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Section A – Demographic Information, Part I

PROGRAMMING NOTE QA09_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

Age
QA09_A1  What is your date of birth?
您的出生日期是什麼？

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

AA1DAY  DAY _____ [RANGE: 1-31]

AA1YR  YEAR _____ [RANGE: 1898-1989]

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

PROGRAMMING NOTE QA09_A2:
IF QA09_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA09_A2;
ELSE GO TO QA09_A5

QA09_A2  What month and year were you born?
您在哪年哪月出生？

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

AA1AYR  YEAR _____ [RANGE: 1898-1989]

REFUSED..............................................................................-7
DON’T KNOW........................................................................-8
PROGRAMMING NOTE QA09_A3:
IF QA09_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA09_A3;
ELSE GO TO QA09_A5

QA09_A3 What is your age, please?
請告訴我您的年齡。

____YEARS OF AGE [RANGE: 0-120] [GO TO QA09_A5]

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

PROGRAMMING NOTE QA09_A4:
IF QA09_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA09_A4;
ELSE GO TO QA09_A5

QA09_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
您的年齡是在 18 到 29 歲、 30 到 39 歲、 40 到 44 歲、 45 到 49 歲、 50 到 64 歲之間，還是在 65 歲或 65 歲以上？

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

POST NOTE QA09_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA09_A1, QA09_A2, OR QA09_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA09_A1, QA09_A2, OR QA09_A3 = -7 OR -8 (REF/DK), THEN USE QA09_A4;
ELSE USE ENUM.AGE

Gender
QA09_A5 Are you male or female?
您是男性還是女性 ？

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

Ethnicity
QA09_A6 Are you Latino or Hispanic?
您是拉丁裔或西裔嗎？

YES.................................................................1 [GO TO PN QA09_A8]
NO.................................................................2 [GO TO PN QA09_A8]
REFUSED.............................................................-7 [GO TO PN QA09_A8]
DON'T KNOW......................................................-8 [GO TO PN QA09_A8]
QA09_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

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

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA09_A8:
IF QA09_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,");
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA09_A8 CONTINUE WITH
PROGRAMMING NOTE QA09_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

Race

QA09_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?

另外，請告訴我您會使用以下哪一項或幾項來描述您自己。您認為您是夏威夷土著人、其他太平洋群島人、美國印地安人、阿拉斯加土著人、亞洲人、黑人、非裔美國人還是白人？

AA5A

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

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

[CODE ALL THAT APPLY]

WHITE.....................................................1 [GO TO PN QA09_A16]
BLACK OR AFRICAN AMERICAN................2 [GO TO PN QA09_A16]
ASIAN.....................................................3 [GO TO PN QA09_A12]
AMERICAN INDIAN OR ALASKA NATIVE......4 [GO TO PN QA09_A9]
OTHER PACIFIC ISLANDER.......................5 [GO TO PN QA09_A13]
NATIVE HAWAIIAN....................................6 [GO TO PN QA09_A16]
OTHER (SPECIFY: ________________).........91
REFUSED..................................................-7
DON'T KNOW............................................-8
PROGRAMMING NOTE QA09_A9:
IF QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA09_A9;
ELSE GO TO PROGRAMMING NOTE QA09_A12

QA09_A9 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.
您說您是美洲印地安人或阿拉斯加原住民，您屬於哪一個部落？如果屬於一個以上部落，請告訴我所有這些部落。

[CODE ALL THAT APPLY]

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

QA09_A10 Are you an enrolled member in a federally or state recognized tribe?
您是不是聯邦或州政府認可的部落的一名註冊成員？

[GO TO PN QA09_A12]
Which tribe are you enrolled in?
您在哪一個部落註冊 ？

APAche
MESCALERO APACHE, NM........................................1
APACHE (NOT SPECIFIED)........................................2
OTHER APACHE [Ask for spelling] (SPECIFY):........3

BLACKFEET
BLACKFOOT/BLACKFEET.................................4

CHEROKEE
WESTERN CHEROKEE........................................5
CHEROKEE (NOT SPECIFIED)..............................6
OTHER CHEROKEE [Ask for spelling] (SPECIFY):...7

CHOCTAW
CHOCTAW OKLAHOMA.................................8
CHOCTAW (NOT SPECIFIED)............................9
OTHER CHOCTAW [Ask for spelling] (SPECIFY):..10

NAVAJO
NAVAJO (NOT SPECIFIED)..............................11

POMO
HOPLAND BAND, HOPLAND RANCHERIA...........12
SHERWOOD VALLEY RANCHERIA.....................13
POMO (NOT SPECIFIED).................................14
OTHER POMO [Ask for spelling] (SPECIFY):.......15

PUEBLO
HOPi............................................................16
YSLETA DEL SUR PUEBLO OF TEXAS.............17
PUEBLO (NOT SPECIFIED).............................18
OTHER PUEBLO [Ask for spelling] (SPECIFY):...19

SIOUX
OGLALA/PINE RIDGE SIOUX.........................20
SIOUX (NOT SPECIFIED)...............................21
OTHER SIOUX [Ask for spelling] (SPECIFY):......22

YAQUI
PASCUA YAQUI TRIBE OF ARIZONA...............23
YAQUI (NOT SPECIFIED)...............................24
OTHER YAQUI [Ask for spelling] (SPECIFY):....25

OTHER
OTHER [Ask for spelling] (SPECIFY: ________)....91
REFUSED................................................................---7
DON'T KNOW.......................................................8
PROGRAMMING NOTE QA09_A12:
IF QA09_A8 = 3 (ASIAN) CONTINUE WITH QA09_A12;
ELSE GO TO PROGRAMMING NOTE QA09_A13

QA09_A12  You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.
您選擇了亞裔，您指的是哪一個具體族裔，例如華裔、菲律賓裔、越南裔？
如果您有一種以上族裔的血統，請全部告訴我。

[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
REJECTED...............................................................................7
DON'T KNOW.........................................................................-8

PROGRAMMING NOTE QA09_A13:
IF QA09_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA09_A13;
ELSE GO TO PROGRAMMING NOTE QA09_A14

QA09_A13  You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
您說您是太平洋群島人。
您具體屬於哪一個種族團體，例如薩摩亞人、湯加人或關島人？
如果您屬於一個以上種族團體，請告訴我所有的種族團體。

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN...........................................1
GUAMANIAN........................................................................2
TONGAN...............................................................................3
FIJI.......................................................................................4
OTHER PACIFIC ISLANDER (SPECIFY: __________)................91
REJECTED...............................................................................7
DON'T KNOW.........................................................................-8
PROGRAMMING NOTE QA09_A14:
IF QA09_A6 = 1 (LATINO) AND QA09_A8 = 6 (NATIVE HAWAIIAN) OR QA09_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA09_A8 = 3 (ASIAN) OR QA09_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA09_A8 = 1 (WHITE) OR QA09_A8 = 91 (OTHER)] CONTINUE WITH QA09_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA09_A8, QA09_A12, OR QA09_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA09_A14;
ELSE SKIP TO QA09_A16

QA09_A14  You said that you are: {INSERT MULTIPLE RESPONSES FROM QA09_A7, QA09_A8, QA09_A12 AND QA09_A13}.
您曾經說您是: 

Do you identify with any one race in particular?
您是否認同任何一個特定的族裔？

AA5G

YES.................................................................1
NO...............................................................2 [GO TO QA09_A16]
REFUSED.............................................-7 [GO TO QA09_A16]
DON'T KNOW.........................................-8 [GO TO QA09_A16]

PROGRAMMING NOTE FOR QA09_A15:
IF QA09_A6 = 1 (YES, LATINO) AND QA09_A7 ≠ -7 OR -8 DO NOT DISPLAY QA09_A15 = 14 (LATINO);
IF QA09_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA09_A13 = 1 TO 4 OR 91 DO NOT DISPLAY QA09_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA09_A8 = 3 AND QA09_A12 = 1 TO 17 OR 91 DO NOT DISPLAY QA09_A15 = 19 (ASIAN)

QA09_A15  Which do you most identify with?
您最 認同的是哪一個族裔？

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO.........1
SALVADORAN..........................................4
GUATEMALAN.........................................5
COSTA RICAN...........................................6
HONDURAN..............................................7
NICARAGUAN...........................................8
PANAMANIAN...........................................9
PUERTO RICAN.......................................10
CUBAN..................................................11
SPANISH-AMERICAN (FROM SPAIN).............12
LATINO, OTHER SPECIFY............................13
LATINO..................................................14
NATIVE HAWAIIAN...................................16
OTHER PACIFIC ISLANDER........................17
AMERICAN INDIAN OR ALASKA NATIVE..........18
ASIAN...................................................19
BLACK OR AFRICAN AMERICAN..................20
WHITE..................................................21
RACE, OTHER SPECIFY............................22
BANGLADESHI........................................30
Marital Status

QA09_A16 Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

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

AH43
Section B – Health Conditions

General Health

PROGRAMMING NOTE FOR QA09_B1:
IF SRH SAMPLE = 1 OR -1 THEN CONTINUE WITH QA09_B1;
ELSE GO TO QA09_B2 AND DISPLAY “These next questions are about your health”;

QA09_B1 These next questions are about your health.

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

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

Asthma

QA09_B2 Has a doctor ever told you that you have asthma?
有沒有醫生告訴過您患有哮喘病？

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

QA09_B3 Do you still have asthma?
您是否依然患有哮喘病？

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

QA09_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?
在過去十二個月中，您是否曾經有過哮喘發作？

<table>
<thead>
<tr>
<th>AB41</th>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA09_B5:
IF QA09_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA) AND QA09_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS), GO TO QA09_B9;
ELSE CONTINUE WITH QA09_B5

**QA09_B5**
During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...
在過去十二個月中，您每隔多久會出現哮喘症狀，例如咳嗽、氣喘、氣短、胸悶或粘痰？您認為是......

<table>
<thead>
<tr>
<th>AB19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all, ......................................................... 1</td>
</tr>
<tr>
<td>根本沒有， ............................................................ 1</td>
</tr>
<tr>
<td>Less than every month, ............................... 2</td>
</tr>
<tr>
<td>每月少於一次， ..................................................... 2</td>
</tr>
<tr>
<td>Every month, .......................................................... 3</td>
</tr>
<tr>
<td>每月， ................................................................. 3</td>
</tr>
<tr>
<td>Every week, or ....................................................... 4</td>
</tr>
<tr>
<td>每週，還是 ............................................................ 4</td>
</tr>
<tr>
<td>Every day? ............................................................. 5</td>
</tr>
<tr>
<td>每天? ................................................................. 5</td>
</tr>
<tr>
<td>REFUSED ................................................................. -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................................... -8</td>
</tr>
</tbody>
</table>

**QA09_B6**
During the past 12 months, have you had to visit an emergency room because of your asthma?
在過去十二個月中，您是否曾經因您的哮喘前往急診室就診？

<table>
<thead>
<tr>
<th>AH13A</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ................................................................. 1</td>
</tr>
<tr>
<td>NO ................................................................. 2</td>
</tr>
<tr>
<td>REFUSED ........................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................................ -8</td>
</tr>
</tbody>
</table>

**QA09_B7**
Did you visit an emergency room for your asthma because you were unable to see your doctor?
您是否曾經因為無法約見自己的醫生而因哮喘去急診室就診？

<table>
<thead>
<tr>
<th>AB106</th>
</tr>
</thead>
<tbody>
<tr>
<td>[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]</td>
</tr>
<tr>
<td>YES ................................................................. 1</td>
</tr>
<tr>
<td>NO ................................................................. 2</td>
</tr>
<tr>
<td>DOESN'T HAVE A DOCTOR ............................... 3</td>
</tr>
<tr>
<td>REFUSED ........................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................................ -8</td>
</tr>
</tbody>
</table>
**QA09_B8** During the *past 12 months*, were you admitted to the hospital overnight or longer for your asthma?  
在過去十二個月中，您是否因哮喘病曾經住院一天或更長時間？

<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>

**QA09_B9** Are you now taking a *daily* medication to control your asthma that was prescribed or given to you by a doctor?  
您目前是否每天服用醫生開給您的或是醫生提供給您的控制哮喘的藥物？

**AB18**  
[IF NEEDED, SAY: “This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.”]  
[IF NEEDED, SAY: 「包括口服藥和吸入劑，但不是用於快速緩解症狀的吸入劑。」]

<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 QA09_B10:**  
IF QA09_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA09_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA09_B14;  
ELSE CONTINUE WITH QA09_B10

**QA09_B10** During the *past 12 months*, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…  
在過去12個月中，您出現哮喘症狀的頻率有多高？哮喘症狀包括咳嗽、喘鳴、呼吸急促、胸悶或黏痰。您認為是......

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>從未</td>
<td>1</td>
</tr>
<tr>
<td>Less than every month</td>
<td>2</td>
</tr>
<tr>
<td>每月不到一次</td>
<td>2</td>
</tr>
<tr>
<td>Every month</td>
<td>3</td>
</tr>
<tr>
<td>每月</td>
<td>3</td>
</tr>
<tr>
<td>Every week, or</td>
<td>4</td>
</tr>
<tr>
<td>毎週，還是</td>
<td>4</td>
</tr>
<tr>
<td>Every day</td>
<td>5</td>
</tr>
<tr>
<td>每天</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>
QA09_B11  During the past 12 months, have you had to visit an emergency room because of your asthma?
在過去12個月中，您是否曾經因為您的哮喘前往急診室就診？

| AB67 | YES .................................................................................... 1 |
|      | NO ...................................................................................... 2 [GO TO QA09_B13] |
|      | REFUSED ................................................................................ -7 [GO TO QA09_B13] |
|      | DON'T KNOW ............................................................................. -8 [GO TO QA09_B13] |

QA09_B12  Did you visit an emergency room for your asthma because you were unable to see your doctor?
您是否曾經因為無法約見自己的醫生而因哮喘去急診室就診？

| AB107 | [INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.] |
|       | YES .................................................................................... 1 |
|       | NO ...................................................................................... 2 |
|       | DOESN'T HAVE DOCTOR ................................................................ 3 |
|       | REFUSED ................................................................................ -7 |
|       | DON'T KNOW ............................................................................. -8 |

QA09_B13  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
在過去十二個月中，您是否曾經因哮喘病住院一天或更長時間？

| AB80 | YES .................................................................................... 1 |
|      | NO ...................................................................................... 2 |
|      | REFUSED ................................................................................ -7 |
|      | DON'T KNOW ............................................................................. -8 |

PROGRAMMING NOTE QA09_B14:
IF AAGE > 69 GO TO QA09_B15;
ELSE CONTINUE WITH QA09_B14

QA09_B14  During the past 12 months, how many days of work did you miss due to asthma?
在過去十二個月中，您因為哮喘病有多少天沒有工作？

| AB42 | [INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO] |
|      | _______ DAYS (0 - 365) |
|      | REFUSED ................................................................................ -7 |
|      | DON'T KNOW ............................................................................. -8 |
**QA09_B15** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

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

<table>
<thead>
<tr>
<th>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>

**QA09_B16** Do you have a written or printed copy of this plan?

您是否有該項計劃的書面或列印副本？

<table>
<thead>
<tr>
<th>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>

**QA09_B17** How confident are you that you can control and manage your asthma? Would you say you are...

您對控制與管理自己的哮喘信心有多高？您認為是......

<table>
<thead>
<tr>
<th>Very confident</th>
<th>Somewhat confident</th>
<th>Not too confident</th>
<th>Not at all confident</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>
Diabetes

**PROGRAMMING NOTE QA09_B18:**
IF QA09_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

**QA09_B18**  (Other than during pregnancy, has/Has) a doctor ever told you that you have diabetes or sugar diabetes?
是否有醫生曾經告訴您患有糖尿病？

<table>
<thead>
<tr>
<th>AB22</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.................................................................1</td>
</tr>
<tr>
<td>NO.............................................................2</td>
</tr>
<tr>
<td>BORDERLINE OR PRE-DIABETES...........3</td>
</tr>
<tr>
<td>REFUSED......................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW...............................................-8</td>
</tr>
</tbody>
</table>

**Pre-Diabetes/Borderline Diabetes

**PROGRAMMING NOTE QA09_B19:**
IF QA09_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

**QA09_B19**  (Other than during pregnancy, has/Has) a doctor ever told you that you have pre-diabetes or borderline diabetes?
除懷孕期間外，是否曾經有醫生告訴您患有前驅糖尿病或臨界糖尿病？

<table>
<thead>
<tr>
<th>AB99</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.................................................................1</td>
</tr>
<tr>
<td>NO.............................................................2</td>
</tr>
<tr>
<td>REFUSED......................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW...............................................-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA09_B20:**
IF QA09_B18 = 1 THEN CONINTUE WITH QA09_B20;
ELSE SKIP TO PROGRAMMING NOTE QA09_B39

**QA09_B20**  How old were you when a doctor first told you that you have diabetes?
當醫生第一次告訴您患有糖尿病時，您的年齡多大？

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

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

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

TYPE 1 ................................................................. 1
TYPE 2 ................................................................. 2
ANOTHER TYPE ...................................................... 3
REFUSED ..................................................................... -7
DON'T KNOW ............................................................. -8

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

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

Do you take insulin through a needle, pen, pump, or inhaler?
您是使用針、筆、泵還是吸入器接受胰島素？

NEEDLE ................................................................. 1
PEN ........................................................................... 2
PUMP ................................................................. 3
INHALER ............................................................. 4
OTHER ..................................................................... 5
REFUSED ..................................................................... -7
DON'T KNOW ............................................................. -8

Do you now take diabetic pills to lower your blood sugar?
您目前是否在服用降膽固醇藥？

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

[IF NEEDED, SAY: 「有時稱作口服藥劑或口服降血糖藥劑。」]

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ..................................................................... -7
DON'T KNOW ............................................................. -8
QA09_B25  Do you now take medicine to lower your cholesterol?
您目前是否在服用降膽固醇藥？

**AB122**

[Interviewer Note: Code Yes if “Statin” is mentioned.]

