGNANCY

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

[GO TO QA05_B22]
QA05_B14  How old were you when a doctor first told you that you have diabetes?

귀하께서 당뇨병이 있다고 의사가 처음 말했을 때가 몇살 때였나?

(  ) 세

AB23  ______ AGE IN YEARS  [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]

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

QA05_B15  Were you told that you had Type 1 or Type 2 diabetes?

당뇨병이 일형 (타입 I) 당뇨병이라고 들었습니까, 이형 (타입 II) 당뇨병이라고 들었습니까?

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]

[IF NEEDED, SAY: "일형 (타입 I) 당뇨병은 몸에서 인슐린을 만들어 내지 못해서 생기는 것이고 보통 아이들이나 젊은 성인들에게서 진단됩니다. 이형 (타입 II) 당뇨병은 인슐린 내성으로 인해 유발되는 것으로 가장 흔한 타입의 당뇨병입니다."]

  TYPE 1....................................................................... 1
  TYPE 2....................................................................... 2
  REFUSED .................................................................. -7
  DON'T KNOW ........................................................... -8

QA05_B16  Are you now taking insulin?

현재 인슐린을 투여하고 계십니까?

AB24

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

QA05_B17  Do you now take diabetic pills to lower your blood sugar?

현재 혈당을 낮추기 위해 당뇨병약을 복용하고 계십니까?

AB25

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

[IF NEEDED, SAY: "이 약들은 가끔 경구용 강하제 또는 경구용 혈당 강하제라고 불립니다."]

  YES............................................................................ 1
  NO............................................................................ 2
  REFUSED .................................................................. -7
  DON'T KNOW ........................................................... -8
About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

귀하나 귀하의 가족 또는 친구들은 귀하의 혈당이나 포도당을 측정하기 위해 하루, 한 주 또는 한 달에 대략 몇 번이나 귀하의 피를 검사 합니까?

[FILL IN TIME FRAME ANSWERED]

____ TIMES
____ PER DAY ......................[HR: 0-24; SR: 0-10]
____ PER WEEK .................. [HR: 0-70; SR: 0-34]
____ PER MONTH ............... [HR: 0-300; SR: 0-149]
____ PER YEAR ................ [HR: 0-3650; SR: 0-599]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

About how many times in the last 12 months has a doctor checked you for hemoglobin "A one C"?

지난 12 개월 동안, 의사는 귀하의 혈청글로브린 "A one C"를 대략 몇 번이나 검사했습니까?

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

____ NUMBER OF TIMES  [HR: 0-52, 995; SR: 0-25, 995]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

지난 12 개월 동안, 의사는 귀하의 발의 상처나 염증을 대략 몇 번이나 검사했습니까?

____ NUMBER OF TIMES ....[HR: 0-52; SR: 0-25]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

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.

귀하께서 가장 최근에 눈동자를 확장시킨 눈 검사를 받으신 것은 언제였습니까? 이것은 눈을 짧은 시간 동안 밝은 빛에 민감하게 반응하도록 만드는 검사입니다.

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

QA05_B22 Has a doctor ever told you that you have high blood pressure?

귀하께서 고혈압이라고 의사가 말한 적이 있습니까?

AB29

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

[GO TO QA05_B24]

QA05_B23 Are you now taking any medications to control your high blood pressure?

현재 혈압 조절 약을 복용하고 계십니까?

AB30

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

Cholesterol

QA05_B24 About how long ago did you have your blood cholesterol checked?

대략 얼마나 오래 전에 귀하는 혈액 콜레스테롤 검사를 하셨습니까?

AB35

[IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."]

[IF NEEDED, SAY: "혈액 콜레스테롤이란 혈액에 들어 있는 지방 물질을 말합니다."]

1 TO 12 MONTHS AGO.................................1
13 MONTHS TO 2 YEARS AGO.....................2
25 MONTHS TO 5 YEARS AGO.....................3
MORE THAN 5 YEARS AGO.........................4
NEVER..........................................................5
REFUSED......................................................-7
DON’T KNOW.............................................-8

[GO TO QA05_B26]

QA05_B25 The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?

지난 번에 콜레스테롤 검사를 했을 때 의사가 혈액 콜레스테롤 수치가 높다고 말하셨습니까?

AB36

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

Heart Disease

QA05_B26 Has a doctor ever told you that you have any kind of heart disease?

귀하께서 어떤 심장병이 있다고 의사가 말한 적이 있습니까?

AB34

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

[GO TO PN QA05_B28]
QA05_B27  Has a doctor ever told you that you have heart failure or congestive heart failure?

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

Stroke
QA05_B28  Has a doctor ever told you that you had a stroke?

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

Arthritis
QA05_B29  Have you EVER been told by a doctor that you have some form of arthritis, gout, lupus or fibromyalgia?

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

Epilepsy
QA05_B30  Has a doctor ever told you that you have seizure disorder or epilepsy?

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

QA05_B31  Are you now taking any medicine to control your seizure disorder or epilepsy?

[IF R NORMALLY COUNTS "AURAS" AS SEIZURES, ACCEPT THE RESPONSE]

NO SEIZURES .......................................................... 0
ONE SEIZURE .......................................................... 1
MORE THAN ONE SEIZURE ................................... 2
In the past 12 months, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

**QA05_B33**

In the past 12 months, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

**AB65**

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

During the past month, to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say

**QA05_B34**

During the past month, to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say

**AB56**

- Not at all................................................................. 1
- Slightly .................................................................... 2
- Slightly .................................................................... 2
- Moderately .............................................................. 3
- Moderately .............................................................. 3
- Quite a bit or .......................................................... 4
- Quite a bit or .......................................................... 4
- Extremely? ............................................................. 5
- Extremely? ............................................................. 5
- REFUSED ............................................................. -7
- DON'T KNOW ...................................................... -8

During the past 12 months, have you had a flu shot?

**QA05_B35**

During the past 12 months, have you had a flu shot?

**AE30**

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

Section C – Health Behaviors

Walking for transportation and leisure

**QA05_C1**

The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.

Walking for transportation and leisure

The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.

Walking for transportation and leisure

The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.

Walking for transportation and leisure

The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.
During the past seven days, did you walk for at least ten minutes at a time to get some place such as work, school, a store, or restaurant?

있습니까?

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

QA05_C2 On how many days did you do this?

여칠 동안이나 그렇게 걸었습니까?

<table>
<thead>
<tr>
<th>_____ DAYS PER WEEK [IF 0, GO TO QA05_C5]</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_C3

IF QA05_C2 = 1 DO NOT DISPLAY "usually" and display “that day”

IF QA05_C2 > 1 OR QA05_C2 = -7 OR -8 DISPLAY “usually” and “one of those days”

QA05_C3 How much time did you {usually} spend walking on {one of those days/that day}?

그런 날에는 보통 얼마나 오래 걸었습니까?

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<tr>
<th>_____ HOURS PER DAY</th>
<th>_____ MINUTES PER DAY</th>
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<tr>
<td>REFUSED</td>
<td>-7</td>
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<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_C4

IF QA05_C1 = 1 [WALK FOR TRANS, DISPLAY “Please do not include any walking that you already told me about”]

QA05_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past seven days did you walk for at least ten minutes at a time for any of these reasons? Please do not include any walking that you already told me about.
귀하는 재미, 기분 전환, 운동을 위해, 또는 개를 산책시키기 위해 걷는 경우가 있습니다. 지난 7 일 동안, 이러한 이유로 한 번에 10 분 이상 걸은 적이 있습니까? 귀하가 앞에서 말씀하신 이유로 걷은 것은 포항시키지 마십시오.

**AD40**

YES..............................................................1  [GO TO QA05_C7]
NO...........................................................2  [GO TO QA05_C7]
REFUSED..................................................-7  [GO TO QA05_C7]
DON'T KNOW...........................................-8  [GO TO QA05_C7]

**QA05_C5** On how many days did you do this?
여행 동안이나 그렇게 걸었습니다?

**AD41**

______ DAYS PER WEEK [IF 0, GO TO QA05_C7]

REFUSED..................................................-7  [GO TO QA05_C7]
DON'T KNOW...........................................-8  [GO TO QA05_C7]

**PROGRAMMING NOTE QA05_C6**

IF QA05_C5 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C5 > 1 OR QA05_C5 = -7 OR -8 DISPLAY “usually” and “one of those days”

**QA05_C6** How much time did you (usually) spend walking on (one of those days/on that day)?
그런 날에는 보통 얼마나 오래 걸었습니다?

**AD42**

[IF NEEDED SAY: “For fun, relaxation, exercise or to walk the dog?”]
[IF NEEDED SAY: “재미, 기분 전환, 운동을 위해, 또는 개를 산책시키기 위해.”]

______ HOURS PER DAY
______ MINUTES PER DAY

REFUSED..................................................-7
DON'T KNOW...........................................-8
Moderate and vigorous physical activity

The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking. First, think about activities that take moderate physical effort, such as bicycling, swimming, dancing, and gardening.

다음 질문들은 자유 시간에 10 분 이상 하는 걸기를 제외한 신체 활동이나 운동에 관한 것입니다. 먼저 자전거 타기, 수영, 댄스 및 정원 가꾸기와 같은 보통 정도의 신체적 노력이 필요한 활동들을 고려해 주십시오.

During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes, other than walking?

[IF NEEDED SAY: “Moderate physical activities make you breathe somewhat harder than normal.”]

[IF NEEDED SAY: “보통 정도의 신체 활동을 하면 보통 때보다 숨쉬기가 약간 더 어렵습니다.”]

[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

[IF NEEDED SAY: “한 번에 10 분 이상 한 보통 정도의 신체 활동만을 고려하십시오.”]

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED........................................................................-7 [GO TO QA05_C10]
DON’T KNOW.................................................................-8 [GO TO QA05_C10]

On how many days did you do this?
여칠 동안이나 이러한 활동을 했습니까?

______ DAYS PER WEEK [IF 0, GO TO QA05_C10]

REFUSED........................................................................-7 [GO TO QA05_C10]
DON’T KNOW.................................................................-8 [GO TO QA05_C10]

How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?
그런 날에는 자유 시간에 보통 정도의 신체 활동을 얼마나 오래 했습니까?

[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

[IF NEEDED SAY: “한 번에 10 분 이상 한 보통 정도의 신체 활동만을 고려하십시오.”]
Now think about **vigorous** activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking.

During the last 7 days, did you do any vigorous physical activities in your free time?

**QA05_C10**

**AE24**

[IF NEEDED SAY: “Vigorous activities make you breathe much harder than normal.”]

[IF NEEDED SAY: “격심한 신체 활동을 하면 보통 때보다 숨쉬기가 훨씬 더 어렵습니다.”]

[IF NEEDED SAY: “Think about only those vigorous physical activities that you did for at least 10 minutes at a time.”]

[IF NEEDED SAY: “한 번에 10 분 이상 한 격심한 신체 활동만을 고려하십시오.”]

**YES** ........................................................................... 1

**NO** ............................................................................. 2

**REFUSED** ................................................................... -7

**DON’T KNOW** ................................................................-8

**QA05_C11**

On how many days did you do this?

**AE25**

**QA05_C12**

**PROGRAMMING NOTE QA05_C12**

IF QA05_C11 = 1 DO NOT DISPLAY “usually” and display “that day”

IF QA05_C11 > 1 DISPLAY “usually” and “one of those days”

How much time did you {usually} spend on {one of those days/on that day} doing **vigorous** physical activities in your free time?

**QA05_C12**

[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

[IF NEEDED SAY: “한 번에 10 분 이상 한 격심한 신체 활동만을 고려하십시오.”]

**HOURS PER DAY**

**MINUTES PER DAY**

**REFUSED** ................................................................... -7

**DON’T KNOW** ................................................................-8

A-21
Now think about activities specifically designed to STRENGTHEN your muscles, such as lifting weights or other strength-building exercises. Include all such activities even if you have mentioned them before.

During the last 7 days, on how many days did you do activities to strengthen your muscles?

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

If R gives a number without a time frame, ASK: “Was that per day, week or month?”

<table>
<thead>
<tr>
<th>AC20</th>
<th>_____ DAYS PER WEEK</th>
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<td>DON’T KNOW............... -8</td>
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<th>AE2</th>
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<td>REFUSED.......................... -7</td>
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<td>DON’T KNOW...................... -8</td>
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</table>
**QA05_C15**

During the past month, how many times per day, week or month did you eat green leafy or lettuce salad?

[IF NEEDED, SAY: “Include spinach salads.” “Your best guess is fine.”

[IF NEEDED, SAY: “시금치 샐러드를 포함시키시오. 소신껏 추측하셔도 좋습니다.”

If R gives a number without a time frame, ASK: “Was that per day, week or month?”

If R gives a number without a time frame, ASK: “이것은 하루, 한 주 또는 한 달 중 언제 먹은 것입니까?”

---

_________ PER DAY

_________ PER WEEK

_________ PER MONTH

REFUSED .......................................................... -7

DON’T KNOW ..................................................... -8

**QA05_C16**

During the past month, how many times did you eat French fries, home fries or hash browns?

[IF NEEDED, SAY: “Exclude potato chips.”

[IF NEEDED, SAY: “감자칩은 포함시키지 마십시오.”

If R gives a number without a time frame, ASK: “Was that per day, week or month?”

If R gives a number without a time frame, ASK: “이것은 하루, 한 주 또는 한 달 중 언제 드신 것입니까?”

---

_________ PER DAY

_________ PER WEEK

_________ PER MONTH

REFUSED .......................................................... -7

DON’T KNOW ..................................................... -8
QA05_C17  During the past month, how many times did you eat other white potatoes?
지난 한 달 동안에, #튀기지 않고 다른 방식으로 요리된 감자를 얼마나 자주 드셨습니까?

[AE4]  [IF NEEDED, SAY: “Do not include yams or sweet potatoes. Include red, yellow, purple, or brown-skinned potatoes.”]
[IF NEEDED, SAY: “양이나 고구마는 포함시키지 마십시오. 깃질이 블랙이나, 노랗거나, 자주색이거나, 갈색인 감자는 포함시키십시오.”]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY: THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS MASHED, BAKED, OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD. IT INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE.]

________ PER DAY
________ PER WEEK
________ PER MONTH

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

QA05_C18  During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.
지난 한 달 동안에 익힌 콩, 구은 콩 또는 콩 수프와 같은 삶은 마른 콩을 몇 번이나 드셨습니까?
깍지콩은 포함시키지 마십시오.

[AE5]  [IF NEEDED, SAY: “Include red, black, white, pinto, or soy beans or lentils cooked in the same way.”]
[IF NEEDED, SAY: “같은 방법으로 조리한 빨간 콩, 검은 콩, 흰 콩, 펜토 콩, 대두 또는 렌즈 콩은 포함시키십시오.”]

________ PER DAY
________ PER WEEK
________ PER MONTH

REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA05_C19  During the past month, how many times did you eat any vegetables other than the foods you already told me about.

지난 한 달 동안에, 앞에서 말씀하신 식품을 제외한 다른 야채들을 하루, 한 주 또는 한 달 동안에 몇 번이나 먹었습니까?

AE7  [IF NEEDED, SAY: “Such as tomatoes, carrots, onions, bell peppers, zucchini, or broccoli.”
[IF NEEDED, SAY: “토마토, 당근, 양파, 단고추, 서양 호박, 브로콜리 등이 있습니다.”

IF STRONGLY NEEDED, SAY: “Rice is not a vegetable.”]
IF STRONGLY NEEDED, SAY: “쌀은 야채가 아닙니다.”]

PER DAY
PER WEEK
PER MONTH

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

QA05_C20  During the past month, how many times did you drink soda such as coke or 7-up? Do not include diet soda.

지난 한 달 동안에, 콜라나 사이다 같은 소다를 몇 번이나 마셨습니까? 다이어트 소다나 무설탕 소다는 포함시키지 마십시오.

AC11  [IF NEEDED, SAY: “Do not include canned or bottled juices or teas. Your best guess is fine.”]
[IF NEEDED, SAY: “깡통이나 병에 들어있는 주스 또는 차는 포함시키지 마십시오. 소신껏 추정을 하셔도 좋습니다.”]

PER DAY
PER WEEK
PER MONTH

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

QA05_C21  During the past month, how many times did you drink 100% fruit juice such as orange or apple juice?

지난 한 달 동안에, 오렌지 주스나 사과 주스 같은 100% 과일 주스를 몇 번이나 마셨습니까?

AE1  [IF NEEDED, SAY: “Only include 100% fruit juices. Your best guess is fine.”]
[IF NEEDED, SAY: “100% 과일 주스만을 포함시키십시오. 소신껏 추측하시는 것도 좋습니다.”]

PER DAY
PER WEEK
PER MONTH

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

A-26
QA05_C22 During the past month, how many times did you drink fruit-flavored drinks such as lemonade, Sunny Delight, or Kool-aid? Do not include diet drinks.
지난 한 달 동안에 레모네이드, 서니 달라이트 또는 쿨-에이드와 같은 과일향 음료를 몇 번이나 마셨습니까? 다이어트 음료는 포함시키지 마십시오.

AC12

[IF NEEDED, SAY: “Do not include yogurt drinks or mineral water.”]
[IF NEEDED, SAY: "요구르트 음료 또는 광천수는 포함시키지 마십시오."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: TAMPOCO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, , SUGAR CANE JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]

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

QA05_C23 During the past month, how many times did you eat cake, pie, brownies or cookies? Include low-fat kinds.
지난 한 달 동안에 케이크, 파이, 브라우니 또는 과자류 몇 번이나 먹었습니까? 저지방 제품도 포함시키십시오.

AC13

[IF NEEDED, SAY: "Include ANY sweet pastries." “Do not include sugar-free kinds.”]
[IF NEEDED, SAY: "모든 당분이 들어있는 반죽빵류를 포함시키십시오. 무설탕 제품은 포함시키지 마십시오."]

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

QA05_C24 During the past month, how many times did you eat ice cream or other frozen desserts? Include low-fat kinds.
지난 한 달 동안에 아이스크림이나 다른 냉동 디저트를 얼마나 자주 드셨습니까? 저지방 제품도 포함시키십시오.

AC14

[IF NEEDED, SAY: “Do not include sugar-free kinds. Your best guess is fine.”]
[IF NEEDED, SAY: "무설탕 제품은 포함시키지 마십시오. 소신껏 추정하셔도 좋습니다."]
[IF STRONGLY NEEDED, SAY: “Other examples are frozen yogurt and popsicles.”]
[IF STRONGLY NEEDED, SAY: "다른 예에는 냉동 요구르트와 팝시클이 있습니다."]

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<th>PER DAY</th>
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REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

A-27
AC15

QA05_C25  Aspirin, Bayer, Bufferin, or Excedrin?
Aspirin, Bayer, Bufferin, 혹은 Excedrin?

AC15A

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C26  Advil, Ibuprofen, Motrin, or Nuprin.
Advil, Ibuprofen, Motrin, 혹은 Nuprin?

AC15B

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C27  Aleve, Naprosyn, Naproxen, or Celebrex?
Naprosyn, Naproxen, 혹은 Celebrex?

AC15C

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

PROGRAMMING NOTE QA05_C28

IF (QA05_C25 = 1 OR QA05_C26 = 1 OR QA05_C27 =1) CONTINUE WITH QA05_C28;
ELSE GO TO QA05_C29

QA05_C28  Have you taken any of these kinds of medications regularly for the last 3 months?
귀하는 이러한 종류의 약들을 지난 3개월 동안 정기적으로 복용하셨습니까?

AC16

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
Tobacco use, second hand smoke

QA05_C29  Now, I am going to ask about various health behaviors. Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

이제는 여러가지 건강 관련 행동에 대해 질문을 드리겠습니다. 지금껏 살여 오시면서, 다 합해 담배를 적어도 100 개피 정도 피우셨습니까?

AE15  

YES ........................................................................... 1  [GO TO QA05_C33]
NO ............................................................................. 2  [GO TO QA05_C33]
REFUSED ..................................................................... -7
DON'T KNOW ................................................................ -8

QA05_C30  Do you now smoke cigarettes every day, some days, or not at all?

...........................................

현재 담배를 매일 피우십니까, 가끔 피우십니까, 또는 전혀 안 피우십니까?

AE15A  

EVERY DAY............................................................. 1
SOME DAYS............................................................. 2 [GO TO QA05_C32]
NOT AT ALL ............................................................. 3 [GO TO QA05_C33]
REFUSED ..................................................................... -7 [GO TO QA05_C33]
DON'T KNOW ................................................................ -8 [GO TO QA05_C33]

QA05_C31  On the average, how many cigarettes do you now smoke a day?

현재 하루에 평균 몇 대의 담배를 피웁니까?

AD32  

[IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES  [GO TO QA05_C33]

REFUSED ..................................................................... -7  [GO TO QA05_C33]
DON'T KNOW ................................................................ -8  [GO TO QA05_C33]

QA05_C32  In the past 30 days, when you smoked, how many cigarettes did you smoke per day (on the days you smoked)?

지난 30일 동안 담배를 피운 날에는 하루에 몇 대나 피우셨습니까?

AE16  

[IF NEEDED, SAY: “On the days you smoked”.]
[IF NEEDED, SAY: “담배를 피운 날에”]

[IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES  [HR: 0 – 120]

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

QA05_C33  Is smoking ever allowed inside your home?

귀하의 집 안에서 흡연이 허용된 적이 단 한번이라도 있습니까?

AC17  

YES ........................................................................... 1  [GO TO QA05_C35]
NO ............................................................................. 2  [GO TO QA05_C35]
REFUSED ..................................................................... -7 [GO TO QA05_C35]
DON'T KNOW ..................................................... -8 [GO TO QA05_C35]

**QA05_C34**
On average, about how many days per week is there smoking inside your home?
평균적으로, 일주일에 여명이나 누군가가 집 내에서 담배를 피웁니까?

- RARELY OR LESS THAN 1 DAY PER WEEK ......1
  _____ DAYS (1-7) .................................................... 2
- REFUSED ............................................................... -7
- DON'T KNOW ......................................................... -8

**Alcohol use**

**QA05_C35**
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
지난 30일 동안, 맥주, 와인, 와인쿨러나 술 같은 알코올성 음료를 적어도 한 잔 마신 적이 있습니까?

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

[GO TO QA05_D1]

**QA05_C36**
During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average?
지난 30일 동안, 일주일에 또는 한달에 평균 여명이나 알코올성 음료를 마셨습니까?

- _____ DAYS PER WEEK
- _____ DAYS PER MONTH
  REFUSED ............................................................... -7
  DON'T KNOW ......................................................... -8

**QA05_C37**
On the days when you drank, about how many drinks did you drink on the average?
술을 마신날에는 평균 몇병 또는 몇잔이나 마셨습니까?

- _____ NUMBER OF DRINKS
  ( ) 병(잔)
  REFUSED ............................................................... -7
  DON'T KNOW ......................................................... -8

**PROGRAMMING NOTE QA05_C38**
IF QA05_A5 = 1 (MALE) CONTINUE WITH QA05_C38;
ELSE GO TO QA05_C39

**QA05_C38**
Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?
모든 종류의 알코올성 음료를 다 포함해서, 지난 30일 동안 한번에 5잔 이상 마셨던 게 몇 번이나 됐나요?

<table>
<thead>
<tr>
<th>AE14</th>
<th>_____ NUMBER OF TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>0</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 4 or more drinks on an occasion?
모든 종류의 알코올 음료를 고려할 때, 지난 30일 동안 한 자리에서 4잔 이상 마신 적이 대략 몇 번이나 됐나요?

<table>
<thead>
<tr>
<th>QA05_C39</th>
<th>_____ NUMBER OF TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>0</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section D – General Health, Disability, and Sexual Health

General health

QA05_D1 Now, I am going to ask about your health over the past 30 days. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

이제는 지난 30 일 동안 건강에 대해 질문을 드리겠습니다. 병에 걸렸거나, 다친 경우를 포함한 신체적 건강에 대해 생각해 보시기 바랍니다. 지난 30 일 동안 신체적 건강이 좋지 않았던 날이 얼마나 됐나요?

AE31

[IF NEEDED, SAY: “On how many days was your physical health not good?”]
[IF NEEDED, SAY: “신체적 건강이 좋지 않았던 날이 몇일이나 됐나요?”]

______ NUMBER OF DAYS

NONE........................................................................ 0
                      REFUSED............................................................... -7
                      DON'T KNOW ......................................................... -8

QA05_D2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

이제는 스트레스, 우울증, 정서적 문제 등을 포함한 정신적 건강에 대해 생각해 보십시오. 지난 30 일 동안 정신적 건강이 좋지 않았던 날이 얼마나 됐나요?

AE32

[IF NEEDED, SAY: “Mental health includes stress, feeling sad or not feeling like yourself. On how many days was your mental health not good?”]
[IF NEEDED, SAY: “정신적 건강에는 스트레스, 슬픈 느낌, 평소의 자신같지 않은 느낌 등이 포함됩니다. 정신적 건강이 좋지 않았던 날이 얼마나 됐나요?”]

______ NUMBER OF DAYS

NONE........................................................................ 0
                      REFUSED............................................................... -7
                      DON'T KNOW ......................................................... -8

QA05_D3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

지난 30 일 동안, 신체적 또는 정신적 건강이 좋지 않아 자신을 돌보거나 일이나 여가 활동 등의 일상 활동을 못했던 날이 얼마나 됐나요?

AE33

[IF NEEDED, SAY: “On how many days did poor health keep you from doing your usual things, such as taking care of yourself, working, and having fun?”]
[IF NEEDED, SAY: “건강이 좋지 않아 자신을 돌보거나 일이나 여가를 즐기는 등의 일상 활동을 못했던 날이 얼마나 됐나요?”]

______ NUMBER OF DAYS

NONE........................................................................ 0
                      REFUSED............................................................... -7
                      DON'T KNOW ......................................................... -8

Height and Weight

QA05_D4 These next questions are about your height and weight.

다음 질문들은 키와 체중에 관한 것입니다.
How tall are you without shoes?
신발을 신지 않았을 때 키가 얼마나 됨니까?

AE17

[IF NEEDED, SAY: “About how tall”]
[IF NEEDED, SAY: “키가 얼마나 정도 됨니까?”]

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

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

PROGRAMMING NOTE QA05_D5:
IF QA05_5 = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how”;
ELSE DISPLAY "How"

QA05_D5  {When not pregnant, how/How} much do you weigh without shoes?
신발을 신지 않고 몸무게가 얼마나 됨니까?

AE18

[IF NEEDED, SAY: “About how much”]
[IF NEEDED, SAY: “ 얼마나 정도 됨니까?”]

_____ POUNDS..................................... [HR: 50-450]
_____ KILOGRAMS............................... [HR: 20-220]

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

PROGRAMMING NOTE QA05_D6:
IF AAGE = 18, GO TO QA05_D7;

QA05_D6  How much did you weigh at age 18?
18 세였을 때 몸무게가 얼마나 됨니까?