<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>

QA09_B26  Do you take an aspirin on a regular basis to reduce the risk of heart attack?
您是否定期服用阿司匹林以降低心臟病發作的風險？

**AB123**

Yes
No
Refused
Don’t Know

QA09_B27  Do you take any other medications to reduce your heart attack risk, such as “ACE” Inhibitors?
您是否服用任何藥物以降低心臟病發作的風險，例如血管緊張素轉換?抑制劑（ACE）?

**AB124**

[If needed, say: Common ACE inhibitor medications are Prinivil, Lisinopril, and Enalapril.]

[If needed, say: 普通血管緊張素轉換?抑制劑（ACE）藥物包括Prinivil, Lisinopril及Enalapril。]

Yes
No
Refused
Don’t Know

QA09_B29  About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
您本人、您的家庭成員或朋友每天、每週或每月大約幾次檢查您的血糖?

**AB26**

[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
Don’t Know
QA09_B30  About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?
在過去十二個月中，醫生或健康專業人員大約檢查過幾次您的血紅蛋白「A one C」？

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

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

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

QA09_B31  About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
在過去12個月中，醫生約檢查過幾次您的腳部是否有任何瘡或發炎？

AB28

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

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

QA09_B32  When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
您最近一次接受瞳孔放大眼科檢查是什麼時候？瞳孔放大會使您的眼睛在短時間內對亮光敏感。

AB63

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

QA09_B33  During the past 12 months, have you had to visit an emergency room because of your diabetes?
在過去12個月中，您是否曾經因為糖尿病前往急診室就診？

AB109

YES.................................................................................... 1
NO..................................................................................... 2  [GO TO QA09_B35]
REFUSED........................................................................... -7  [GO TO QA09_B35]
DON'T KNOW...................................................................... -8  [GO TO QA09_B35]

QA09_B34  Did you visit an emergency room for your diabetes because you were unable to see your doctor?
您是否曾經因為無法約見自己的醫生而因糖尿病去急診室就診？

AB110

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

YES.................................................................................... 1
NO..................................................................................... 2
DOESN'T HAVE DOCTOR.................................................... 3
REFUSED........................................................................... -7
DON'T KNOW...................................................................... -8
QA09_B35  During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
在過去 12 個月中，您是否曾經因糖尿病而住院一整天或更長時間？

AB111
YES...................................................................................1
NO.........................................................................................2
REFUSED..............................................................................-7
DON'T KNOW.........................................................................-8

QA09_B36  Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?
您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便讓您瞭解如何護理自己的糖尿病？

[IF NEEDED, SAY: "糖尿病管理計劃是一份列印的表格，告訴您何時檢查血糖水平、何時服藥或運動時吃何種飲食。"]

AB112
YES...................................................................................1
NO.........................................................................................2
REFUSED..............................................................................-7
DON'T KNOW.........................................................................-8

QA09_B37  Do you have a written or printed copy of this plan?
您是否有該項計劃的書面或列印副本？

AB113
[IF NEEDED, SAY: "This can be an electronic or hard copy."]
[IF NEEDED, SAY: "可以是電子或列印副本。"]
YES...................................................................................1
NO.........................................................................................2
REFUSED..............................................................................-7
DON'T KNOW.........................................................................-8
QA09_B38  How confident are you that you can control and manage your diabetes? Would you say you are...
    您對控制與管理自己的糖尿病信心有多高？您認為是.....

    AB114
    Very confident,.........................................................1
    沒有信心，................................................................1
    Somewhat confident,..............................................2
    較有信心，..........................................................2
    Not too confident, or..............................................3
    不太有信心還是................................................3
    Not at all confident?.............................................4
    毫無信心？..........................................................4
    REFUSED............................................................-7
    DON'T KNOW.....................................................-8

Gestational Diabetes
PROGRAMMING NOTE QA09_B39:
    IF QA09_A5 = 2 (FEMALE) CONTINUE WITH QA09_B39;
    ELSE GO TO QA09_B41

QA09_B39  Has a doctor ever told you that you had diabetes only during pregnancy?
    是否有醫生曾經說過您僅在懷孕期間患過糖尿病？

    AB81
    [IF NEEDED, SAY: “This is also known as gestational diabetes.”]
    [IF NEEDED, SAY: 「這也稱為妊娠糖尿病。」]
    YES.................................................................1
    NO.................................................................2 [GO TO QA09_B41]
    BORDERLINE GESTATIONAL DIABETES.........3 [GO TO QA09_B41]
    REFUSED........................................................-7 [GO TO QA09_B41]
    DON'T KNOW....................................................-8 [GO TO QA09_B41]

QA09_B40  After your pregnancy, did you have a fasting blood sugar test or an oral glucose tolerance test?
    您在懷孕後是否曾經接受空腹血糖測試或口服葡萄糖耐量測試？

    AB126
    [IF NEEDED, SAY: “An oral glucose tolerance test is when you have your blood drawn before and after drinking a sweet liquid.”]
    [IF NEEDED, SAY: 口服葡萄糖耐量測試是在喝下一種甜飲料前後對您進行抽血化驗。]
    YES.................................................................1
    NO.................................................................2
    REFUSED........................................................-7
    DON'T KNOW....................................................-8
Hypertension

QA09_B41 Has a doctor ever told you that you have high blood pressure?

是否有醫生曾經告訴過您患有高血壓？

AB29

YES.................................................................1
NO.................................................................2 [GO TO QA09_B43]
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION....................................3 [GO TO QA09_B43]
REFUSED.......................................................-7 [GO TO QA09_B43]
DON'T KNOW..................................................-8 [GO TO QA09_B43]

QA09_B42 Are you now taking any medications to control your high blood pressure?

您目前是否在服用任何控制高血壓的藥物？

AB30

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

Heart Disease

QA09_B43 Has a doctor ever told you that you have any kind of heart disease?

有沒有醫生告訴過您患有任何一種心臟病？

AB34

YES.................................................................1
NO.................................................................2 [GO TO QA09_B51]
REFUSED.......................................................-7 [GO TO QA09_B51]
DON'T KNOW..................................................-8 [GO TO QA09_B51]

QA09_B44 Has a doctor ever told you that you have heart failure or congestive heart failure?

是否有醫生曾經告訴您患有心力衰竭或充血性心力衰竭？

AB52

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

QA09_B45 During the past 12 months, have you had to visit an emergency room because of your heart disease?

在過去 12 個月中，您是否曾經因為心臟病前往急診室就診？

AB115

YES.................................................................1
NO.................................................................2 [GO TO QA09_B47]
REFUSED.......................................................-7 [GO TO QA09_B47]
DON'T KNOW..................................................-8 [GO TO QA09_B47]
QA09_B46 Did you visit an emergency room for your heart disease because you were unable to see your doctor?
您是否曾经因为无法约见自己的医生而因心臟病去急診室就診？

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

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

QA09_B47 During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?
在過去 12 個月中，您是否因心臟病而住院一整天或更長時間？

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

QA09_B48 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?
您的醫生或其他醫療服務提供者是否曾經與您一起制定一項計劃，以便您瞭解如何護理自己的心臟病？

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

QA09_B49 Do you have a written or printed copy of this plan?
您是否有該項計劃的書面或列印副本？

[IF NEEDED, SAY: “This can be an electronic or hard copy.”]  
[IF NEEDED, SAY: “可以是電子或列印副本。”]  

YES.................................................................................................1
NO.................................................................................................2
REFUSED......................................................................................7
DON'T KNOW..............................................................................8
**QA09_B50**  How confident are you that you can control and manage your heart disease? Would you say you are...

您對控制與管理您的心臟病的信心有多高？您認為是......

**AB120**

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

**Flu Shot QA09_B51**  During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

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

**AE30**

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

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

**QA09_B52**  Did you have the flu shot or the nasal flu vaccine?

您是否曾經打過流感防疫針或使用過流感疫苗鼻噴劑？

**AB100**

- FLU SHOT............................................................... 1
- NASAL/FLUMIST...................................................... 2
- BOTH........................................................................ 3
- REFUSED................................................................. -7
- DON'T KNOW.......................................................... -8
PROGAMMING NOTE QA09_B53:
IF QA09_B52 = 1 DISPLAY “flu shot”;
ELSE IF QA09_B52 = 2 DISPLAY “nasal flu vaccine”;
ELSE DISPLAY “vaccine”

QA09_B53  At what kind of place did you get your last {flu shot/nasal flu vaccine/vaccine}?
您最後一次打流感防疫針是在哪里？

AB57

A DOCTOR’S OFFICE, KAISER, OR HMO.............1
A COMMUNITY HEALTH CENTER,
HEALTH DEPT., HEALTH DEPT. CLINIC,
OR OTHER TYPE OF CLINIC...............................2
A STORE (FOR EXAMPLE MARKET,
DRUGSTORE, OR PHARMACY)..........................3
WORKPLACE....................................................4
A SENIOR, RECREATION,
OR COMMUNITY CENTER.................................5
A HOSPITAL OR EMERGENCY ROOM...............6
PLACE OF WORSHIP......................................7
OTHER (SPECIFY: _____________________).........91
REFUSED.....................................................-7
DON’T KNOW/ NOT SURE...............................-8

Family History of Cancer

QA09_B54  Now I’m going to ask about your family’s history of cancer. By family we mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have cancer of any kind?
現在，我要向您提出有關您的家族癌症史的問題。
家族僅指與您有血緣關係的親人。您的親生父親或母親，同父同母兄弟或姐妹或親生兒子或女兒是否曾經患過任何類型的癌症?

AF4

[IF NEEDED, SAY: “Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted.”]
[IF NEEDED, SAY: “請不要包括通過婚姻關係形成的家庭成員，例如繼父或同父異母同母異父姐妹或領養的家庭成員。”]

YES...............................................................1
NO...............................................................2 [GO TO PN QA09_B62]
REFUSED.....................................................-7 [GO TO PN QA09_B62]
DON’T KNOW................................................-8 [GO TO PN QA09_B62]
QA09_B55  What kind of cancer or cancers were these?
是哪一種癌症？

[CODE ALL THAT APPLY; CTRL-P TO EXIT]
[PROBE: 還有任何其他癌症嗎？]

1. BLADDER
2. BLOOD
3. BONE
4. BRAIN
5. BREAST
6. CERVIX
7. COLON
8. ESOPHAGUS
9. GALLBLADDER
10. KIDNEY
11. LARYNX-WINDPIPE
12. LEUKEMIA
13. LIVER
14. LUNG
15. LYMPHOMA
16. MOUTH/TONGUE/LIP
17. OVARY
18. PANCREAS
19. PROSTATE
20. RECTUM
21. SKIN
22. SOFT TISSUE (MUSCLE OR FAT)
23. STOMACH
24. TESTIS
25. THROAT-PHARYNX
26. THYROID
27. UTERUS
28. OTHER
29. REFUSED
30. DON'T KNOW

PROGRAMMING NOTE QA09_B56:
IF QA09_B55 = 21 (SKIN CANCER) THEN CONTINUE WITH QA09_B56;
ELSE SKIP TO PROGRAMMING NOTE QA09_B57

QA09_B56  Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?
您提到的皮膚癌是黑斑瘤、非黑斑瘤還是不明種類的癌症？

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]
[PROBE: "還有其它的嗎?

1. NON-MELANOMA
2. MELANOMA
3. UNKNOWN TYPE
4. REFUSED
5. DON'T KNOW
PROGRAMMING NOTE QA09_B57:
IF QA09_A5 = 2 (FEMALE) AND QA09_B55 = 5 (BREAST CANCER), THEN CONTINUE WITH QA09_B57;
ELSE SKIP TO PROGRAMMING NOTE QA09_B60

QA09_B57  Was your mother ever diagnosed with breast cancer?
您的母親是否曾經被診斷患有乳腺癌？

AF6

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

QA09_B58  Do you have any sisters who have ever been diagnosed with breast cancer?
您是否有任何姐妹曾經被診斷患有乳腺癌？

AF7

YES................................................................................1
NO...............................................................................2 [GO TO PN QA09_B60]
REFUSED.................................................................-7 [GO TO PN QA09_B60]
DON'T KNOW..........................................................-8 [GO TO PN QA09_B60]

QA09_B59  How many sisters have been diagnosed with breast cancer?
您有幾個姐妹被診斷患有乳腺癌？

AF8

________ NUMBER OF SISTERS WITH BREAST CANCER

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

PROGRAMMING NOTE QA09_B60:
IF QA09_B55 = 7 (COLON CANCER) OR 20 (RECTAL CANCER), THEN CONTINUE WITH QA09_B60;
ELSE SKIP TO QA09_B62

QA09_B60  Who was diagnosed with colon or rectal cancer?
誰被診斷患有結腸或直腸癌？

AB101

IF NEEDED, SAY: “Do NOT include STEP or HALF brothers and sisters.”
[IF NEEDED, SAY: 「請不要包括同父異母或同母異父兄弟姐妹。」]
[CODE ALL THAT APPLY]

[PROBE: “Any others?”]
[PROBE: 「還有任何其他人嗎？」]
MOTHER.................................................................1
FATHER..............................................................2
FULL BROTHER.......................................................3
FULL SISTER........................................................4
BIOLOGICAL SON...................................................5
BIOLOGICAL DAUGHTER......................................6
REFUSED.............................................................-7
DON'T KNOW......................................................-8
PROGRAMMING NOTE QA09_B61:
IF QA09_B60 = (3, 4, 5, OR 6) THEN CONTINUE WITH QA09_B61;
   IF QA09_B60 = 3, THEN DISPLAY “brothers”;
   IF QA09_B60 = 4, THEN DISPLAY “sisters”;
   IF QA09_B60 = 5, THEN DISPLAY “sons”;
   IF QA09_B60 = 6, THEN DISPLAY “daughters”;
ELSE SKIP TO PROGRAMMING NOTE QA09_B62

QA09_B61  How many {brothers/sisters/sons/daughters} were diagnosed with colon or rectal cancer?
有幾個{brothers, sisters, sons, daughters}被診斷患有結腸或直腸癌?

AB102

________ NUMBER OF FAMILY MEMBERS WITH COLON OR RECTAL CANCER

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

Colon Cancer Screening

PROGRAMMING NOTE QA09_B62:
IF AAGE < 40 OR [QA09_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40
OR AGE IS UNKNOWN GO TO PROGRAMMING NOTE QA09_C1;
ELSE CONTINUE WITH QA09_B62

QA09_B62  A stool or fecal blood test is done at home to check for colon cancer. You send your stool sample
to the doctor’s office or lab for testing. Have you ever done a stool or fecal blood test?
糞便潛血測試是在家中進行，用於檢查結腸癌的測試。您將大便樣品
送至醫生診所或實驗室進行化驗。您是否曾經做過糞便潛血測試？

AF22

[IF NEEDED, SAY: “Do not include over-the-counter test kits from a drugstore or pharmacy.”]
[IF NEEDED, SAY: 「請不要包括用從藥店或藥房購買的非處方測
試用品進行的測試。」]

[IF NEEDED, SAY: “Do not include tests done at the doctor’s office.”]
[IF NEEDED, SAY: 「請不要包括在醫生診所接受的測試。」]

YES.................................................................1
NO...............................................................2   [GO TO QA09_B65]
REFUSED..........................................................-7   [GO TO QA09_B65]
DON’T KNOW....................................................-8   [GO TO QA09_B65]

QA09_B63  When did you do your most recent blood test using a home kit to check for colon cancer?
您多久以前使用家中測試包進行潛血測試檢查是否患結腸癌？

AF24

A YEAR AGO OR LESS........................................1
MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO..................................................2
MORE THAN 2 YEARS AGO UP TO
5 YEARS AGO..................................................3
MORE THAN 5 YEARS AGO.................................4
REFUSED........................................................-7
QA09_B64  What was the main reason you had your most recent stool blood test using a home kit? Was it...

不要知道...........................................................................................................-8

AB83 Part of a routine exam, ................................................................. -1
常規檢查的一部份， ................................................................. -1
Because of a problem, or ...................................................................... -2
因為發現某種問題，還是 ................................................................. -1
Some other reason? ........................................................................... -3
其他某种原因？ ................................................................................. -1
REFUSED ............................................................................................. -7
DON'T KNOW ..................................................................................... -8

QA09_B65  A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home.

法檢查腸道的測試。區別是在乙狀結腸鏡檢查的過程中，您保持清醒，並且可以在測試後自己開車回家；但是，在結腸鏡檢查的過程中，您可能會感到昏昏欲睡，並且需要有人開車送您回家。您是否曾經接受過結腸鏡檢查？

Have you ever had a colonoscopy?

AB84 YES .......................................................................................................-1
NO .......................................................................................................... -2  [GO TO QA09_B68]
REFUSED ............................................................................................. -7  [GO TO QA09_B68]
DON'T KNOW ..................................................................................... -8  [GO TO QA09_B68]

QA09_B66  When did you have your most recent colonoscopy to check for colon cancer?

您最近一次接受檢查結腸癌的結腸鏡檢查是什麼時候？

AB85 A YEAR AGO OR LESS ....................................................................-1
MORE THAN 1 UP TO 5 YEARS AGO ............................................. -2
MORE THAN 5 UP TO 10 YEARS AGO ......................................... -3
MORE THAN 10 YEARS AGO .......................................................... -4
REFUSED ............................................................................................. -7
DON'T KNOW ..................................................................................... -8

QA09_B67  What was the main reason you had your most recent colonoscopy? Was it...

您最近一次接受結腸鏡檢查的主要原因是什麼？這是……

AB86 Part of a routine exam, ................................................................. -1
常規檢查的一部份， ................................................................. -3
Because of a problem, or ................................................................... -2
因為發現某種問題，還是 ................................................................. -3
Some other reason? ........................................................................... -3
其他某种原因？ ................................................................................. -3
REFUSED ............................................................................................. -7
DON'T KNOW.................................................................-8

QA09_B68 Have you ever had a sigmoidoscopy?
您是否曾經接受過乙狀結腸鏡檢查?

AB87
YES.................................................................1
NO...............................................................2 [GO TO QA09_B71]
REFUSED.......................................................-7 [GO TO QA09_B71]
DON'T KNOW...................................................-8

QA09_B69 When did you have your most recent sigmoidoscopy to check for colon cancer?
您最近一次接受檢查結腸癌的乙狀結腸鏡檢查是什麼時候?

AB88
A YEAR AGO OR LESS........................................1
MORE THAN 1 UP TO 5 YEARS AGO......................2
MORE THAN 5 UP TO 10 YEARS AGO.....................3
MORE THAN 10 YEARS AGO.................................4
REFUSED........................................................7
DON'T KNOW..................................................8

QA09_B70 What was the main reason you did your most recent sigmoidoscopy? Was it...
您最近一次接受乙狀結腸鏡檢查的主要原因是什麼？這是……

AB89
Part of a routine exam.........................................1
常規檢查的一部份，.........................................1
Because of a problem, or.....................................2
因為發現某種問題，還是..................................2
Some other reason?............................................3
其他某種原因？...............................................3
REFUSED.........................................................7
DON'T KNOW..................................................8

QA09_B71 In the past 5 years, has a doctor recommended that you have a sigmoidoscopy, colonoscopy or stool blood test?
在過去五年中，是否曾經有醫生建議您接受乙狀結腸鏡、結腸鏡檢查或便血測試？

AB90
YES.................................................................1
NO...............................................................2
DID NOT GO TO A DOCTOR IN PAST 5 YEARS...............92
REFUSED.......................................................7
DON'T KNOW..................................................8
PROGRAMMING NOTE QA09_B72:
IF QA09_B62 = 2 (NEVER HAD FOBT) AND QA09_B65 = 2 (NEVER HAD COLONOSCOPY) AND QA09_B68 = 2 (NEVER HAD SIGMOIDOSCOPY) CONTINUE WITH QA09_B72 AND DISPLAY "never had";
ELSE IF QA09_B62 ≠ 1 (MOST RECENT FOBT OVER 1 YEAR AGO) AND QA09_B66 ≠ 1, 2, OR 3 (MOST RECENT COLONOSCOPY OVER 10 YEARS AGO) AND QA09_B69 ≠ 1 OR 2 (MOST RECENT SIGMOIDOSCOPY OVER 5 YEARS AGO) CONTINUE WITH QA09_B72 AND DISPLAY "not had" AND "recently";
ELSE GO TO PROGRAMMING NOTE QA09_B73

QA09_B72

What is the ONE most important reason why you have {never had/not had} one of these exams {recently}?

**AF20**

- 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 EMBARRASSING..................................................7
- HAD ANOTHER TYPE OF COLORECTAL EXAM...8
- DON'T HAVE A DOCTOR..........................9
- OTHER..............................................91
- REFUSED..........................................7
- DON'T KNOW.....................................8

Prostate Specific Antigen (PSA) Test

PROGRAMMING NOTE QA09_B73:
IF FEMALE GO TO QA09_C1;
IF MALE AND AAGE < 40 OR [IF QA09_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR IF AGE IS UNKNOWN, GO TO QA09_C1;
ELSE CONTINUE WITH QA09_B73

QA09_B73

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.

**AF30**

- YES....................................................1
- NO....................................................2 [GO TO QA09_C1]
- REFUSED.........................................7 [GO TO QA09_C1]
- DON'T KNOW....................................8 [GO TO QA09_C1]
Have you ever had a PSA test?
您是否曾經做過 PSA 測試？

[IF NEEDED, SAY: “A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.”]
[IF NEEDED, SAY: "PSA 測試是一種檢測前列腺癌的血液測試，也稱為前列腺特異抗原測試。"]

YES ................................................................. 1
NO ................................................................. 2 [GO TO QA09_B77]
REFUSED .......................................................... -7 [GO TO QA09_B77]
DON’T KNOW .................................................. -8 [GO TO QA09_B77]

When did you have your most recent PSA test?
您最近一次做 PSA 測試是什麼時候？

A 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

What was the main reason you had this PSA test – was it...
您接受這次 PSA 測試的主要原因是什麼？是......

Part of a routine physical exam .................................... 1
例行體檢的一部份 ........................................... 1
Because of a problem, or ........................................ 2
由於某種問題還是 ........................................... 2
Some other reason? ................................................. 3
某些其他原因 ................................................... 3
REFUSED .......................................................... -7
DON’T KNOW ...................................................... -8
PROGRAMMING NOTE QA09_B77:
IF QA09_B74 = 1 DISPLAY “before you had the PSA test” AND “it”;
ELSE DISPLAY “Did” AND “the PSA test”

QA09_B77  {Before you had the PSA test}, did a doctor ever talk with you about the advantages and disadvantages of having {it/the PSA test}?
是否曾經有醫生向您談到過 PSA 測試的有利與不利的方面？
{在您做 PSA 測試之前，是否曾經有醫生與您談過該項測試的有利與不利的方面？}

<table>
<thead>
<tr>
<th>AB103</th>
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<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>NO .................................................................................... 2</td>
<td></td>
</tr>
<tr>
<td>REFUSED .............................................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW .......................................................................-8</td>
<td></td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA09_B78:
IF QA09_B74 = 1 DISPLAY “before you had the PSA test” AND “it”;
ELSE DISPLAY “Did” AND “the PSA test”

QA09_B78  {Before you had the PSA test, did/Did} a doctor ever tell you that some doctors recommend having {it/the PSA test} and others do not?
是否曾經有醫生告訴您一些醫生建議做 PSA 測試，另一些醫生建議不要做 PSA 測試？

<table>
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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>
</tr>
</tbody>
</table>

QA09_B79  Did a doctor or other health professional ever recommend that you have a PSA test?
是否曾經有醫生或其他健康護理專業人員建議您做 PSA 測試？

<table>
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<tr>
<th>AB105</th>
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<tbody>
<tr>
<td>YES ................................................................................... 1</td>
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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>
Section C – Health Behaviors

Walking for Transportation and Leisure

QA09_C1  The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

以下是有關以步代車的問題。我會另外向您提出因休閒或運動目的步行問題。

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

在過去七天內，您是否曾經步行至少10分鐘去某個地方？

<table>
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<th>Code</th>
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<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>UNABLE TO WALK</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>

QA05_C2  In the past 7 days, how many times did you do that?

在過去七天內，您曾經幾次這樣做？

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: “Walk for at least 10 minutes to get some place.”]</td>
<td></td>
</tr>
<tr>
<td>[IF NEEDED, SAY: ”至少步行10分鐘去某個地方。”]</td>
<td></td>
</tr>
<tr>
<td>______ TIMES PER WEEK [IF 0, GO TO QA09_C4]</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA09_C3:

IF QA09_C2 = 1 DISPLAY “How long did that walk take”;

IF QA09_C2 > 1 DISPLAY “On average, how long did those walks take”

QA09_C3  {How long did that walk take/On average, how long did those walks take}?

此類步行通常多長時間？

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ MINUTES PER DAY</td>
<td></td>
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<td>______ HOURS PER DAY</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_C4:
IF QA09_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY “Please do not include walking for transportation.”

QA05_C4  Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}
有時，您會為了娛樂、休閒、運動或溜狗而步行。在過去七天內，您是否曾經因任何此類原因而至少步行10分鐘？請勿包括以步代車。
AD40W

NO........................................................................................................2 [GO TO QA09_C7]

REFUSED...............................................................................................-7 [GO TO QA09_C7]

DON’T KNOW..........................................................................................-8 [GO TO QA09_C7]

QA09_C5  In the past 7 days, how many times did you do that?
在過去七天內，您曾經幾次這樣做？
AD41W

[IF NEEDED, SAY: “Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog.”]

[IF NEEDED, SAY: "因娛樂、休閒、運動或溜狗至少步行10分鐘。"]

______ TIMES PER WEEK [IF 0, GO TO QA09_C7]

REFUSED...............................................................................................-7 [GO TO QA09_C7]

DON’T KNOW..........................................................................................-8 [GO TO QA09_C7]

PROGRAMMING NOTE QA09_C6:
IF QA09_C5 = 1 DISPLAY “How long did that walk take”;
IF QA09_C5 > 1 DISPLAY “On average, how long did those walks take”

QA09_C6  {How long did that walk take/On average, how long did those walks take}?
此類步行通常多長時間？
AD42W

______ MINUTES PER DAY

______ HOURS PER DAY

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

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

38
Moderate and Vigorous Physical Activity

QA09_C7  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, dancing, swimming, and gardening.

以下有關您可能在休息時間從事至少10分鐘的身體活動或運動的問題（除步行外）。首先，請想一想中等活動量的活動，例如騎自行車、游泳、跳舞或園藝。

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

在過去七天內，您是否在休息時間從事至少10分鐘的中等活動量的身體活動？

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

[IF NEEDED, SAY: "中等活動量的身體活動使您的呼吸速度比正常情況略快。"]

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

[IF NEEDED, SAY: "請僅考慮每次至少延續10分鐘的身體活動。"]

YES.................................................................1
NO.................................................................2 [GO TO QA09_C10]
REFUSED.........................................................-7 [GO TO QA09_C10]
DON’T KNOW....................................................-8 [GO TO QA09_C10]

QA09_C8  On how many days did you do this?

您有幾天這樣做？

______ DAYS PER WEEK [IF 0, GO TO QA09_C10]

REFUSED.........................................................-7 [GO TO QA09_C10]
DON’T KNOW....................................................-8 [GO TO QA09_C10]
PROGRAMMING NOTE QA09_C9:
IF QA09_C8 = 1 DO NOT DISPLAY “usually” AND “that day”;
IF QA09_C8 > 1 DISPLAY “usually” and “one of those days”

QA09_C9
How much time did you (usually) spend on (one of those days/that day) doing moderate physical activities in your free time?
在那些日子裡，您通常每天花多少時間在休息時間從事中等活動量的身體活動？
[IF NEEDED, SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]
[IF NEEDED SAY: "請僅考慮每次至少延續 10 分鐘的身體活動。"]

______ HOURS PER DAY
______ MINUTES PER DAY [HR: 0-480, SR:0-120]
REFUSED.................................................................1
DON'T KNOW..........................................................2

QA09_C10
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.
現在，請想一想您在休息時間從事的劇烈身體活動，例如有氧健身操、跑步、踢足球、快速騎自行車或快速游泳。請注意，不要包括步行。
During the last 7 days, did you do any vigorous physical activities in your free time?
在過去七天內，您是否在休息時間從事過任何劇烈的身體活動？

[IF NEEDED, SAY: “Vigorous activities make you breathe much harder than normal.”]
[IF NEEDED SAY: "劇烈的身體活動使您的呼吸速度比正常情況快得多。"]

[IF NEEDED, SAY: “Think about only those vigorous physical activities that you did for at least 10 minutes at a time.”]
[IF NEEDED SAY: "請僅考慮每次至少延續 10 分鐘的劇烈身體活動。"]

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

QA09_C11
On how many days did you do this?
您有幾天這樣做？

______ DAYS PER WEEK [HR:1-7] [IF 0, GO TO QA09_C13]
REFUSED.............................................................7
DON'T KNOW......................................................8
<table>
<thead>
<tr>
<th>Question/Note</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA09_C12</td>
<td>How much time did you (usually) spend on {one of those days/that day} doing <strong>vigorous</strong> physical activities in your free time?</td>
</tr>
<tr>
<td>AE25A</td>
<td>[IF NEEDED, SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”] \n[IF NEEDED SAY: ”請僅考慮每次至少延續 10 分鐘的劇烈身體活動。”]</td>
</tr>
<tr>
<td>Dietary Intake QA09_C13</td>
<td>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. \n在過去一個月中，您吃過幾次水果？請不要包括果汁。</td>
</tr>
<tr>
<td>AE2</td>
<td>[IF NEEDED, SAY: “Your best guess is fine.”] \n[IF NEEDED, SAY: ”大概估計的次數就可以。”]</td>
</tr>
</tbody>
</table>

**Note:**
- **QA09_C12**:
  - IF QA09_C11 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”;
  - IF QA09_C11 > 1 DISPLAY “usually” and “one of those days”
During the past month, how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?
在過去一個月中，您吃過幾次任何類型的油炸馬鈴薯，包括炸薯條、家常薯條或煎薯餅？

[IF RESPONDENT ASKS, SAY: “Do not include potato chips.”]
[IF NEEDED, SAY: "請不要包括炸薯片。"]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK “Was that per day, week, or month?”]
[IF R GIVES YOU A NUMBER WITHOUT A TIME FRAME, ASK: "這是每天、每週還是每個月？"]

__________ TIMES

PER DAY .............................................................. 1 [HR: 0-20; SR: 0-5]
PER WEEK ......................................................... 2 [HR: 0-35; SR: 0-11]
PER MONTH ...................................................... 3 [HR: 0-90; SR: 0-30]
REFUSED .................................................................. -7
DON'T KNOW ............................................................. -8

During the past month, how many times did you eat any other vegetables like green salad, green beans, or potatoes? Do not include fried potatoes.
在過去一個月中，您吃過幾次任何其他蔬菜，例如青菜沙拉、四季豆或馬鈴薯？請不要包括油炸馬鈴薯。

[IF STRONGLY NEEDED, SAY: “Such as tomatoes, carrots, onions, or broccoli.”]
[IF STRONGLY NEEDED, SAY: "例如西紅柿、胡蘿蔔、洋蔥或綠花椰菜。

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: “Rice is not a vegetable.”]
[ONLY IF R ASKS ABOUT RICE, SAY: "米飯不是蔬菜。

__________ TIMES

PER DAY .............................................................. 1 [HR: 0-10; SR: 0-4]
PER WEEK ......................................................... 2 [HR: 0-25; SR: 0-11]
PER MONTH ...................................................... 3 [HR: 0-60; SR: 0-30]
REFUSED .................................................................. -7
DON'T KNOW ............................................................. -8
QA09_C16  [During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
[在過去一個月中,] 您喝普通汽水或含糖汽水的頻率有多高？
請不要包括低卡節食汽水。[您可以告訴我每天、每週或每個月的次數。]

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

__________TIMES

<table>
<thead>
<tr>
<th>PER DAY</th>
<th>1</th>
<th>[HR: 0-10; SR: 0-7]</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER WEEK</td>
<td>2</td>
<td>[HR: 0-25; SR: 0-11]</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>3</td>
<td>[HR: 0-60; SR: 0-30]</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>

QA09_C17  [During the past month,] how often did you drink sports or energy drinks such as Gatorade, Red Bull, and Vitamin water? Do not include diet or sugar-free kinds.
[在過去一個月中,]您喝運動或能量飲料的頻率有多高，例如
Gatorade、Red Bull及維他命水？
請勿包括減肥或無糖飲料。