AE19

[IF NEEDED, SAY: “About how much”.]
[IF NEEDED, SAY: “ 얼마나 정도 됨니까?”]

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

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

QA05_D7 Are you blind or deaf, or do you have a severe vision or hearing problem?

귀하는 망인 또는 농인이십니까? 또는 심한 시력 장애나 청력 장애가 있으십니까?

[GO TO QA05_D9]

QA05_D8 Are you legally blind?

귀하께서는 법적으로 장남입니까?

QA05_D9 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

귀하는 걷거나, 계단을 오르거나, 손을 뻗거나, 들거나 또는 운반하는 것과 같은 기본적인 신체활동을 한가지 이상 크게 제한하는 건강 상태를 가지고 있습니까?

[GO TO QA05_D10]

QA05_D10 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

지난 6개월 동안이나 그 이전에 신체적, 정신적, 또는 정서적 상태 때문에 다음과 같은 어려움이 있었습니까?

Any difficulty learning, remembering, or concentrating?

[GO TO QA05_D10]
A-35

QA05_D11  Any difficulty dressing, bathing, or getting around inside the home?
옷 입기, 목욕하기 또는 집 안에서 돌아다니기에 어려움이 있었습니까?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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</table>

QA05_D12  Any difficulty going outside the home alone to shop or visit a doctor's office?
쇼핑을 하거나 병원에 가기 위해 집 밖으로 혼자 외출하기에 어려움이 있었습니까?

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

PROGRAMMING NOTE QA05_D13:
IF AAGE > 64 GO TO PN QA05_D15;

QA05_D13  Any difficulty working at a job or business?
직장이나 사업체에서 일하기에 어려움이 있었습니까?

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

QA05_D14  Do you have a physical or mental condition that has kept you from working for at least a year?
귀하는 1 년 이상 일을 쉬게 한 신체적 또는 정신적 건강 상태가 있습니까?

[IF NEEDED, SAY "Current condition"]
[IF NEEDED, SAY "현재의 상태를 말합니다."]

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<th>DON'T KNOW</th>
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</tbody>
</table>
PROGRAMMING NOTE QA05_D15:
IF AAGE > 70 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D15

Sexual partners, orientation
QA05_D15  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?

AD43  ______ NUMBER OF SEXUAL PARTNERS ...........  [GO TO PN QA05_D17]
REFUSED ............................................................... -7  [GO TO PN QA05_D17]
DON’T KNOW ......................................................... -8

QA05_D16  Can you give me your best guess?

AD44  [IF R PROVIDES EXACT NUMBER, ENTER AS GIVEN. OTHERWISE CODE INTO CATEGORIES PROVIDED]
___ NUMBER OF PARTNERS
1 PARTNER .............................................................. 1
2-3 PARTNERS ........................................................ 2
4-5 PARTNERS ........................................................ 3
6-10 PARTNERS .................................................... 4
MORE THAN 10 PARTNERS....................................... 5
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_D17:
IF QA05_D15 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA05_D18;
ELSE CONTINUE WITH QA05_D17
IF QA05_D15 OR QA05_D16 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female?”

QA05_D17  (Is that partner male or female?) In the past 12 months, have your sexual partners been male, female, or both male and female?

AD45  MALE ........................................................................ 1
FEMALE .................................................................... 2
BOTH MALE AND FEMALE ..................................... 3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_D18:
IF QA05_A5 = 1 (MALE), DISPLAY “Gay” in question and “Gay” in Help Screen,
ELSE IF QA05_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” in question and “Gay and Lesbian” in Help Screen
The next question is about sexual orientation. All answers will be kept private.

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

자신이 이성연애자라고 생각하십시오, 아니면 게이, 레즈비언, 동성연애자 또는 양성연애자라고 생각하십시오?

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

HIV testing, testing for other sexually transmitted diseases

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

AIDS를 일으키는 바이러스인 HIV의 감염여부를 검사 받은 적이 있습니까?

Yes ................................................................. 1
No ............................................................... 2
Refused ..................................................... -7
Don't know ................................................ 8

PROGRAMMING NOTE QA05_D20:
IF QA05_D15 = 0 OR QA05_D16 = 0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D20

Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months, have you been tested for a sexually transmitted disease?

AIDS를 일으키는 바이러스인 HIV에 감염되었는지 검사를 받은 적이 있습니까?

Yes ................................................................. 1
No ............................................................... 2
Refused ..................................................... -7
Don't know ................................................ 8
Section E – Women’s Health

PROGRAMMING NOTE SECTION E:
IF QA05_A5 = 1 (MALE), GO NEXT SECTION;
ELSE CONTINUE QA05_E1

QA05_E1 These next questions are about women’s health.
다음의 질문들은 여성 건강에 관한 것입니다.

How old were you when your periods or menstrual cycles started?
귀하는 몇 세 때 월경을 시작했습니까?

___ AGE [HR: 6-27]
NEVER STARTED MENSTRUAL CYCLE ............96
REFUSED ............................................................... -7
DON’T KNOW/REMEMBER ................................. -8

QA05_E2 Have you ever given birth to a live infant?
살아 있는 아기를 출산해 본 적이 있습니까?

AD2 YES ........................................................................... 1
NO ............................................................................. 2 [GO TO PN QA05_E5]
REFUSED ............................................................... -7 [GO TO PN QA05_E5]
DON’T KNOW ......................................................... -8 [GO TO PN QA05_E5]

QA05_E3 How old were you when your first child was born?
귀하는 몇 살 때 첫 아이를 출산했습니까?

AD3 _______ YEARS OLD ............................................... [GO TO PN QA05_E5]
REFUSED ............................................................... -7 [GO TO PN QA05_E5]
DON’T KNOW ......................................................... -8 [GO TO PN QA05_E5]

QA05_E4 In what year was your first child born?
첫 자녀는 몇 년도에 태어났습니까?

AE55 _______ YEAR
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
PROGRAMMING NOTE QA05_E5
IF AGE<30 GO TO PROGRAMMING NOTE QA05_E7
ELSE CONTINUE WITH QA05_E5

QA05_E5  Have you had a hysterectomy?
자궁을 들어내는 수술을 하신 적이 있었습니까?

AD12
[IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."]
[IF NEEDED, SAY: “자궁적출이란 피임을 위해 나팔관을 묶는 것 뿐만이라도 자궁을 제거하는 것을 말합니다.”]

YES...........................................................................1
NO.............................................................................2 [GO TO PN QA05_E7]
REFUSED......................................................................-7 [GO TO PN QA05_E7]
DONT KNOW...................................................................-8 [GO TO PN QA05_E7]

QA05_E6  Were your ovaries removed?
난소 제거 수술을 받으신 적이 있습니까?

AD12A

YES...........................................................................1
NO.............................................................................2
ONE OVARY REMOVED..........................................3
REFUSED......................................................................-7
DONT KNOW...................................................................-8 [GO TO PN QA05_E16]

PROGRAMMING NOTE QA05_E7:
IF AGE >49 GO TO QA05_E8

Pregnancy and births

QA05_E7  To your knowledge, are you now pregnant?
귀하께서 알고 계시기로는 현재 임신 중이십니까?

AD13

YES...........................................................................1
NO.............................................................................2
REFUSED......................................................................-7
DONT KNOW...................................................................-8
A pap smear is a routine cancer test for women in which the doctor examines the cervix during a gynecological exam, and takes a cell sample from the cervix with a small stick or brush and sends it to the lab. This is not a test for detecting sexually transmitted diseases.

How many Pap smear tests have you had in the last 6 years?

How long ago did you have your most recent Pap smear test?

In the past 12 months, has a doctor recommended that you have a Pap smear?
IF QA05_E10 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE GO TO PROGRAMMING NOTE QA05_E13

QA05_E12 What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}?
지난 3 년 동안 펑 스미어(자궁 경부암 검사)를 받지 않은 가장 중요한 한 가지 이유는 무엇입니까?

AD10

NO REASON/NEVER THOUGHT ABOUT IT ........1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST ....2
DOCTOR DIDN'T TELL ME I NEEDED IT ...........3
HAVEN'T HAD ANY PROBLEMS ......................4
PUT IT OFF/LAZINESS ................................5
TOO EXPENSIVE/NO INSURANCE/COST ...........6
TOO PAINFUL, UNPLEASANT, OR EMBARRASING ..............................................7
HYSTERECTOMY ........................................8
DON'T HAVE A DOCTOR ................................9
OTHER ................................................................... 91
REFUSED .................................................... -7
DON'T KNOW ............................................. -8

PROGRAMMING NOTE QA05_E13:
IF AAGE < 30 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA05_F1;
ELSE CONTINUE WITH QA05_E13 (INCLUDE WOMEN WITH AGE UNKNOWN)

Mammography
QA05_E13 In the past 12 months, has a doctor examined your breasts for lumps?
지난 12 개월 동안, 의사가 유방에 뭉족이 있는지를 검사했습니까?

AF37

[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]
[IF NEEDED, SAY: "이 검사는 의사가 뭉족이나 낭종이나 비정상적 종양이 있나 찾아보기 위해 유방을 만져 보는 것입니다."]

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

QA05_E14 Have you ever had a mammogram?
매모그램, 즉 유방 액스레이 (x-ray) 촬영검사를 하신 적이 있습니까?

AD14

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]
[IF NEEDED, SAY: "유방 엑스레이 (x-ray) 촬영검사는 유방을 납작하게 누르거나 조이는 기계를 이용하여 유방 한 쪽 쪽 각각 따로 엑스레이를 적는 것입니다."]

YES ............................................................................... 1
NO ............................................................................. 2
[READ DEFINITION, IF STILL NO, GO TO PN QA05_E24]
REFUSED ............................................................ -7 [GO TO PN QA05_E27]
DON'T KNOW ..................................................... -8 [GO TO PN QA05_E27]
QA05_E15  How many mammograms have you had in the last 6 years? Your best estimate is fine.
지난 6 년 동안 유방 X선 검사를 몇 번이나 받으셨습니까? 소신껏 추측하시셔도 좋습니다.

AD16  

_____ MAMMOGRAMS  [HR: 0-99]  

NONE.................................................................0  [GO TO QA05_E18]  

REFUSED...........................................................-7  

DON'T KNOW......................................................-8  

QA05_E16  How long ago did you have your most recent mammogram?
가장 최근에 유방 엑스레이(X-ray) 촬영 검사를 하신 지가 얼마나 됐습니까?

AD17  

A YEAR AGO OR LESS...........................................1  
MORE THAN 1 UP TO 2 YEARS AGO.......................2  
MORE THAN 2 UP TO 3 YEARS AGO.......................3  [GO TO QA05_E18]  
MORE THAN 3 UP TO 5 YEARS AGO.......................4  [GO TO QA05_E18]  
MORE THAN 5 YEARS AGO.....................................5  [GO TO QA05_E18]  
REFUSED............................................................7  [GO TO PN QA05_E27]  
DON'T KNOW......................................................-8  [GO TO PN QA05_E27]  

QA05_E17  Tell me the main reason you had a mammogram. Was it
유방 X 선 검사를 받은 주요한 이유를 말씀해 주십시오

AD18  

[IF NEEDED, SAY: "The main reason is the most important reason."]  
[IF NEEDED, SAY: "주요한 이유란 가장 중요한 이유를 말합니다."]  

Part of a routine exam ...........................................1  
Because of a specific breast problem.........................2  
A follow up to a previously identified breast problem........3  
Or due to family history?.........................................4  
REFUSED............................................................7  [GO TO PN QA05_E27]  
DON'T KNOW......................................................-8  

QA05_E18  Have you ever had a mammogram where the results were not normal?
유방 X 선 검사를 받은 후에 결과가 정상이 아니라고 나타난 적이 있습니까?

AD19  

YES........................................................................1  
NO........................................................................2  [GO TO PN QA05_E24]  

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

QA05_E19  Have you ever had an operation to remove a lump from your breast?
유방에서 혹을 제거하는 수술을 받아 본 적이 있습니까?

AD20  

YES........................................................................1  
NO........................................................................2  [GO TO PN QA05_E22]
QA05_E20 Did the lump turn out to be cancer?
그 혹이 암으로 판명되었습니까?

YES ........................................................................... 1 [GO TO PN QA05_E22]
NO ............................................................................. 2
REFUSED .....................................................................-7
DON'T KNOW ...............................................................-8

QA05_E21 How many breast operations have you had to remove a lump that wasn't cancer?
암이 아니라고 판명된 혹을 제거하기 위해 몇 번이나 유방 수술을 했습니까?

[NOTE: THE CONCERN IS WITH LUMPS THAT ARE NOT CANCEROUS.]

_____ NUMBER OF OPERATIONS [HR: 0-20; SR: 0-5]

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

QA05_E22 Did you have any other tests and/or surgery when your mammogram was not normal?
유방 X 선 검사 결과가 정상이 #아니었을 때 다른 검사 및/또는 수술을 받았습니까?

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO PN QA05_E24]
REFUSED .....................................................................-7 [GO TO PN QA05_E24]
DON'T KNOW ...............................................................-8 [GO TO PN QA05_E24]
QA05_E23 What additional tests and/or surgery did you have?
어떤 검사 및 또는 수술을 추가로 받았습니까?

AD24 [CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: [Any other?]"
[PROBE: “다른 것이 또 있습니까?”]

- NO TESTS/NO SURGERY...............................................1
- MASTECTOMY (SURGERY TO REMOVE BREAST).................................2
- LUMPECTOMY (SURGERY TO REMOVE LUMP) .......................................3
- NEEDLE BIOPSY ........................................................................4
- ULTRASOUND TEST .................................................................5
- ANOTHER MAMMOGRAM .........................................................6
- CLINICAL BREAST EXAM ..........................................................7
- REFUSED ..................................................................................-7
- DON'T KNOW ............................................................................-8

PROGRAMMING NOTE QA05_E24:
IF QA05_E14 =2 OR QA05_E15 =0 OR QA05_16 > 2 (NO MAMMOGRAM IN PAST 2 YEARS) CONTINUE WITH QA05_E24
ELSE GO TO PROGRAMMING NOTE QA05_E25

QA05_E24 In the past 12 months has a doctor recommended that you have a mammogram?
지난 12개월 동안, 의사가 유방 X 선 검사를 받으라고 권한 적이 있습니까?

AD26

- YES .........................................................................................1
- NO .........................................................................................2
- REFUSED ...................................................................................-7
- DON'T KNOW ............................................................................-8
PROGRAMMING NOTE QA05_E25:
IF QA05_E24 = 1 (YES, DOCTOR RECOMMENDED MAMMOGRAM) AND ((QA05_E16 > 2 (NO MAMMOGRAM IN PAST 2 YEARS) OR QA05_E14 = 2 (NEVER HAD A MAMMOGRAM) OR QA05_E15=0 (NO MAMMOGRAMS IN PAST 6 YEARS))
CONTINUE WITH QA05_E25
  IF QA05_E16 = 3, 4, 5, -8 (MOST RECENT MAMMOGRAM MORE THAN 2 YEARS AGO OR DK)
    DISPLAY "NOT had a mammogram in the past 2 years";
  IF QA05_E14 = 2 (NEVER HAD MAMMOGRAM), DISPLAY "NEVER had a mammogram"
ELSE GO TO PROGRAMMING NOTE QA05_E26

QA05_E26
Was your most recent mammogram recommended by a doctor?
가장 최근에 하신 유방 X 선 촬영(mammogram)을 의사가 권유했습니까?

PROGRAMMING NOTE QA05_E26
IF QA05_E16 =1 OR 2 (MOST RECENT MAMMOGRAM WITHIN LAST 2 YEARS) CONTINUE WITH QA05_E26;
ELSE GO TO PROGRAMMING NOTE QA05E_27

QA05_E27_INTRO
Are you currently taking any of the following medications?
현재 다음과 같은 약물치료를 받고 계십니까?
PROGRAMMING NOTE QA05_E27
IF AGE>44 CONTINUE WITH QA05_E27
ELSE GO TO QA05_E28

QA05_E27 Hormone replacement therapy?
호르몬 대체 요법을 받고 계십니까?

AD28

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

QA05_E28 Tamoxifen or Molvadex?
Molvadex 라고도 하는 Tamoxifen?

AE51

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

PROGRAMMING NOTE QA05_E29
IF AGE>44 CONTINUE WITH QA05_E29
ELSE GO TO QA05_E30

QA05_E29 Raloxifen or Evista?
Evista 라고도 하는 Raloxifen 을 복용하고 계십니까?

AE52

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

PROGRAMMING NOTE QA05_E30
IF AGE<55 CONTINUE WITH QA05_E30
ELSE GO TO QA05_F1

QA05_E30 Birth control pills, the patch, or birth control shots?
피임약, 피임용 패치, 또는 피임주사를 맞거나 사용하고 계십니까?

AE53

YES ................................................................. 1
NO ................................................................. 2
REFUSED .................................................. -7
DON'T KNOW ........................................... -8
Section F – Cancer History and Prevention

PROGRAMMING NOTE QA05_F1
IF QA05_E20 = 1 (BREAST CANCER) DISPLAY “Besides the breast cancer you told me about”

Cancer history
QA05_F1
(Besides the breast cancer you told me about,) Has a doctor ever told you that you had a cancer of any kind?
어느 종류이든지 암에 걸렸다는 진단을 의사로부터 받으신 적이 있습니까?

AF1

YES ................................................................. 1
NO ................................................................. 2
REFUSED ...................................................... 7  [GO TO PN QA05_F7]
DONT KNOW ............................................... 8

QA05_F2
What kind of cancer was it?
그것은 어떤 종류의 암이었습니까?

AF2

[CODE ALL THAT APPLY, ACCEPT ONLY FIRST 6 RESPONSES]

[PROBE: “Any others?”]

BLADDER ....................................................... 1
BLOOD ......................................................... 2
BONE .......................................................... 3
BRAIN .......................................................... 4
BREAST ....................................................... 5
CERVIX ......................................................... 6
COLON ........................................................ 7
ESOPHAGUS ............................................... 8
GALLBLADDER .............................................. 9
KIDNEY ...................................................... 10
LARYNX-WINDPIPE ..................................... 11
LEUKEMIA .................................................. 12
LIVER ........................................................ 13
LUNG .......................................................... 14
LYMPHOMA ............................................... 15
MOUTH/TONGUE/LIP ................................. 16
OVARY ....................................................... 17
PANCREAS .................................................. 18
PROSTATE .................................................. 19
RECTUM ..................................................... 20
SKIN ............................................................ 21
SOFT TISSUE (MUSCLE OR FAT) ............... 24
STOMACH ................................................... 25
TESTIS ........................................................ 26
THROAT-PHARYNX ..................................... 27
THYROID .................................................... 28
UTERUS ..................................................... 29
OTHER ...................................................... 91
REFUSED ................................................... 7
DONT KNOW ............................................. 8
**PROGRAMMING NOTE QA05_F3:**
If QA05_F2 = 5 (BREAST CANCER) OR QA05_E20 = 1 (BREAST CANCER), CONTINUE WITH QA05_F3; ELSE GO TO PROGRAMMING NOTE QA05_F5

**QA05_F3**
Tell me how you first found out about your breast cancer. Was it by...
유방암에 걸린 것을 어떻게 처음 알게 되셨는지 말씀해 주십시오. 다음 중 어떤 거지요?

- Finding it yourself by accident .................................. 1
- Finding it yourself during a self breast examination . 2
- Your husband or partner finding it ............................ 3
- Your doctor finding it during a routine breast exam .. 4
- Finding it by a mammogram ..................................... 5

Or Some other way? (IF OTHER, SPECIFY):_____91

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

**QA05_F4**
Was your breast cancer diagnosed at an early or late stage?
선고 받으신 유방암은 초기였습니까, 말기였습니까?

- EARLY STAGE (STAGE 1 OR 2).................................1
- LATE STAGE (STAGE 3 OR 4).................................2
- REFUSED.............................................................. -7
- DON'T KNOW.......................................................... -8
PROGRAMMING NOTE QA05_F5:
IF QA05_F2 = 21 (SKIN CANCER), CONTINUE WITH QA05_F5;
ELSE GO TO QA05_F6

QA05_F5

Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?
말씀하신 피부암은 흑색종이었습니까, 비흑색종이었습니까, 아니면 알 수 없는 종류였습니까?

AF2A

[IF NEEDED, SAY "Melanoma is a serious form of skin cancer that usually begins as skin moles. Non-melanoma skin cancers are a more common but less serious form of skin cancer."
[ IF NEEDED, SAY: “흑색종은 더 심각한 암 종류이며 반점에서시작하는 경우가 있습니다.비흑색종은 좀 더 보편화한 암 종류이며,흑색종보다 덜 심각합니다.”]

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

NON-MELANOMA .................................................... 1
MELANOMA ............................................................. 2
UNKNOWN TYPE..................................................... 3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA05_F6

How old were you when cancer was first diagnosed?
귀하는 몇 세 때 처음 암이라는 진단을 받았습니까?

AF3

[IF MORE THAN ONE CANCER, ASK FOR AGE WHEN EARLIEST CANCER WAS DIAGNOSED]

____ AGE IN YEARS [HR: 1 THRU AAGE OR (105) IF AAGE = -7]}

REFUSED .................................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA05_F7
IF AGE > 64 SKIP TO PROGRAMMING NOTE QA05_FB1;
ELSE, CONTINUE WITH QA05_F7;

Family History of Cancer

QA05_F7
These next questions ask about your family history of cancer. By family we mean only your blood relatives, including half brothers and sisters.

First, have any of your grandparents ever had cancer of any kind?
먼저, 귀하의 아버지나 어머니 또는 귀하의 형제나 자매들이 어떤 종류의 암이든 암에 걸린 적이 있습니까?

AP7
[IF NEEDED, SAY: "We want you to include information about both living and deceased blood relatives. Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]
[IF NEEDED, SAY: “저희는 귀하가 생존해 있거나 사망한 혈족 모두에 관한 정보를 포함시키기를 원합니다. 양아버지, 의붓자매 같이 결혼을 통해서 또는 입양을 통해서 가족 구성원이된 사람은 포함시키지 마십시오.”]

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

QA05_F8
Have any of your parents’ brothers or sisters, that is, your uncles or aunts, ever had cancer of any kind?
귀하의 부모의 형제나 자매들, 즉 삼촌/외삼촌, 고모/이모 들이 종류를 불문하고 암에 걸린 적이 있습니까?

AP8

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

PROGRAMMING NOTE QA05_F9
IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY “brothers or sisters”
ELSE DISPLAY “brothers, sisters, sons, or daughters”

QA05_F9
Has your father or mother, or have any of your {brothers or sisters/brothers, sisters, sons, or daughters} ever had cancer of any kind?
귀하의 (외)조부모들이 종류를 불문하고 암에 걸린 적이 있습니까?

AP9

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ...................................................................... -7
DON'T KNOW .................................................................. -8
Now, please think about your female relatives who have had cancer. By female relatives, I mean mother, grandmothers, aunts, {and} sisters, {and daughters}.

Have any of your female relatives been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?

<table>
<thead>
<tr>
<th>AP10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>......................................................... 1</td>
</tr>
<tr>
<td>NO</td>
<td>......................................................... 2 [GO TO QA05_F40]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>................................................... -7 [GO TO QA05_F40]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...................................................... -8 [GO TO QA05_F40]</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_F11:
IF QA05_F7 NE 2, DISPLAY “grandmother”
IF QA05_F8 NE 2, DISPLAY “aunt”
IF QA05_F9 NE 2, DISPLAY “mother and sister”
IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY “daughter”

QA05_F11 Which female relatives have been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum? Was it your…
어떤 여성 친척이 유방암, 난소암, 자궁암, 대장암 또는 직장암이라는 진단을 받았습니까? 다음중 어떤 분입니까?

AP11

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: “Any others?”]
[PROBE: “다른 것이 또 있습니까?”]

Grandmother(s) ............................................................................. 1
할머니(들)............................................................................. 1
Aunt(s) .................................................................................. 2
숙모(들).................................................................................. 2
Mother .................................................................................. 3
어머니................................................................................. 3
Sister(s) .................................................................................. 4
자매(들)................................................................................. 4
Daughter(s) ............................................................................. 5
딸(들)................................................................................... 5
REFUSED ............................................................................. -7
DON'T KNOW ...................................................................... -8

PROGRAMMING NOTE QA05_F12:
IF QA05_F11=1 (GRANDMOTHER), CONTINUE WITH QA05_F12;
ELSE GO TO PN QA05_F19

QA05_F12 Is the grandmother on your mother’s or father’s side, or both?
그 할머님은 친할머니, 외할머니, 또는 두 분 모두 중 어느 쪽입니까?

AP12

MOTHER’S MOTHER ......................................................... 1
FATHER’S MOTHER ......................................................... 2
BOTH GRANDMOTHERS .................................................. 3
REFUSED ............................................................................. -7
DON'T KNOW ...................................................................... -8
PROGRAMMING NOTE QA05_F13
IF QA05_F12 = 3 DISPLAY "First tell me about your mother’s mother."

QA05_F13  {First tell me about your mother’s mother.} Did she have cancer of the breast, ovary, uterus, colon, or rectum?
그 할머님은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸려셨습니까?

AP13

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

[PROBE: “다른 것이 또 있습니까?”]

BREAST .................................................................... 1
OVARIAN .................................................................. 2
UTERINE OR ENDOMETRIAL ................................. 3
COLON OR RECTAL................................................ 4
"FEMALE PROBLEMS" ............................................ 5
NONE OF THESE CANCER TYPES ....................... 6 [GO TO PN QA05_F16]
REFUSED ............................................................... -7 [GO TO PN QA05_F16]
DON’T KNOW ......................................................... -8 [GO TO PN QA05_F16]

PROGRAMMING NOTE QA05_F14
IF MORE THAN ONE CANCER REPORTED IN QA05_F13 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F14  {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP14

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

PROGRAMMING NOTE QA05_F15
IF QA05_F14 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F13 CONTINUE WITH QA05_F15
ELSE GO TO PROGRAMMING NOTE QA05_F16

QA05_F15  Which of these cancers were diagnosed before age 50?
이러한 암들 중에서 50 세가 되시기 전에 진단을 받으신 것은 어느 암입니까?

AP15

BREAST .................................................................... 1
OVARIAN .................................................................. 2
UTERINE OR ENDOMETRIAL ................................. 3
COLON OR RECTAL................................................ 4
"FEMALE PROBLEMS" ............................................ 5
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
Now, tell me about your father's mother. Did she have cancer of the breast, ovary, uterus, colon, or rectum?

지금부터는 친할머님에 관해 말씀해 주십시오. 친할머님은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

**AP16**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

[PROBE: “다른 것이 또 있습니까?”]

- BREAST ................................................................. 1
- OVARIAN ............................................................. 2
- UTERINE OR ENDOMETRIAL .............................. 3
- COLON OR RECTAL ............................................... 4
- “FEMALE PROBLEMS” ......................................... 5
- NONE OF THESE CANCER TYPES .......................... 6
  [GO TO PN QA05_F19]
- REFUSED ........................................................... 7
  [GO TO PN QA05_F19]
- DON'T KNOW ...................................................... 8
  [GO TO PN QA05_F19]

**PROGRAMMING NOTE QA05_F17**

IF MORE THAN ONE CANCER REPORTED IN QA05_F16 DISPLAY "Were any of these diagnoses before age 50?"