AC12

__________TIMES

<table>
<thead>
<tr>
<th>PER DAY</th>
<th>1</th>
<th>[HR: 0-10; SR: 0-7]</th>
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<tr>
<td>PER WEEK</td>
<td>2</td>
<td>[HR: 0-25; SR: 0-11]</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>3</td>
<td>[HR: 0-60; SR: 0-30]</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>

QA09_C18  [During the past month,] how often did you drink sweetened fruit drinks such as Kool-aid, cranberry drink, and lemonade? Include fruit drinks you made at home and added sugar to.
[在過去一個月中，] 您多久喝一次加糖果汁飲料，例如 Kool-aid、越橘（cranberry）飲料及檸檬水？請包括您在家中自己配製並加糖的果汁飲料。

AC41  [IF NEEDED, SAY: “Do not include 100% fruit juices and drinks with things like Splenda or Equal.”]
[IF NEEDED, SAY: 「請不要包括純果汁及 Splenda 或 Equal 之類的飲料。」]

__________TIMES

<table>
<thead>
<tr>
<th>PER DAY</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER WEEK</td>
<td>2</td>
</tr>
<tr>
<td>PER MONTH</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>
QA09_C19  [During the past month,] how often did you drink coffee or tea with sugar or honey added? Do not include drinks with things like Splenda or Equal. Include pre-sweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino.  
[在過去一個月中，]您飲用加糖或蜂蜜的咖啡或茶的頻率有多高？請不要包括 Splenda 或 Equal 之類的飲料。請包括預先加糖的茶和咖啡飲料，例如亞利桑那冰茶和法布奇諾咖啡。  

Electives

AC36

__________ TIMES

PER DAY .............................................................. 1
PER WEEK ......................................................... 2
PER MONTH ....................................................... 3
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8

QA09_C20  [During the past month,] how often did you eat cookies, cake, pie, or brownies? Do not include sugar-free kinds.  
[在過去一個月中，]您吃甜餅、蛋糕、甜餡餅或巧克力餅的頻率有多高？請不要包括無糖點心。  
[IF NEEDED, SAY: “Include any sweet pastries. Do not include sugar-free kinds.”]  
[IF NEEDED, SAY: "包括任何甜點。請不要包括無糖點心。"]

__________ TIMES

PER DAY .............................................................. 1
PER WEEK ......................................................... 2
PER MONTH ....................................................... 3
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8

QA09_C21  [During the past month,] how often did you eat ice cream or other frozen desserts? Do not include sugar-free kinds.  
[在過去一個月中，]您吃冰淇淋或其他冷凍甜點的頻率有多高？請不要包括無糖點心。  
[IF NEEDED, SAY: “Do not include sugar-free kinds. Your best guess is fine.”]  
[IF NEEDED, SAY: "請不要包括無糖冷凍點心。給出您的最佳估計數字就可以了。"]

[IF STRONGLY NEEDED, SAY: “Include frozen yogurt and popsicles.”]  
[IF STRONGLY NEEDED, SAY: "包括冷凍酸奶及冰棒。"]

__________ TIMES

PER DAY .............................................................. 1
PER WEEK ......................................................... 2
PER MONTH ....................................................... 3
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
Fast Food QA09_C22

Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

現在，請想一想上一週的情況，在過去七天中，您曾經幾次吃快餐食品？包括在工作場所、家中或快餐店、外賣店或得來速快餐店購買的快餐食品。

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

__________ # OF TIMES IN PAST 7 DAYS

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

Sun Exposure QA09_C23

Next, I am going to ask you about your exposure to the sun.

接下來，我要向您提出有關日曬的問題。

During the past 12 months, how many times have you had a sunburn?

在過去十二個月中，您曾經有多少次被曬傷？

[IF NEEDED, SAY: “By ‘sunburn’ we mean even a small part of your skin turning red or hurting for 12 hours or more.”]
[IF NEEDED SAY: 「「曬傷」是指即使一小塊皮膚被曬紅或曬痛，並延續十二小時或以上。」]

______ NUMBER OF SUNBURNS

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

QA09_C24

During the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do not include a spray-on tan.

在過去 12 個月中，您曾經多少次使用室內曬黑裝置，例如太陽燈、日光浴或仿曬亭？請不要包括噴霧曬膚劑。

______ NUMBER OF TIMES

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

QA09_C25  Now, I am going to ask about various health behaviors.
現在，我想就各種不同的健康行為問題提問。

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?
在您的一生中，您抽煙的總量是否至少有 100 枝或 100 枝以上？

<table>
<thead>
<tr>
<th>AE15</th>
<th>YES...................................................................................1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO...................................................................................2 [GO TO QA09_C31]</td>
</tr>
<tr>
<td></td>
<td>REFUSED..............................................................................7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.........................................................................8</td>
</tr>
</tbody>
</table>

QA09_C26  Do you now smoke cigarettes every day, some days, or not at all?
您現在是每天、某些天抽煙還是完全不抽煙？

<table>
<thead>
<tr>
<th>AE15A</th>
<th>EVERY DAY........................................................................1 [GO TO QA09_C27]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SOME DAYS........................................................................2 [GO TO PN QA09_C29]</td>
</tr>
<tr>
<td></td>
<td>NOT AT ALL.........................................................................3 [GO TO QA09_C28]</td>
</tr>
<tr>
<td></td>
<td>REFUSED...............................................................................7 [GO TO QA09_C31]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.........................................................................8 [GO TO QA09_C31]</td>
</tr>
</tbody>
</table>

QA09_C27  On average, how many cigarettes do you now smoke a day?
目前您每天平均抽多少枝煙？

<table>
<thead>
<tr>
<th>AD32</th>
<th>[INTERVIEWER NOTE: IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NUMBER OF CIGARETTES [HR: 0-120] [GO TO PN QA09_C30]</td>
</tr>
<tr>
<td></td>
<td>REFUSED...............................................................................7 [GO TO PN QA09_C30]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.........................................................................8 [GO TO PN QA09_C30]</td>
</tr>
</tbody>
</table>

QA09_C28  Thinking back over the years you have smoked regularly, about how many cigarettes did you usually smoke a day?
請回想一下您經常性抽煙的年代，您通常一天大約抽多少枝煙？

<table>
<thead>
<tr>
<th>AC40</th>
<th>[INTERVIEWER NOTE: IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NUMBER OF CIGARETTES [GO TO PN QA09_C30]</td>
</tr>
<tr>
<td></td>
<td>REFUSED...............................................................................7 [GO TO PN QA09_C30]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.........................................................................8 [GO TO PN QA09_C30]</td>
</tr>
</tbody>
</table>
QA09_C29: In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

在過去30天中您抽煙的日子裡，您每天抽多少枝煙？

AE16

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

_____ NUMBER OF CIGARETTES [HR: 0-120]

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

QA09_C30: About how long {have you smoked/did you smoke} cigarettes regularly?

您經常性抽煙大約已有多長時間？

AC38

[INTERVIEWER NOTE: IF R SAYS, “NEVER SMOKED REGULARLY”, CODE 0]

_____ NUMBER OF YEARS [HR > 0]
_____ NUMBER OF MONTHS [HR > 0]

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

Second Hand Smoke

QA09_C31: Is smoking ever allowed inside your home?

你們家中是否允許抽煙？

AC17

YES..........................................................1
NO...........................................................2 [GO TO QA09_C33]
REFUSED.............................................................-7 [GO TO QA09_C33]
DON'T KNOW......................................................-8 [GO TO QA09_C33]
QA09_C32  On average, about how many days per week is there smoking inside your home?  
每週平均約有幾天有人在您的家中抽煙?

[IF RARELY OR LESS THAN 1 DAY PER WEEK, ENTER 0]

_______DAYS PER WEEK  [HR: 0-7]

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

Alcohol Use/Abuse
QA09_C33  Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?  
現在請想一想過去十二個月的情況。在此期間，您是否曾經飲用任何類型的含酒精飲料?

[IF NEEDED, SAY: “Your best guess is fine.”]
[IF NEEDED, SAY: 給出您的最佳估計數字。]

YES.................................................................1
NO.................................................................2  [GO TO QA09_D1]
REFUSED..........................................................-7  [GO TO QA09_D1]
DON'T KNOW.....................................................-8  [GO TO QA09_D1]

PROGRAMMING NOTE QA09_C34:
IF QA09_A5 = 1 (MALE) CONTINUE WITH QA09_C34;
ELSE SKIP TO QA09_C35

QA09_C34  In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?  
在過去十二個月中，您在一天內飲酒量達到 5 份或 5 份以上的次數約有多少?

AC34

__________TIMES  [HR: 0-365; SR: 0-99]  [GO TO QA09_D1]

REFUSED.............................................................-7  [GO TO QA09_D1]
DON'T KNOW........................................................-8  [GO TO QA09_D1]

QA09_C35  In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?  
在過去十二個月中，您在一天內飲酒量達到 4 份或 4 份以上的次數約有多少?

AC35

__________TIMES  [HR: 0-365; SR: 0-99]

REFUSED.............................................................-7
DON'T KNOW........................................................-8
Section D – General Health, Disability, and Sexual Health

Height and Weight
QA09_D1 These next questions are about your height and weight.
以下是幾個有關您的身高和體重的問題。
How tall are you without shoes?
您不穿鞋時身高是多少？

AE17 [IF NEEDED, SAY: “About how tall?”]
[IF NEEDED, SAY: 「大約有多高？」]

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

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

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

PROGRAMMING NOTE QA09_D2:
IF QA09_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA09_D2 {When not pregnant, how/How} much do you weigh without shoes?
您不穿鞋時體重是多少？

AE18 [IF NEEDED, SAY: “About how much?”]
[IF NEEDED, SAY: 「大約有多重？」]

POUNDS [HR: 50-450]

KILOGRAMS [HR: 20-220]

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

PROGRAMMING NOTE QA09_D3:
IF AAGE = 18, GO TO QA09_D4

QA09_D3 How much did you weigh at age 18?
您在 18 歲時體重有多少？

AE19 [IF NEEDED, SAY: “About how much?”]
[IF NEEDED, SAY: 「大約有多重？」]

POUNDS [HR: 50-450]

KILOGRAMS [HR: 20-220]

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

QA09_D4  Are you blind or deaf, or do you have a severe vision or hearing problem?
您是盲人或聾人，或有嚴重視力或聽力障礙嗎？

    AD50

   YES...................................................................................1
   NO....................................................................................2 [GO TO QA09_D6]
   REFUSED........................................................................-7 [GO TO QA09_D6]
   DON'T KNOW.....................................................................-8 [GO TO QA09_D6]

QA09_D5  Are you legally blind?
您是不是法律認可的盲人？

    AL8

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

QA09_D6  Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
您是否有任何一種嚴重限制一種或多種基本身體活動的症狀？
例如，步行、上樓梯、伸手取物或提拿物體。

    AD57

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

QA09_D7  Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following: 
您是否由於持續六個月或以上的身體、精神或情感疾病，出現以下任何症狀：
Any difficulty learning, remembering, or concentrating?
學習、記憶或集中注意力方面的任何困難？

    AD51

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

QA09_D8  Any difficulty dressing, bathing, or getting around inside the home?
穿衣、洗澡或在家中走動時有任何困難嗎？

    AD52

   [IF NEEDED, SAY: “Because of a physical, mental, or emotional condition”]

   YES...................................................................................1
   NO....................................................................................2
   REFUSED........................................................................-7
   DON'T KNOW.....................................................................-8
QA09_D9  Any difficulty going outside the home alone to shop or visit a doctor’s office?
單獨外出購物或前往醫生診所就診時有任何困難嗎？

[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition”]

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

PROGRAMMING NOTE QA09_D10:
IF AAGE > 64 GO TO PN QA09_D12

QA09_D10  Any difficulty working at a job or business?
工作或從事業務方面遇到任何困難嗎？

[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition.”]
[IF NEEDED, SAY: "由於身體、精神或情感狀況。”]

YES..............................................................................................................1
NO.............................................................................................................2
GO TO PN QA09_D12
REFUSED......................................................................................................-7
GO TO PN QA09_D12
DON'T KNOW..............................................................................................-8
GO TO PN QA09_D12

QA09_D11  Do you have a physical or mental condition that has kept you from working for at least a year?
您是否有使您至少一年無法工作的身體或精神症狀？

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

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

QA09_D12  We are asking a few questions about people’s sexual experiences. All answers will be kept private.

在過去十二個月中，您有過幾位性伴侶？

AD43

<table>
<thead>
<tr>
<th>NUMBER OF SEXUAL PARTNERS</th>
<th>[GO TO PN QA09_D14]</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA09_D13 Can you give me your best guess?

您能不能儘量估計有幾個人？

AD44

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

<table>
<thead>
<tr>
<th>NUMBER OF PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PARTNER</td>
</tr>
<tr>
<td>2-3 PARTNERS</td>
</tr>
<tr>
<td>4-5 PARTNERS</td>
</tr>
<tr>
<td>6-10 PARTNERS</td>
</tr>
<tr>
<td>MORE THAN 10 PARTNERS</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

Sexual Orientation

PROGRAMMING NOTE QA09_D14:

IF QA09_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA09_D13=0, GO TO
PROGRAMMING NOTE QA09_D15;
ELSE CONTINUE WITH QA09_D14;
IF QA09_D12 OR QA09_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female”;
ELSE DISPLAY “In the past 12 months, have your sexual partners been male, female, or both male and female”

QA09_D14 {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

在過去十二個月中，您的性伴侶是男性、女性還是既有男性又有女性？

AD45

| MALE                     | 1                   |
|                         |                     |
| FEMALE                  | 2                   |
| BOTH MALE AND FEMALE    | 3                   |
| REFUSED                 | -7                  |
| DON'T KNOW              | -8                  |
QA09_D15: Do you think of yourself as straight or heterosexual, as gay (lesbian) or homosexual, or bisexual? 
您認為自己是異性戀、男同性戀、女同性戀、同性戀還是雙性戀？

AD46

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

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

STRAIGHT OR HETEROSEXUAL ..................... 1
GAY, LESBIAN, OR HOMOSEXUAL ................. 2
BISEXUAL ............................................. 3
NOT SEXUAL/CELIBATE/NONE ...................... 4
OTHER (SPECIFY: ________________) ............. 5
REFUSED ............................................. -7
DON'T KNOW ........................................ -8

LGBT Domestic Partner

QA09_D16: Are you legally registered as a domestic partner or legally married in California with someone of the same sex? 
您是否與同性別的人在加州作為同居伴侶註冊或合法結婚？

AD59

[INTERVIEWER NOTE: ONLY INCLUDE SAME SEX MARRIAGES PERFORMED IN CALIFORNIA.]

[IF NEEDED, SAY: “Which one of these applies to you?”]

[IF NEEDED, SAY: "哪一種情況對您適用？"]

YES (DOMESTIC PARTNER) ......................... 4
YES (MARRIED IN CALIFORNIA) ..................... 5
NO ....................................................... 6
REFUSED ............................................. -7
DON'T KNOW ........................................ -8
Section E – Women’s Health

PROGRAMMING NOTE SECTION E:
IF QA09_A5 = 1 (MALE), GO TO NEXT SECTION;
ELSE CONTINUE QA09_E1

Age at Menarche
QA09_E1
These next questions are about women's health.
以下是有關婦女健康的問題。

How old were you when your periods or menstrual cycles started?
您幾歲開始來月經？

AD1

[IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]

_____ AGE [HR: 6-27]
NEVER STARTED MENSTRUAL CYCLE............96
REFUSED.............................................-7
DON'T KNOW.......................................-8

PROGRAMMING NOTE QA09_E2:
IF QA09_E1 = -8 (DON’T KNOW), CONTINUE WITH QA09_E2;
ELSE GO TO QA09_E3

QA09_E2
Were you younger than 12, about 12 to 13, or older than 13?
您當時的年齡是 12 歲以下、約 12-13 歲還是 13 歲以上？

AE70

YOUNGER THAN 12..........................................1
ABOUT 12 TO 13.......................................2
OLDER THAN 13.......................................3
REFUSED.............................................-7
DON'T KNOW.......................................-8

Pregnancy Status

PROGRAMMING NOTE QA09_E3:
IF AGE > 45 GO TO PROGRAMMING NOTE FOR QA09_E4

QA09_E3
To your knowledge, are you now pregnant?
據您所知，您現在懷孕了嗎？

AD13

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

**PROGRAMMING NOTE QA09_E4:**
IF AGE > 39 AND QA09_E3 ≠ 1 (NOT PREGNANT) CONTINUE WITH QA09_E4;
ELSE SKIP TO QA09_E6

**QA09_E4**  Do you still have periods or menstrual cycles?
您是否還有月經或月經週期？

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>NO, HAD HYSTERECTOMY</td>
<td>3</td>
</tr>
<tr>
<td>NO, HAD BOTH OVARIES REMOVED</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>

**QA09_E5**  When did you have your last period or menstrual cycle?
您最後一次來月經或月經週期是什麼時候？

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year ago or less</td>
<td>1</td>
</tr>
<tr>
<td>More than 1 year ago to 2 years ago</td>
<td>2</td>
</tr>
<tr>
<td>More than 2 years</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>

**Live Births**

**QA09_E6**  Have you ever given birth?
您是否生過孩子？

<table>
<thead>
<tr>
<th>Answer</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>

**[INTERVIEWER NOTE: CODE STILLBIRTHS AS YES]**

<table>
<thead>
<tr>
<th>Answer</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>

**QA09_E7**  How old were you when your first child was born?
生第一個孩子時您多大年齡？

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ YEARS OLD</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA09_E8  In what year was your first child born?
您的第一個孩子是在哪一年出生的？

AE55

_____ YEAR

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

Mammography

PROGRAMMING NOTE QA09_E9:
IF AAGE < 30 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA09_E24;
ELSE CONTINUE WITH QA09_E9 (INCLUDE WOMEN WITH AGE UNKNOWN)

QA09_E9  In the past 12 months, has a doctor examined your breasts for lumps?
在過去十二個月中，是否有醫生為您作乳房腫塊檢查？

AF37

[IF NEEDED, SAY: “This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth.”]
[IF NEEDED, SAY: 「這是醫生用手觸摸乳房，檢查是否有腫塊、囊腫或不正常的生長物。」]
YES.................................................................1
NO..................................................................2
REFUSED........................................................7
DON'T KNOW...............................................8

QA09_E10 Have you ever had a mammogram?
您是否曾經作過乳房 X 光照射？

AD14

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

YES.................................................................1
NO..................................................................2
[READ DEFINITION, IF STILL NO, GO TO PN QA09_E22]
REFUSED........................................................7 [GO TO PN QA09_E24]
DON'T KNOW...............................................8 [GO TO PN QA09_E24]
QA09_E11  How many mammograms have you had in the last 6 years? Your best estimate is fine.
在過去六年中，您照過幾次乳房X光片？
大概估計的次數就可以。

AD16

____ MAMMOGRAMS [HR: 0-99]
NONE..............................................................0 [GO TO QA09_E22]
REFUSED.........................................................-7
DON'T KNOW...............................................-8

QA09_E12  How long ago did you have your most recent mammogram?
您最後一次作乳房X光照射是在多久以前？

AD17

A YEAR AGO OR LESS....................................1
MORE THAN 1 UP TO 2 YEARS AGO...............2
MORE THAN 2 UP TO 3 YEARS AGO.............3
MORE THAN 3 UP TO 5 YEARS AGO..............4
MORE THAN 5 YEARS AGO............................5
REFUSED.........................................................-7 [GO TO PN QA09_E24]
DON'T KNOW...............................................-8 [GO TO PN QA09_E24]

QA09_E13  Was your most recent mammogram recommended by a doctor?
您最近一次作乳房X光照射是在多久以前？

AE50

YES..............................................................1
NO...............................................................2
REFUSED.........................................................-7
DON'T KNOW...............................................-8
PROGRAMMING NOTE QA09_E14:

IF QA09_E12 = 3, 4, OR 5, THEN SKIP TO QA09_E15;
ELSE CONTINUE WITH QA09_E14

QA09_E14  Tell me the main reason you had a mammogram. Was it…
請告訴我您照乳房 X 光片的主要原因，是……

AD18  

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

Part of a routine exam, ................................................. 1
常規檢查的一部份，................................. 1
Because of a specific breast problem, ........................... 2
由於某種具體乳房問題， .............................. 2
A follow-up to a previously identified breast problem, or .................................. 3
以前發現的乳房問題的後續檢查，還是… 3
Due to family history? .................................................... 4
由於家族史？ ................................................................ 4
REFUSED. ................................................................. -7
DON'T KNOW.......................................................... -8

QA09_E15  Have you ever had a mammogram where the results were not normal?
您是否曾經有不正常的乳房 X 光照射結果？

AD19  

YES........................................................................ 1
NO....................................................................... 2 [GO TO PN QA09_E22]
REFUSED................................................................. -7 [GO TO PN QA09_E22]
DON'T KNOW.......................................................... -8 [GO TO PN QA09_E22]

QA09_E16  Have you ever had an operation to remove a lump from your breast?
您是否曾經接受移除乳房腫塊的手術？

AD20  

YES........................................................................ 1
NO....................................................................... 2 [GO TO QA09_E20]
REFUSED................................................................. -7 [GO TO QA09_E20]
DON'T KNOW.......................................................... -8 [GO TO QA09_E20]

QA09_E17  Did the lump turn out to be cancer?
該乳房腫塊是不是癌症？

AD21  

YES........................................................................ 1 [GO TO QA09_E19]
NO....................................................................... 2
REFUSED................................................................. -7
DON'T KNOW.......................................................... -8
QA09_E18  How many operations have you had to remove a lump that wasn’t cancer?
您曾經動過幾次切除腫塊的手術？請不要包括切除癌症腫瘤的手術。

______ NUMBER OF OPERATIONS

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

[GO TO QA09_E20]

QA09_E19  Tell me how you first found out about your breast cancer. Was it by…
請告訴我，您最初是如何發現自己患有乳癌（乳腺癌/乳房癌）的。是......

AB60

Finding it yourself by accident,........................................1
自己偶然發現的，...............................1
Finding it yourself during a self breast examination,.............................2
自己在一次乳房自檢過程中發現的，............2
Your husband or partner finding it,.................................3
您的丈夫或伴侶發現的，...............................3
Your doctor finding it during a routine breast exam,..........................4
您的醫生在一次例行乳房檢查中發現的，....4
Finding it by a mammogram, or..................................5
透過乳房 X 線照片發現的，還是............5
Some other way? (IF OTHER, SPECIFY):______91
用其它方法發現的？........................................91
REFUSED..........................................................-7
DON'T KNOW..................................................-8

[GO TO QA09_E20]

QA09_E20  Did you have any other tests and/or surgery when your mammogram was not normal?
當您的乳房 X 光照射結果不正常時，您是否接受任何其他測試及手術？

AD23

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

[GO TO QA09_E22]
QA09_E21  What additional tests and/or surgery did you have?
您還接受了哪些其他測試及/或手術？

[INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NEEDED, SAY: “Any others?”]
[INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NEEDED, SAY: "還有任何其他測試及或手術嗎？" ]

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 QA09_E22:
IF QA09_E10 = 2 OR QA09_E11 = 0 OR QA09_E12 > 2 YEARS CONTINUE WITH QA09_E22;
ELSE GO TO PROGRAMMING NOTE QA09_E23

QA09_E22  In the past 2 years, has a doctor recommended that you have a mammogram?
在過去兩年內，是否有醫生建議您照乳房 X 光片？

AD26

YES........................................................................1
NO...........................................................................2
REFUSED..................................................................-7
DON'T KNOW............................................................-8
PROGRAMMING NOTE QA09_E23:
IF QA09_E22 = 1 (YES, DOCTOR RECOMMENDED A MAMMOGRAM) AND (QA09_E10 = 2 OR QA09_E11 = 0 OR QA09_E12 > 2 years), CONTINUE WITH QA09_E23;
IF QA09_E12 = 3, 4, 5, OR -8 (MOST RECENT MAMMOGRAM > 2 YEARS OR DK), DISPLAY “NOT had a mammogram in the past 2 years”;
IF QA09_E10 = 2 (NEVER HAD MAMMOGRAM), DISPLAY “NEVER had a mammogram”;
ELSE GO TO PROGRAMMING NOTE QA09_E24

QA09_E23 What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram in the past 2 years}?
過去兩年中您沒有照乳房光片的一個最重要的原因是什麼？

AD25

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,
EMBARRASSING................................................7
TOO YOUNG..........................................................8
DON’T HAVE A DOCTOR.....................................9
OTHER.................................................................91
REFUSED.........................................................-7
DON’T KNOW......................................................-8

Hormone Replacement Therapy

PROGRAMMING NOTE QA09_E24:
IF AGE > 39 AND QA09_E3 ≠ 1 (NOT PREGNANT) THEN CONTINUE WITH QA09_E24;
ELSE GO TO PROGRAMMING NOTE QA09_E28

QA09_E24 Have you ever taken hormone replacement therapy or HRT for menopausal symptoms?
您是否曾經因更年期症狀而採用荷爾蒙補充療法或HRT？

AF47

YES.............................................................................1
NO.............................................................................2
[GO TO PN QA09_E28]
REFUSED.............................................................-7
[GO TO PN QA09_E28]
DON’T KNOW......................................................-8
[GO TO PN QA09_E28]
QA09_E25  Are you currently taking hormone replacement therapy?
您目前是否在使用荷爾蒙替代療法?

[IF NEEDED, SAY: “This is a pill, patch or treatment that gives women more of the female hormone, estrogen.”]
[IF NEEDED, SAY: 「這是一種使婦女體內增加女性荷爾蒙雌激素的藥丸、貼片或療法。」]
YES.......................................................................................1 [GO TO QA09_E27]
NO.........................................................................................2
REFUSED.................................................................................-7 [GO TO QA09_E27]
DON'T KNOW...........................................................................-8 [GO TO QA09_E27]

QA09_E26  About how long ago did you stop using Hormone Replacement Therapy – was it...
您大約多久以前停止使用荷爾蒙補充療法？—— 這是

2 years ago or less,.................................................................1
兩年以前或不到兩年以前，.................................1
More than 2 years up to 5 years ago, or.................2
兩至五年以前，還是.................................2
More than 5 years ago?.....................................................3
超過五年以前？.................................................................3
REFUSED.................................................................................-7
DON'T KNOW...........................................................................-8

QA09_E27  Some women go on and off hormone replacement therapy. Altogether, how long have you taken
HRT?
有些婦女斷斷續續地接受荷爾蒙替代療法。您總共服用 HRT 多長時間了?

A YEAR AGO OR LESS.................................................................1
MORE THAN 1 UP TO 2 YEARS...........................................2
MORE THAN 2 UP TO 4 YEARS..........................................3
MORE THAN 4 UP TO 8 YEARS.........................................4
MORE THAN 8 YEARS AGO................................................5
REFUSED.................................................................................-7
DON'T KNOW...........................................................................-8
**PROGRAMMING NOTE QA09_E28:**

IF AGE > 44 CONTINUE WITH QA09_E28;
ELSE GO TO PROGRAMMING NOTE QA09_E30

**QA09_E28 INTRO**

Are you taking any of the following medications?
您是否在服用以下任何一種藥物？

**QA09_E28**

Tamoxifen or Nolvadex?
Tamoxifen 或 Nolvadex？

<table>
<thead>
<tr>
<th>AE51</th>
<th>YES........................................................................1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO.........................................................................2</td>
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<td>REFUSED..................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..........................................................-8</td>
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</table>

**QA09_E29**

Raloxifene or Evista?
Raloxifene 或 Evista？

<table>
<thead>
<tr>
<th>AE52</th>
<th>YES........................................................................1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td>REFUSED..................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW..........................................................-8</td>
</tr>
</tbody>
</table>

**Birth Control Medications**

**PROGRAMMING NOTE QA09_E30:**

IF AGE < 55 CONTINUE WITH QA09_E30;
IF AGE < 45 DISPLAY “Are you taking any of the following medications:”;
ELSE GO TO QA09_F1

**QA09_E30**

Are you taking any of the following medications: Birth control pills, the patch, or birth control shots?
您是否在使用以下任何一種藥物：避孕丸、避孕貼片或避孕針？

<table>
<thead>
<tr>
<th>AE53</th>
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<tbody>
<tr>
<td></td>
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</tr>
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</table>
Section F – Mental Health

K6 Mental Health Assessment

QA09_F1 The next questions are about how you have been feeling during the past 30 days.
以下是關於在過去 30 天內您的感覺的問題。
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?
在過去 30 天內，您大約每隔多久會感到緊張不安 — 您認為是始終、大多數時間、有時、很少還是從不？

AJ29

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

QA09_F2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time,
some of the time, a little of the time, or none of the time?
在過去 30 天內，您大約每隔多久會感到毫無希望 — 所有的時間、大多數時間、部份時間、較少的時間還是從來沒有？

AJ30

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

QA09_F3 During the past 30 days, about how often did you feel restless or fidgety?
在過去 30 天內，您大約每隔多久會感到不安或煩躁？

AJ31

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

ALL....................................................................................1
MOST..............................................................................2
SOME..........................................................................3
A LITTLE........................................................................4
NONE............................................................................5
REFUSED......................................................................-7
DON'T KNOW..........................................................-8
QA09_F4  How often did you feel so depressed that nothing could cheer you up?
您每隔多久會感到極為憂鬱，以致任何事都無法讓您高興起來？

AJ32

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?
]
[IF NEEDED, SAY: "始終、大多數時間、有時、很少還是從不？"]

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

QA09_F5  During the past 30 days, about how often did you feel that everything was an effort?
在過去 30 天內，您大約每隔多久會感到每件事做起來都很費力？

AJ33

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?
]
[IF NEEDED, SAY: "始終、大多數時間、有時、很少還是從不？"]

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

QA09_F6  During the past 30 days, about how often did you feel worthless?
在過去 30 天內，您大約每隔多久會感到自己毫無價值？

AJ34

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?
]
[IF NEEDED, SAY: "始終、大多數時間、有時、很少還是從不？"]

ALL.................................................................1
MOST............................................................2
SOME...........................................................3
A LITTLE.........................................................4
NONE............................................................5
REFUSED.......................................................-7
DON'T KNOW...............................................-8
Repeated K6
QA09_F7  Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
在過去十二個月中，是否曾經有任何一個月這種感覺出現的頻率比過去30天更頻繁？

<p>| | |</p>
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<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

PROGRAMMING NOTE QA09_F8:
IF QA09_F7 = 1 THEN CONTINUE WITH QA09_F8;
ELSE SKIP TO PROGRAMMING NOTE QA09_F14

QA09_F8  The next questions are about the one month in the past 12 months when you were at your worst emotionally.
以下是有關在過去十二個月中您的精神狀態最差的一個月的問題。

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?
在這個月中，您感到精神緊張的頻率有多高？是所有的時間、大多數時間、某些時間、少數時間還是根本沒有？

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<tr>
<td>ALL</td>
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<td>A LITTLE</td>
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<tr>
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</table>

QA09_F9  During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?
在這個月中，您感到毫無希望的頻率有多高？是所有的時間、大多數時間、某些時間、少數時間還是根本沒有？

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<tr>
<td>ALL</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>
QA09_F10  How often did you feel restless or fidgety?
您感到不安或煩躁的頻率有多高？

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

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

QA09_F11  How often did you feel so depressed that nothing could cheer you up?
您感到非常壓抑以致任何事情都無法讓您高興起來的頻率有多高？

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

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

QA09_F12  How often did you feel that everything was an effort?
您感到做每件事都很費力的頻率有多高？

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

- ALL.................................................................................... 1
- MOST.................................................................................. 2
- SOME.................................................................................. 3
- A LITTLE.............................................................................. 4
- NONE................................................................................... 5
- REFUSED................................................................................-7
- DON'T KNOW........................................................................-8
QA09_F13  How often did you feel worthless?
您感到自己毫無用處的頻率有多高?

AF68

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

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

Shehan Scale

Add reverse coding of K6 calculation as temporary variable here:
PROGRAMMING NOTE QA09_F14:
IF (QA09_F1 + QA09_F2 + QA09_F3 + QA09_F4 + QA09_F5 + QA09_F6 > 5) OR
(QA09_F8 + QA09_F9 + QA09_F10 + QA09_F11 + QA09_F12 + QA09_F13 > 5) OR
(IF QA09_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 4) OR
(IF QA09_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 4) THEN CONTINUE WITH QA09_F14;
ELSE SKIP TO QA09_F19

QA09_F14intro  Think {again, please} about the month in the past 12 months when you were at your worst emotionally.
請想一想在過去十二個月中您精神狀態最差的一個月的情況。您的精神狀態對以下每一項活動是影響很大，有一些影響還是根本沒有影響?

PROGRAMMING NOTE QA09_F14:
IF AGE > 70 GO TO QA09_F15;
ELSE CONTINUE WITH QA09_F14

QA09_F14  Did your emotions interfere a lot, some, or not at all with your performance at work?
您的情緒對您在工作中的表現是影響很大、有一些影響還是根本沒有影響?