**AP17**

- YES ........................................................................ 1
- NO ......................................................................... 2
- REFUSED ............................................................. 7
  [GO TO PN QA05_F19]
- DON'T KNOW ...................................................... 8
  [GO TO PN QA05_F19]

**PROGRAMMING NOTE QA05_F18**

IF QA05_F17 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F16 CONTINUE WITH QA05_F18

ELSE GO TO PROGRAMMING NOTE QA05_F19

**AP18**

- BREAST ................................................................. 1
- OVARIAN ............................................................. 2
- UTERINE OR ENDOMETRIAL .............................. 3
- COLON OR RECTAL ............................................... 4
- “FEMALE PROBLEMS” ......................................... 5
- REFUSED ............................................................. 7
- DON'T KNOW ...................................................... 8

**A-54**
PROGRAMMING NOTE QA05_F19:
IF QA05_F11 = 2, (AUNT/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F19; ELSE GO TO PN QA05_F24

QA05_F19
Is the aunt or aunts you mentioned on your mother’s side, your father’s side, or on both sides?
귀하가 언급하신 숙모(들)은 친숙모, 외숙모 또는 양쪽 모두 중 어느 쪽입니까?

AP19
MOTHER’S SIDE ...................................................... 1
FATHER’S SIDE ....................................................... 2
BOTH SIDES ............................................................ 3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_F20:
IF QA05_F19 = 1 (MOTHER’S SIDE) OR QA05_19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F20; ELSE GO TO PN QA05_F24

QA05_F20
How many of your mother’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 어머니의 자매 중에서 몇 분이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸리셨습니까?

AP20
_____ NUMBER OF AUNTS
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_F21:
IF QA05_F20 = 1 DISPLAY “Did she have cancer of the breast, ovary, uterus, colon, or rectum?”;
IF QA05_F20>1 DISPLAY “Thinking about the (youngest/next youngest) of your mother’s sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?” OR QA05_F19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F21; ELSE GO TO PN QA05_F24

QA05_F21
{Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your mother’s sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
그 분은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

AP21
[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: “다른 것이 또 있습니까?”]

BREAST .................................................................1
OVARIAN .............................................................2
UTERINE OR ENDOMETRIAL .................................3
COLON OR RECTAL ...............................................4
“FEMALE PROBLEMS” .........................................5
NONE OF THESE CANCER TYPES .......................6 [GO TO PN_X1]
REFUSED ............................................................... -7 [GO TO PN_X1]
DON’T KNOW ......................................................... -8 [GO TO PN_X1]
PROGRAMMING NOTE QA05_F22
IF MORE THAN ONE CANCER REPORTED IN QA05_F21 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F22 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
그 분은 50세가 되기 전에 그러한 진단을 받았습니까?

AP22

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

PROGRAMMING NOTE QA05_F23
IF QA05_F22 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F21 CONTINUE WITH QA05_F23
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F23 Which of these cancers were diagnosed before age 50?
이러한 암들 중에서 50세가 되기 전에 진단을 받은 것은 어느 암입니까?

AP23

BREAST ............................................................ 1
OVARIAN ........................................................... 2
UTERINE OR ENDOMETRIAL .............................. 3
COLON OR RECTAL ........................................... 4
"FEMALE PROBLEMS" ........................................ 5
REFUSED ........................................................ -7
DON'T KNOW ................................................... -8

PROGRAMMING NOTE X1
IF QA05_F20>1, REPEAT SERIES QA05_F21 THRU QA05_F23 FOR EACH MOTHER’S SISTER DIAGNOSED
WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F24

PROGRAMMING NOTE QA05_F24
IF QA05_F19 = 2 or QA05_F19 = 3 CONTINUE WITH QA05_F20
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F24 How many of your father’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 아버지의 자매 중에서 몇 분이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸려셨습니까?

AP24

_____ NUMBER OF AUNTS

REFUSED ........................................................... -7
DON'T KNOW .................................................. -8
PROGRAMMING NOTE QA05_F25:
IF QA05_F24 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F24 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your father’s sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F25;
ELSE GO TO PN QA05_F28

QA05_F25
{Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your father’s sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
그분은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

AP25
BREAST.................................................................1
OVARIAN............................................................2
UTERINE OR ENDOMETRIAL.................................3
COLON OR RECTAL................................................4
"FEMALE PROBLEMS"............................................5
NONE OF THESE CANCER TYPES ..............................6 [GO TO PN X2]
REFUSED................................................................7 [GO TO PN X2]
DON'T KNOW.......................................................-8 [GO TO PN X2]

PROGRAMMING NOTE QA05_F26
IF MORE THAN ONE CANCER REPORTED IN QA05_F25 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F26
{Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP26
YES.....................................................................1
NO.......................................................................2
REFUSED...........................................................-7 [GO TO PN X2]
DON'T KNOW.......................................................-8 [GO TO PN X2]

PROGRAMMING NOTE QA05_F27
IF QA05_F26 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F25 CONTINUE WITH QA05_F27
ELSE GO TO PROGRAMMING NOTE QA05_F28

QA05_F27
Which of these cancers were diagnosed before age 50?
이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?

AP27
BREAST.................................................................1
OVARIAN............................................................2
UTERINE OR ENDOMETRIAL.................................3
COLON OR RECTAL................................................4
"FEMALE PROBLEMS"............................................5
REFUSED................................................................7 [GO TO PN X2]
DON'T KNOW.......................................................-8
PROGRAMMING NOTE X2
IF QA05_F24 > 1, REPEAT SERIES QA05_F25 THRU QA05_F27 FOR EACH FATHER'S SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05_F28

PROGRAMMING NOTE QA05_F28
IF QA05_F11 = 3 (MOTHER) CONTINUE WITH QA05_28 ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F28 Did your mother have cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 어머니는 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸리셨습니까?

AP28 [CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: “다른 것이 또 있습니까?”]

BREAST .................................................................... 1
OVARIAN ................................................................. 2
UTERINE OR ENDOMETRIAL ................................. 3
COLON OR RECTAL ................................................ 4
“FEMALE PROBLEMS” ............................................ 5
NONE OF THESE CANCER TYPES ....................... 6
REFUSED ................................................................... 7
DON'T KNOW ......................................................... 8

PROGRAMMING NOTE QA05_F29
IF MORE THAN ONE CANCER REPORTED IN QA05_F28 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F29 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP29

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA05_F30
IF QA05_F29=1 AND MORE THAN ONE CANCER REPORTED IN QA05_F28 CONTINUE WITH QA05_F30
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F30  Which of these cancers were diagnosed before age 50?
여러한 암들 중에서 50세 전에 진단을 받은 것은 어느 암입니까?

AP30

BREAST.................................................................1
OVARIAN...........................................................2
UTERINE OR ENDOMETRIAL...............................3
COLON OR RECTAL................................................4
"FEMALE PROBLEMS"........................................5
REFUSED............................................................-7
DON'T KNOW....................................................-8

PROGRAMMING NOTE QA05_F31
IF QA05_F11 = 4 (SISTER) CONTINUE WITH QA05_F31;
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F31  How many of your sisters had cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 자매 중에서 몇 분이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸리셨습니까?

AP31

____ NUMBER OF SISTERS

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

PROGRAMMING NOTE QA05_F32:
IF QA05_F31 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_31 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?”
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F32  {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum? 그 분은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸리셨습니까?

AP32

BREAST.................................................................1
OVARIAN...........................................................2
UTERINE OR ENDOMETRIAL...............................3
COLON OR RECTAL................................................4
"FEMALE PROBLEMS"........................................5
NONE OF THESE CANCER TYPES .......................6 [GO TO X3]
REFUSED............................................................-7 [GO TO X3]
DON'T KNOW....................................................-8 [GO TO X3]
PROGRAMMING NOTE QA05_F33
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F33
(Were any of these diagnoses before age 50?) Was her diagnosis before age 50?
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP33
YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8

PROGRAMMING NOTE QA05_F34
IF QA05_F33 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F32 CONTINUE WITH QA05_F34
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F34
Which of these cancers were diagnosed before age 50?
이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?

AP34
BREAST ......................................................... 1
OVARIAN ...................................................... 2
UTERINE OR ENDOMETRIAL ......................... 3
COLON OR RECTAL ................................. 4
"FEMALE PROBLEMS" ........................................... 5
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8

PROGRAMMING NOTE QA05_F35
ASK QA05_F35 A SINGLE TIME FOR EACH SISTER, DISPLAYING THE QUESTION AFTER SERIES QA05_F34 THRU QA05_F34 IS COMPETED FOR THE SISTER.

QA05_F35
Was this sister a full sister, a half-sister on your father’s side, or a half-sister on your mother’s side?
이 여자형제는 친자매, 아버지 쪽 이복자매 또는 어머니 쪽이복자매 중에서 어느 쪽이었습니까?

AP35
FULL .............................................................. 1
HALF ON FATHER'S SIDE ................................. 2
HALF ON MOTHER'S SIDE .................................. 3
REFUSED ....................................................... -7
DON'T KNOW ................................................... -8
PROGRAMMING NOTE X3
IF QA05_F31 > 1, REPEAT SERIES QA05_32 THRU QA05_F35 FOR EACH SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F36

PROGRAMMING NOTE QA05_F36
IF QA05_F11 = 5 (DAUGHTER) CONTINUE WITH QA05_F36;
ELSE GO TO QA05_F40

QA05_F36 How many of your daughters had cancer of the breast, ovary, uterus, colon, or rectum?
귀하의 딸들 중에서 몇 명이나 유방암, 난소암, 자궁암, 대장암 또는 직장암에 걸렸습니까?

AP36
____ NUMBER OF DAUGHTERS

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

PROGRAMMING NOTE QA05_F37:
IF QA05_F36 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F36 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?”
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F37 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
그 딸은 유방암, 난소암, 자궁암, 대장암 또는 직장암 중 어느 암에 걸렸습니까?

AP37

BREAST ............................................................... 1
OVARIAN ............................................................ 2
UTERINE OR ENDOMETRIAL ............................... 3
COLON OR RECTAL ................................................ 4
“FEMALE PROBLEMS” .......................................... 5
NONE OF THESE CANCER TYPES ......................... 6 [GO TO PN X4]
REFUSED ........................................................... -7 [GO TO PN X4]
DON'T KNOW ....................................................... -8 [GO TO PN X4]

PROGRAMMING NOTE QA05_F38
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F38 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
50 세가 되기 전에 그러한 진단을 받았습니까?

AP38

YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ....................................................... -8
PROGRAMMING NOTE QA05_F39
IF QA05_F38 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F37 CONTINUE WITH QA05_F39
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F39
Which of these cancers were diagnosed before age 50?
이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?

AP39

BREAST ................................................................. 1
OVARIAN ............................................................... 2
UTERINE OR ENDOMETRIAL ............................... 3
COLON OR RECTAL ................................................ 4
“FEMALE PROBLEMS” .......................................... 5
REFUSED ............................................................. -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_F40:
IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1;
IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F41A
IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F41B
ELSE CONTINUE WITH QA05_F40
ALSO, IF QA05_F9 = 2, DISPLAY “grandfathers and uncles.”
ELSE IF QA05_F7 NE 2, DISPLAY “grandfathers”
ELSE IF QA05_F8 NE 2, DISPLAY “uncles”
AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY “and brothers.”
ELSE DISPLAY “brothers, and sons.”

QA05_F40
Now, I’ll ask about your male relatives. By male relatives, I mean father, grandfathers, uncles, {and} brothers, {and sons}.
지금부터는, 남성 친척에 관한 생각해 보십시오. 남성 친척이란 할아버지, 숙부, 아버지, 형제 및 아들을 말합니다.

Have any of your male relatives been diagnosed with cancer of the prostate, colon, rectum, or breast?
귀하의 남성 친척 중에서 전립선암, 대장암, 직장암 또는 유방암 진단을 받은 사람이 있습니까?

AP40

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_FB1]
REFUSED ............................................................. -7 [GO TO QA05_FB1]
DON’T KNOW ......................................................... -8 [GO TO QA05_FB1]
Which male relatives have been diagnosed with cancer of the prostate, colon, rectum, or breast? Was it your... 어떤 남성 친척이 전립선암, 대장암, 직장암 또는 유방암이라는 진단을 받았습니까? 다음 중 어느 분이십니까?

**AP41**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: “다른 것이 또 있습니까?”]

Grandfather(s) ........................................................... 1
Uncle(s) ..................................................................... 2
Father ........................................................................ 3
Brother(s) .................................................................. 4
Son(s) ....................................................................... 5
REFUSED .................................................................... -7
DON'T KNOW ......................................................... -8

**PROGRAMMING NOTE QA05_F42:**

IF QA05_F41 =1 (GRANDFATHER), CONTINUE WITH QA05_F42;
ELSE GO TO PROGRAMMING NOTE QA05_F47

Is the grandfather on your mother’s or father’s side, or both?

**AP42**

MOTHER’S FATHER ................................................ 1
FATHER’S FATHER ................................................. 2
BOTH GRANDFATHERS ......................................... 3
REFUSED .................................................................... -7
DON'T KNOW ......................................................... -8
IF QA05_F42 = 3 DISPLAY "First tell me about your mother’s father."

그 할아버님은 전립선암, 대장암, 직장암 또는 유방암 중 어느 암에 걸려셨습니까?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

PROSTATE............................................................... 1
COLON OR RECTAL................................................ 2
BREAST.................................................................... 3
NONE OF THESE CANCER TYPES ............................ 4 [GO TO PN QA05_F46]
REFUSED....................................................................-7
DON’T KNOW..........................................................-8

PROGRAMMING NOTE QA05_F44
IF MORE THAN ONE CANCER REPORTED IN QA05_F43 DISPLAY “Were any of these diagnoses before age 50?”

50 세가 되시기 전에 그러한 진단을 받았습니까?

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

PROGRAMMING NOTE QA05_F45
IF QA05_F44 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F43 CONTINUE WITH QA05_F45 ELSE GO TO PROGRAMMING NOTE QA05_F46

Which of these cancers were diagnosed before age 50?

이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 양입니까?

PROSTATE............................................................... 1
COLON OR RECTAL................................................ 2
BREAST.................................................................... 3
REFUSED....................................................................-7
DON’T KNOW..........................................................-8
PROGRAMMING NOTE QA05_F46
IF QA05_F43 = 3 (BOTH GRANDFATHERS), CONTINUE WITH QA05_F46
ELSE GO TO PROGRAMMING NOTE QA05_F48

QA05_F46
Now tell me about your father’s father. Did he have cancer of the prostate, colon, rectum, or breast?
지금부터는 친할아버지에 관해 말씀해 주십시오. 친할아버지의 전립선암, 대장암, 직장암 또는 유방암 중 어느 암에 걸리셨습니까?

AP46

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: “다른 것이 또 있습니까?”]

PROSTATE ............................................................... 1
COLON OR RECTAL................................................ 2
BREAST .................................................................... 3
NONE OF THESE CANCER TYPES ....................... 4 [GO TO PN QA05_F49]
REFUSED ................................................................ 7 [GO TO PN QA05_F49]
DON’T KNOW ......................................................... 8 [GO TO PN QA05_F49]

PROGRAMMING NOTE QA05_F47
IF MORE THAN ONE CANCER REPORTED IN QA05_F46 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F47
{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
50 세가 되시기 전에 그러한 진단을 받았습니까?

AP47

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

PROGRAMMING NOTE QA05_F48
IF QA05_F47 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F46 CONTINUE WITH QA05_F48
ELSE GO TO PROGRAMMING NOTE QA05_F49

QA05_F48
Which of these cancers were diagnosed before age 50?
이러한 암들 중에서 50 세 전에 진단을 받은 것은 어느 암입니까?

AP48

PROSTATE ............................................................... 1
COLON OR RECTAL................................................ 2
BREAST .................................................................... 3
REFUSED ................................................................ 7
DON’T KNOW ......................................................... 8
PROGRAMMING NOTE QA05_F49
IF QA05_F41 = 2, (UNCLE/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F49;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F49  Is the uncle or uncles you mentioned on your mother’s side, your father’s side, or on both sides?
귀하가 언급하신 숙부(들)은 친숙부, 외숙부 또는 양쪽 모두 중 어느 쪽입니까?

AP49

MOTHER’S SIDE ...................................................... 1
FATHER’S SIDE ....................................................... 2
BOTH SIDES ............................................................ 3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_F50
IF QA05_F49 = 1 (MOTHER’S SIDE) OR QA05_F49 = 3 (BOTH SIDES), CONTINUE WITH QA05_F50;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F50  How many of your mother’s brothers had cancer of the prostate, colon, rectum, or breast?
귀하의 어머니의 남자형제 중에서 몇 분이나 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?

AP50

______ NUMBER OF UNCLE(S)

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

PROGRAMMING NOTE QA05_F51
IF QA05_F50 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F50 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your mother’s brothers who had cancer,
did he have cancer of the prostate, colon, rectum, or breast?” OR QA05_F42 = 3 (BOTH SIDES), CONTINUE WITH
QA05_F51;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F51  {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your mother’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
그 분은 전립선암, 대장암, 직장암 또는 유방암 중 어느 암에 걸리셨습니까?

AP51

PROSTATE ............................................................... 1
COLON OR RECTAL ................................................ 2
BREAST ................................................................. 3
NONE OF THESE CANCER TYPES ............................ 4 [GO TO PN X5]
REFUSED ............................................................... -7 [GO TO PN X5]
DON’T KNOW ........................................................ -8 [GO TO PN X5]
**PROGRAMMING NOTE QA05_F52**  
If more than one cancer reported in QA05_F51, display "Were any of these diagnoses before age 50?"

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</tr>
<tr>
<td>NO............................................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED..................................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW..................................................................-8</td>
<td></td>
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</tbody>
</table>

**PROGRAMMING NOTE QA05_F53**  
If QA05_F52 = 1 and more than one cancer reported in QA05_F51, continue with QA05_F53; else go to Programming Note QA05_F54.

<table>
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<tr>
<th>QA05_F53</th>
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<tbody>
<tr>
<td>Which of these cancers were diagnosed before age 50?</td>
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</tr>
<tr>
<td>이러한 암들 중에서 50 세 전에 진단을 받은 것은 무슨 암입니까?</td>
<td></td>
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</tbody>
</table>

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<tr>
<td>COLON OR RECTAL....................................................2</td>
<td></td>
</tr>
<tr>
<td>BREAST....................................................................3</td>
<td></td>
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<td>REFUSED..................................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW.................................................................-8</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE X5**  
If QA05_F50 > 1, repeat series QA05_F51 thru QA05_F53 for each mother's brother diagnosed with specified cancer(s) (max = 3); else go to Programming Note QA05_F54.

**PROGRAMMING NOTE QA05_F54**  
If QA05_F49 = 2 (father's side) or QA05_F49 = 3 (both sides), continue with QA05_F54; else go to Programming Note QA05_F58.

<table>
<thead>
<tr>
<th>QA05_F54</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How many of your father's brothers had cancer of the prostate, colon, rectum, or breast?</td>
<td></td>
</tr>
<tr>
<td>귀하의 아버지의 남자형제 중에서 몇 분이나 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AP54</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ NUMBER OF UNCLE(S)</td>
<td></td>
</tr>
<tr>
<td>REFUSED..................................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW........................................................-8</td>
<td></td>
</tr>
</tbody>
</table>
**PROGRAMMING NOTE QA05_F55**

| IF QA05_F54 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”; |
| IF QA05_F54 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your father’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”; |
| ELSE GO TO PROGRAMMING NOTE QA05_F58 |

**QA05_F55**

| {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your father’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast? |
| 프로그램의 주석 QA05_F55 |
| `그 분은 전립선암, 대장암, 직장암 또는 유방암에 걸려셨습니까?` |

**AP55**

| PROSTATE ............................................................... 1 |
| COLON OR RECTAL ................................................ 2 |
| BREAST ............................................................... 3 |
| NONE OF THESE CANCER TYPES .................................. 4 |
| REFUSED .................................................................. -7 |
| DON'T KNOW .........................................................-8 |

**PROGRAMMING NOTE QA05_F56**

| IF MORE THAN ONE CANCER REPORTED IN QA05_F55 DISPLAY "Were any of these diagnoses before age 50?" |

**QA05_F56**

| {Were any of these diagnoses before age 50?} Was his diagnosis before age 50? |
| 프로그램의 주석 QA05_F56 |
| `50 세가 되시기 전에 그러한 진단을 받았습니까?` |

**AP56**

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

**PROGRAMMING NOTE QA05_F57**

| IF QA05_F56 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F55 CONTINUE WITH QA05_F57 |
| ELSE GO TO PROGRAMMING NOTE QA05_F58 |

**QA05_F57**

| Which of these cancers were diagnosed before age 50? |
| 프로그램의 주석 QA05_F57 |
| `이러한 암들 중에서 50 세 전에 진단을 받은 것은 무슨 암입니까?` |

**AP57**

| PROSTATE ............................................................... 1 |
| COLON OR RECTAL ................................................ 2 |
| BREAST ............................................................... 3 |
| REFUSED .................................................................. -7 |
| DON'T KNOW .........................................................-8 |
PROGRAMMING NOTE X6
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH FATHER’S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F58

PROGRAMMING NOTE QA05_F58
IF QA05_F42 = 3 (FATHER) CONTINUE WITH QA05_F58
ELSE GO TO QA05_F61

QA05_F58 Did your father have cancer of the prostate, colon, rectum, or breast?

AP58

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: “다른 것이 또 있습니까?”]

PROSTATE ............................................................... 1
COLON OR RECTAL ................................................ 2
BREAST .................................................................... 3
NONE OF THESE CANCER TYPES ....................... 4 [GO TO PN QA05_F61]
REFUSED ............................................................... -7 [GO TO PN QA05_F61]
DON’T KNOW ......................................................... -8 [GO TO PN QA05_F61]

PROGRAMMING NOTE QA05_F59
IF MORE THAN ONE CANCER REPORTED IN QA05_F58 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F59 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP59

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7 [GO TO PN QA05_F61]
DON’T KNOW ......................................................... -8 [GO TO PN QA05_F61]

PROGRAMMING NOTE QA05_F60
IF QA05_F59 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F58 CONTINUE WITH QA05_F60
ELSE GO TO PROGRAMMING NOTE QA05_F61

QA05_F60 Which of these cancers were diagnosed before age 50?

AP60

PROSTATE ............................................................... 1
COLON OR RECTAL ................................................ 2
BREAST .................................................................... 3
REFUSED ............................................................... -7 [GO TO PN QA05_F61]
DON’T KNOW ......................................................... -8 [GO TO PN QA05_F61]
PROGRAMMING NOTE QA05_F61
IF QA05_F41 = 4 (BROTHER/S DIAGNOSED) CONTINUE WITH QA05_F61;
ELSE GO TO QA05_F66

QA05_F61 How many of your brothers had cancer of the prostate, colon, rectum, or breast?
귀하의 남자형제 중에 몇 분이나 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?

AP61

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

PROGRAMMING NOTE QA05_F62:
IF QA05_F61 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";
IF QA05_F61 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?"
ELSE GO TO PROGRAMMING NOTE QA05_F66

QA05_F62 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
그 분은 전립선암, 대장암, 직장암 또는 유방암에 걸리셨습니까?

AP62

PROSTATE ............................................................... 1
COLON OR RECTAL ................................................ 2
BREAST ............................................................... 3
NONE OF THESE CANCER TYPES .................................. 4 [GO TO PN X7]
REFUSED ............................................................... -7 [GO TO PN X7]
DON'T KNOW ........................................................... -8 [GO TO PN X7]

PROGRAMMING NOTE QA05_F63
IF MORE THAN ONE CANCER REPORTED IN QA05_F62 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F63 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
50세가 되시기 전에 그러한 진단을 받았습니까?

AP63

YES ............................................................... 1
NO ............................................................... 2
REFUSED ............................................................... -7
DON'T KNOW ........................................................... -8
PROGRAMMING NOTE QA05_F64
IF QA05_F63 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F62 CONTINUE WITH QA05_F64
ELSE GO TO PROGRAMMING NOTE QA05_F65

QA05_F64 Which of these cancers were diagnosed before age 50?
이러한 암들 중에서 50 세 전에 진단을 받은 것은 무슨 암입니까?

AP64

PROSTATE............................................................... 1
COLON OR RECTAL................................................ 2
BREAST.................................................................... 3
REFUSED............................................................... -7
DON'T KNOW......................................................... -8

PROGRAMMING NOTE QA05_F65
ASK QA05_F65 A SINGLE TIME FOR EACH BROTHER, DISPLAYING THE QUESTION AFTER SERIES QA05_F62 THRU QA05_F64 IS COMPETED FOR THE BROTHER.

QA05_F65 Was this brother a full brother, a half-brother on your father’s side, or a half-brother on your mother’s side?
이 남자형제는 친형제, 아버지 쪽 이복형제 또는 어머니 쪽 복형제 중 어느 쪽이었습니까?

AP65

FULL ................................................................. 1
HALF ON FATHER’S SIDE ...................................... 2
HALF ON MOTHER’S SIDE ..................................... 3
REFUSED............................................................... -7
DON’T KNOW......................................................... -8

PROGRAMMING NOTE X7
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F66

PROGRAMMING NOTE QA05_F66
IF QA05_F41 = 5 (SON/S DIAGNOSED) CONTINUE WITH QA05_F66; ELSE GO TO QA05_FB1

QA05_F66 How many of your sons had cancer of the prostate, colon, rectum, or breast?
귀하의 아드님들 중에서 몇 명이나 전립선암, 대장암, 직장암 또는 유방암에 걸렸습니까?

AP66

_____ NUMBER OF SONS

REFUSED............................................................... -7
DON’T KNOW......................................................... -8
PROGRAMMING NOTE QA05_F67
IF QA05_F66 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F66 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”

QA05_F67 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

AP67

PROSTATE..............................................................................1
COLON OR RECTAL.........................................................2
BREAST...............................................................................3
NONE OF THESE CANCER TYPES ..................................4 [GO TO X8]
REFUSED...........................................................................-7 [GO TO X8]
DON’T KNOW.................................................................-8 [GO TO X8]

PROGRAMMING NOTE QA05_F68
IF MORE THAN ONE CANCER REPORTED IN QA05_F67 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F68 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP68

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

PROGRAMMING NOTE QA05_F69
IF QA05_F68 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F67 CONTINUE WITH QA05_F69
ELSE GO TO QA05_FB1

QA05_F69 Which of these cancers were diagnosed before age 50?