AF69

A LOT.............................................................1
SOME..........................................................2
NOT AT ALL..................................................3
DOES NOT WORK..........................................4
REFUSED......................................................-7
DON'T KNOW...............................................-8
**QA09_F15**  Did your emotions interfere a lot, some, or not at all with your household chores?
您的情緒對您做家務是影響很大、有一些影響還是根本沒有影響？

**AF70**

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

**QA09_F16**  Did your emotions interfere a lot, some, or not at all with your social life?
您的情緒對您的社交生活是影響很大、有一些影響還是根本沒有影響？

**AF71**

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

**QA09_F17**  Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?
您的情緒對您與朋友及家人的關係是影響很大、有一些影響還是根本沒有影響？

**AF72**

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

**QA09_F18**  Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
請想一想過去十二個月的情況。在過去的 365 天中，大約有多少天因為您感到精神緊張、壓抑或情緒壓力而完全無法工作或從事正常的活動？

**AF73**

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

_________________________ NUMBER OF DAYS

REFUSED................................................. -7  
DON'T KNOW.......................................... -8
Access & Utilization
QA09_F19 Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題感到需要約見專業人士呢？

AF81

YES...................................................................................1
NO.......................................................................................2
REFUSED............................................................................-7
DON'T KNOW.......................................................................-8
[GO TO QA09_F21]

QA09_F20 Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
您的保險是否為精神健康疾病治療提供保賠？例如，心理學家或精神病學家門診。

AJ1

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

QA09_F21 In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過您的主治醫生或全科醫生？

AF74

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

QA09_F22 In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
在過去十二個月中，您是否曾經因為您的精神健康、情感、神經、酗酒或吸毒的問題約見過任何其他專業人員，例如心理諮詢師、精神病醫生或社會工作者？

AF75

YES...................................................................................1
NO.......................................................................................2
REFUSED............................................................................-7
DON'T KNOW.......................................................................-8
PROGRAMMING NOTE QA09_F23:

IF QA09_F21 = 1 OR QA09_F22 = 1 THEN CONTINUE WITH QA09_F23;
ELSE SKIP TO QA09_F28

QA09_F23  Did you seek help for your mental or emotional health or for an alcohol or drug problem?

【AF76】

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

PROGRAMMING NOTE QA09_F24:

IF QA09_F23 = 1, DISPLAY: “mental or emotional health”;
IF QA09_F23 = 2, DISPLAY: “use of alcohol or drugs”;,
IF QA09_F23 = 3, DISPLAY: “mental or emotional health and your use of alcohol or drugs”;,
ELSE SKIP TO QA09_F25

QA09_F24  In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

【AF77】

____________ NUMBER OF VISITS

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

QA09_F25  Are you still receiving treatment for these problems from one or more of these providers?

【AF78】

YES.........................................................1  [GO TO QA09_F28]
NO..........................................................2
REFUSED..................................................-7  [GO TO QA09_F28]
DON'T KNOW.............................................-8  [GO TO QA09_F28]

QA09_F26  Did you complete the recommended full course of treatment?

【AF79】

YES.........................................................1  [GO TO QA09_F28]
NO..........................................................2
REFUSED..................................................-7  [GO TO QA09_F28]
DON'T KNOW.............................................-8  [GO TO QA09_F28]
QA09_F27  What is the MAIN REASON you are no longer receiving treatment?
您不再接受治療的主要原因是什麼?

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<th>Reason</th>
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<tbody>
<tr>
<td>AF80</td>
<td>1. GOT BETTER/NO LONGER NEEDED</td>
</tr>
<tr>
<td></td>
<td>2. NOT GETTING BETTER</td>
</tr>
<tr>
<td></td>
<td>3. WANTED TO HANDLE PROBLEM ON OWN</td>
</tr>
<tr>
<td></td>
<td>4. HAD BAD EXPERIENCES WITH TREATMENT</td>
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<td></td>
<td>5. LACK OF TIME/TRANSPORTATION</td>
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<td>6. TOO EXPENSIVE</td>
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<td></td>
<td>7. INSURANCE DOES NOT COVER</td>
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<td></td>
<td>8. OTHER (SPECIFY:________)</td>
</tr>
<tr>
<td></td>
<td>-7. REFUSED</td>
</tr>
<tr>
<td></td>
<td>-8. DON'T KNOW</td>
</tr>
</tbody>
</table>

QA09_F28  During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
在過去十二個月中，您是否曾經因情感或個人問題連續兩週或以上幾乎每天服用任何處方藥，例如抗憂鬱藥或鎮靜劑？

<table>
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<tr>
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<tr>
<td></td>
<td>NO.</td>
</tr>
<tr>
<td></td>
<td>REFUSED.</td>
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<tr>
<td></td>
<td>DON'T KNOW.</td>
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PROGRAMING NOTE QA09_F29:
IF QA09_F19 = 1 AND (QA09_F21 ≠ 1 AND QA09_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE WITH QA09_F29;
ELSE SKIP TO QA09_G1

QA09_F29  Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.
以下是人們在感到需要尋求幫助時沒有尋求幫助的一些原因。請對以下每一項陳述回答「是」或「否」，說明您沒有約見專業人員的原因。

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

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<td>NO.</td>
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<td></td>
<td>REFUSED.</td>
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<td>DON'T KNOW.</td>
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</table>

QA09_F30  You did not feel comfortable talking with a professional about your personal problems.
您與專業人員談論自己的個人問題感到不自在。

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<tbody>
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<td></td>
<td>NO.</td>
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<tr>
<td></td>
<td>DON'T KNOW.</td>
</tr>
</tbody>
</table>
**QA09_F31** You were concerned about what would happen if someone found out you had a problem.

您擔心如果有人知道了您的問題後會出現什麼情況。

<table>
<thead>
<tr>
<th>AF84</th>
<th>YES .......................................................................... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO ........................................................................ 2</td>
</tr>
<tr>
<td></td>
<td>REFUSED .................................................................. -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................................-8</td>
</tr>
</tbody>
</table>

**QA09_F32** You had a hard time getting an appointment.

您在預約時遇到了困難。

<table>
<thead>
<tr>
<th>AF85</th>
<th>YES .......................................................................... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO ........................................................................ 2</td>
</tr>
<tr>
<td></td>
<td>REFUSED .................................................................. -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................................-8</td>
</tr>
</tbody>
</table>
Section G – Demographic Information, Part II

Country of Birth (Self, Parents)

Now a few more questions about you.
現在，我想問幾個有關您的背景的問題。

In what country were you born?
您是在哪一個國家出生的?

[SELECT FROM MOST LIKELY COUNTRIES]

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
<td>1</td>
</tr>
<tr>
<td>AMERICAN SAMOA</td>
<td>2</td>
</tr>
<tr>
<td>CANADA</td>
<td>3</td>
</tr>
<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>6</td>
</tr>
<tr>
<td>FRANCE</td>
<td>7</td>
</tr>
<tr>
<td>GERMANY</td>
<td>8</td>
</tr>
<tr>
<td>GUAM</td>
<td>9</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>10</td>
</tr>
<tr>
<td>HUNGARY</td>
<td>11</td>
</tr>
<tr>
<td>INDIA</td>
<td>12</td>
</tr>
<tr>
<td>IRAN</td>
<td>13</td>
</tr>
<tr>
<td>IRELAND</td>
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</tr>
<tr>
<td>ITALY</td>
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</tr>
<tr>
<td>JAPAN</td>
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<td>PUERTO RICO</td>
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</tr>
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<td>RUSSIA</td>
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<td>TAIWAN</td>
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</tr>
<tr>
<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>OTHER (SPECIFY:______________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA09_G2:
IF QA09_G1 ≠ 1 (NOT BORN IN US) GO TO QA09_G4;
ELSE IF QA09_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA09_G2

QA09_G2
In what country was your mother born?
您的母親是在哪一個國家出生的?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES.................................................. 1
AMERICAN SAMOA............................................. 2
CANADA............................................................ 3
CHINA............................................................... 4
EL SALVADOR.................................................... 5
ENGLAND........................................................ 6
FRANCE............................................................ 7
GERMANY......................................................... 8
GUAM.............................................................. 9
GUATEMALA...................................................... 10
HUNGARY......................................................... 11
INDIA............................................................... 12
IRAN............................................................... 13
IRELAND......................................................... 14
ITALY............................................................... 15
JAPAN............................................................... 16
KOREA............................................................. 17
MEXICO........................................................... 18
PHILIPPINES.................................................... 19
POLAND.......................................................... 20
PORTUGAL....................................................... 21
PUERTO RICO................................................... 22
RUSSIA........................................................... 23
TAIWAN.......................................................... 24
VIETNAM......................................................... 25
VIRGIN ISLANDS................................................ 26
OTHER (SPECIFY: ________________).................. 91
REFUSED.......................................................... -7
DON'T KNOW................................................... -8
**QA09_G3**  In what country was your father born?
您的父親是在哪一個國家出生的？

**AH35**

[SELECT FROM MOST LIKELY COUNTRIES]

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
<td>1</td>
</tr>
<tr>
<td>AMERICAN SAMOA</td>
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</tr>
<tr>
<td>CANADA</td>
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<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>6</td>
</tr>
<tr>
<td>FRANCE</td>
<td>7</td>
</tr>
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<td>GERMANY</td>
<td>8</td>
</tr>
<tr>
<td>GUAM</td>
<td>9</td>
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<tr>
<td>GUATEMALA</td>
<td>10</td>
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<td>HUNGARY</td>
<td>11</td>
</tr>
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<td>INDIA</td>
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<tr>
<td>IRAN</td>
<td>13</td>
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<tr>
<td>IRELAND</td>
<td>14</td>
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<tr>
<td>ITALY</td>
<td>15</td>
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<tr>
<td>JAPAN</td>
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<td>KOREA</td>
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<td>MEXICO</td>
<td>18</td>
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<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>OTHER (SPECIFY:__________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Language Spoken at Home
QA09_G4  What languages do you speak at home?
您在家中用什麼語言交談？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

<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>
<tr>
<td>ASIAN INDIAN LANGUAGES.........</td>
<td>8</td>
</tr>
<tr>
<td>RUSSIAN...........................</td>
<td>9</td>
</tr>
<tr>
<td>OTHER 1 (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>OTHER 2 (SPECIFY: ____________)</td>
<td>92</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>

Additional Language Use

PROGRAMMING NOTE QA09_G5 AND QA09_G6:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA09_G5;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA09_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09_G5 AND DISPLAY: “Since you speak a language other than English at home, we are interested in the languages you use in other situations”;
ELSE IF QA09_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA09_G8

QA09_G5  {Since you speak a language other than English at home, we are interested in the languages you use in other situations.} What language do you speak with your friends?
因為您在家中講的是英語之外的另一種語言,我們希望
瞭解您在其他場合下使用的語言。

您與朋友交談時使用哪一種語言？

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONLY ENGLISH...................</td>
<td>1</td>
</tr>
<tr>
<td>BOTH ENGLISH AND OTHER LANGUAGE(S)</td>
<td>2</td>
</tr>
<tr>
<td>ONLY OTHER LANGUAGE(S).........</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED................................</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW........................</td>
<td>-8</td>
</tr>
</tbody>
</table>
**In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or read?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG21</td>
<td>ONLY ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>BOTH ENGLISH AND OTHER LANGUAGE(S)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>ONLY OTHER LANGUAGE(S)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA09_G7:**

IF INTERVIEW CONDUCTED IN ENGLISH AND QA09_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA09_G7 AND DISPLAY: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English” AND DROP RESPONSE CATEGORY “Not at all?”;

ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA09_G7.

ELSE GO TO PROGRAMMING NOTE QA09_G8

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AH37</td>
<td>Very well</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>非常好</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Well</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>較好，還是</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Not well, or</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>不好？</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Not at all?</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Citizenship and Immigration

PROGRAMMING NOTE QA09_G8:
IF QA09_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PN QA09_G11;
ELSE CONTINUE WITH QA09_G8

QA09_G8  The next questions are about citizenship and immigration.
以下是有關公民身份及移民的幾個問題。
Are you a citizen of the United States?
您是美國公民嗎？

AH39

YES.................................................................1  [GO TO QA09_G10]
NO...............................................................2
APPLICATION PENDING.................................3
REFUSED..........................................................-7
DON'T KNOW......................................................-8

QA09_G9  Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
您是持有綠卡的永久居民嗎？您的回答會得到保密，不會向移民局報告。

AH40

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."
[IF NEEDED, SAY: "人們通常把它稱作「綠卡」，但卡的顏色可能是粉紅色、藍色或白色。"

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

QA09_G10  About how many years have you lived in the United States?
您在美國已經居住了大約多少年？

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

____ number of years
____ year (first came to live in U.S.)

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

PROGRAMMING NOTE QA09_G11:
IF QA09_A16 = 1 (MARRIED) CONTINUE WITH QA09_G11;
IF QA09_A16 = 2 (LIVING WITH PARTNER), GO TO QA09_G12;
ELSE GO TO PROGRAMMING NOTE QA09_G13

QA09_G11 Is your spouse also living in your household?
您的配偶是不是也住在您的家中？

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

QA09_G12 May I have your {spouse/partner}'s first name and age?
您是否能夠告訴我您的 {伴侶} 的名字和年齡？

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

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

Living with Parents

PROGRAMMING NOTE QA09_G13:
IF AAGE < 30 OR QA09_A4 = 1 (AGE 18-29) AND QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA09_G13;
IF AAGE < 30 OR QA09_A4 =1 (AGE 18-29) AND QA09_A16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09_G13;
IF AAGE < 30 OR QA09_A4 = 1 (AGE 18-29) AND QA09_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09_G13;
ELSE GO TO QA09_G14

QA09_G13 Are you now living with either of your parents?
您目前有沒有與您的父母之中一人住在一起？

AH43A
YES.................................................................1
NO.................................................................2
REFUSED.....................................................-7
DON'T KNOW..............................................-8
Child and Teen Selection

PROGRAMMING NOTE QA09_G14:
IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA09_G20;
ELSE CONTINUE WITH QA09_G14

QA09_G14  Are there any children under the age of 18 living in the household, including babies?
是任何年齡在 18 歲以下的兒童住在這個家中？請包括嬰兒。

| SC12   | YES ................................................................. 1 | [GO TO QA09_G22] |
|        | NO ............................................................... 2 | [GO TO QA09_G22] |
|        | REFUSED ................................................................ 7 | [GO TO QA09_G22] |
|        | DON'T KNOW ................................................................ 8 | [GO TO QA09_G22] |

QA09_G15  Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.
請告訴我所有通常住在你們家中年齡在18歲以下的兒童的名字和年齡，包括嬰兒。

| SC13A  | [PROBE: “Is there anyone else?”] | [PROBE: 還有任何其他人嗎？] | [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>
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<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QA09_G16  Is (CHILD) ...
{CHILD NAME/AGE/SEX} 是

| SC15A  | 0 To 11 years old or ........................................ 1 | [CODE AS CHILD] |
|        | 0 歲至 11 歲，還是 ........................................... 1 |
|        | 12 To 17 years old? ......................................... 2 | [CODE AS TEEN] |
|        | 12 歲至 17 歲？ ............................................... 2 |
|        | REFUSED ................................................................ 7 | [CODE AS TEEN] |
|        | DON'T KNOW ................................................................ 8 | [CODE AS TEEN] |

QA09_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?
我的記錄顯示這個家中沒有 18 歲以下的兒童。你是不是漏掉了任何通常住在這裡但臨時外出的 18 歲以下的兒童？

| SC13   | NO ONE MISSED -- ROSTER IS CORRECT .................. 1 | [GO BACK TO QA09_G15] |
|        | RETURN TO ROSTER ............................................ 2 | [GO BACK TO QA09_G15] |
**PROGRAMMING NOTE QA09_G18:**  
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA09_G18 ABOUT EACH PERSON UNDER 18

**QA09_G18**  
Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?  
您是不是{PERSON NAME/AGE/SEX}的父親/母親或法定監護人

**SC14A**

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

**PROGRAMMING NOTE QA09_G19:**  
IF ANY PEOPLE IN HH UNDER AGE 18 AND [QA09_G11 = 1 OR QA09_A16 = 2], ASK QA09_G19 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;  
ELSE SKIP TO QA09_G20

**QA09_G19**  
Is {NAME/AGE/SEX} the parent or legal guardian of {PERSON NAME/AGE/SEX}?  
{NAME/AGE/SEX}是不是{PERSON NAME/AGE/SEX}的父母或法定監護人？

**SC14B**

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

**Paid Child Care**

**PROGRAMMING NOTE QA09_G20:**  
IF QA09_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA09_G15 ARE AGE 13 OR LESS, CONTINUE WITH QA09_G20;  
ELSE GO TO QA09_G22;  
IF ANY CHILD IN ROSTER QA09_G15 < 14 AND ≥ 14 DISPLAY “for any children under age 14”;

IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN HH), DISPLAY “you or your spouse”;

IF QA09_A16 = 2 (LIVING WITH PARTNER), DISPLAY “you or your partner”;

ELSE DISPLAY “you”

**QA09_G20**  
In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/partner} worked, were in school, or looked for work?  
在過去一個月中，當{you or your partner}在工作、上學或尋找工作時，是否讓任何年齡在14歲以下的孩子接受何付費幼兒看護服務？

**AH44A**

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

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES..........................1</td>
</tr>
<tr>
<td>NO............................2</td>
</tr>
<tr>
<td>REFUSED........................-7</td>
</tr>
<tr>
<td>DON'T KNOW........................-8</td>
</tr>
</tbody>
</table>
### In the Past Month, How Much Did You Pay for All Child Care Arrangements and Programs?