AP69

PROSTATE..............................................................................1
COLON OR RECTAL.........................................................2
BREAST...............................................................................3
REFUSED...........................................................................-7
DON’T KNOW......................................................................-8
PROGRAMMING NOTE X8
IF QA05_F66 > 1, REPEAT SERIES QA05_F67 THRU QA05_F69 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO QA05_FB1

PROGRAMMING NOTE QA05_FB1:
IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA05_FB9;
ELSE CONTINUE WITH QA05_FB1

Colon cancer screening

QA05_FB1 Have you ever had a Sigmoidoscopy or Colonoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.
결장 내시경 또는 대장 내시경 검사를 #받은 적이 있습니까? 이러한 검사는 의료 전문가가 직장에 관을 삽입하여 암이나 다른 병의 징후가 있는지 살펴 보는 것입니다.

[IF NEEDED, SAY: "For a Sigmoidoscopy a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home. "]
[IF NEEDED, SAY:"결장 내시경 검사에서는 유연한 관을 직장에 삽입하여 문제가 있는지 살펴 봅니다. 대장 내시경은 이와 비슷하지만 더 긴 관을 사용하고, 보통 팔에 주사를 놓아 졸리게 만드는 약을 투여하며, 귀가할 때 다른 사람이 운전을 해야 합니다.""]

YES................................................................. 1
NO.............................................................. 2   [GO TO PN QA05_FB4]
REFUSED .......................................................-7 [GO TO PN QA05_FB6]
DON’T KNOW ......................................................-8

QA05_FB2 How long ago did you have your most recent exam?
가장 최근에 검사를 받으신 것이 언제였습니까?

A YEAR AGO OR LESS ............................................1
MORE THAN 1 UP TO 2 YEARS AGO ................. 2
MORE THAN 2 UP TO 3 YEARS AGO ............... 3
MORE THAN 3 UP TO 5 YEARS AGO .............. 4
MORE THAN 5 UP TO 10 YEARS AGO ............ 5
MORE THAN 10 YEARS AGO ......................... 6   [GO TO PN QA05_FB4]
REFUSED .......................................................-7
DON’T KNOW ......................................................-8
QA05_FB3  Was your most recent exam a sigmoidoscopy a colonoscopy or something else?
귀하께서 #반으신 가장 최근의W 검사는 S 자 결장경 검사(Sigmoidoscopy). 결장경 검사(Columnoscopy), 기타 검사법 중 무엇이었습니까?

AF61  [IF NEEDED, SAY: "For a Sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy, and told to have someone else drive you home."

SIGMOIDOSCOPY ................................................... 1
COLONOSCOPY ...................................................... 2
SOMETHING ELSE .................................................. 4
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_FB4
IF QA05_FB1 = 2 (NEVER HAD) OR QA05_FB2 = 6 (NO EXAM IN LAST 10 YEARS, CONTINUE WITH QA05_FB4
ELSE GO TO QA05_FB5

QA05_FB4  During the past 12 months has a doctor recommended that you have a sigmoidoscopy or colonoscopy?
지난 12개월 동안, 의사나 다른 의료 전문가가 결장 내시경이나 대장 내시경 검사를 받으라고 권한 적이 있습니까?

AF21

YES ........................................................................... 1
NO ............................................................................. 2  [GO TO QA05_FB6]
DID NOT GO TO DOCTOR IN PAST 12 MONTHS ................................................. 92  [GO TO QA05_FB6]
REFUSED ............................................................... -7  [GO TO QA05_FB6]
DON'T KNOW .......................................................... -8  [GO TO QA05_FB6]
PROGRAMMING NOTE QA05_FB:
IF QA05_FB1 = 2 (NEVER HAD SIGMOIDOSCOPY OR COLONOSCOPY), DISPLAY "NEVER had";
IF QA05_FB2 = 6 (NO EXAM LAST 10 YEARS), DISPLAY "NOT had"

QA05_FB5  What is the ONE most important reason why you have (NEVER had/NOT had) one of these exams (in the last 10 years)?
지난 10년 동안 이러한 검사들 중 하나를 받지 않은 가장 중요한 #한\ 가지 이유는 무엇입니까?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>NO REASON/NEVER THOUGHT ABOUT IT</td>
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</tr>
<tr>
<td>DIDN'T KNOW I NEEDED THIS TYPE OF TEST</td>
<td>2</td>
</tr>
<tr>
<td>DOCTOR DIDN'T TELL ME I NEEDED IT</td>
<td>3</td>
</tr>
<tr>
<td>HAVEN'T HAD ANY PROBLEMS</td>
<td>4</td>
</tr>
<tr>
<td>PUT IT OFF/LAZINESS</td>
<td>5</td>
</tr>
<tr>
<td>TOO EXPENSIVE/NO INSURANCE/COST</td>
<td>6</td>
</tr>
<tr>
<td>TOO PAINFUL, UNPLEASANT, OR EMBARRASSING</td>
<td>7</td>
</tr>
<tr>
<td>HAD ANOTHER TYPE OF COLORECTAL EXAM</td>
<td>8</td>
</tr>
<tr>
<td>DON'T HAVE A DOCTOR</td>
<td>9</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA05_FB6  The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.
다음의 질문들은 혈변, 또는 대변에 피가 섞여 나오는지를 확인하는 잠혈 반응 검사에 관한 것입니다. 혈변 검사는 집에서 키트를 사용하여 할 수 있습니다. 집에서 카드에 소량의 대변을 묻힌 후에 그 카드를 의사의 진료소나 실험실로 보내면 됩니다.

Have you ever done a blood stool test, using a HOME test kit?
가장용\ 검사 키트를 사용하여 혈변 검사를 해 본 적이 있습니까?

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

QA05_FB7  How long ago did you do your most recent HOME blood stool test?
가장 최근에 #가정\ 혈변 검사를 한 지 얼마나 오래 되었습니까?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A YEAR AGO OR LESS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>
**PROGRAMMING NOTE QA05_FB8**

IF QA05_FB6 = 2 (NEVER HAD) OR QA05_FB7 > 1 (NO EXAM IN LAST YEAR), CONTINUE WITH QA05_FB8
ELSE GO TO PROGRAMMING NOTE QA05_FB10

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA05_FB8</td>
<td></td>
<td>In the past 12 months, has a doctor recommended that you have a home blood stool test?</td>
</tr>
<tr>
<td>AF29</td>
<td></td>
<td>YES: ........................................... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO: ........................................... 2 [GO TO QA05_FB10]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DID NOT GO TO DOCTOR IN PAST 12 MONTHS: ..................... 92 [GO TO QA05_FB10]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REFUSED: ...................................... -7 [GO TO QA05_FB10]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW: ................................... -8 [GO TO QA05_FB10]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_FB9:**

IF QA05_FB6 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH QA05_FB9 AND DISPLAY "NEVER had";
ELSE IF QA05_FB7 > 1 (NONE IN PAST 12 months ), CONTINUE WITH QA05_FB9 AND DISPLAY "NOT had" and "In the past 12 months ";
ELSE GO TO QA05_FB10

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA05_FB9</td>
<td></td>
<td>What is the most important reason you have {NEVER had /NOT had} a HOME blood stool test {in the past 12 months}?</td>
</tr>
<tr>
<td>AF28</td>
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<td>NO REASON/NEVER THOUGHT ABOUT IT: .............. 1</td>
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<tr>
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<td>DIDN'T NEED/DIDN'T KNOW I NEEDED THIS TYPE OF TEST: .................. 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOCTOR DIDN'T TELL ME I NEEDED IT: ............ 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HAVEN'T HAD ANY PROBLEMS: ........................ 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PUT IT OFF/LAZINESS: ................................ 5</td>
</tr>
<tr>
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<td></td>
<td>TOO EXPENSIVE/NO INSURANCE/COST: ............... 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOO PAINFUL, UNPLEASANT, EMBARRASSING: ........ 7</td>
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<tr>
<td></td>
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<td>HAD ANOTHER TYPE OF COLORECTAL EXAM: .......... 8</td>
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<td></td>
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<td>DON'T HAVE A DOCTOR: ................................ 9</td>
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<td>OTHER: .......................................... 91</td>
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<tr>
<td></td>
<td></td>
<td>DON'T KNOW: ..................................... -8</td>
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</tbody>
</table>
PROGRAMMING NOTE QA05_FB10:
IF FEMALE, GO TO QA05_G1;
IF MALE AND [AGE < 40 OR BETWEEN 18 AND 29 OR BETWEEN 30 AND 39 OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN], GO TO QA05_G1;
ELSE CONTINUE WITH QA05_FB10

Prostate cancer screening

QA05_FB10  Have you ever HEARD OF a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer.
전립선암을 발견하기 위한 PSA, 즉 "혈청 전립선 특이 항원" 검사에 대해 들어 본 적이 있습니까? PSA 검사는 전립선암을 발견하기 위한 혈액 검사입니다.

AF30

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_G1]
REFUSED .................................................................. -7 [GO TO QA05_G1]
DON'T KNOW ......................................................... -8 [GO TO QA05_G1]

QA05_FB11  Have you ever HAD a PSA test?
PSA 즉 전립선암 검사를 받으신 적이 있습니까?

AF31

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_G1]
REFUSED .................................................................. -7 [GO TO QA05_G1]
DON'T KNOW ......................................................... -8 [GO TO QA05_G1]

QA05_FB12  How long ago did you have your most recent PSA test?
가장 최근에 PSA 검사를 받은 지 얼마나 오래 되었습니까?

AF33

YEAR AGO OR LESS .................................................... 1
MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO .......................................................... 2
MORE THAN 2 YEARS AGO UP TO
3 YEARS AGO .......................................................... 3
MORE THAN 3 YEARS AGO UP TO
5 YEARS AGO .......................................................... 4
MORE THAN 5 YEARS AGO ........................................ 5
REFUSED .................................................................. -7
DON'T KNOW ......................................................... -8
Section G – Demographic Information, Part II

Country of birth (self, parents)

QA05_G1 Now a few more questions about you.
개인적인 질문을 몇 가지 더 하겠는데요,

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

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES…………………………………….1
AMERICAN SAMOA…………………………….2
CANADA…………………………………………3
CHINA………………………………………….4
EL SALVADOR……………………………………5
ENGLAND………………………………………..6
FRANCE…………………………………………7
GERMANY………………………………………8
GUAM…………………………………………9
GUATEMALA……………………………………10
HUNGARY………………………………………..11
INDIA………………………………………….12
IRAN……………………………………………13
IRELAND………………………………………14
ITALY…………………………………………15
JAPAN…………………………………………16
KOREA…………………………………………17
MEXICO…………………………………………18
PHILIPPINES……………………………………19
POLAND…………………………………………20
PORTUGAL……………………………………21
PUERTO RICO……………………………………22
RUSSIA…………………………………………23
TAIWAN…………………………………………24
VIETNAM……………………………………….25
VIRGIN ISLANDS………………………………26
OTHER (SPECIFY):________________________91
REFUSED………………………………………..-7
DON'T KNOW……………………………………-8

PROGRAMMING NOTE QA05_G2:
IF QA05_G1 NE 1 (NOT BORN IN US), GO TO QA05_G4
ELSE IF QA05_G1 = 1 (BORN IN US) CONTINUE WITH QA05_G2

QA05_G2 In what country was your mother born?
모친께서는 어느 나라에서 출생하셨습니까?

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]
In what country was your father born?
부친께서는 어느 나라에서 출생하셨습니까?

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]
### Racial/ethnic discrimination (general)

**QA05_G4**

Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Would you say...

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>4</td>
</tr>
<tr>
<td>Or all the time?</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>

---

### Languages spoken at home, citizenship, immigration status

**QA05_G5**

What languages do you speak at home?

**AH36**

- [CODE ALL THAT APPLY.]
- [PROBE: "Any others?"]
- [PROBE: "*다른 언어가 또 있습니까?""]

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>3</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
</tr>
</tbody>
</table>
ASIAN INDIAN LANGUAGES ................................. 8
RUSSIAN ............................................................ 9
OTHER1 (SPECIFY): ____________________________ 91
OTHER2 (SPECIFY): ____________________________ 92
REFUSED .................................................................. -7
DON'T KNOW ......................................................... -8

**PROGRAMMING NOTE QA05_G6:**
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA05_G6
IF INTERVIEW CONDUCTED IN ENGLISH AND QA05_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA05_G6 AND DISPLAY: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English...” AND DROP RESPONSE CATEGORY “NOT AT ALL”;
ELSE IF QA05_G5 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA05_G7

QA05_G6  {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 ...
집에서 주로 사용하는 말이 있죠? 한국어라든지... 그와 비교할 때, 영어를...

AH37

Very well ......................................................... 1
아주 잘한다고 생각하십니까 ............................... 1
Well ................................................................... 2
잘한다고 생각하십니까, 아니면 ..................... 2
Not well or ......................................................... 3
잘 못한다고 생각하십니까? .............................. 3
Not at all? ......................................................... 4
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
Citizenship and immigration

QA05_G7  The next questions are about citizenship and immigration.
Are you a citizen of the United States?
다음 질문은 시민권과 이민에 대한겁니다. 대답해주신 내용에 대해서는 철저하게 비밀이 유지되며, 물론 이민국에 보고되지 않습니다. 미국 시민이십니까?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AH39</td>
<td>YES ........................................................................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................. 2</td>
</tr>
<tr>
<td></td>
<td>APPLICATION PENDING ......................................... 3</td>
</tr>
<tr>
<td></td>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................................................... -8</td>
</tr>
</tbody>
</table>

QA05_G8  Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
그러면 영주권자이십니까?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AH40</td>
<td>IF NEEDED, SAY: ”People usually call this a ‘Green Card’ but the color can also be pink, blue, or white.”</td>
</tr>
<tr>
<td></td>
<td>[IF NEEDED, SAY:] “사람들은 이것을 보통 ‘그린(초록색) 카드’라고 하지만 색깔은 분홍색, 파란색 또는 흰색일 수도 있습니다.” ]</td>
</tr>
<tr>
<td></td>
<td>YES ........................................................................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................. 2</td>
</tr>
<tr>
<td></td>
<td>APPLICATION PENDING ......................................... 3</td>
</tr>
<tr>
<td></td>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................................................... -8</td>
</tr>
</tbody>
</table>

QA05_G9  About how many years have you lived in the United States?
미국에 거주하신 지는 몇년이나 되셨습니까?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AH41</td>
<td>[FOR LESS THAN A YEAR, ENTER 1 YEAR]</td>
</tr>
<tr>
<td></td>
<td>_____ (NUMBER OF YEARS)</td>
</tr>
<tr>
<td></td>
<td>_____ YEAR (FIRST CAME TO LIVE IN U.S.)</td>
</tr>
<tr>
<td></td>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................................................... -8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_G10:
IF QA05_G1 = 1 (USA) OR (AAGE – QA05_G9) < 18 (R CAME TO U.S. PRIOR TO 18TH BIRTHDAY), CONTINUE WITH QA05_G10;
ELSE GO TO PROGRAMMING NOTE QA05_G11

QA05_G10
Thinking back to your childhood, that is, before your 18th birthday, were you ever removed from your home by the state, county, or court, and went to live with people other than your mother or father?
어린 시절, 그러니까 18 세 생일 이전에, 경부 기관이나 법원의 명령에 따라 집을 떠나 부모님이 아닌 다른 어떤 사람들과 살게 되었던 적이 있습니까?

AG5
YES .................................................................................................. 1
NO .................................................................................................... 2
REFUSED ....................................................................................... -7
DON'T KNOW .................................................................................. -8

PROGRAMMING NOTE QA05_G11:
IF QA05_A15 =1 (MARRIED) CONTINUE WITH QA05_G11
IF A15 = 2 (LIVING WITH PARTNER, GO TO G12)
ELSE GO TO PROGRAMMING NOTE QA05_G13

QA05_G11
Is your spouse also living in your household?
{배우자}께서도 함께 살고 계십니까?

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

QA05_G12
May I have your {spouse/partner}'s first name and age?
{배우자}의 퍼스트네임과 나이를 말씀해 주시겠습니까?

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

SPOUSE/PARTNER NAME ___________________________________________
SPOUSE/PARTNER AGE ___________________________________________
SPOUSE/PARTNER SEX ___________________________________________
PROGRAMMING NOTE QA05_G13:
IF AAGE<30 OR QA05_A4 = 1 (AGE 18-29) AND QA05_A15 = 1 (MARRIED) AND QA05_G11 =1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA05_G13;
IF AAGE<30 OR QA05_A4 =1 (AGE 18-29) AND QA05_A15 =2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
IF AAGE<30 OR QA05_A4 =1 (AGE 18-29) AND QA05_A15 = 3, 4, 5, 6, OR –7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
ELSE GO TO QA05_G14

QA05_G13  Are you now living with either of your parents?
부모님 중 한분과 살고 계십니까?

AH43A
YES.................................................................1
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW..................................................-8

Child and teen selection
QA05_G14  Are there any children under the age of 18 living in the household, including babies?
{댁의 거주자 중 아기들을 포함한 18 세 미만의 어린이가 있습니까}?

SC12
YES.................................................................1
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW..................................................-8

[GO TO PN QA05_G21]

QA05_G15  Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.
이 집에 주로 살고 있는 아기들을 포함한 18 세 미만 어린이들의 퍼스트네임하고 나이만 말씀해 주십시오.

SC13A

[PROBE: “Is there anyone else?”]
[ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]

<table>
<thead>
<tr>
<th>CHILD</th>
<th>FIRST NAME</th>
<th>AGE</th>
<th>M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QA05_G16  Is (CHILD) ...
(CHILD) 이 ...

SC15A

0 To 11 years old, or
0 세에서 11 세임니까, 아니면.............................1  [CODE AS CHILD]
12 To 17 years old?...........................................2  [CODE AS TEEN]
12 세에서 17 세임니까?.......................................2  [CODE AS TEEN]
REFUSED.................................................................-7  [CODE AS TEEN]
DON'T KNOW ................................................................. -8  [CODE AS TEEN]

QA05_G17  I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?

18 세 미만의 거주자가 없다고 기록했습니다. 이 집에 주로 살지만 임시로 다른 곳에 가있는 분 중 저희가 빼 놓은 18 세 미만의 거주자가 있습니까?

SC13

NO ONE MISSED -- ROSTER IS CORRECT .......... 1
RETURN TO ROSTER................................. 2  [GO BACK TO QA05_G15]

PROGRAMMING NOTE QA05_G18:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA05_G18A ABOUT EACH PERSON UNDER 18

QA05_G18  Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?

{PERSON NAME/AGE/SEX}의 부모 또는 법적 보호자이십니까?

SC14A

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

PROGRAMMING NOTE QA05_G18A:
IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44=1 OR AH43=2], ASK QA05_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18

QA05_G18A  Is (NAME/AGE/SEX) the parent or legal guardian of {PERSON NAME/AGE/SEX}?

{성명/나이/성별}가 {성명/나이/성별}의 부모 또는 법적 보호자이십니까?

SC14B

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ................................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA05_G19:
IF QA05_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA05_G14 ARE AGE 13 OR LESS, CONTINUE WITH QA05_G19; ELSE GO TO QA05_G21
IF ANY CHILD IN ROSTER QA05_G13 < 14 AND >= 14 display "for any children under age 13"
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse",
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner", ELSE DISPLAY "you".

Paid child care, cost
QA05_G19  In the past month, did you use any paid childcare (for any children under age 13) while {you or your spouse/partner/ you} worked, were in school, or looked for work?

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

[IF NEEDED, SAY: "여기엔 헤드스타트, 데이케어 센터 탁아소, 수업 전이나 방과 후의 탁아 프로그램 그리고 애를 봐주는 베이비-시팅 등이 포함됩니다."]

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

[GO TO QA05_G21]

QA05_G20  In the past month, how much did you pay for all child care arrangements and programs?

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month."]

[IF NEEDED, SAY: "이렇게 여쭈어보면, 대답하시기 더 편할지도 모르겠습니다. 지난 달 보통 1 주일 동안 애를 봐가는 데에 들어가는 돈이 얼마나 됐습니까?"]

"You or any other adult in your household."]

$________________AMOUNT LAST MONTH [HR: 0-8,000]
$________________AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

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

**QA05_G21** What is the highest grade of education you have completed and received credit for?

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

QA05_G22 Which of the following were you doing last week?
다음 중 지난 주에 하신 일을 골라 주시겠습니까?

| AK1 | Working at a job or business .................................... 1 |
|     | 직장이나 사업체에서 일을 하셨습니까?......................... 1 |
|     | With a job or business but not at work ..................... 2 |
|     | 작업이나 사업체에 소속되어 있긴 했지만 일은 하지 않았습니다........... 2 |
|     | Looking for work or ................................................... 3 |
|     | 일자리를 구하고 계셨습니까, 아니면.............................. 3 |
|     | Not working at a job or business?............................. 4 |
|     | 직장이나 사업체에서 일하지 않았습니까?............ 4 |
|     | REFUSED ..................................................................... -7 |
|     | DON'T KNOW .................................................................. -8 |

QA05_G23 What is the main reason you did not work last week?
지난 주에 일을 하지 않은 주요 이유는 무엇입니까?

| AK2 | TAKING CARE OF HOUSE OR FAMILY ................. 1 |
|     | ON PLANNED VACATION ....................................... 2 |
|     | COULDN'T FIND A JOB ........................................ 3 |
|     | GOING TO SCHOOL/STUDENT .................................. 4 |
|     | RETIRED .................................................................. 5 |
|     | DISABLED ................................................................... 6 |
|     | UNABLE TO WORK TEMPORARILY .............................. 7 |
|     | ON LAYOFF OR STRIKE ......................................... 8 |
|     | ON FAMILY OR MATERNITY LEAVE............................ 9 |
|     | OFF SEASON............................................................ 10 |
|     | OTHER ....................................................................... 91 |
|     | REFUSED ..................................................................... -7 |
|     | DON'T KNOW .................................................................. -8 |

QA05_G24 Do you usually work?
귀하는 평소에 일을 하십니까?

| AG10 | YES ........................................................................... 1 |
|      | NO .............................................................................. 2 |
|      | LOOKING FOR WORK ............................................. 3 |
|      | REFUSED ..................................................................... -7 |
|      | DON'T KNOW .................................................................. -8 |
PROGRAMMING NOTE QA05_G25:
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA05_G24 = 2 (NO) CONTINUE WITH QA05_G25
OR IF AAGE = -7 OR -8 or AAGE<65 AND QA05_G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE
WITH QA05_G25;
ELSE GO TO PROGRAMMING NOTE QA05_G26

QA05_G25 Are you receiving Social Security Disability Insurance or SSDI?
SSDI라고 하는 장애 보험 보조 혜택을 받고 계십니까?

AL22

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

[GO TO PN QA05_G28]

PROGRAMMING NOTE QA05_G26: (FOR PROXY VERSION, GO TO QA05_G29)
ELSE IF (QA05_G22 = 1, 2, -7, -8) OR (QA05_G24 = 1) THEN CONTINUE WITH QA05_G26;
ELSE GO TO PROGRAMMING NOTE QA05_G27

QA05_G26 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?
주된 직업에 대해서 말인데요, 개인 회사나 정부에 고용되어 있습니다가, 자영업을 하십니까, 아니면
가족끼리 하는 사업체나 농장에서 보수를 받지 않고 일하십니까?

AK4

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

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

PROGRAMMING NOTE QA05_G27
IF QA05_G22 =1 or 2 OR QA05_G24 =1 (R WORKS/USUALLY WORKS) CONTINUE WITH QA05_G27;
ELSE GO TO QA05_G28

QA05_G27 Thinking about what you normally do at work, not counting your free time, would you say that that you
sit most of the day, stand most of the day, or walk around a lot?
직장에서 보통 하는 일에 관해서 생각해 볼 때, 하루 중의 대부분의 시간을 앉아 있습니다가? 서있습니까? 또는 많이 돌아다닙니까?

AE22

SIT ................................................................. 1
STAND ........................................................... 2
WALK AROUND ................................................ 3
DOES NOT WORK .......................................... 4
SIT/STAND EQUALLY ........................................ 5
SIT/WALK EQUALLY ....................................... 6
STAND/WALK EQUALLY ................................. 7
REFUSED ........................................................... -7
DON'T KNOW .................................................... -8

[GO TO PN QA05_G29]
**QA05_G28**  Thinking about what you normally do during a typical day, which best describes your activity: Would you say that you sit most of the day, stand most of the day, or walk around a lot? 

하루의 대부분을 앉아 있습니까? 서있습니까? 또는 많이 돌아다닙니까?

**AOAL11**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIT</td>
<td>1</td>
</tr>
<tr>
<td>STAND</td>
<td>2</td>
</tr>
<tr>
<td>WALK AROUND</td>
<td>3</td>
</tr>
<tr>
<td>LIE DOWN</td>
<td>4</td>
</tr>
<tr>
<td>SIT/STAND EQUALLY</td>
<td>5</td>
</tr>
<tr>
<td>SIT/WALK EQUALLY</td>
<td>6</td>
</tr>
<tr>
<td>STAND/WALK EQUALLY</td>
<td>7</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_G29:**

IF QA05_A15 = 1 (MARRIED), CONTINUE WITH QA05_G29;
ELSE GO TO QA05_H1

**QA05_G29**  Which of the following was your spouse doing last week? 

다음 중에서 배우자께서 지난 주에 하신 일을 골라 주시겠습니까?

**AG8**

<table>
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<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working at a job/ business</td>
<td>1</td>
</tr>
<tr>
<td>With a job/business but not at work</td>
<td>2</td>
</tr>
<tr>
<td>Looking for work, or</td>
<td>3</td>
</tr>
<tr>
<td>Not working at a job/business?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_G30**  Does your spouse usually work? 

귀하의 배우자는 평소에 일을 하십니까?

**AG11**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>LOOKING FOR WORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**[GO TO QA05_H1]**
QA05_G31 On your spouse’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?

[IF NEEDED, SAY: “Where did he/she work MOST hours”]
[IF NEEDED, SAY: “배우자께서 가장 많이 일하신 곳이 어디입니까?”]

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

Usual source of care

QA05_H1  The next topics are about health insurance and health care.
다음은 건강 보험과 의료 서비스에 대한 것입니다.

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

AH1

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

YES...........................................................................1 [GO TO PN QA05_H3]
NO.............................................................................2
DOCTOR/MY DOCTOR ...........................................3
KAISER.....................................................................4
MORE THAN ONE PLACE.......................................5
REFUSED......................................................................-7
DON'T KNOW..........................................................-8

QA05_H2  What is the ONE main reason you do not have a usual source of health care?
보통 주로 가시는 의료 기관이 없는 주된 이유가 무엇인가요?

AH2

PROVIDER DIDN'T ACCEPT INSURANCE
OR INSURANCE PROBLEM ....................................1 [GO TO QA05_H4]
NO INSURANCE OR LOST INSURANCE ...............2
COST OF MEDICAL CARE ......................................3
DON'T WANT/NEED ..................................................4
OTHER REASON ...................................................91
REFUSED......................................................................-7
DON'T KNOW..........................................................-8

PROGRAMMING NOTE QA05_H3:
IF QA05_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you
go to most often--a medical";
ELSE IF QA05_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA05_H1 = 4 (KAISER) CIRCLE "1" FOR QA05_H3 AND GO TO QA05_H5

QA05_H3  {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a
clinic or hospital clinic, an emergency room, or some other place?
닥터 오피스, 보건소 또는 종합병원, 또는 응급실, 또는 다른 어떤 곳 중 가장 자주 가시는 곳이
어디입니까?

AH3

DOCTOR'S OFFICE/KAISER/OTHER HMO............1 [GO TO QA05_H5]
CLINIC/HEALTH CENTER/HOSPITAL CLINIC ......2 [GO TO QA05_H5]
EMERGENCY ROOM ..............................................3 [GO TO QA05_H5]
SOME OTHER PLACE (SPECIFY):_________ ....91 [GO TO QA05_H5]
NO ONE PLACE........................................................94 [GO TO QA05_H5]
REFUSED......................................................................-7 [GO TO QA05_H5]
DON'T KNOW..........................................................-8 [GO TO QA05_H5]
Medicare coverage, Medicare supplemental plan

QA05_H4  
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?

다음은 가지고 계실 수 있는 건강 보험의 종류에 대한 질문입니다. 메디케어는 65 세 이상이거나 특정 장애자분들을 위한 건강 보험 프로그램입니다. 지금, 메디케어 혜택을 받고 계실까요?

AI1  
[NOTE: Include Medicare managed care plans as well as the original Medicare plan.]  
[NOTE: 원래 메디케어 보험 뿐만 아니라 메디케어 위탁 관리 프로그램도 포함해 주십시오.]

YES ................................................................. 1  [GO TO QA05_H7]
NO ....................................................................... 2
REFUSED ............................................................. -7 [GO TO QA05_H14]
DON'T KNOW ......................................................... -8

IF QA05_H4 = 1, SET ARMHCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H5:

IF [AAGE > 64 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA05_H4 = 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA05_H5;
ELSE GO TO PROGRAMMING NOTE QA05_H7

QA05_H5  
Is it correct that you are NOT covered by Medicare even though you told me earlier that you are 65 or older?

귀하께서 65 세 문제가지만 메디케어 혜택을 받지 않고 있다고 하셨습니까?

AI2  
CORRECT, NOT COVERED BY MEDICARE .......... 1  [GO TO QA05_H14]
NOT CORRECT, R IS COVERED BY MEDICARE .. 2  [GO TO QA05_H7]
AGE IS INCORRECT .............................................. 93
REFUSED ............................................................. -7 [GO TO QA05_H14]
DON'T KNOW ......................................................... -8 [GO TO QA05_H14]

IF QA05_H5 = 2, SET ARMHCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H6: AIDATE  
SET AIDATE = CURRENT DATE (YYYYMMDD);  
SET AAGE = QA05_H6;  
IF AAGE < 18, CODE AS IA AND TERMINATE

QA05_H6  
What is your age, please?

연세가 (or 연령은) 어떻게 되십니까?

AI3  
_____ YEARS OF AGE  [HR: 18-105] ..............  [GO TO QA05_H14]
REFUSED ............................................................. -7 [GO TO QA05_H14]
DON'T KNOW ......................................................... -8 [GO TO QA05_H14]
PROGRAMMING NOTE QA05_H7:
IF ARMCARE = 1, CONTINUE WITH QA05_H7;
ELSE GO TO QA05_H14

QA05_H7  Is your MediCARE coverage provided through an HMO?
귀하의 MediCARE 보상은 HMO 를 통해서 제공됩니까?

AH49

[IF NEEDED, SAY: “With an HMO, you must generally receive care from HMO doctors or the expense
is not covered, unless there was a medical emergency.”]
[IF NEEDED, SAY: "HMO를 사용하는 경우에는 보통 HMO 의사로부터 진료를 받아야 하고, 그렇지
않은 경우에는 의료 응급 상황이 아닌 한 비용이 보상되지 않습니다."]

[NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" OR "Blue Cross," CODE "1" (YES).]

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

IF QA05_H7 = 1, SET ARMHMO = 1

QA05_H8  What is the name of your MediCARE HMO plan?
귀하의 MediCARE HMO 플랜의 이름은 무엇입니까?

AH50

KAISER................................................................. 1
BLUE CROSS/CALIFORNIACARE ......................... 2
PACIFICARE ......................................................... 3
BLUE SHIELD/CAREAMERICA ............................... 4
HEALTH NET....................................................... 5
AETNA/US HEALTHCARE/PRUDENTIAL ............... 6
CIGNA HEALTHCARE ......................................... 7
MEDICARE .......................................................... 8
MEDI-CAL OR MEDICAID .................................. 9
(NAME OF COUNTY MEDI-CAL PLAN) ................. 10
OTHER .................................................................... 91
REFUSED............................................................ -7
DON'T KNOW..................................................... -8

[GO TO PN QA05_H10]

QA05_H9  Some people who are eligible for MediCARE also have  private insurance that is sometimes called
Medigap or Medicare Supplement. Do you have this type of health insurance?

[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone"]
[IF NEEDED, SAY: "이러한 보험은 Medicare만으로는 보상되지 않는 의료비를 보상합니다."]

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

IF QA05_H9 = 1, SET ARSUPP = 1.

PROGRAMMING NOTE QA05_H10:
IF QA05_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE HMO"
IF QA05_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE Supplement plan"
ELSE GO TO QA05_H14

QA05_H10  For the {MediCARE HMO/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

[MediCARE Supplement plan]의 경우, 귀하는 이 보험에 직접 가입하셨습니까? 또는 현재의 고용주, 이전의 고용주, 노동조합, 가족 운영 사업, AARP, 또는 다른 방법으로 제공 받으셨습니까?

AH52  [IF NEEDED, SAY "AARP stands for the American Association of Retired Persons"]
[IF NEEDED, SAY "AARP 란 미국 은퇴자 협회를 말합니다."]

DIRECTLY .................................................................1
CURRENT EMPLOYER ..............................................2
FORMER EMPLOYER ...............................................3
UNION .......................................................................4
FAMILY BUSINESS....................................................5
AARP ........................................................................6
SPOUSE’S EMPLOYER...............................................7
SPOUSE’S UNION.......................................................8
PROFESSIONAL/FRATERNAL ORGANIZATION...9
OTHER .......................................................................91
REFUSED......................................................................-7
DON'T KNOW ............................................................-8
**QA05_H11**

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

\[
\text{YES} \quad \text{........................................................................... 1} \\
\text{NO} \quad \text{............................................................................. 2} \\
\text{REFUSED} \quad \text{................................................................. -7} \\
\text{DON'T KNOW} \quad \text{............................................................... -8}
\]

**QA05_H12**

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

\[
\text{YES} \quad \text{........................................................................... 1} \\
\text{NO} \quad \text{............................................................................. 2} \\
\text{REFUSED} \quad \text{................................................................. -7} \\
\text{DON'T KNOW} \quad \text{............................................................... -8} \\
\]  

[GO TO PN QA05_H14]
QA05_H13  Who is that?  그 다른 사람이 누구 야니까?

AH55  [IF NEEDED, SAY "WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL ORGANIZATION?"

[ IF NEEDED, SAY: 고용주, 노동조합, 또는 전문인 단체 등 귀하 외에 이 의료보험료의 일부를 지불하고 있는 사람은 누구입니까?

CURRENT EMPLOYER ........................................... 1
FORMER EMPLOYER ............................................ 2
UNION .......................................................... 3
SPOUSE’S CURRENT EMPLOYER ....................... 4
SPOUSE’S FORMER EMPLOYER ......................... 5
PROFESSIONAL/FRATERNAL ORGANIZATION... 6
MEDICAID/MEDI-CAL ASSISTANCE ................... 7
HEALTHY FAMILIES........................................... 8
HEALTHY KIDS .................................................. 9
OTHER ........................................................... 91
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8

IF QA05_H13 = 7, SET ARMCAL = 1
IF QA05_H13 =8, SET ARHFAM = 1

PROGRAMMING NOTE QA05_H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

Medi-Cal coverage
QA05_H14  {Is it correct that you are/Are you} covered by Medi-CAL?


[NOTE: Include HMO or managed care plans, as well as the traditional Medi-CAL]
[NOTE: * 전통적인 메디캘과 HMO 또는 managed care plans도 포함하십시오.]

YES ........................................................................... 1   [GO TO QA05_H16]
NO ............................................................................. 2
REFUSED .................................................................... -7
DON'T KNOW .......................................................... -8

IF QA05_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1
IF ARMCAL =1 AND QA05_H15  = 2, SET ARMCAL = 0
PROGRAMMING NOTE QA05_H15:
IF AAGE > 18 OR [QA05_4 <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO QA05_H16;
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA05_H15 AND DISPLAY: "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA05_H15 AND DISPLAY: "Are you

Healthy Families coverage
QA05_H15
(Is it correct, then, that you are/Are you) covered by the Healthy Families Program?

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: *건강가족프로그램은 어린이가 19 세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."

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

IF QA05_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1
IF ARHFAM = 1 AND QA05_H15 = 2, SET ARHFAM = 0

PROGRAMMING NOTE QA05_H16
IF ARSUPP = 1, DISPLAY “Besides the Medicare supplemental plan you told me about” and “any other”
IF ARMHMO = 1, DISPLAY “Besides the Medicare HMO plan you told me about”

Employer-based coverage
QA05_H16
(Besides the Medicare supplemental 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?

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

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

QA05_H17
Was this plan obtained in your own name or in the name of someone else?

[PROBE: “Even someone who does not live in this household?”]
[PROBE: “* 같이 살고 있지 않은 분이라도 포함하십시오.”]

IN OWN NAME ............................................................... 1
IN SOMEONE ELSE'S NAME ........................................... 2
**PROGRAMMING NOTE QA05_H18:**

**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H18; ELSE GO TO QA05_H20;**

- IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's;"
- IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's;"
- IF QA05_G12 = 1, DISPLAY "parent's;" IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

**QA05_H18**  
Is the plan in your (husband's/wife's) (or) (parent's) name?  
이 보험을 귀하 {} 이름으로 되어 있습니까?

**A19A**

- IN husband's/wife's NAME ........................................... 1  [GO TO QA05_H20]
- IN PARENT'S NAME .................................................. 2  [GO TO QA05_H20]
- IN SOMEONE ELSE'S NAME ........................................ 3  [GO TO QA05_H20]
- REFUSED ...................................................................... 7  [GO TO QA05_H20]
- DON'T KNOW ............................................................. 8  [GO TO QA05_H20]

**IF QA05_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0**

**IF QA05_H18 = 2, SET AREMPPPAR = 1 AND SET AREMPOTH = 0**
PROGRAMMING NOTE QA05_H19:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY
FAMILIES AND EMPLOYER), CONTINUE WITH QA05_H19;
ELSE GO TO QA05_H22

Private coverage

QA05_H19 Are you covered by a health insurance plan that you purchased directly from an insurance company or
HMO?
자신께서 직접 보험회사 또는 HMO 를 통해 가입하신 의료보험 혜택을 받고 계십니까?

AI11

IF NEEDED SAY “Don't include a plan that pays only for certain illnesses such as cancer or stroke, or
only gives you "extra cash" if you are in a hospital.”
IF NEEDED SAY “암이나 중풍과 같은 몇몇 질병의 경우에만 보상되거나, 병원에 입원했을 경우에만
“추가 현금(extra cash)”이 지불되는 방식의 보험은 포함하지 마십시오.

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

IF QA05_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H20:
IF QA05_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA05_H19 = 1 (YES, PURCHASED OWN
COVERAGE), CONTINUE WITH QA05_H20;
ELSE GO TO QA05_H22

QA05_H20 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-
pays or deductibles you or your family may have had to pay.
귀하는 이 의료보험 보험료나 비용의 전부 혹은 일부를 지불하신가요? 귀하나 귀하의 가족이 지불해야
하는 분담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

AH57

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you
see a doctor or use the health care system, while a health plan pays for your main health care
coverage."
[IF NEEDED, SAY: "분담금이란 의료수리의 진료를 받거나 의료 시스템을 사용하고 귀하의 의료비를 주로
다른 사람이 지불하는 경우, 귀하가 지불해야 하는 의료비의 일부를 말합니다.

"A deductible is the amount you pay for medical care before your health plan starts paying.”
"공제 금액이란 의료보험의 진료를 받기 전에 귀하가 지불해야 하는 의료비의 일부를 말합니다.

"Premium is the monthly charge for the cost of your health insurance plan."]
"보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다.

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

QA05_H21 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?
고용주, 노동조합, 또는 전문직 단체와 같은 다른 사람이 이 의료보험에 대한 보험료나 비용의 전부 또는
일부를 지불합니까?
AH58

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

[GO TO PN QA05_H23]

QA05_H22 Who is that?

그 다른 사람이 누구입니까?

AH56

[IF NEEDED, SAY "WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL ORGANIZATION?"]

[current employer] 1
[former employer] 2
[union] 3
[spouse's current employer] 4
[spouse's former employer] 5
[professional/fraternal organization] 6
[medicaid/medicaid assistance] 7
[healthy families] 8
[medicare] 9
[healthy kids] 10
[other] 91
[refused] -7
[don't know] -8

IF QA05_H22 = 1, SET AREMPOWN = 1
IF QA05_H22 = 4, SET AREMPSP = 1
IF QA05_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0

PROGRAMMING NOTE QA05_H23:

IF [QA05_G22 =1 (R WORKED LAST WEEK) OR QA05_G23 =1 (R USUALLY WORKS)] AND AREMPOWN NE 1,
CONTINUE WITH QA05_H23;
ELSE GO TO PROGRAMMING NOTE QA05_H27

Employer offer of health insurance

QA05_H23  Does your employer offer health insurance to any of its employees?

지금 다니시는 직장에서 직장을 통하여 의료보험을 받고 있는 직원이 있습니까?

AI13

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

[GO TO PN QA05_H27]

QA05_H24  Are you eligible to be in this plan?

이 보험에 들 자격이 되십니까?

AI14

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

[GO TO QA05_H26]

[GO TO PN QA05_H27]
QA05_H25

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

이 보험에 들어 있지 않은 제일 중요한 이유가 무엇인가요?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVERED BY ANOTHER PLAN</td>
<td>1</td>
<td>[GO TO PN QA05_H27]</td>
</tr>
<tr>
<td>TOO EXPENSIVE</td>
<td>2</td>
<td>[GO TO PN QA05_H27]</td>
</tr>
<tr>
<td>DIDN'T LIKE PLAN OFFERED</td>
<td>3</td>
<td>[GO TO PN QA05_H27]</td>
</tr>
<tr>
<td>DON'T NEED OR BELIEVE IN HEALTH INSURANCE</td>
<td>4</td>
<td>[GO TO PN QA05_H27]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO PN QA05_H27]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA05_H27]</td>
</tr>
</tbody>
</table>

QA05_H26

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

이 보험에 들 자격이 안 되는 제일 중요한 이유가 무엇인가요?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td>.91</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_H27:
IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA05_H27;
ELSE GO TO PROGRAMMING NOTE QA05_H28

CHAMPUS/CHAMP-VA, TRICARE, VA coverage
QA05_H27 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

AI16

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

IF QA05_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H28:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA05_H28;
ELSE GO TO PROGRAMMING NOTE QA05_H34

AIM, MRMIP, Family PACT, other coverage
QA05_H28 Are you covered by some other government health plan, such as AIM, "Mister MIP," the Family PACT program, or something else?

AI17

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

[IF NEEDED, SAY: "*AIM 이란 '신생아 및 산모를 위한 기회'라는 뜻이며, 'Mister MIP' 또는 MRMIP는 '중대한 질병 및 사고 관련 의료보험 프로그램'이란 뜻이고 'Family Pact'는 보험이 없는 저소득층 남녀를 위해 피임과 생식기능과 관련된 의료 비용을 지불하는 주정부 프로그램입니다.

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

IF QA05_H28= 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA05_H29 ASK IF NECESSARY: "What is the name of this plan?"
이 플랜의 이름은 무엇입니까?

AI17A

AIM ............................................................................1
MRMIP ("Mister Mip") ..................................................2
FAMILY PACT .........................................................3
OTHER (SPECIFY): _____________________________________91
REFUSED ..................................................................-7
DON'T KNOW..........................................................-8

[GO TO QA05_H34]
[GO TO QA05_H34]
[GO TO QA05_H34]
[GO TO QA05_H34]
[GO TO QA05_H34]
[GO TO QA05_H34]
PROGRAMMING NOTE QA05_H30:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA05_H30;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H30
Do you have any health insurance coverage through a plan that I missed?
말씀드리지 않은 다른 어떤 보험에 들고 계십니까?

AI18

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO PN QA05_H34]
REFUSED ...................................................................... -7 [GO TO PN QA05_H34]
DON'T KNOW ....................................................................... -8 [GO TO PN QA05_H34]
QA05_H31  What type of health insurance do you have?
어떤 종류의 의료보험을 가지고 있습니까?

[CODE ALL THAT APPLY.  CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: "다른 보험도 있습니까?"]

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

[NOTE: 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?]"

THROUGH CURRENT OR FORMER
EMPLOYER/UNION ................................................. 1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP,
OR OTHER ORGANIZATION ............................... 2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE) ....................................... 3
MEDICARE ............................................................... 4
MEDI-CAL ................................................................. 5
HEALTHY FAMILIES ................................................ 6
CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH CARE ....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC .............. 8
HEALTHY KIDS ........................................................ 9
OTHER GOVERNMENT HEALTH PLAN ............... 91
OTHER NON-GOVERNMENT HEALTH PLAN ....92
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

IF QA05_H31 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
IF QA05_H31 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
IF QA05_H31 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1
IF QA05_H31 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1
IF QA05_H31 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
IF QA05_H31 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 8, SET ARIHS = 1
IF QA05_H31 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1
IF QA05_H31 = 92 OR QA05_H29 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA05_H32
IF QA05_H31 = 1 CONTINUE WITH QA05_H32;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H32 Was this plan obtained in your own name or in the name of someone else?
이 의료보험은 귀하의 이름으로 가입하셨습니까? 또는 다른 사람의 이름으로 가입하셨습니까?

AH59

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

IN OWN NAME ......................................................... 1 [GO TO PN QA05_H34]
IN SOMEONE ELSE'S NAME ................................. 2
REFUSED ......................................................... -7 [GO TO PN QA05_H34]
DON'T KNOW ....................................................... -8 [GO TO PN QA05_H34]

IF QA05_H32 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H32 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H33:
**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH
QA05_H33;
ELSE GO TO PROGRAMMING NOTE QA05_H34;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's";
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's";
IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H33 Is the plan in your (husband's/wife's) (or) (parent's) name?
이 의료보험은 귀하의 {husband's or wife's or parent's}의 이름으로 가입하셨습니까?

AH60

IN husband's/wife's NAME ........................................ 1
IN PARENT'S NAME .............................................. 2
IN SOMEONE ELSE'S NAME ................................... 3
REFUSED ............................................................ -7
DON'T KNOW ........................................................ -8

IF QA05_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0
PROGRAMMING NOTE QA05_H34:
IF ARIHS = 0 AND QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_H34;
ELSE GO TO PROGRAMMING NOTE QA05_H35

QA05_H34 Are you covered by the Indian Health Service, Tribal Health Program or Urban Indian Clinic?
인디언 건강 서비스, 특별 부족을 위한 건강 프로그램 또는 도시 거주 인디언 보건소를 통해 혜택을 받고 계십니까?

AI20

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

IF QA05_H34 = 1, SET ARIHS = 1

Spouse’s health insurance, spouse’s employer offers insurance

PROGRAMMING NOTE QA05_H35_INTRO
IF QA05_A15 = 1 (MARRIED) CONTINUE WITH QA05_H35_INTRO;
ELSE GO TO PROGRAMMING NOTE QA05_H55

QA05_H35_INTRO These next questions are about the type of health insurance your spouse may have.
다음은 배우자의 건강 보험에 대한 질문들입니다

AI37intro

PROGRAMMING NOTE QA05_H35:
IF (QA05_A15 = 1 (MARRIED) AND ARMHCARE = 1 AND/OR SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY "You said that you are covered by Medicare." And "also";
ELSE IF (QA05_A15 = 1 (MARRIED) AND ARMHCARE = 0 AND SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY "Is {SPOUSE NAME} covered by Medicare?"
IF (QA05_A15 = 1 (MARRIED) AND ARMHCARE = 0 AND/OR SPOUSE LESS THAN AGE 65, GO TO QA05_H38

QA05_H35 You said that you are covered by Medicare. Is {SPOUSE NAME} (also) covered by Medicare?
{}도 메디케어 혜택을 받습니까?

AI37

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

IF QA05_H35 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE H36
IF QA05_H35 = 1 AND ARMHMO = 1 CONTINUE WITH QA05_H36;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
ELSE GO TO PROGRAMMING NOTE QA05_H37

QA05_H36
You said that your Medicare coverage is provided through an HMO. Is your
{husband's/wife's/spouse's} Medicare also provided through an HMO?
귀하의 배우자의 Medicare는 HMO를 통해서 제공됩니까?

AH61
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW .............................................-8

PROGRAMMING NOTE H37
IF QA05_H35 = 1 AND ARMSUPP = 1 CONTINUE WITH QA05_H37;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
ELSE GO TO PROGRAMMING NOTE QA05_H38

QA05_H37
You said that you have a Medicare Supplement plan. Does your {husband/wife/spouse} [also} have a
Medicare supplemental policy?
메디케어 혜택을 받고 계시다고 하셨는데, {}도 메디케어 혜택을 받습니까?

A137A
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW .............................................-8

PROGRAMMING NOTE QA05_H38:
IF ARMCAL = 1 , CONTINUE WITH QA05_H38;
ELSE GO TO PROGRAMMING NOTE QA05_H39.
IF ARMCARE = 1, THEN DISPLAY "also".

QA05_H38
You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?
{} 메디-캘이 있다고 하셨는데요. {}도 메디-캘 혜택을 받습니까?

AI38
YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW .............................................-8

IF QA05_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H39:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA05_H39;
ELSE GO TO PROGRAMMING NOTE QA05_H40.
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also".
QA05_H39  You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?

{} 헬씨 페밀리스(Healthy Families)라는 보험이 있다고 하셨는데요. {}도 헬씨 페밀리스 혜택을 받습니까?

<p>| | | | | | | |</p>
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<td>-7</td>
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<td>DON'T KNOW</td>
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</tbody>
</table>

IF QA05_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H40:
IF AREMPOWN =1, CONTINUE WITH QA05_H40;
IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also"
ELSE GO TO PROGRAMMING NOTE QA05_H41

QA05_H40  You said you have insurance from YOUR current or former employer or union. Is {SPOUSE NAME} also covered by the insurance from YOUR employer?

{} 현재나 과거의 직장이나 노동조합을 통한 보험이 있다고 하셨는데요. {}도 그런 직장 보험 혜택을 받습니까?

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<td>1</td>
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<td>REFUSED</td>
<td></td>
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<td>-7</td>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

IF QA05_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H41:
IF QA05_G29 =1 OR 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H41;
IF QA05_H18 = 1, DISPLAY “You said you have insurance from your {XXX}’s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
IF QA05_A5 = 1 (MALE), DISPLAY “wife,” “she” and “her”;
   IF QA05_A5 =2 (FEMALE), DISPLAY “husband” “he” and “his”
ELSE DISPLAY “spouse,” “he or she” and “his or her”;
ELSE GO TO PROGRAMMING NOTE QA05_H42

QA05_H41  {You said you have insurance from your spouse’s employer or union.} Does {SPOUSE NAME} (also) have coverage through (his/her) OWN employer?

{} {}이/가 {} 자신의 직장에서 자기 보험이 있습니까?

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<td>-7</td>
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</tbody>
</table>

IF QA05_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H42:

A-109
If ARDIRECT = 1, continue with QA05_H42; else go to programming note QA05_H43.
If QA05_H4 = 1 (MEDICARE) or QA05_H14 = 1 (MEDI-CAL) or QA05_H15 = 1 (HEALTHY FAMILIES) or QA05_H16 = 1 (EMPLOYER BASED), display "also."

QA05_H42
You said you (also) have a plan you purchased directly from the insurer. Is (SPOUSE NAME) also covered by this plan?
{} 보험 회사에 직접 보험료를 내고 가입한 건강 보험이 있다고 하셨는데요, {}도 그 보험에 들어 있습니까?

AI41

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

If QA05_H42 = 1, set SPDIRECT = 1 and set SPINSURE = 1

Programming note QA05_H43:
If ARMILIT = 1, continue with QA05_H43; else, go to programming note QA05_H44.
If ARMCARE = 1 or ARMCAL = 1 or ARHFAM = 1 or ARDIRECT = 1 or AREMPOWN = 1, display "also."

QA05_H43
You said you (also) have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE NAME) also covered by this plan?
{} 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스를 통해 건강 보험을 갖고 계신다고 하셨는데요, {}도 이 보험 혜택을 받습니까?

AI42

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

If QA05_H43 = 1, set SPMILIT = 1 and set SPINSURE = 1

Programming note QA05_H44:
If AROTHGOV = 1, continue with QA05_H44; else, go to programming note QA05_H45.
If ARMCARE = 1 or ARMCAL = 1 or ARHFAM = 1 or ARDIRECT = 1 or AREMPOWN = 1 or ARMILIT = 1, display "also."

QA05_H44
You said you (also) have health insurance through some government health plan like AIM or Mister MIP. Is (SPOUSE NAME) also covered by this plan?
{} 정부 건강 보험을 통해 AIM이나 미스터 MIP 같은 건강 보험을 갖고 계신다고 하셨는데요. {}도 이 보험 혜택을 받습니까?

AI42A

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

If QA05_H44 = 1, set SPDOTHGOV = 1 and set SPINSURE = 1

Programming note QA05_H45:
If SPINSURE NE 1, display "any."
ELSE DISPLAY “through any other source.”

QA05_H45  Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?

{}이/가 건강 보험을 가지고 있습니다?

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<th>DESCRIPTION</th>
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<tr>
<td>DON'T KNOW</td>
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QA05_H46  What type of health insurance does {he/she} have?

{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

[PROBE: "다른 보험도 있습니다?""]

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

[IF NEEDED, SAY: "현재 또는 이전의 고용주가 제공하거나 의료보험 회사로부터 직접 구입한 것 등이 있습니다."]

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

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?""]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .............................................. 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION .................................. 2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) .................................. 3
MEDICARE .............................................................................................................. 4
MEDI-CAL .............................................................................................................. 5
HEALTHY FAMILIES .......................................................................................... 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE .............. 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ......... 8
HEALTHY KIDS ................................................................................................. 9
OTHER GOVERNMENT HEALTH PLAN .......... 1
OTHER NON-GOVERNMENT HEALTH PLAN ....... 1
REFUSED .............................................................................................. 7
DON'T KNOW ......................................................................................... 8

IF QA05_H46 = 1, SET SPEMPTH = 1 AND SET SPINSURE = 1
IF QA05_H46 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1
IF QA05_H46 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA05_H46 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H46 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA05_H46 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 8, SET SPIHS = 1
IF QA05_H46 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H46 = 92, SET SPOOTHER = 1 AND SET SPINSURE = 1
IF QA05_H46 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA05_H47
IF SPINSURE NE 1, CONTINUE WITH QA05_H47
ELSE GO TO PROGRAMMING NOTE QA05_H51

QA05_H47  You said that {SPOUSE NAME} has NO health insurance from any source. Is this correct?
{}이/가 어떤 종류의 건강 보험도 전혀 없다고 하셨는데요. 맞습니까?