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

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

[IF NEEDED, ASK: 「如果比較容易，您可以告訴我您在上個月最有代表性的一週中支付了多少費用。」]

「您或您家裡的任何一位成年人。」

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

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

### Educational Attainment

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

<table>
<thead>
<tr>
<th>Grade School</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST GRADE</td>
<td>1</td>
</tr>
<tr>
<td>2ND GRADE</td>
<td>2</td>
</tr>
<tr>
<td>3RD GRADE</td>
<td>3</td>
</tr>
<tr>
<td>4TH GRADE</td>
<td>4</td>
</tr>
<tr>
<td>5TH GRADE</td>
<td>5</td>
</tr>
<tr>
<td>6TH GRADE</td>
<td>6</td>
</tr>
<tr>
<td>7TH GRADE</td>
<td>7</td>
</tr>
<tr>
<td>8TH GRADE</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High School or Equivalent</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9TH GRADE</td>
<td>9</td>
</tr>
<tr>
<td>10TH GRADE</td>
<td>10</td>
</tr>
<tr>
<td>11TH GRADE</td>
<td>11</td>
</tr>
<tr>
<td>12TH GRADE</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4-Year College or University</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST YEAR (FRESHMAN)</td>
<td>13</td>
</tr>
<tr>
<td>2ND YEAR (SOPHOMORE)</td>
<td>14</td>
</tr>
<tr>
<td>3RD YEAR (JUNIOR)</td>
<td>15</td>
</tr>
<tr>
<td>4TH YEAR (SENIOR) (BA/BS)</td>
<td>16</td>
</tr>
<tr>
<td>5TH YEAR</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduate or Professional School</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST YEAR GRAD OR PROF SCHOOL</td>
<td>18</td>
</tr>
<tr>
<td>2ND YEAR GRAD OR PROF SCHOOL (MA/MS)</td>
<td>19</td>
</tr>
<tr>
<td>3RD YEAR GRAD OR PROF SCHOOL</td>
<td>20</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2-Year Junior or Community College</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST YEAR</td>
<td>22</td>
</tr>
<tr>
<td>2ND YEAR (AA/AS)</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vocational, Business, or Trade School</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST YEAR</td>
<td>24</td>
</tr>
</tbody>
</table>

83
Veteran Status

QA09_G23 Did you ever serve on active duty in the Armed Forces of the United States?
您是否曾經在美國軍隊當過現役軍人？

AG22

YES.................................................................1
NO.................................................................2 [GO TO QA09_G26]
REFUSED.......................................................-7 [GO TO QA09_G26]
DON'T KNOW..................................................-8 [GO TO QA09_G26]

QA09_G24 When did you serve?
您是什麼時候在軍隊服役的？

AG23

FROM _____ TO_____

OR

[CHECK ALL THAT APPLY]

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

QA09_G25 Altogether, how long did you serve?
您總共服役多長時間？

AG25

_____ YEARS

_____ MONTHS

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

QA09_G26  Which of the following were you doing last week?
您上週曾經從事以下哪些工作，是……

AK1
- Working at a job or business, ........................................... 1
- With a job or business but not at work, ................................. 2
- Looking for work, or .................................................. 3
- Not working at a job or business? ................................. 4
- REFUSED ..................................................................... -7
- DON'T KNOW ......................................................... -8

QA09_G27  What is the main reason you did not work last week?
您上週沒有工作的主要原因是什麼？

AK2
[IF NEEDED, SAY: “Main reason is the most important reason.”]
[IF NEEDED, SAY: "主要原因指最重要的原因。"]
- TAKING CARE OF HOUSE OR FAMILY ....................... 1
- ON PLANNED VACATION .......................................... 2
- COULDN'T FIND A JOB ............................................. 3
- GOING TO SCHOOL/STUDENT .................................. 4
- RETIRED .................................................................... 5
- DISABLED .................................................................. 6
- UNABLE TO WORK TEMPORARILY ............................ 7
- ON LAYOFF OR STRIKE ........................................... 8
- ON FAMILY OR MATERNITY LEAVE .......................... 9
- OFF SEASON ............................................................ 10
- SICK .......................................................................... 11
- OTHER ...................................................................... 91
- REFUSED ..................................................................... -7
- DON'T KNOW ......................................................... -8

QA09_G28  Do you usually work?
您通常工作嗎？

AG10
- YES ............................................................................. 1
- NO .............................................................................. 2
- LOOKING FOR WORK ................................................ 3
- REFUSED ..................................................................... -7
- DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA09_G29:
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA09_G28 = 2 (NO) CONTINUE WITH QA09_G29;
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA09_G27 = 5 (RETIRED) OR 6 (DISABLED) CONTINUE WITH QA09_G29;
ELSE GO TO PROGRAMMING NOTE QA09_G30

QA09_G29  Are you receiving Social Security Disability Insurance or SSDI?
您是否在領取社會安全殘障保險或 SSDI？

<table>
<thead>
<tr>
<th>AL22</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</td>
<td>KNOW.......................... -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA09_G30:
IF QA09_G26 = 1, 2, -7, OR -8 OR QA09_G28 = 1, CONTINUE WITH QA09_G30;
ELSE GO TO PROGRAMMING NOTE QA09_G31

QA09_G30  On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?
您從事的主要工作的僱主是：私人公司、政府部門、還是自行經營者（個體經營者）或者從事家庭企業或農場內不付薪水的工作？

<table>
<thead>
<tr>
<th>AK4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NEEDED, SAY: “Where did you work most hours?”]</td>
<td>[GO TO QA09_G31]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY：「您在哪裡工作的時間最長？」]</td>
<td>[GO TO QA09_G31]</td>
</tr>
<tr>
<td>PRIVATE COMPANY</td>
<td>............................. 1</td>
</tr>
<tr>
<td>GOVERNMENT</td>
<td>............................. 2</td>
</tr>
<tr>
<td>SELF-EMPLOYED</td>
<td>............................. 3</td>
</tr>
<tr>
<td>FAMILY BUSINESS OR FARM</td>
<td>............................. 4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>............................. -7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................. -8</td>
</tr>
</tbody>
</table>

Employment (Spouse)

PROGRAMMING NOTE QA09_G31:
IF QA09_A16 = 1 (MARRIED), CONTINUE WITH QA09_G31;
ELSE GO TO QA09_H1

QA09_G31  Which of the following was your spouse doing last week?
您的 {配偶} 上週曾經從事以下哪些工作，是……

<table>
<thead>
<tr>
<th>AG8</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Working at a job or business,.......................... 1</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>從事工作或業務，.......................... 1</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>With a job or business but not at work,.................. 2</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>有工作或業務，但不在工作，.................. 4</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>Looking for work, or.................................. 3</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>在找工作，還是.................................. 4</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>Not working at a job/business?............................ 4</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>沒有從事工作或業務？............................ 4</td>
<td>[GO TO QA09_G33]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.......................... -7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>.......................... -8</td>
</tr>
</tbody>
</table>
QA09_G32  Does your spouse usually work?
您的配偶通常工作嗎？

AG11

YES.................................................................1
NO.............................................................2  [GO TO QA09_H1]
LOOKING FOR WORK............................................3  [GO TO QA09_H1]
REFUSED.................................................................-7  [GO TO QA09_H1]
DON'T KNOW.......................................................-8  [GO TO QA09_H1]

QA09_G33  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?
您的配偶從事的主要工作的僱主是：私人公司、政府部門、
還是自行經營者（個體經營者）或者從事家庭企業或農場付薪
水的工作？

AG9

[IF NEEDED, SAY: “Where did (he/she) work MOST hours?”]
[IF NEEDED, SAY: 「他/她在哪裡工作的時間最長？」]
PRIVATE COMPANY,  
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**

**QA09_H1** The next topics are about health insurance and health care.

以下是有關健康保險及健康護理的問題。

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

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

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

**PROGRAMMING NOTE QA09_H2:**

IF QA09_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often—a medical";
ELSE IF QA09_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF QA09_H1 = 4 (KAISER) CIRCLE “1” FOR QA09_H2 AND GO TO QA09_H3

**QA09_H2** What kind of place do you go to most often—a medical/Is your doctor in a private doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

您最常去什麼樣的地方—醫生辦公室、診所或醫院診所、急診室或其它地方？

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR'S OFFICE/KAISER/OTHER HMO</td>
<td>1</td>
</tr>
<tr>
<td>CLINIC/HEALTH CENTER/HOSPITAL CLINIC</td>
<td>2</td>
</tr>
<tr>
<td>EMERGENCY ROOM</td>
<td>3</td>
</tr>
<tr>
<td>SOME OTHER PLACE (SPECIFY:______)</td>
<td>91</td>
</tr>
<tr>
<td>NO ONE PLACE</td>
<td>92</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>

**Emergency Room Visits**

**PROGRAMMING NOTE QA09_H3:**

IF QA09_B6 = 1 OR QA09_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA09_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA09_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA09_H4;
ELSE CONTINUE WITH QA09_H3

**QA09_H3** During the past 12 months, did you visit a hospital emergency room for your own health?

在過去 12 個月中，您有沒有因為自身的健康去過醫院急診室？

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

**QA09_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?

**English:**

Medicare (醫療保障計劃) is a health insurance program for people 65 years and older or persons with certain disabilities. You are currently covered by Medicare, aren’t you?

**AI1**

[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]

- **YES**........................................................................................................1 [GO TO QA09_H7]
- **NO**........................................................................................................2
- **REFUSED**.................................................................................................-7 [GO TO QA09_H14]
- **DON’T KNOW**.........................................................................................-8 [GO TO QA09_H14]

**POST-NOTE QA09_H4:**

IF QA09_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA09_H5:**

IF [AAGE > 64 OR QA09_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA09_H4= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA09_H5;

ELSE GO TO PROGRAMMING NOTE QA09_H7

**QA09_H5**

Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

雖然您刚才告訴過我您的年齡在 65 歲或 65 歲以上，但您沒有享受聯邦醫療護理保險，對不對？

**AI2**

- **CORRECT, NOT COVERED BY MEDICARE**............................................1 [GO TO PN QA09_H14]
- **NOT CORRECT, R IS COVERED BY MEDICARE**..................................2 [GO TO PN QA09_H7]
- **AGE IS INCORRECT**.................................................................93
- **REFUSED**.............................................................................................-7 [GO TO PN QA09_H14]
- **DON’T KNOW**......................................................................................-8 [GO TO PN QA09_H14]

**POST-NOTE QA09_H5:**

IF QA09_H5 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

**QA09_H6**

What is your age, please?

請告訴我您的年齡多大。

**AI3**

____ YEARS OF AGE [HR: 18-105]................................................................. [GO TO PN QA09_H14]

- **REFUSED**.............................................................................................-7 [GO TO PN QA09_H14]
- **DON’T KNOW**......................................................................................-8 [GO TO PN QA09_H14]

**POST NOTE QA09_H6: AIDATE**

SET AIDATE = CURRENT DATE (YYYYMMDD);

SET AAGE = QA09_H6;

IF AAGE < 18, CODE AS IA AND TERMINATE
PROGRAMMING NOTE QA09_H7:
IF ARMHCARE = 1, CONTINUE WITH QA09_H7;
ELSE GO TO PROGRAMMING NOTE QA09_H14

QA09_H7  Is your MediCARE coverage provided through an HMO?
您的 MediCARE 保賠是通過 HMO 提供的嗎？

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: "HMO 計劃通常要求您必須從 HMO 醫生處接受護理，否則就不提
供醫療費保賠，除非是醫療急診。"]

[INTERVIEWER 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

POST-NOTE QA09_H7:
IF QA09_H7 = 1, SET ARMHMO = 1

QA09_H8  What is the name of your MediCARE HMO plan?
您的 MediCARE HMO 計劃名稱是什麼？

AH50

AETNA US HEALTHCARE .............................................................1
AIDS HEALTHCARE FOUNDATION, LA........................................2
ALAMEDA ALLIANCE FOR HEALTH...........................................3
ALTAMED HEALTH SERVICES....................................................4
BLUE CROSS/CALEIFORNIAicare.............................................5
BLUE SHIELD/CAREAMERICA..................................................6
CALIFORNIA MEDICARE..........................................................7
CALKIDS................................................................................8
CALOPTIMA.................................................................9
CARE 1ST HEALTH PLAN/UHP...................................................10
CAREMORE INSURANCE SERVICES, INC...............................11
CENTER FOR ELDERS INDEPENDENCE..................................12
CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY.............13
CHINESE COMMUNITY HEALTH PLAN....................................14
CHINESE COMMUNITY HEALTH PLAN SENIOR........................15
CIGNA HEALTHCARE OF CALIFORNIA................................16
CITIZENS CHOICE HEALTHPLAN.........................................17
COMMUNITY HEALTH OF CALIFORNIA................................18
COMMUNITY HEALTH PLAN OF LA.......................................19
CONTRA COSTA HEALTH PLAN............................................20
GOLDEN MEDICARE............................................................21
HEALTH ADVANTAGE........................................................22
HEALTH NET/FOUNDATION.............................................23
INLAND EMPIRE HEALTH PLAN.............................................24
INTER VALLEY HEALTH PLAN..............................................25
KAISER FOUNDATION HEALTH PLAN..................................26
KERN HEALTH SYSTEMS...................................................27
LA CARE HEALTH PLAN....................................................28
MOLINA HEALTHCARE OF CALIFORNIA.............................29
Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

**AI4**

[IF NEEDED, SAY: “These are policies that cover health care costs not covered by MediCARE alone.”]

[IF NEEDED, SAY: ”這些是為Medicare不提供保賠的健康護理費用提供保賠的保險。”]

YES.................................................................1
NO.................................................................2 [GO TO QA09_H14]
REFUSED......................................................-7 [GO TO QA09_H14]
DONT KNOW..................................................-8 [GO TO QA09_H14]
PROGRAMMING NOTE QA09_H10:
IF QA09_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA09_H10 AND DISPLAY “MediCARE HMO”;
IF QA09_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA09_H10 AND DISPLAY “MediCARE Supplement plan”;
ELSE GO TO PROGRAMMING NOTE QA09_H14

QA09_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?
有關 {MediCARE Supplement plan}，您是直接註冊參加還是通過目前的雇主、以前的雇主、工會、家庭企業、AARP 還是以其他方式獲得該保險？

AH52
[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”]
[IF NEEDED, SAY: "AARP 代表「美國退休人協會」。"]
DIRECTLY..............................................................1
CURRENT EMPLOYER..............................................2
FORMER EMPLOYER..............................................3
UNION......................................................................4
FAMILY BUSINESS....................................................5
AARP......................................................................6
SPOUSE’S EMPLOYER..............................................7
SPOUSE’S UNION....................................................8
PROFESSIONAL/FRATERNAL ORGANIZATION...9
OTHER.....................................................................91
REFUSED..................................................................-7
DON’T KNOW..........................................................-8

QA09_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.
您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您家庭可能必須支付的任何協同付款或免賠額費用？

AH53
[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
[IF NEEDED, SAY: 「協同付款是您每次看病或使用健康護理系統時支付的部份健康護理費用，而保險計劃支付您的主要健康護理保障費。」
"A deductible is the amount you pay for medical care before your health plan starts paying." 
「免賠額是您的保險計劃開始付款之前您支付的醫療護理費。」 
"Premium is the monthly charge for the cost of your health insurance plan."]
「保費是您的醫療保險計劃的每月收費。」]
YES.................................................................1
NO......................................................................2
REFUSED.............................................................-7
DON’T KNOW ..........................................................-8
### QA09_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?  
是否有任何其他人（例如雇主、工會或專業機構）支付該項保健計劃的全部或部份保費或費用？

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Next Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>AH54</td>
<td></td>
<td>[GO TO PN QA09_H14]</td>
</tr>
<tr>
<td>YES</td>
<td>..................................................1</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>..................................................2</td>
<td>[GO TO PN QA09_H14]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>..............................................-7</td>
<td>[GO TO PN QA09_H14]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...........................................-8</td>
<td></td>
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</tbody>
</table>