<table>
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<th>A148</th>
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<tbody>
<tr>
<td>YES .................................................................1 [GO TO PN QA05_H51]</td>
</tr>
<tr>
<td>NO .................................................................2 [GO TO PN QA05_H51]</td>
</tr>
<tr>
<td>REFUSED ....................................................... -7 [GO TO PN QA05_H51]</td>
</tr>
<tr>
<td>DON'T KNOW ................................................. -8 [GO TO PN QA05_H51]</td>
</tr>
</tbody>
</table>
QA05_H48  What type of health insurance does {he/she} have?
{그분은} 어떤 종류의 의료보험을 가지고 있습니까?

CODE ALL THAT APPLY. CTRL-P TO EXIT.

[PROBE: "Any others?"]
[PROBE: "다른 보험도 있습니까?"]

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?]  
[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "{그분이} 이 의료보험을 구입한 방법은 현재 또는 이전의 고용주/노동조합을 통해서, 학교, 전문직 협회, 동업자 단체 또는 다른 단체를 통해서, 또는 의료보험 회사로부터 직접 구입 중에서 어느 것입니까?

THROUGH CURRENT OR FORMER EMPLOYER/UNION .............................................. 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION ...................................... 2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) .................................. 3
MEDICARE ............................................................... 4
MEDI-CAL ................................................................. 5
HEALTHY FAMILIES .................................................. 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ......... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC .... 8
HEALTHY KIDS ................................................................ 9
OTHER GOVERNMENT HEALTH PLAN ............... 91
OTHER NON-GOVERNMENT HEALTH PLAN ....... 92
REFUSED ........................................................................ 7

DON'T KNOW  8

IF QA05_H48 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA05_H48 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA05_H48 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H48 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA05_H48 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 8, SET SPIHS = 1
IF QA05_H48 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H48 = 92, SET SPOOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = [-7, -8], SET SPINSURE = 1
**QA05_H49** Was this plan obtained in your spouse’s name or in the name of someone else?

이 의료보험을 귀하의 배우자의 이름으로 가입하셨습니까? 또는 다른 이름으로 가입하셨습니까?

**AH62**

[PROBE: “Even someone who does not live in this household?”]

[PROBE: “이 가구 내에 거주하는 사람이 아니라도 상관 없습니다.”]

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<td>IN SPOUSE’S NAME</td>
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<tr>
<td>IN SOMEONE ELSE’S NAME</td>
<td>2</td>
</tr>
<tr>
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<td>-7</td>
</tr>
<tr>
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</table>

**IF QA05_H49 = 1, AREMPOWN = 1 AND SET ARINSURE = 1**

**IF QA05_H49 = [2, -7, -8], AREMPOWN = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA05_H50:**

**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H50;**

ELSE GO TO PROGRAMMING NOTE QA05_H51;

**IF QA05_A15 = 1 AND R IS MALE, DISPLAY “wife’s;”**

**IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY “husband’s;”**

**IF QA05_G12 = 1, DISPLAY “parent’s;” IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY “or”**

**QA05_H50** Is the plan in your or your parent’s name or someone else’s name?

이 의료보험을 귀하, 귀하의 부모 또는 다른 사람의 이름으로 가입하셨습니까?

**AH63**

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<tr>
<td>IN ADULT RESPONDENT’S PARENT’S NAME</td>
<td>2</td>
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<td>IN SOMEONE ELSE’S NAME</td>
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<td>-7</td>
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<tr>
<td>DON’T KNOW</td>
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**IF QA05_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0**

**IF QA05_H50 = 2, SET AREMPSP = 1 AND SET AREMPOTH = 0**

**PROGRAMMING NOTE QA05_H51:**

**IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA05_H55;**

ELSE IF QA05_G29 = 1 or 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H51;

ELSE GO TO QA05_H55

**QA05_H51** Does your spouse’s employer offer health insurance to any of its employees?

배우자님의 직장에서는 그 직장에 다니는 사람들에게 건강보험을 해 줍니까?

**AI43**

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</table>
QA05_H52 Is {she/he} eligible to be in this plan?
{}이/가 이 보험에 들 자격이 있습니까?

AI44

YES .................................................................1
NO ....................................................................2 [GO TO QA05_H54]
REFUSED ..........................................................-7 [GO TO PN QA05_H55]
DONT KNOW ......................................................-8 [GO TO PN QA05_H55]

QA05_H53 What is the ONE main reason why {she/he} isn't in this plan?
{}이/가 이 보험에 들어 있지 않은 제일 중요한 이유가 뭐니까?

AI45

COVERED BY ANOTHER PLAN ...............................1 [GO TO PN QA05_H55]
TOO EXPENSIVE ..................................................2 [GO TO PN QA05_H55]
DOESN'T LIKE PLAN OFFERED ..............................3 [GO TO PN QA05_H55]
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE ........................................4 [GO TO PN QA05_H55]
OTHER (SPECIFY): _______________ .....................91 [GO TO PN QA05_H55]
REFUSED ..........................................................-7 [GO TO PN QA05_H55]
DONT KNOW ......................................................-8 [GO TO PN QA05_H55]

QA05_H54 What is the ONE main reason why {she/he} is not eligible for this plan?
{}이/가 이 보험에 들 자격이 안 되는 제일 중요한 이유가 뭐니까?

AI45A

HASN'T YET WORKED FOR THIS EMPLOYER
LONG ENOUGH TO BE COVERED .......................1
CONTRACT OR TEMPORARY EMPLOYEES
NOT ALLOWED IN PLAN ......................................2
DOESN'T WORK ENOUGH HOURS PER WEEK
OR WEEKS PER YEAR .......................................3
OTHER (SPECIFY): _______________________________91
REFUSED ..........................................................-7
DONT KNOW ......................................................-8

PROGRAMMING NOTE QA05_H55:
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA05_H55;
IF QA05_H7=1 (R HAS MEDICARE HMO), GO TO QA05_H57;
ELSE GO TO PROGRAMMING NOTE QA05_H65
IF QA05_A15 = 1 (MARRIED), DISPLAY “Next, I have some questions about your own main health plan.”
Managed care plan characteristics

QA05_H55  
{Next, I have some questions about your own main health plan.}  
What is the name of your main health plan?  
주된 건강보험의 이름이 무엇인가요?

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]  
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: “보험 이름이 나와 있는보험 카드 같은 것이 있습니까?”]

KAISER ................................................................. 1  
BLUE CROSS/CALIFORNIACARE .............................. 2  
PACIFICARE .......................................................... 3  
BLUE SHIELD/CAREAMERICA .................................. 4  
HEALTH NET ........................................................... 5  
AETNA/ US HEALTHCARE ...................................... 6  
CIGNA HEALTHCARE ............................................. 7  
MEDICARE ................................................................ 8  
MEDI-CAL OR MEDICAID ........................................ 9  
(NAME OF COUNTY MEDI-CAL PLAN) .................... 10  
OTHER ..................................................................... 91  
REFUSED .................................................................... 7  
DON’T KNOW .................................................................. 8

QA05_H56  
Is your {QA05_H55 CODE/ main health} plan an HMO (Health Maintenance Organization)?  
귀하의 {주된 건강} 보험은 HMO(Health Maintenance Organization)입니까?

[NOTE: IF R ASKS WHAT AN HMO IS, SAY: “With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency.”]  
[NOTE: IF R ASKS WHAT AN HMO IS, SAY: “HMO에 가입하면 보통 HMO 의사들이로부터 진료를 받아야 하고, 그렇지 않으면 응급 상황인 경우를 제외하고 치료비를 보상 받을 수 없습니다.”]

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

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

PROGRAMMING NOTE QA05_H57  
IF QA05_H7=1 (R HAS MEDI-CAREHMO) DISPLAY “Next I have some questions about your own main health plan”

QA05_H57  
{Next, I have some questions about your own main health plan.} How long have you been on this plan?  
이 보험에 득 지는 얼마나 되셨습니까?

AI22D

____________________ MONTHS
OR
____________________ YEARS
**QA05_H58**
Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?  
처방약의 경우, 보험 혜택을 받으십니까? 다시 말해서, 어떤 보험에서 비용의 일부라도 지불해줍니까?

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</table>

**PROGRAMMING NOTE QA05_H59**
IF QA05_H57 < 12 MONTHS, GO TO QA05_H60;  
ELSE, CONTINUE WITH QA05_H59

**Coverage over past 12 months**

**QA05_H59**
Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 12 months?  
지난 12 개월 동안 계속해서 현재와 같은 보험에 들어 있었습니까?

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<tr>
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**QA05_H60**
During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?  
지난 12 개월 동안 지금의 그 건강 보험이 없었던 때에는, 다른 어떤 건강 보험이 있었습니다가?

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</tr>
<tr>
<td>DON'T KNOW</td>
<td>..................................................................8</td>
</tr>
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</table>

**QA05_H61**
Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?  
보험이 메디캘, 건강가족프로그램, 또는 귀하의 직장 보험, 아니면 다른 어떤 보험이었습니까?

| CODE ALL THAT APPLY. CTRL-P TO EXIT. |
| PROBE: "Any others?" |
| PROBE: "*다른 것이 있습니까?" |

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<tbody>
<tr>
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</tr>
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<td>HEALTHY FAMILIES</td>
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<tr>
<td>3</td>
<td>THROUGH CURRENT OR FORMER EMPLOYER/UNION</td>
</tr>
<tr>
<td>4</td>
<td>HEALTHY KIDS</td>
</tr>
<tr>
<td>91</td>
<td>OTHER HEALTH PLAN</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**QA05_H62**
During the past 12 months, was there any time when you had no health insurance at all?
지난 12개월 동안, 의료보험이 전혀 없었던 때가 있었습니다?

[AI34]

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

QA05_H63 For how many months of the past 12 months did you have no health insurance at all?
의료보험이 전혀 없었던 기간이 몇 개월이었습니까?

[AI35]

____ NUMBER OF MONTHS [HR: 0-11]

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

Reasons for lack of coverage

QA05_H64 What is the ONE MAIN reason why you did not have any health insurance during those months?
그 몇 달 동안 건강 보험이 없었던 제일 중요한 이유가 무엇이시죠?

[AI36]

CHANGED EMPLOYER/LOST JOB ....................... 1
EMPLOYER DID NOT OFFER .................................. 2
NOT ELIGIBLE DUE TO WORKING STATUS ............ 3
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS ............................................ 4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS .................................. 5
COULDN'T AFFORD/TOO EXPENSIVE ................. 6
FAMILY SITUATION CHANGED ......................... 7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC) ............................................. 8
DON'T BELIEVE IN INSURANCE ......................... 9
HEALTHY -- NO NEED ....................................... 10
PAID FOR OWN CARE -- NO NEED ................. 11
GOT HEALTH CARE FREE -- NO NEED ............ 12
HAD INSURANCE ALL 12 MONTHS, JUST LOST .... 13
DENIED COVERAGE, NOT SPECIFIED/
DOESN'T QUALIFY NOT SPECIFIED ............... 14
DO HAVE COVERAGE BUT DON'T KNOW TYPE
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN ............................................. 15
DIDN'T LIKE INSURANCE OFFERED/
DIDN'T WANT IT ............................................ 16
OTHER (SPECIFY) ........................................... 17
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA05_H65  What is the ONE MAIN reason why you do not have any health insurance?
건강 보험이 없다고 하셨는데, 제일 중요한 이유가 무엇 때문이시죠?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CHANGED EMPLOYER/LOST JOB .........................1
EMPLOYER DID NOT OFFER .................................2
NOT ELIGIBLE DUE TO WORKING STATUS .... 3
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS .................................................4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ..............................................5
COULDN'T AFFORD/TOO EXPENSIVE ...................6
FAMILY SITUATION CHANGED ............................7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC) ......................................................8
DON'T BELIEVE IN INSURANCE .......................9
HEALTHY -- NO NEED ........................................10
PAID FOR OWN CARE -- NO NEED ..................11
GOT HEALTH CARE FREE -- NO NEED ..........12
HAD INSURANCE ALL 12 MONTHS,
JUST NOW LOST ..................................................13
DENIED COVERAGE, NOT SPECIFIED/
DOESN'T QUALIFY NOT ....................................14
SPECIFIED
DO HAVE COVERAGE BUT DON'T KNOW TYPE
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN ..................................................16
DIDN'T LIKE INSURANCED OFFERED/
DIDN'T WANT IT ....................................................17
OTHER (SPECIFY) ..................................................91
REFUSED ..........................................................-7
DON'T KNOW ......................................................-8

QA05_H66  Were you covered by health insurance at any time during the past 12 months?
지난 12개월 동안 의료보험 혜택을 받으신 적이 있었습니다?

AI27

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

[GO TO QA05_H68]
CHIS 2005 Adult Questionnaire

How long has it been since you last had health insurance?

[AI28]

- MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO ................................ 1
- MORE THAN 3 YEARS AGO ................................... 2
- NEVER HAD HEALTH INSURANCE .......................... 3
- REFUSED .............................................................. -7
- DON'T KNOW ...................................................... -8

[GO TO PN QA05_I1]

For how many months out of the last 12 months did you have health insurance?

[AI29]

[IIF LESS THAN ONE MONTH, ENTER 0 (ZERO)]

- ______ MONTHS [HR: 0-12]
- REFUSED .............................................................. -7
- DON'T KNOW ...................................................... -8

During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

[AI30]

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

- MEDI-CAL ............................................................ 1
- HEALTHY FAMILIES ............................................. 2
- THROUGH CURRENT OR FORMER EMPLOYER OR UNION ........................................ 3
- HEALTHY KIDS .................................................. 4
- OTHER HEALTH PLAN ......................................... 91
- REFUSED ........................................................... -7
- DON'T KNOW ...................................................... -8
Section I – Child and Adolescent Health Insurance

Child

PROGRAMMING NOTE QA05_I1
IF NO SELECTED CHILD, GO TO PN QA05_I30 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE = 0, GO TO PN QA05_I2
ELSE CONTINUE WITH QA05_I1

Child’s health insurance
QA05_I1  These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same
insurance as {you/ADULT RESPONDENT NAME}?
{}이/가 귀하와 같은 보험을 갖고 있습니까?

CF10A

YES ........................................................................... 1  [GO TO QA05_I24]
NO ............................................................................. 2
REFUSED ................................................................... -7
DON’T KNOW ........................................................... -8

IF QA05_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPSBP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPPAR= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPOTH= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AROTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AROTH = 1, SET CHOTHER = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARIHS= 1, SET CHIHS = 1

PROGRAMMING NOTE QA05_I2
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2
ELSE GO TO QA05_I3

QA05_I2  Does (CHILD) have the same insurance as {your spouse/your partner/SPouse NAME/ PARTNER
NAME}?
{}이/가 귀하의 {}와/과 같은 보험을 갖고 있습니까?

MA1

YES ........................................................................... 1  [GO TO QA05_I16]
NO ............................................................................. 2
REFUSED ................................................................... -7
DON’T KNOW ........................................................... -8

IF QA05_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPSBP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPPAR= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMOTH= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPOTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPOTH = 1, SET CHOTHER = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPIHS= 1, SET CHIHS = 1
QA05_I3  Is {he/she/he or she} currently covered by Medi-CAL?
{이/가 현재 메디캘(Medi-CAL)에 들어 있습니까?}

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."
[IF NEEDED, SAY:"메디캘은 특정 저소득 어린이나 그런 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."

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

IF QA05_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA05_I4  What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
(자녀 이름/나이/성별)가 메디캘에 들어 있지 않은 가장 큰 이유는 무엇입니다?

CF1A
PAPERWORK TOO DIFFICULT ........................................ 1
DIDN'T KNOW IF ELIGIBLE ...................................... 2
INCOME TOO HIGH, NOT ELIGIBLE ............................ 3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.......................... 4
OTHER NOT ELIGIBLE ............................................. 5
DON'T BELIEVE IN HEALTH INSURANCE .................. 6
DON'T NEED IT BECAUSE HEALTHY .......................... 7
ALREADY HAVE INSURANCE .................................. 8
DIDN'T KNOW IT EXISTED ...................................... 9
OTHER .................................................................... 91
REFUSED ........................................................... -7
DON'T KNOW ....................................................... -8

QA05_I5  Is (CHILD) covered by the Healthy Families Program?
(자녀 이름/나이/성별)가 건강가족 프로그램(Healthy Families Program) 혜택을 받고 계십니까?

CF2
[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: "건강가족 프로그램은 어린이가 19세가 될 때까지 의료보험료를 지불해주는 주정부 프로그램입니다."]

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

IF QA05_I5, SET CHHFAM = 1 AND SET CHINSURE = 1
QA05_I6  What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?
(자녀 이름/나이/성별)가 건강가족 프로그램에 등록되어 있지 않은 가장 큰 이유는 무엇입니까?

CF2A

PAPERWORK TOO DIFFICULT ......................1
DIDN'T KNOW IF ELIGIBLE ............................2
INCOME TOO HIGH, NOT ELIGIBLE ..................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ...........................4
OTHER NOT ELIGIBLE ..................................5
DON'T BELIEVE IN HEALTH INSURANCE ..........6
DON'T NEED IT BECAUSE HEALTHY ..................7
ALREADY HAVE INSURANCE ...........................8
DIDN'T KNOW IT EXISTED .............................9
DON'T LIKE / WANT WELFARE .........................10
OTHER ................................................................91
REFUSED ..................................................-7
DON'T KNOW ...............................................-8

QA05_I7  Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
(자녀 이름/나이/성별)가 귀하 또는 다른 분의 직장 또는 노동조합(Union)을 통해 의료보험 또는 HMO 혜택을 받고 계십니까?

CF3

YES .....................................................................1  [GO TO QA05_I9]
NO ......................................................................2
REFUSED ................................................................-7
DON'T KNOW ....................................................-8

IF QA05_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA05_I8  Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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?
귀하께서 직접 보험회사나 HMO에서 구입하신 건강보험에 { }이/가 들어 있습니까? 암이나 뇌졸중 또는 중풍 같은 특정 질병만 지불해 주거나, 병원에 입원한 경우 "별도 현금"만 주는 보험은 제외해 주십시오.

CF4

YES .....................................................................1  [GO TO PN QA05_I12]
NO ......................................................................2
REFUSED ................................................................-7
DON'T KNOW ....................................................-8

IF QA05_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

QA05_I9  Do you pay any or all of the premium or cost for (CHILD's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
귀하 또는 귀하의 가족이 지불해야하는 부담금이나 공제 금액에 대한 비용은 포함시키지 마십시오.

AI54  [IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."}
"A deductible is the amount you pay for medical care before your health plan starts paying."
"공제금액이란 의료보험이 지불하기 전에 귀하가 지불해야 하는 의료비의 금액을 말합니다."

"Premium is the monthly charge for the cost of your health insurance plan."
"보험료란 의료보험 비용에 대해 매월 지불하는 요금을 말합니다."

**QA05_I10**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD's) health plan?
고용주, 노동조합, 또는 전문인 단체와 같은 다른 사람이 {CHILD NAME/AGE/SEX}의 의료보험에 대한 보험료나 비용의 전부 또는 일부를 지불합니까?

**QA05_I11**

Who else pays all or some portion of the cost for (CHILD's) health plan?
그 다른 사람이 누구 입니까?

**PROGRAMMING NOTE QA05_I12**

IF QA05_I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0
IF QA05_I11 = 8, SET CHHFAM = 1
IF QA05_I11 = 7, SET CHMCAL = 1

**QA05_I12**

Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
자녀분이 CHAMPUS/CHAMP VA, Tricare 등 군인이나 군인가족을 위한 의료혜택을 받고 계십니까?
IF QA05_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA05_I13 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
자녀분이 에임(AIM)이나 미스터 밀("Mister MIP") 등과 같은 정부보조의료보험이나, 다른 어떤 혜택을 받고 계십니까?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program"]
[IF NEEDED, SAY: "*AIM이나 신생아 및 산모를 위한 기회라는 뜻이며, Mister MIP 또는 MRMIP는 큰 질병과 사고를 위한 의료보험 프로그램이나 뜻입니다."]

AIM ............................................................................ 1  [GO TO PN QA05_I16]
"MISTER MIP"/MRMIP ............................................. 2  [GO TO PN QA05_I16]
NO OTHER PLAN ..................................................... 3  [GO TO PN QA05_I16]
SOMETHING ELSE (SPECIFY): ___________ ......... 91  [GO TO PN QA05_I16]
REFUSED ..................................................................... -7  [GO TO PN QA05_I16]
DON'T KNOW ............................................................. -8  [GO TO PN QA05_I16]

IF QA05_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA05_I14 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?
자녀분이, 지금까지 말씀드리지 않은 다른 어떤 보험에 들어 있습니까?

CF8

YES.....................................................................................1 [GO TO PN QA05_I16]
NO...............................................................................2 [GO TO PN QA05_I16]
REFUSED ..................................................................... -7 [GO TO PN QA05_I16]
DON'T KNOW .............................................................. -8 [GO TO PN QA05_I16]
QA05_I15: What type of health insurance does (he/she/he or she) have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?
자녀분이 어떤 종류의 건강 보험에 가입되어 있습니까? 그 보험은 메디캘이나 건강 가족프로그램, 또는 직장/노동조합 등 다른 어떤 단체나 기관을 통한 것입니까?

CF9

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "다른 것은요?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .............................................. 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION ...................... 2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) ........................................ 3
MEDICARE ................................................................................. 4
MEDI-CAL ................................................................................. 5
HEALTHY FAMILIES .................................................................. 6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE ........... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC ............... 8
HEALTHY KIDS ......................................................................... 9
OTHER GOVERNMENT HEALTH PLAN .................. 91
OTHER NON-GOVERNMENT HEALTH PLAN .... 92
REFUSED ................................................................................ -7
DON'T KNOW ........................................................................... -8

IF QA05_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA05_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA05_I15 = 5, SET CHMICAL = 1 AND CHINSURE = 1
IF QA05_I15 = 6, SET CHHFFAM = 1 AND CHINSURE = 1
IF QA05_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA05_I15 = 8, SET CHIHS = 1
IF QA05_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA05_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1
IF QA05_I15 = -7 OR -8, SET CHINSURE = 1
PROGRAMMING NOTE QA05_I16
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA05_I16,
ELSE GO TO PN QA05_I19

Child's managed care plan characteristics
QA05_I16: What is the name of (CHILD)'s main health plan?
{}의 주된 건강 보험의 이름이 무엇입니까?

MA2

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "{}이(가) 보험 이름이 나와 있는 보험 카드 같은 것을 가지고 있습니까?"]
### Programming Note QA05_I17

If QA05_I16 = 1 (KAISER), code QA05_I17 =1 (YES) and go to QA05_I18.

#### QA05_I17

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

#### QA05_I18

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is (CHILD) covered for prescription drugs?</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### Programming Note QA05_I19

If CHINSURE = 1, go to QA05_I24; else continue with QA05_I19.

#### Child—reasons for non-coverage

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGED EMPLOYER/LOST JOB</td>
<td>1</td>
</tr>
<tr>
<td>EMPLOYER DOES NOT OFFER</td>
<td>2</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO WORKING STATUS</td>
<td>3</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS</td>
<td>4</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS</td>
<td>5</td>
</tr>
</tbody>
</table>
QA05_I20  Was (CHILD) covered by health insurance at any time during the past 12 months?
(CHILD)가 지난 12개월 중 의료보험 혜택을 받은 적이 있습니까?

CF20
- YES ........................................................................... 1
- NO ............................................................................. 2
- REFUSED .................................................................... -7
- DON'T KNOW ................................................................ -8

QA05_I21  How long has it been since (CHILD) last had health insurance?
(CHILD)가 마지막으로 의료보험에 들은 지 얼마나 지났습니까?

CF21
- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO .................. 1
- MORE THAN 3 YEARS AGO .................................................................. 2
- NEVER HAD HEALTH INSURANCE COVERAGE .................................. 3
- REFUSED .......................................................................................... -7
- DON'T KNOW/NOT SURE ...................................................................... -8

QA05_I22  For how many of the last 12 months did {he/she/he or she} have health insurance?
지난 12개월중 몇 개월 동안 의료보험에 들어 있었습니까?

CF22
- [NOTE: IF LESS THAN ONE MONTH, ENTER 1]
- ____ MONTHS [RANGE: 0-12] [GO TO QA05_I22]
- REFUSED .......................................................................................... -7
- DON'T KNOW ..................................................................................... -8

QA05_I23  During those months when (CHILD) had health insurance, was {his/her/his or her} insurance Medi-Cal, Healthy Families, a plan you obtained through an employer, or some other plan?
(CHILD)가 들어있던 의료보험이 메디캘, 건강가족프로그램, 귀하의 직장을 통해 가입된 보험, 또는 다른 보험이었습니다?

CF23
- [CIRCLE ALL THAT APPLY.]
- [PROBE: "Any others?"]
- [PROBE: "*또 다른 것이 있습니까?"]
- MEDI-CAL ..................................................................................... 1
- HEALTHY FAMILIES ................................................................. 2
- THROUGH CURRENT OR FORMER EMPLOYER [GO TO PN QA05_I30]
QA05_I24
Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?
지난 12개월 동안 한 달도 빼지없이 (자녀 이름/나이/성별)가 동일한 보험에 들어 있었습니까?

CF24
YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8

QA05_I25
When {he/she/he or she} wasn’t covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?
자녀분에게 현재 들어있는 보험이 없었을 때는 다른 어떤 보험이 있었습니까?

CF25
YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8

QA05_I26
Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
자녀분의 다른 보험이 메디캘, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 어떤 보험이였습니까?

CF26
[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "또 다른 것이 있습니다?""]

MEDI-CAL .......................................................... 1
HEALTHY FAMILIES ........................................... 2
THROUGH CURRENT OR FORMER EMPLOYER/UNION ........................................... 3
HEALTHY KIDS .................................................. 4
OTHER HEALTH PLAN ......................................... 91
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8

QA05_I27
During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?
지난 12개월 동안, 자녀분에게 의료보험이 전혀 없던 때가 있었습니까?

CF27
YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8
QA05_I28  For how many of the past 12 months did {he/she/he or she} have no health insurance?
자녀분에게 의료보험이 전혀 없던 기간이 몇 개월이었습니까?

CF28

_____ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]

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

QA05_I29  What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she/he or she} wasn’t covered?
(자녀 이름/나이/성별)가 보험에 들어있지 않았던 동안, 보험을 안 했던 가장 큰 이유는 무엇이었습니까?

CF29

[IF R SAYS, "No need," PROBE WHY]

CHANGED EMPLOYER/LOST JOB .........................1
EMPLOYER DID NOT OFFER ..................................2
NOT ELIGIBLE DUE TO WORKING STATUS ............3
NOT ELIGIBLE DUE TO HEALTH OR
  OTHER PROBLEMS ........................................4
NOT ELIGIBLE DUE TO CITIZENSHIP/
  IMMIGRATION STATUS ..................................5
COULDN'T AFFORD/TOO EXPENSIVE .................6
FAMILY SITUATION CHANGED ..........................7
LOST PUBLIC PROGRAM COVERAGE
  (MEDI-CAL, ETC.) ........................................8
DIDN'T BELIEVE IN INSURANCE ......................9
HEALTHY -- NO NEED ....................................10
PAID FOR OWN CARE -- NO NEED ..................11
GOT HEALTH CARE FREE -- NO NEED ............12
OTHER (SPECIFY) __________________ ........... 91
REFUSED .................................................. -7
DON'T KNOW ........................................... -8
Teen
Teen's health insurance

PROGRAMMING NOTE QA05_I30
IF NO TEEN SELECTED, GO TO QA05_J1;
IF ARINSURE = 1, CONTINUE WITH QA05_I30
IF ARINSURE = 0, GO TO PN QA05_I31
ELSE CONTINUE WITH QA05_I30

QA05_I30 These next questions are about health insurance (TEEN) may have.
다음은 {}이/가 갖고 있을 수 있는 건강 보험에 대한 질문입니다.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
{}이/가 귀하의 {}과 같은 보험을 갖고 있습니까?

IA10A

YES........................................................................... 1 [GO TO QA05_I54]
NO............................................................................. 2
REFUSED...................................................................... -7
DON'T KNOW..................................................................... -8

IF QA05_I30 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPPAR= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARIHS= 1, SET TEIHS = 1

PROGRAMMING NOTE QA05_I31
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I31
ELSE GO TO PN QA05_I32

QA05_I31 Does (TEEN) have the same insurance as your spouse?
{}이/가 귀하의 {}과 같은 보험을 갖고 있습니까?

MA5

YES........................................................................... 1 [GO TO QA05_I46]
NO............................................................................. 2
REFUSED...................................................................... -7
DON'T KNOW..................................................................... -8

IF QA05_I31 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1

A-131
PROGRAMMING NOTE QA05_I32
IF CHINSURE = 1, CONTINUE WITH QA05_I32
ELSE GO TO QA05_I33

QA05_I32 Does (TEEN) have the same insurance as (CHILD)?
{}이/가 {}과 같은 보험을 갖고 있습니까?

MA6

YES ........................................................................... 1 [GO TO PN QA05_I54]
NO ............................................................................. 2
REFUSED ........................................................................... -7
DON'T KNOW ........................................................... -8

IF QA05_I32 = 1 AND CHMCL = 1, SET TEMCL = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHHFM = 1, SET TEHFM = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I33 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I33 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I33 = 1 AND CHIHS = 1, SET TEIHS = 1

QA05_I33 Is {he/she/he or she} currently covered by Medi-CAL?
{}이/가 메디-캘에 들어 있습니까?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant
genesis, and disabled or elderly people.""]
[IF NEEDED, SAY: "메디-캘은 특정 저소득 어린이나 극단 어린이들의 가족과 임신부 그리고 장애자나 노령자들을 위한 보험입니다."]

YES ........................................................................... 1 [GO TO QA05_I37]
NO ............................................................................. 2 [GO TO QA05_I35]
REFUSED ........................................................................... -7 [GO TO QA05_I35]
DON'T KNOW ........................................................... -8 [GO TO QA05_I35]

IF QA05_I33 = 1, SET TEMCL = 1 AND SET TEINSURE = 1
QA05_I34  What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
{어린이 이름/나이/성별}가 메디칼에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니까?

IA1A

PAPERWORK TOO DIFFICULT ......................... 1
DIDN'T KNOW IF ELIGIBLE ............................. 2
INCOME TOO HIGH, NOT ELIGIBLE ................... 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
    IMMIGRATION STATUS .............................. 4
OTHER NOT ELIGIBLE ................................ 5
DON'T BELIEVE IN HEALTH INSURANCE .......... 6
DON'T NEED IT BECAUSE HEALTHY ................ 7
ALREADY HAVE INSURANCE ......................... 8
DIDN'T KNOW IT EXISTED ............................ 9
DON'T LIKE / WANT WELFARE ...................... 10
OTHER .................................................... 91
REFUSED ............................................... -7
DON'T KNOW .......................................... -8

QA05_I35  Is (TEEN) covered by the Healthy Families Program?
{어린이 이름/나이/성별}가 건강가족 프로그램(Healthy Families Program)의 혜택을 받고 있습니까?

IA2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance
for children up to age 19."
][IF NEEDED, SAY: "건강가족프로그램은 어린이가 19 세가 될 때까지 건강보험료를 지불해주는 주정부 프로그램입니다."]

YES ........................................................................... 1 [GO TO QA05_I37]
NO ............................................................................. 2 [GO TO QA05_I37]
REFUSED ............................................................... -7 [GO TO QA05_I37]
DON'T KNOW .......................................................... -8 [GO TO QA05_I37]

IF QA05_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA05_I36  What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
{어린이 이름/나이/성별}가 건강가족 프로그램에 등록되어 있지 않은 가장 큰 이유 하나는 무엇입니까?

IA2A

PAPERWORK TOO DIFFICULT ......................... 1
DIDN'T KNOW IF ELIGIBLE ............................. 2
INCOME TOO HIGH, NOT ELIGIBLE ................... 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
    IMMIGRATION STATUS .............................. 4
OTHER NOT ELIGIBLE ................................ 5
DON'T BELIEVE IN HEALTH INSURANCE .......... 6
DON'T NEED IT BECAUSE HEALTHY ................ 7
ALREADY HAVE INSURANCE ......................... 8
DIDN'T KNOW IT EXISTED ............................ 9
DON'T LIKE / WANT WELFARE ...................... 10
OTHER .................................................... 91
REFUSED ............................................... -7
DON'T KNOW .......................................... -8
QA05_I37  Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

YES...........................................................................1 [GO TO QA05_I39]
NO.............................................................................2
REFUSED...............................................................-7
DON'T KNOW.........................................................-8

IF QA05_I37 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA05_I38  Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?

IA4

YES...........................................................................1 [GO TO PN QA05_I42]
NO.............................................................................2
REFUSED...............................................................-7
DON'T KNOW.........................................................-8

IF QA05_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA05_I39  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.

AI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

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

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

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

QA05_I40  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?

AI52

YES...........................................................................1
QA05_I41  Who else pays all or some portion of the cost for (TEEN’s) health plan?

 그 다른 사람이 누구 입니까?

QA05_I42  Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

{이/가 챔퍼스/챔퍼스-VA(CHAMPUS/CHAMPUS-VA), 트라이케어(TRICARE), VA, 또는 다른 군 의료 서비스의 건강 보험에 들어 있습니까?}

QA05_I43  Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

{이/가 AIM(에임)이나 미스터 MIP(딥)같은 정부 건강 보험이나 그 밖의 다른 보험에 들어 있습니까?}

A-135
IF QA05_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA05_I44  Does (he/she/he or she) have any health insurance coverage through a plan that I missed?  어린이가 제가 말씀드리지 않은 다른 보험에 들어 있습니까?

IA8  
YES ................................................................. 1
NO ............................................................... 2
REFUSED ........................................................... -7
DON'T KNOW .................................................... -8  [GO TO PN QA05_I49]  

QA05_I45  What type of health insurance does (he/she/he or she) have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?  어떤 종류의 건강 보험을 {}이/가 가지고 있습니까? 크게 메디-캘, 헬씨 패밀리스(Healthy Families), 직장이나 노동 조합을 통한 보험입니까, 아니면 다른 어떤 대를 통해서입니까?

IA9  [CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "다른 것이 또 있습니까?"]

THROUGH CURRENT OR FORMER
  EMPLOYER/UNION ................................................. 1
THROUGH SCHOOL, PROFESSIONAL
  ASSOCIATION, TRADE GROUP OR OTHER
  ORGANIZATION.......................................................... 2
PURCHASED DIRECTLY FROM A HEALTH
  PLAN (BY R OR ANYONE ELSE)................................. 3
MEDICARE .............................................................. 4 (VERIFY)
MEDI-CAL .............................................................. 5
HEALTHY FAMILIES .................................................... 6
CHAMPUS/CHAMP-VA, TRICARE, VA,
  OR SOME OTHER MILITARY HEALTH CARE .......... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
  PROGRAM, URBAN INDIAN CLINIC.............................. 8
HEALTHY KIDS ......................................................... 9
OTHER GOVERNMENT HEALTH PLAN ................. 91
OTHER NON-GOVERNMENT HEALTH PLAN ......... 92
REFUSED ................................................................. -7
DON'T KNOW ........................................................... -8

IF QA05_I45 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 2, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 3, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA05_I45 = 4, SET TEMCARE = 1 AND TEINSURE = 1
IF QA05_I45 = 5, SET TEMCAL = 1 AND TEINSURE = 1
IF QA05_I45 = 6, SET TEHFAM = 1 AND TEINSURE = 1
IF QA05_I45 = 7, SET TEMILIT = 1 AND TEINSURE = 1
IF QA05_I45 = 8, SET TEIHS = 1
IF QA05_I45 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA05_I45 = 92, SET TEINSURE = 1 AND TEOOTHER = 1
IF QA05_I45= -7 OR -8, SET TEINSURE = 1
Teen's managed care plan characteristics

What is the name of (TEEN)'s main health plan?

- KAISER ............................................... 1
- BLUE CROSS/CALIFORNIACARE ............... 2
- PACIFICARE ......................................... 3
- BLUE SHIELD/CAREAMERICA ..................... 4
- HEALTH NET ......................................... 5
- MEDICARE ........................................... 6
- MEDI-CAL OR MEDICAID ............................ 7
- (NAME OF COUNTY MEDI-CAL PLAN) ............ 8
- OTHER .................................................. 91
- REFUSED ............................................. -7
- DON'T KNOW ........................................ -8

Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

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

Is (TEEN) covered for prescription drugs?

- YES ................................................................ 1
- NO ................................................................... 2
- REFUSED .................................................. -7
- DON'T KNOW ........................................... -8
 PROGRAMMING NOTE QA05_I49:
IF TEINSURE = 1, GO TO QA05_I54;
ELSE CONTINUE WITH QA05_I49.

Teen—reasons for non-coverage

QA05_I49 What is the ONE MAIN reason (TEEN) does not have any health insurance?
{}이 아무 건강 보험도 없는 체일 중요한 이유가 뭘까요?

IA18

CHANGED EMPLOYER/LOST JOB .........................1
EMPLOYER DID NOT OFFER................................2
NOT ELIGIBLE DUE TO WORKING STATUS.............3
NOT ELIGIBLE DUE TO HEALTH OR OTHER        
PROBLEMS....................................................4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ......................................5
COULDN'T AFFORD/TOO EXPENSIVE ....................6
FAMILY SITUATION CHANGED..............................7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.)..........................................8
DIDN'T BELIEVE IN INSURANCE ........................9
HEALTHY -- NO NEED .....................................10
PAID FOR OWN CARE -- NO NEED .....................11
GOT HEALTH CARE FREE -- NO NEED ..............12
OTHER (SPECIFY) ___________________ ..........91
REFUSED..........................................................-7
DON'T KNOW.....................................................-8

QA05_I50 Was (TEEN) covered by health insurance at any time during the past 12 months?
{어린이 이름/나이/성별}가 지난 12개월 중 건강보험의 혜택을 받은 적이 있습니까?

IA20

YES...........................................................................1
 [GO TO QA05_I52]
NO.............................................................................2
REFUSED....................................................................-7
DON'T KNOW.........................................................-8

QA05_I51 How long has it been since (TEEN) last had health insurance?
{어린이 이름/나이/성별}가 마지막으로 건강보험에 들은 지 얼마나 지났습니까?

IA21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO ..............................1
MORE THAN 3 YEARS AGO ..............................2
NEVER HAD HEALTH INSURANCE COVERAGE .3
REFUSED............................................................-7
DON'T KNOW/NOT SURE ....................................-8
[GO TO QA05_I60]

QA05_I52 For how many of the last 12 months did {he/she/he or she} have health insurance?
지난 12개월 중 몇 개월 동안이나 {}가 건강보험이 있었습니까?

IA22

[NOTE: IF LESS THAN ONE MONTH, ENTER 1]
_____ MONTHS [RANGE: 0-12]

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

QA05_I53 During those months when (TEEN) had health insurance, was {his/her/his or her} insurance MediCAL Healthy Families, a plan you obtained through an employer, or some other plan?

IA23

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "*다른 것이 또 있습니까?"]

MEDI-CAL ................................................................. 1
HEALTHY FAMILIES ................................................ 2
THROUGH CURRENT OR FORMER EMPLOYER/UNION ................................................. 3
HEALTHY KIDS ........................................................... 4
OTHER HEALTH PLAN ............................................. 91
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

Teen’s coverage over past 12 months

QA05_I54 Thinking about {his/her/his or her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

IA24

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8
QA05_I55 When {he/she/he or she} wasn’t covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?
어린이에게 현재 들어있는 보험이 없었을 때에는 다른 보험이 있었습니까?

IA25

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
</tbody>
</table>

[GO TO QA05_I57]

QA05_I56 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
어린이의 보험이 메디칼, 건강가족프로그램, 또는 귀하의 직장을 통해 가입된 보험 중 하나였습니까, 또는 다른 보험이었습니까?

IA26

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "*다른 것이 있습니까?"]

| MEDI-CAL | 1 |
| HEALTHY FAMILIES | 2 |
| THROUGH CURRENT OR FORMER EMPLOYER/UNION | 3 |
| HEALTHY KIDS | 4 |
| OTHER HEALTH PLAN | 91 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

QA05_I57 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?
지난 12 개월동안, 어린이에게 건강보험이 전혀 없던 때가 있었습니까?

IA27

<table>
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<tr>
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</table>

[GO TO QA05_I60]

QA05_I58 For how many of the past 12 months did {he/she/he or she} have no health insurance?
지난 12 개월 중 몇 개월 동안이나 {}가 건강보험이 없었습니까?

IA28

_____ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]

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

QA05_I59 What is the ONE MAIN reason (TEEN) did not have any health insurance during the time {he/she/he or she} wasn’t covered?
{}이/가 건강보험이 없었던 기간 동안 {}이/가 건강보험이 없었던 제일 중요한 이유가 무엇인가요?

IA29

[IF R SAYS, "No need," PROBE WHY]
Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

MA10

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

PROGRAMMING NOTE QA05_I61:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

AI56

UNITED STATES ...................................................... 1
AMERICAN SAMOA .................................................. 2
CAMBODIA .............................................................. 3
CANADA .................................................................... 4
CHINA ....................................................................... 5
CUBA ....................................................................... 6
EL SALVADOR .......................................................... 7
ENGLAND .................................................................. 8
GERMANY .................................................................. 9
GUAM ..................................................................... 10
GUATEMALA ........................................................... 11
HONG KONG ............................................................ 12
INDIA .................................................................... 13
IRAN ....................................................................... 14
JAPAN .................................................................... 15
KOREA .................................................................... 16
MEXICO .................................................................... 17
NICARAGUA ........................................................... 18
PAKISTAN .............................................................. 19
PERU ................................................................. 20
PHILIPPINES .................................................... 21
RUSSIA .............................................................. 22
TAIWAN ............................................................. 23
VIETNAM .......................................................... 24
VIRGIN ISLANDS ........................................... 25
..... OTHER (SPECIFY): _____________________ 91
REFUSED ......................................................... -7
DON'T KNOW .................................................... -8

PROGRAMMING NOTE QA05_I62:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I62  Does {TEEN'S} {mother/father} now live in the U.S.?
           {CHILD NAME/AGE/SEX}의 어머니는 현재 미국에 살고 계십니까?

     AI57

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

[GO TO QA05_J1]
PROGRAMMING NOTE QA05_I63:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I63  Is {TEEN'S} {mother/father} a citizen of the United States?
(CHILD NAME/AGE/SEX)의 어머니는 미국시민권자입니까?

AI58  
YES ........................................................................... 1 [GO TO PN QA05_I65]
NO ............................................................................. 2
APPLICATION PENDING ......................................... 3
REFUSED .................................................................. -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_I64:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I64  Is {TEEN'S} {mother/father} a permanent resident with a green card?
(CHILD NAME/AGE/SEX)의 어머니는 그린카드를 소지한 영주권자입니까?

AI59  
YES ........................................................................... 1
NO ............................................................................. 2
APPLICATION PENDING ......................................... 3
REFUSED .................................................................. -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_I65:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I65  About how many years has {TEEN'S} {mother/father} lived in the United States?
(CHILD NAME/AGE/SEX)의 어머니는 미국에서 대략 몇 년이나 사셨습니까?

AI60  
_____ NUMBER OF YEARS     [IF < 1 YEAR, ENTER "1"]
OR YEAR TO FIRST COME AND LIVE IN U.S.
MOTHER/FATHER DECEASED .................................... 3
REFUSED .................................................................. -7
DON'T KNOW ......................................................... -8
Section J – Health Care Utilization and Access, Mental Health

Visits to medical doctor

QA05_J1
Now, I’d like to ask about the health care you receive. During the past 12 months, how many times have you seen a medical doctor?

이제는 받고 계시는 의료 서비스에 대해 여쭤보고자 합니다. 지난 12 개월 동안, 의사를 몇 번이나 보셨습니까?

AH5

_____ TIMES [RANGE: 0-365]

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

PROGRAMMING NOTE QA05_J2:
IF QA05_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA05_J2;
ELSE GO TO PROGRAMMING NOTE QA05_J3

QA05_J2
About how long has it been since you last saw a doctor about your own health?

자신의 건강 문제때문에 가장 최근에 의사를 본 게 얼마나 전이었습니다?

AH6

ONE YEAR AGO OR LESS ...................................... 0
MORE THAN 1 UP TO 2 YEARS AGO .................... 1
MORE THAN 2 UP TO 5 YEARS AGO .................... 2 [GO TO QA05_J7]
MORE THAN 5 YEARS AGO ................................. 3 [GO TO QA05_J7]
NEVER .................................................................... 4 [GO TO QA05_J7]
REFUSED ............................................................... -7 [GO TO QA05_J9]
DON'T KNOW ......................................................... -8 [GO TO QA05_J9]

PROGRAMMING NOTE QA05_J3:
IF QA05_J1 > 0 OR QA05_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA05_J3;
ELSE GO TO QA05_J7

Communication with doctor

QA05_J3
The last time you saw a doctor, did you have a hard time understanding the doctor?

지난 번에 의사를 보았을 때 의사가 하는 말이 알아 드기 힘들었습니까?

AJ8

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................ -7 [GO TO QA05_J7]
DON'T KNOW ......................................................... -8

QA05_J4
Was this because you and the doctor spoke different languages?

그게 귀하과 의사가 서로 다른 언어를 사용하기 때문이었습니다?

AJ9

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................ -7 [GO TO QA05_J7]
DON'T KNOW ......................................................... -8
QA05_J5  Did you need someone else to help you understand the doctor?
의사가 하는 말을 알아 듣기 위해 누군가의 도움이 필요했습니까?

AJ10

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

[GO TO QA05_J7]

QA05_J6  Who was this person who helped you understand the doctor?
의사의 말을 알아 듣도록 도와 주었던 사람이 누구였습니까?

AJ11

[IF R RESPONDS "MY CHILD", PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18+, CODE AS ADULT FAMILY MEMBER]

MINOR CHILD (UNDER AGE 18).........................1
AN ADULT FAMILY MEMBER OR
   FRIEND OF MINE................................................2
NON-MEDICAL OFFICE STAFF.............................3
MEDICAL STAFF INCLUDING
   NURSES/DOCTORS............................................4
PROFESSIONAL INTERPRETER (BOTH IN
   PERSON AND ON THE TELEPHONE)...............5
OTHER (PATIENTS, SOMEONE ELSE)...............6
DID NOT HAVE SOMEONE TO HELP .................7
REFUSED...........................................................-7
DON'T KNOW....................................................... -8

QA05_J7  Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?
다른 인종이나 민족적 출신 배경에 속했다면 더 나은 진료 서비스를 받을 수 있던 적이 있었습니까?

AJ17

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

[GO TO QA05_J9]

QA05_J8  Think about the last time this happened. How long ago was that?
가장 최근에 이런 일이 일어났던 때를 생각해 보십시오. 그게 얼마나 전이었습니다か?

AJ18

A YEAR AGO OR LESS ........................................... 1
MORE THAN 1 UP TO 2 YEARS AGO....................2
MORE THAN 2 UP TO 3 YEARS AGO....................3
MORE THAN 3 UP TO 5 YEARS AGO....................4
MORE THAN 5 UP TO 10 YEARS AGO..................5
MORE THAN 10 UP TO 20 YEARS AGO.................6
MORE THAN 20 YEARS AGO.................................7
REFUSED...........................................................-7
DON'T KNOW....................................................... -8
Emergency room visits

PROGRAMMING NOTE QA05_J9
IF QA05_B6 = 1 (YES, R VISITED ER FOR ASTHMA) CODE QA05_J9 = 1 AND GO TO QA05_J10;
ELSE, CONTINUE WITH QA05_J9

QA05_J9 During the past 12 months, did you visit a hospital emergency room for your own health?
지난 12 개월 동안 자신의 건강 때문에 병원 응급실을 찾아가신 적이 있습니까?

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<tr>
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</tr>
<tr>
<td>DON'T KNOW ........................................... -8</td>
</tr>
</tbody>
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Mental health

QA05_J10 The next questions are about how you have been feeling during the past 30 days. About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?
다음의 질문들은 지난 30 일 동안의 귀하의 느낌에 관한 것입니다. 귀하는 지난 30 일 동안 대략 얼마나 자주 신경이 예민하다고 느꼈습니까? 항상 느꼈음, 대부분의 기간 동안 느꼈음, 약간의 기간 동안 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

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<tr>
<td>MOST ................................................... 2</td>
</tr>
<tr>
<td>SOME .................................................. 3</td>
</tr>
<tr>
<td>A LITTLE ............................................. 4</td>
</tr>
<tr>
<td>NONE .................................................. 5</td>
</tr>
<tr>
<td>REFUSED .............................................. -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................... -8</td>
</tr>
</tbody>
</table>

QA05_J11 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?
지난 30 일 동안 대략 얼마나 자주 희망이 없다고 느꼈습니까? 항상 느꼈음, 대부분의 기간 동안 느꼈음, 약간의 기간 동안 느꼈음, 거의 느끼지 않았음, 전혀 느끼지 않았음 중에서 선택해 주십시오.

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<td>SOME .................................................. 3</td>
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<td>A LITTLE ............................................. 4</td>
</tr>
<tr>
<td>NONE .................................................. 5</td>
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<tr>
<td>REFUSED .............................................. -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................... -8</td>
</tr>
</tbody>
</table>
During the past 30 days, about how often did you feel restless or fidgety?

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

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

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

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

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

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

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

ALL ................................................................. 1
MOST .............................................................. 2
SOME ............................................................... 3
A LITTLE ........................................................... 4
NONE ............................................................... 5
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8
QA05_J15  During the past 30 days, about how often did you feel worthless?
지난 30 일 동안 자신이 쓸모없는 사람이라는 것을 대략 얼마나 자주 느꼈습니까?

AJ34

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “항상, 대부분의 기간 동안, 약간의 기간 동안 느꼈거나, 거의 또는 전혀 느끼지 않았습니까?”]

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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
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<td>-8</td>
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</tbody>
</table>

QA05_J16  During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?
지난 12 개월 동안, 귀하는 슬픔, 불안, 또는 신경 과민과 같은 정서 또는 정신 건강 문제로 도움이 필요했다고 생각하십니까?

AJ2

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<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

QA05_J17  Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems?
하룻밤 입원, 응급실 방문, 또는 약물이나 알코올 문제로 인한 방문을 제외하고, 귀하는 지난 12 개월 동안 정서 또는 정신 건강 문제로 정신과 의사, 임상 심리학자, 사회 복지사, 또는 카운셀러를 방문한 적이 있습니까?

AJ3

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<td>2</td>
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<td>-7</td>
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<tr>
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PROGRAMMING NOTE QA05_J18:
(IF QA05_J16 = 1 OR QA05_J17=1) AND ARINSURE = 1, CONTINUE WITH QA05_J18;
(IF QA05_J16 = 1 OR QA05_J17 = 1) AND ARINSURE NE 1, GO TO QA05_J19;
ELSE GO TO QA05_J22;

Mental health services

QA05_J18  Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
귀하의 의료보험은 임상 심리 의사나 정신병 의사 방문과 같은 정신 건강 문제에 대한 치료를 보상합니까?

AJ1
YES ............................................................... 1
NO ............................................................... 2
REFUSED ....................................................... -7
DON'T KNOW ................................................. -8

QA05_J19  During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
지난 12 개월 동안, 정서 또는 개인적인 문제로 항우울제나 진정제 같은 처방약을 2 주 이상 동안 거의 매일 복용한 적이 있습니까?

AJ5
YES ............................................................... 1
NO ............................................................... 2
REFUSED ....................................................... -7
DON'T KNOW ................................................. -8

QA05_J20  During the past 12 months, did you have difficulties or delays in getting mental health treatment?
지난 12 개월 동안, 정신 건강 치료를 받는데 어려움이 있었거나 치료가 지연된 적이 있습니까?

AJ6
YES ............................................................... 1
NO ............................................................... 2
REFUSED ....................................................... -7
DON'T KNOW ................................................. -8

PROGRAMMING NOTE QA05_J21;
IF QA05_J9 =2 (NO ER VISIT PAST 12 MONTHS, GO TO PN QA05_J22
ELSE, CONTINUE WITH QA05_J21

QA05_J21  In the past 12 months, did you receive care in an emergency room for emotional or mental health problems?
지난 12 개월 동안, 정서 또는 정신 건강 문제로 응급실에서 진료를 받은 적이 있습니까?

AJ7
YES ............................................................... 1
NO ............................................................... 2
REFUSED ....................................................... -7
DON'T KNOW ................................................. -8
Discussed diet and exercise

**PROGRAMMING NOTE QA05_J23**

IF QA05_J1 > 0 OR QA05_J2 = 0 (R HAS SEEN DOCTOR IN LAST 12 MONTHS) CONTINUE WITH QA05_J23
ELSE GO TO QA05_K1

**QA05_J22**

Doctors, nurses, or other health providers sometimes talk with patients about low-fat, low-salt, or reduced calorie diets.

의사, 간호사, 또는 여타 의료 종사자들은 환자들에게 가끔 저지방, 저염 또는 저칼로리 다이어트에 관해 종종 이야기하기도 합니다.

In the last 12 months, did your health provider talk with you or give you information about how much or what kinds of food you eat?

지난 12 개월 동안, #귀하의 의료 종사자가 #귀하가 먹는 음식의 양이나 종류에 관해 이야기하거나 정보를 제공했습니까?

**AJ27**

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

**QA05_J23**

In the last 12 months, did your health provider talk with you or give you information about how much or what kind of exercise you get?

지난 12 개월 동안 #귀하의 의료 제공자가 #귀하께서 하시는 #운동의 양 #또는 종류에 관해 이야기하거나 정보를 제공했습니까?

**AJ28**

YES ................................................................. 1
NO ................................................................. 2
REFUSED ..................................................... -7
DON'T KNOW .............................................. -7
Section K – Employment, Income, Poverty Status

**PROGRAMMING NOTE QA05_K1:**

IF QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA05_K1;
ELSE GO TO PROGRAMMING NOTE QA05_K7

**Hours worked**

**QA05_K1**

This is about the work you do. How many hours per week do you usually work at all jobs or businesses?
직장 또는 업소에서 모두 합쳐 주로 1 주일에 몇시간을 일하십니까?

**AK3**

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]
REFUSED........................................................................ -7
DON'T KNOW.............................................................. -8

**PROGRAMMING NOTE QA05_K2**

IF QA05_K1 = 0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA05_K7;
ELSE CONTINUE WITH QA05_K2 AND

IF QA05_G26 = 1 (PRIVATE COMPANY), DISPLAY "employed by a private company",
IF QA05_G26 = 2 (GOVERNMENT), CODE QA05_K2 AS "GOVERNMENT" AND GO TO QA05_K3
IF QA05_G26 = 3 (SELF-EMPLOYED), DISPLAY "self-employed",
IF QA05_G26 = 4 (FAMILY BUSINESS OR FARM), DISPLAY "working without pay in a family business or farm".

**Occupation/industry**

**QA05_K2**

Earlier, you told me that on your main job, you are {employed by a private company / self-employed / working without pay in a family business or farm}. What kind of business or industry is this?
어떤 종류의 사업 또는 산업입니까?

**AK5**

[IF NEEDED, SAY: "What do they make or do at this business?"]
* 이 업소에서 만들거나 하는 일이 무엇인가?

[INTERVIEWER: ENTER DESCRIPTION]

______________________________ (BUSINESS OR INDUSTRY)
REFUSED................................................................. -7
DON'T KNOW.......................................................... -8

**QA05_K3**

What is the main kind of work you do?
주로 하시는 일은 무엇입니까?

**AK6**

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

______________________________ (OCCUPATION)
REFUSED................................................................. -7
DON'T KNOW.......................................................... -8
QA05_K4 How long have you worked at your main job? 
지금 주로 나가시는 직장에서 근무하신 지는 얼마나 되셨습니까?

AK7 [IF NEEDED, SAY: “That is, for your current employer?”]

|_____ MONTHS | [HR: 0-12] |
|_____ YEARS  | [HR: 0-50] |

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

PROGRAMMING NOTE QA05_K5:
IF QA05_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K5 = 5 AND GO TO QA05_K7;
IF QA05_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K5 AND DISPLAY "Including yourself, about";
ELSE CONTINUE WITH QA05_K5 AND DISPLAY "About"

QA05_K5 {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?
지금 일하시는 직장의 경우, 소속 사무소나 사업장을 통틀어 전체 직원이 대략 몇 명이나 됩니다?

AK8 [IF NEEDED SAY: “Your best guess is fine.”]
[IF NEEDED SAY: “지금 생각나시는대로 말씀해 주시면 됩니다.”]

FEWER THAN 10 ..................................................... 1
10-50 .............................................................................. 2
51-99 .............................................................................. 3
100-999 ....................................................................... 4
1,000 OR MORE .......................................................... 5
REFUSED ............................................................................ -7
DON’T KNOW .................................................................. -8

Income, last month

QA05_K6 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?
시간당 임금, 월급, 팀, 그리고 커미션을 포함한 모든 직장과 비즈니스에서 번 소득을 세금이나 다른 공제를 하기 전 액수로 아시는 대로 말씀해 주십시오.

AK10 [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________ AMOUNT

REFUSED ........................................................................... -7
DON’T KNOW ..................................................................... -8
PROGRAMMING NOTE QA05_K7
IF QA05_G29 = 1 or 2 (SPOUSE WORKS) OR QA05_G30 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA05_K7;
ELSE GO TO QA05_K9

QA05_K7
How many hours per week does your (husband/wife/spouse) usually work at all jobs or businesses?

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

____ HOURS

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

PROGRAMMING NOTE QA05_K8
IF QA05_K7 > 0 CONTINUE WITH QA05_K8;
ELSE GO TO QA05_K9

QA05_K8
What is your best estimate of all your spouse’s earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_______________ AMOUNT

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

Annual household income

QA05_K9
What is your best estimate of your household’s total annual income from all sources before taxes in 2004?

[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_______________ AMOUNT

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

[GO TO PN QA05_K11]

QA05_K10
I have entered that your annual household income is (AMOUNT). Is that correct?
$\{XX,XXX\}$이하입니까, 이상입니까?

**AK22A**
- YES ........................................................................... 1 [GO TO PN QA05_K17]
- NO ............................................................................. 2 [GO BACK TO QA05_K9]
- REFUSED .................................................................... -7 [GO TO PN QA05_K17]
- DON'T KNOW ............................................................ -8 [GO TO PN QA05_K17]

**PROGAMMING NOTE QA05_K11:**
IF QA05_K9 = -7 or -8 CONTINUE WITH QA05_K11;
ELSE GO TO PROGRAMMING NOTE QA05_K17

**QA05_K11**
We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

**AK11**
- MORE ....................................................................... 1 [GO TO QA05_K13]
- EQUAL TO $20K OR LESS ...................................... 2 [GO TO PN QA05_K17]
- REFUSED .................................................................... -7 [GO TO PN QA05_K17]
- DON’T KNOW ............................................................ -8 [GO TO PN QA05_K17]

**QA05_K12**
Is it...
수입이...

**AK12**
- $5,000 or less, or ...................................................... 1 [GO TO PN QA05_K17]
- $5,001 to $10,000, or ................................................ 2 [GO TO PN QA05_K17]
- $10,001 to $15,000, or .............................................. 3
- $15,001 to 20,000? ................................................... 4 [GO TO PN QA05_K17]
- REFUSED .................................................................... -7 [GO TO PN QA05_K17]
- DON’T KNOW ............................................................ -8 [GO TO PN QA05_K17]

**QA05_K13**
Is it more or less than $70,000 per year?
수입이 연 $70,000 이상입니까, 아니면 그 이하입니까?

**AK13**
- MORE ....................................................................... 1 [GO TO QA05_K15]
- EQUAL TO $70K OR LESS ...................................... 2 [GO TO PN QA05_K17]
- REFUSED .................................................................... -7 [GO TO PN QA05_K17]
- DON’T KNOW ............................................................ -8 [GO TO PN QA05_K17]
QA05_K14
Is it …
수입이…

**AK14**

$20,001 to $30,000, .................................................. 1
$30,001 to $40,000, .................................................. 2
$40,001 to $50,000, .................................................. 3
$50,001 to $60,000, or .............................................. 4
$60,001 to $70,000? ................................................. 5
REFUSED ........................................................................ 7
DON’T KNOW ................................................................... 8

[GO TO PN QA05_K17]

QA05_K15  Is it more or less than $135,000 per year?
수입이 연 $135,000 이상입니까, 이하입니까?

**AK15**

MORE ....................................................................... 1
EQUAL TO $135K OR LESS .................................... 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

[GO TO PN QA05_K17]

QA05_K16  Is it …
수입이…

**AK16**

$70,001 to $80,000, .................................................. 1
$80,001 to $90,000, .................................................. 2
$90,001 to $100,000, or ............................................ 3
$100,001 to $135,000? ............................................. 4
REFUSED ........................................................................ 7
DON’T KNOW ................................................................... 8

[GO TO PN QA05_K17]

PROGRAMMING NOTE QA05_K17:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA05_K18;
ELSE CONTINUE WITH QA05_K17

**Number of persons supported**

**QA05_K17** Including yourself, how many people living in your household are supported by your total household income?
귀하을 포함해서 같이 살고 있는 분들 중, 귀하 가정의 총 가구당 소득으로 몇 명을 부양하십니까?

**AK17**

_____ NUMBER OF PEOPLE [HR: 1-20]
REFUSED ........................................................................ 7
DON’T KNOW ................................................................... 8

PROGRAMMING NOTE QA05_K18:
QA05_K18 MUST BE LESS THAN QA05_K17
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA05_K20,
GO TO PROGRAMMING NOTE QA05_K19;
ELSE CONTINUE WITH QA05_K18
QA05_K18  How many of these {INSERT NUMBER FROM QA05_K17} people are children under the age of 18? {K17의 인원수 입력} 중 몇 명이 18 세 이하의 자녀분이십니까?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18)

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

Poverty level test

<table>
<thead>
<tr>
<th>PROGRAMMING NOTE QA05_K19:</th>
<th>[BASE.POVRT100, BASE.POVRT130, BASEPOVRT200]</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2005 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA05_K17 AND QA05_K18 RESPECTIVELY.</td>
<td></td>
</tr>
<tr>
<td>SCRN.RADLTCNT</td>
<td></td>
</tr>
<tr>
<td>SCRN.KIDCNT</td>
<td></td>
</tr>
</tbody>
</table>

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2002 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM xxx FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA05_K17 OR QA05_K18 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA05_G14 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

1) AT OR BELOW 100% FPL,
2) ABOVE 100% FPL BUT AT OR BELOW 130% FPL,
3) ABOVE 130% FPL BUT AT OR BELOW 200% FPL
4) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
5) ABOVE 300% FPL, OR
6) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA05_K9= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, ASK QA05_K19 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA05_K20

QA05_K19  I need to ask just one last, very specific question about income. Was your total annual household income before taxes less than or more than ${POVRT100}?

수입에 관해 한두 가지 질문을 드리겠습니다. 귀하의 가구의 연간 세금 전 총수입이 ${XX,XXX} 보다 적었습니까? 또는 적었습니까?

AK18A

EQUAL TO OR LESS ................................................. 1  [GO TO QA05_K23]
MORE ....................................................................... 2
REFUSED .................................................................. -7
DON'T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_K20:

IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA05_K22

A-156
QA05_K20  
{I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than $\{\text{POVRT200}\}$?

$\{\text{XX,XXX}\} \text{이하입니까, 이상입니까?}$

[AK18B]

EQUAL TO OR LESS .................................1  [GO TO QA05_K23]
MORE ..................................................2
REFUSED ..............................................-7
DON'T KNOW .......................................-8

PROGRAMMING NOTE QA05_K21:
IF QA05_K9 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA05_K23

QA05_K21  
{I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than $\{\text{POVRT130}\}$?

$\{\text{XX,XXX}\} \text{이하입니까, 이상입니까?}$

[AK18D]

EQUAL TO OR LESS .................................1  [GO TO QA05_K23]
MORE ..................................................2
REFUSED ..............................................-7
DON'T KNOW .......................................-8

PROGRAMMING NOTE QA05_K22:
IF QA05_K9 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA05_K23

QA05_K22  
{I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than $\{\text{POVRT300}\}$?

$\{\text{XX,XXX}\} \text{이하입니까, 이상입니까?}$

[AK18C]

EQUAL TO OR LESS .................................1
MORE ..................................................2
REFUSED ..............................................-7
DON'T KNOW .......................................-8

QA05_K23  
Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

단독 주택에 사십니까, 아니면 두 가구의 연립 주택, 세 가구 이상이 사는 다세대 주택, 또는 이동식 주택에 사십니까?

[AK23]

[IF NEEDED, SAY: "A duplex is a building with 2 units."]
[IF NEEDED, SAY: "두 가구가 사는 연립 주택은 영어로 듀플렉스라고 하는데 한 건물 안에 두 가구가 살 수 있도록 되어 있는 건물 구조입니다."]

HOUSE .....................................................................1
QA05_K24  Do you own or rent your home?
집은 소유자이십니까, 아니면 렌트하십니까?

AK25

OWN ................................................................. 1
RENT ............................................................... 2
OTHER ARRANGEMENT ...................................... 3
REFUSED ........................................................... -7
DON'T KNOW ................................................... -8

[GO TO PN QA05_L1]

QA05_K25  About how long have you lived at your current address?
현재의 주소지에 대략 얼마나 오래 살았습니까?

AM14

______________________________ (MONTHS/YEARS)

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

QA05_K26  Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?
귀하의 동네가 얼마나 안전하다고 느끼십니까? 다음중 선택해 주십시오.

AK28

ALL OF THE TIME .................................................. 1
MOST OF THE TIME .............................................. 2
SOME OF THE TIME ............................................. 3
NONE OF THE TIME .............................................. 4
REFUSED ........................................................... -7
DON'T KNOW ................................................... -8
Section L- Public Program Participation

PROGRAMMING NOTE QA05_L1:
IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD
POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L;
ELSE GO TO PROGRAMMING NOTE QA05_M1

TANF/CalWORKS
QA05_L1 Are you now receiving TANF or CalWORKS?
현재 TANF 나 CalWORKS를 받고 있습니까?

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and
CalWORKS means California Work Opportunities and Responsibilities to Kids. Both
replaced AFDC, California’s old welfare entitlement program.”]
[IF NEEDED, SAY: “TANF는 부양해야할 자녀가 있는 가족들을 위한 지원입니다. TANF는 도움이
필요한 가족을 위한 임시 보조를 의미합니다. 그리고 칼워크스는 캘리포니아 프로그램으로서 부모의
취업과 어린 자녀의 양육을 아울러 지원해주는 것임입니다.”]

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

PROGRAMMING NOTE QA05_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L2
ELSE GO TO QA05_L3

QA05_L2 Is {TEEN} now receiving TANF, or CalWORKS?
{}이/가 AFDC나 TANF나 칼워크스를 현재 받고 있습니까?

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and
CalWORKS means California Work Opportunities and Responsibilities to Kids. Both
replaced AFDC, California’s old welfare entitlement program.”]
[IF NEEDED, SAY: “AFDC는 부양해야할 자녀가 있는 가족들을 위한 지원입니다. TANF는 도움이
필요한 가족을 위한 임시 보조를 의미합니다. 그리고 칼워크스는 캘리포니아 프로그램으로서 부모의
취업과 어린 자녀의 양육을 아울러 지원해주는 것임니다.”]

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8
Food stamps
QA05_L3
Are you receiving Food Stamp benefits?
푸드스탬프를 받고 계십니까?

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

AL5

[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."
"EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "이 혜택은 푸드스탬프로, 또는 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약어이고 골든 스테이트 어드벤티지 카드라고도 합니다."]

PROGRAMMING NOTE QA05_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L4; ELSE GO TO PROGRAMMING NOTE QA05_L5

QA05_L4
Is {TEEN} receiving Food Stamp benefits?
{}이/가 푸드스탬프를 받고 있습니까?

IAP2

[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."
"EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "이 혜택은 푸드스탬프로, 또는 EBT 카드를 통해서 받을 수 있습니다. EBT는 Electronic Benefits Transfer card(전자식 혜택 이체 카드)의 약어이고 골든 스테이트 어드벤티지 카드라고도 합니다."]

Supplemental Security Income
QA05_L5
Are you receiving SSI?
SSI를 받고 계십니까?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security"]] [IF NEEDED, SAY: "SSI는 생활보조금을 말합니다."]

Yes………………………………………………………….1
No………………………………………………………….2
Refused…………………………………………………….7
Don't know………………………………………………….8
PROGRM diagnotic NOTE QA05_L6:
IF QA05_A5 = 2 (FEMALE) AND QA05_E12 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER),
CONTINUE WITH QA05_L6; ELSE GO TO QA05_L7

WIC
QA05_L6 Are you on WIC?
WIC(익) 혜택을 받고 계심니까?

AL7
[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and Children."]
[IF NEEDED, SAY: "WIC 는 여성, 유아 및 아동을 위한 식품 보조 프로그램입니다."]

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

Assets
QA05_L7 Not counting the value of any house or car you may own, would you say that (your/your family's) assets, that is, all your cash, savings, investments, and furniture together are worth more than $5,000?
귀하 자신의 영의로 된 주택이나 자동차의 가치를 제외한 자산, 즉, 귀하 자신의 현금, 저축예금, 투자금, 그리고 가구 등의 총 가치액이 $5,000 이상인가?

AL9
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8

PROGRM diagnotic NOTE QA05_L8:
IF QA05_G10 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

Alimony/child support
QA05_L8 Did (you or your spouse/you or your partner/you) receive any money last month for alimony, child support, or money from a government or veteran program?
귀하 또는 귀하의 배우자는 지난달에 위자료나 자녀 양육비, 또는 정부나 퇴역군인 프로그램으로부터 보조금을 받았습니까?

AL15
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8

[GO TO QA05_L10]
PROGRAMMING NOTE QA05_L9:
IF QA05_L8 = 1 (YES), CONTINUE WITH QA05_L9
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount that you received from all these sources?";
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE IN HH), DISPLAY: "What was the combined total amount that you and your {spouse} received from all these sources?"
ELSE GO TO PROGRAMMING NOTE QA05_L10

QA05_L9
What was the {combined} total amount that you {and your spouse} received from all these sources last month?

AL16
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$____________ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA05_L10:
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
IF QA05_G10 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you."

QA05_L10
Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?

AL17

YES, RESPONDENT PAID ...........................................1
YES, SPOUSE/PARTNER PAID ...................................2
YES, BOTH PAID ..................................................3
NO .........................................................................4 [GO TO QA05_L12]
REFUSED ............................................................... -7 [GO TO QA05_L12]
DON'T KNOW ......................................................... -8 [GO TO QA05_L12]

QA05_L11
What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?

AL18
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_____________ AMOUNT

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

PROGRAMMING NOTE QA05_L12:
IF AGE IS 65 OR OLDER AND QA05_A15 ≠ 1 (MARRIED) CONTINUE WITH QA05_L12 AND DISPLAY "you";
IF AGE >= 65 AND QA05_A15 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA05_L12 AND DISPLAY "you or your partner";
ELSE GO TO PROGRAMMING NOTE QA05_L14
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA05_A15 = 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA05_L12 AND DISPLAY "you or your spouse";
### Social security/pension payments

**QA05_L12 Did (you/you or your spouse/you or your partner) receive any Social Security or Pension payments last month?**

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

**[GO TO PN QA05_L14]**

**QA05_L13 What was the total amount received last month from Social Security and Pensions?**

If amount greater than $999,995, enter "999,995"

<table>
<thead>
<tr>
<th>Amount</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_L14:
IF ARMCAL = 1, GO TO QA05_M1
ELSE CONTINUE WITH QA05_L14

Reasons for non-participation in Medi-Cal

What is the one main reason why you are not enrolled in the Medi-Cal program?

귀하께서 메디캘(Medi-Cal)에 등록되어있지 않은 가장 큰 이유는 무엇입니까?

AL19

PAPERWORK TOO DIFFICULT ...........................................1
DIDN'T KNOW IF ELIGIBLE.............................................2
INCOME TOO HIGH, NOT ELIGIBLE .................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS .......................... 4
OTHER NOT ELIGIBLE ....................................................5
DON'T BELIEVE IN HEALTH INSURANCE ...........................6
DON'T NEED IT BECAUSE HEALTHY ..................................7
ALREADY HAVE INSURANCE .............................................8
DIDN'T KNOW IT EXISTED .............................................9
DON'T LIKE/WANT WELFARE .........................................10
OTHER ............................................................................91
REFUSED ...........................................................................-7
DON'T KNOW ...............................................................-8
Section M – Food Insecurity and Hunger

<table>
<thead>
<tr>
<th>PROGRAMMING NOTE QA05_M1</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF POVERTY &lt; 3 (HH Income &lt;= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA05_M1; ELSE GO TO QA05_N1</td>
</tr>
</tbody>
</table>

Availability of food in household

<table>
<thead>
<tr>
<th>QA05_M1</th>
<th>These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>다음 질문들은 지난 12 개월 동안 밥을 먹는 음식에 대해, 그리고 식비를 부담하실 수 있었는지의 경제적 형편에 관한 것입니다.</td>
</tr>
<tr>
<td></td>
<td>사람들의 자신의 식생활 형편에 대해 말한 내용을 읽어 드리겠습니다. 이런 말들이 지난 12 개월 동안의 귀하 자신과 귀하 가정의 경우, 혼히 맞는 말인지, 가끔 맞는 말인지, 아니면 전혀 맞지 않는 말인지 하나씩 말씀해 주십시오.</td>
</tr>
<tr>
<td></td>
<td>The first statement is: &quot;The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.&quot; Was that often true, sometimes true, or never true for you and your household in the last 12 months?</td>
</tr>
<tr>
<td></td>
<td>첫번째 문장은 &quot;{}이/가 산 음식은 금방 떨어졌고, {}은/는 더 살 돈이 없었다&quot;입니다. 이 말이 지난 12 개월 동안 귀하 자신과 귀하 가정의 경우, 혼히 맞는 말입니까, 가끔 맞는 말입니까, 아니면 전혀 맞지 않는 말입니까?</td>
</tr>
<tr>
<td>AM1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OFTEN TRUE 1</td>
</tr>
<tr>
<td></td>
<td>SOMETIMES TRUE........................................................................................................2</td>
</tr>
<tr>
<td></td>
<td>NEVER TRUE...........................................................................................................3</td>
</tr>
<tr>
<td></td>
<td>REFUSED................................................................................................................7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.........................................................................................................-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA05_M2</th>
<th>The second statement is: &quot;(I/We) couldn't afford to eat balanced meals.&quot; Was that often true, sometimes true, or never true for you and your household in the last 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>두 번째 문장은 &quot;{}가 골고루 영양분을 섭취할 수 있는 식사를 할 여유가 없었다&quot;인데, 그런 일이 지난 12개월 동안 귀하이나 귀하의 가정에서 자주 있었습니까, 가끔 있었습니까, 아니면 전혀 있지 않았습니까?</td>
</tr>
<tr>
<td>AM2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OFTEN TRUE............................................................................................................1</td>
</tr>
<tr>
<td></td>
<td>SOMETIMES TRUE...................................................................................................2</td>
</tr>
<tr>
<td></td>
<td>NEVER TRUE..........................................................................................................3</td>
</tr>
<tr>
<td></td>
<td>REFUSED.................................................................................................................7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.........................................................................................................-8</td>
</tr>
</tbody>
</table>
QA05_M3  Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

귀하의 가정에서 귀하나 다른 성인이 지난 12개월 동안 음식을 살 충분한 돈의 여유가 없었기 때문에 식사의 양을 줄이거나 식사를 거른 적이 있는지 예, 아니오로 대답해주십시오.

AM3  YES ........................................................................... 1
NO.............................................................................. 2 [GO TO QA05_M5]
REFUSED........................................................................ -7 [GO TO QA05_M5]
DON'T KNOW.................................................................... -8 [GO TO QA05_M5]

QA05_M4  How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

그러한 일이 얼마나 자주 있었습니까? 거의 매달, 매달은 아니지만 가끔, 아니면 1,2개월 동안만 있었습니까?

AM3A  ALMOST EVERY MONTH........................................ 1
SOME MONTHS BUT NOT EVERY MONTH .......... 2
ONLY IN 1 OR 2 MONTHS ...................................... 3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

Hunger
QA05_M5  In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

지난 12개월 동안 음식을 살 충분한 돈이 없었기 때문에 귀하께서 드셔야 한다고 생각한 음식보다 적은 양을 드셨던 적이 있습니까?

AM4  YES ........................................................................... 1
NO.............................................................................. 2
REFUSED........................................................................ -7
DON'T KNOW.................................................................... -8

QA05_M6  In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?

지난 12개월 동안 귀하께서 음식을 살 충분한 돈이 없었기 때문에 배가 고파졌지만 음식을 걸었던 적이 있습니까?

AM5  YES........................................................................... 1
NO.............................................................................. 2
REFUSED........................................................................ -7
DON'T KNOW .................................................................... -8
Section N –Demographic Information Part III and Closing

County of residence
QA05_N1

Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

주 전체에서 빠진 곳이 없기 위해선데요, 어느 카운티에 거주합니까?

AH42

ALAMEDA ................................................................. 1
ALPINE ................................................................. 2
AMADOR ................................................................. 3
BUTTE ................................................................. 4
CALAVERAS ....................................................... 5
COLUSA ................................................................. 6
CONTRA COSTA ............................................... 7
DEL NORTE ........................................................... 8
EL DORADO ........................................................... 9
FRESNO ............................................................... 10
GLENN ................................................................. 11
HUMBOLDT ............................................................ 12
IMPERIAL ............................................................. 13
INYO ................................................................. 14
KERN ................................................................. 15
KINGS ................................................................. 16
LAKE ................................................................. 17
LASSEN .............................................................. 18
LOS ANGELES .................................................... 19
MADERA ............................................................. 20
MARIN ............................................................... 21
MARIPOSA ......................................................... 22
MENDOCINO ....................................................... 23
MERCED ............................................................... 24
MODOC ............................................................... 25
MONO ................................................................. 26
MONTEREY .......................................................... 27
NAPA ................................................................. 28
NEVADA ............................................................. 29
ORANGE ............................................................. 30
PLACER ............................................................. 31
PLUMAS ............................................................... 32
RIVERSIDE ......................................................... 33
SACRAMENTO .................................................... 34
SAN BENITO ....................................................... 35
SAN BERNARDINO ............................................. 36
SAN DIEGO ......................................................... 37
SAN FRANCISCO ............................................... 38
SAN JOAQUIN .................................................... 39
SAN LUIS OBISPO .............................................. 40
SAN MATEO ....................................................... 41
SANTA BARBARA ............................................... 42
SANTA CLARA .................................................... 43
SANTA CRUZ ........................................................ 44
SHASTA ............................................................... 45
### Program Note QA05_N2:

- If advance letter sent, ask QA05_N2.
- If R’s address is a P.O. Box, go to QA05_N3.
- Else go to QA05_N3.

#### Address Confirmation, Cross Streets, Zip Code

**QA05_N2**

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study.

Do you now live at {R’s address and street}?  

<table>
<thead>
<tr>
<th>AO1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>.1</td>
</tr>
<tr>
<td>NO</td>
<td>.2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>.8</td>
</tr>
</tbody>
</table>

**QA05_N3**

What is your zip code?

<table>
<thead>
<tr>
<th>AM7</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____(ZIP CODE)</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>.7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>.8</td>
</tr>
</tbody>
</table>
To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential.

Can you tell me just the name of the street you live on?

And what is the name of the street down the corner from you that crosses your street?

Those are my final questions. I really appreciate your patience.

Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

In case we do call you back for another study, would you give me your full name so that we will know who to ask for?

Is there another number where we might be able to reach you if this one doesn't work?
이 전화번호로 연락이 안될 경우, 저희가 연락 드릴 수 있는 다른 전화번호가 있습니까?

AO6

___________________ (read back to confirm alternate telephone number)

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

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.

감사합니다, 안녕히 계십시오.