### QA09_H13
Who is that?  
是誰？

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Next Page</th>
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</thead>
<tbody>
<tr>
<td>AH55</td>
<td></td>
<td>[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY: “除了您本人，還有誰支付該項計劃的任何費用？例如，您的雇主、工會或專業機構。”]</td>
<td></td>
<td></td>
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<tr>
<td>CODE ALL THAT APPLY</td>
<td></td>
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<tr>
<td>[PROBE: “Any others?”]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[PROBE: &quot;還有其他人或機構嗎？&quot;]</td>
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<td></td>
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<tr>
<td>CURRENT EMPLOYER</td>
<td>.............................................1</td>
<td></td>
</tr>
<tr>
<td>FORMER EMPLOYER</td>
<td>.............................................2</td>
<td></td>
</tr>
<tr>
<td>UNION</td>
<td>.............................................3</td>
<td></td>
</tr>
<tr>
<td>SPOUSE’S CURRENT EMPLOYER</td>
<td>.............................................4</td>
<td></td>
</tr>
<tr>
<td>SPOUSE’S FORMER EMPLOYER</td>
<td>.............................................5</td>
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<tr>
<td>PROFESSIONAL/FRATERNAL ORGANIZATION</td>
<td>.............................................6</td>
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<tr>
<td>MEDICAID/MEDI-CAL ASSISTANCE</td>
<td>...........................................7</td>
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<tr>
<td>HEALTHY FAMILIES</td>
<td>.............................................8</td>
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</tr>
<tr>
<td>OTHER</td>
<td>.............................................91</td>
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<td>REFUSED</td>
<td>..............................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...........................................-8</td>
<td></td>
</tr>
</tbody>
</table>

**POST-NOTE FOR QA09_H13:**  
IF QA09_H13 = 7, SET ARMCAL = 1;  
IF QA09_H13 = 8, SET ARHFAM = 1
Medi-Cal Coverage

PROGRAMMING NOTE QA09_H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA09_H14 {Is it correct that you are/Are you) covered by Medi-CAL?
您享受 Medi-CAL 的保賠嗎？

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "這是一項向某些低收入兒童及其家人、孕婦、殘障人士或年長者提供的計劃。"]
YES...................................................................................1  [GO TO QA09_H16]  
NO..................................................................................2  
REFUSED ..............................................................................-7  
DON'T KNOW.................................................................-8

POST-NOTE FOR QA09_H14:
IF QA09_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA09_H14 = 2, SET ARMCAL = 0

Healthy Families Coverage

PROGRAMMING NOTE QA09_H15:
IF AAGE > 18 OR [QA09_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO PN QA09_H16;
ELSE IF [AAGE = 18 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1,
CONTINUE WITH QA09_H15 AND DISPLAY "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA09_H15 AND DISPLAY: "Are you"

QA09_H15 {Is it correct, then, that you are/Are you) covered by the Healthy Families Program?
您是否享受健康家庭計劃 (Healthy Families)？

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: "健康家庭計劃是一項州立計劃，為年齡在 19 歲以下的孩子支付醫療保險費用。"]
YES...................................................................................1  
NO..................................................................................2  
REFUSED ..............................................................................-7  
DON'T KNOW.................................................................-8

POST-NOTE FOR QA09_H15:
IF QA09_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF ARHFAM = 1 AND QA09_H15 = 2, SET ARHFAM = 0
Employer-Based Coverage

PROGRAMMING NOTE QA09_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”

QA09_H16 {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO 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?
您有沒有享受目前或以前的雇主或工會提供的醫療保險計劃或 HMO？

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

POST-NOTE FOR QA09_H16:
IF QA09_H16 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE QA09_H17:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER),
CONTINUE WITH QA09_H17;
ELSE GO TO QA09_H18

QA09_H17 Are you covered by a health insurance plan that you purchased directly from an insurance
company or HMO?
您有沒有享受您直接從保險公司或 HMO 購買的醫療保險計劃？

[IF NEEDED, SAY: 「不要包括只支付某些疾病如癌症或中風費用、或只在您住院時才給您「額外
現金」的計劃。」]
YES.................................................................1
NO.................................................................2
REFUSED..........................................................-7
DON'T KNOW....................................................-8

POST-NOTE FOR QA09_H17:
IF QA09_H17 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE FOR QA09_H18:
IF QA09_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09_H17 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA09_H18;
ELSE GO TO PROGRAMMING NOTE QA09_H23

QA09_H18  Was this plan obtained in your own name or in the name of someone else?
這項計劃是用您的姓名申請還是用其他人的姓名申請的？

AI9

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

IN OWN NAME..............................................1  [GO TO PN QA09_H20]
IN SOMEONE ELSE’S NAME..............................2
REFUSED..................................................-7  [GO TO PN QA09_H20]
DON'T KNOW.............................................-8  [GO TO PN QA09_H20]

POST-NOTE FOR QA09_H18:
IF QA09_H16 = 1 AND QA09_H18 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA09_H16 = 1 AND QA09_H18 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA09_H17 = 1 AND QA09_H18 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA09_H17 = 1 AND QA09_H18 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA09_H19:
IF QA09_A16 = 1 (R HAS SPOUSE) OR IF QA09_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 25,
CONTINUE WITH QA09_H19;
ELSE GO TO PROGRAMMING NOTE QA09_H20;
IF QA09_A16 = 1 AND R IS MALE, DISPLAY “wife’s”;
IF QA09_A16 = 1 AND R IS FEMALE, DISPLAY “husband’s”;
IF QA09_G13 = 1 OR AAGE < 25, DISPLAY “parent’s”;
IF QA09_A16 = 1 AND QA09_G13 = 1, DISPLAY “or”

QA09_H19  Is the plan in your {husband’s/wife’s} {or} {parent’s} name?
是否以您的{}名義參加該項計劃？

AI9A

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

POST-NOTE FOR QA09_H19:
IF QA09_H16 = 1 AND QA09_H19 = 1 SET AREMPSp = 1 AND AREMPOTH = 0 AND ARSAMESp=1;
IF QA09_H16 = 1 AND QA09_H19 = 2 SET AREMPar =1 AND AREMPOTH = 0;
IF QA09_H17 = 1 AND QA09_H19 = 1 SET ARDlSp = 1 AND ARDlROTH = 0 AND ARSAMESp=1;
IF QA09_H17 = 1 AND QA09_H19 = 2 SET ARDIlPar = 1 AND ARDlROTH = 0
PROGRAMMING NOTE QA09_H20:
IF QA09_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09_H17 = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA09_H20;
ELSE GO TO PROGRAMMING NOTE QA09_H23

QA09_H20
Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any
copays or deductibles you or your family may have had to pay.

您可以为该保健计划支付任何或全部保费或费用吗？请勿包括您或您的
家庭可能需要支付的任何共付款或自付额。

[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: "共付款是您每次看病或使用健康护理系统服务时
支付的部份健康护理费用，由其他人支付您的主要健康护理保赔费用。"]

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

"自付额是您的保健计划开始付款之前您支付的医疗护理费用。"

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

"保费是您的健康保险计划的每月收费。"

YES...................................................................................1
NO..................................................................................2  [GO TO PN QA09_H22]
REFUSED...........................................................................-7
DON'T KNOW......................................................................-8

QA09_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?

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

[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: "共付款是您每次看病或使用健康護理系統服務時
支付的部份健康護理費用，由其他人支付您的主要健康護理保賠費用。"

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

"自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"

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

"保費是您的健康保險計劃的每月收費。"

YES...................................................................................1
NO..................................................................................2 [GO TO PN QA09_H23]
REFUSED...........................................................................-7 [GO TO PN QA09_H23]
DON'T KNOW......................................................................-8 [GO TO PN QA09_H23]
PROGRAMMING NOTE QA09_H22:
IF QA09_H20 = 2 THEN DISPLAY “Who besides yourself pays any portion of the cost for that plan”;
ELSE DISPLAY “Who is that”

QA09_H22
{Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that?}
是誰？

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

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]
[PROBE: "還有其他人或機構嗎？"]

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
MEDICARE...............................................................9
HEALTHY KIDS........................................................10
OTHER...........................................................................91
REFUSED.....................................................................-7
DON’T KNOW............................................................-8

POST-NOTE QA09_H22:
IF QA09_H22 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA09_H22 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA09_H22 = 6, THEN SET AROTHER = 1;
IF QA09_H22 = 10, THEN SET ARHKID =1;
IF QA09_H22 = 9, SET ARMCHANGE = 1 AND SET ARDIRECT = 0;
IF QA09_H22 = 7, SET ARMCHANGE = 1 AND SET ARDIRECT = 0;
IF QA09_H22 = 8, SET, ARHCHANGE = 1 AND SET ARDIRECT = 0;
IF QA09_H22 = 91, THEN SET AROTHER = 1
Employer Offer of Health Insurance

PROGRAMMING NOTE QA09_H23:
IF [QA09_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA09_G28 = 1 (R USUALLY WORKS)] AND QA09_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA09_H23;
ELSE GO TO PROGRAMMING NOTE QA09_H27

QA09_H23  Does your employer offer health insurance to any of its employees?
您的雇主有沒有提供醫療保險給任何員工？

AI13

YES.................................................................1
NO.................................................................2 [GO TO PN QA09_H27]
REFUSED........................................................7 [GO TO PN QA09_H27]
DON'T KNOW....................................................8 [GO TO PN QA09_H27]

QA09_H24  Are you eligible to be in this plan?
您是否有資格參加該項計劃？

AI14

YES.................................................................1
NO.................................................................2 [GO TO QA09_H26]
REFUSED........................................................7 [GO TO PN QA09_H27]
DON'T KNOW....................................................8

QA09_H25  What is the one main reason why you aren't in this plan?
您沒有參加該項計劃的一個主要原因是什麼？

AI15

COVERED BY ANOTHER PLAN..........................1 [GO TO PN QA09_H27]
TOO EXPENSIVE...........................................2 [GO TO PN QA09_H27]
DIDN'T LIKE PLAN OFFERED .........................3 [GO TO PN QA09_H27]
DON'T NEED OR BELIEVE IN HEALTH INSURANCE .................................................4 [GO TO PN QA09_H27]
OTHER (SPECIFY: __________________________) 91 [GO TO PN QA09_H27]
REFUSED........................................................7 [GO TO PN QA09_H27]
DON'T KNOW....................................................8 [GO TO PN QA09_H27]

QA09_H26  What is the one main reason why you are not eligible for this plan?
您沒有資格參加該項計劃的一個主要原因是什麼？

AI15A

HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED ...1 [GO TO PN QA09_H27]
CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN..........................2 [GO TO PN QA09_H27]
DONT WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR ..........................3 [GO TO PN QA09_H27]
OTHER (SPECIFY: __________________________) 91 [GO TO PN QA09_H27]
REFUSED........................................................7 [GO TO PN QA09_H27]
DON'T KNOW....................................................8
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage

PROGRAMMING NOTE QA09_H27:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA09_H27;
ELSE GO TO PN QA09_H28

QA09_H27 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
您是否享受 CHAMPUS/CHAMP VA、 Tricare、或其它軍隊醫療護理計劃？

AI16

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

POST-NOTE QA09_H27:
IF QA09_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

Healthy Kids

PROGRAMMING NOTE QA09_H28:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND R_AGE = 18, CONTINUE WITH QA09_H28 AND DISPLAY “Healthy Kids”;
IF COUNTY= SAN FRANCISCO AND AGE < 25, DISPLAY “Healthy Kids & Young Adults”;
IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO AND AGE = 18, DISPLAY “Healthy Kids, Healthy Futures”;
ELSE GO TO PN

QA09_H28 Are you covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} program?
您是否享受 Healthy Kids 計劃保賠？

AH70

[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county."]
[IF NEEDED, SAY: "Healthy Kids 是一項為您郡內的兒童提供的計劃。"]

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

POST-NOTE QA09_H28:
IF QA09_H28 = 1, SET ARHKID = 1 AND SET ARINSURE = 1
AIM, MRMIP, Family PACT, Other Government Coverage

PROGRAMMING NOTE QA09_H29:
If ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA09_H29;
ELSE GO TO PROGRAMMING NOTE QA09_H31

QA09_H29 Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, or something else?
您是否享受其他政府保健计划，如AIM、Mister MIP 、家庭同盟计划（Family Pact）或其他计划？

[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 表示「母婴營養計劃」；Mister MIP 或 MRMIP 表示「重大風險醫療保險計劃」；「家庭同盟計劃」是州立計劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用。"]

YES.......................................................1
NO..........................................................2 [GO TO PN QA09_H31]
REFUSED..................................................-7 [GO TO PN QA09_H31]
DON'T KNOW............................................-8 [GO TO PN QA09_H31]

POST-NOTE QA09_H29:
IF QA09_H29 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA09_H30 ASK IF NECESSARY: "What is the name of this program?"
ASK IF NECESSARY: 保險計劃的名稱是什麼？

AI17A

AIM...........................................................1
MRMIP ("Mister Mip")......................................2
FAMILY PACT..............................................3
OTHER (SPECIFY: ___________________)...91
REFUSED..................................................-7
DON'T KNOW............................................-8

Other Coverage

PROGRAMMING NOTE QA09_H31:
If ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEALTHY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA09_H31;
ELSE GO TO PROGRAMMING NOTE QA09_H35

QA09_H31 Do you have any health insurance coverage through a plan that I missed?
您有沒有享受任何我可能漏掉的其它醫療保險計劃？

AI18

YES...........................................................1
NO...........................................................2 [GO TO PN QA09_H35]
REFUSED..................................................-7 [GO TO PN QA09_H35]
DON'T KNOW............................................-8 [GO TO PN QA09_H35]
QA09_H32 What type of health insurance do you have?
您有哪一種健康保險？

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]
[PROBE: "還有任何其他保險嗎？"]

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

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

POST-NOTE QA09_H32:
IF QA09_H32 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 8, SET ARKID = 1;
IF QA09_H32 = 9, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA09_H32 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1
QA09_H33 Was this plan obtained in your own name or in the name of someone else?
這項計劃是以您的配偶自己的名義還是以其他人的名義獲得？

[PROBE: “Even someone who does not live in this household?”]
[PROBE: "甚至包括不住在您家中的人。"]

*IN OWN NAME............................................................1 [GO TO PN QA09_H35]*
*IN SOMEONE ELSE’S NAME..................................................2*
*REFUSED.................................................................-7 [GO TO PN QA09_H35]*
*DON’T KNOW................................................................-8 [GO TO PN QA09_H35]*

QA09_H34 Is the plan in your {husband's/wife's} {or} {parent's} name?
該項計劃是以您的 {spouse's/parent's/spouse's, parent's, or someone else's} 名義獲得的嗎？

*IN HUSBAND'S/WIFE'S NAME..................................................1*
*IN PARENT’S NAME............................................................2*
*IN SOMEONE ELSE’S NAME ...............................................3*
*REFUSED.................................................................-7*
*DON’T KNOW................................................................-8*
Indian Health Service Participation

PROGRAMMING NOTE QA09_H35:
IF ARIHS ≠ 1 AND QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA09_H35;
ELSE GO TO PROGRAMMING NOTE QA09_H36_INTRO

QA09_H35 Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
您有没有享受印地安人医疗服务、部落医疗计划或都市印地安人诊所计划？

AI20
YES.................................................................1
NO...............................................................2
REFUSED.......................................................-7
DON'T KNOW...............................................-8

POST-NOTE QA09_H35:
IF QA09_H35 = 1, SET ARIHS = 1

Spouse’s Insurance Coverage Type & Eligibility

PROGRAMMING NOTE QA09_H36_INTRO:
IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (LIVING WITH A PARTNER) CONTINUE WITH QA09_H36_INTRO;
ELSE GO TO PROGRAMMING NOTE QA09_H56

QA09_H36_INTRO These next questions are about the type of health insurance your spouse may have.

AI37intro

PROGRAMMING NOTE QA09_H36:
IF SPOUSE 65 OR OLDER THEN
   IF ARMCARE ≠ 1, CONTINUE WITH QA09_H36 WITHOUT DISPLAY
ELSE IF ARMCARE = 1, CONTINUE WITH QA09_H36 AND DISPLAY “You said that you are covered by Medicare,” AND “also”;
ELSE GO TO PROGRAMMING NOTE QA09_H39

QA09_H36 {You said that you are covered by Medicare.} Is (SPOUSE) {also} covered by Medicare?
您的 {spouse} 能享受 Medicare 保验吗？

AI37
YES.................................................................1
NO...............................................................2
REFUSED.......................................................-7
DON'T KNOW...............................................-8

POST-NOTE QA09_H36:
IF QA09_H36 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA09_H37:
IF QA09_H36 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA09_H37 WITHOUT DISPLAY;
ELSE IF QA09_H36 = 1 AND ARMHMO = 1, CONTINUE WITH QA09_H37 AND DISPLAY “You said that your Medicare coverage is provided through an HMO.” AND “also”; IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN CONTINUE WITH QA09_H37 AND IF QA09_A5 = 1 (MALE) DISPLAY “wife”; IF QA09_A5 = 2 (FEMALE) DISPLAY “husband”; ELSE DISPLAY “spouse”; ELSE GO TO PROGRAMMING NOTE QA09_H38

QA09_H37  {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?
您的配偶的 Medicare 是通過 HMO 提供的嗎？

AH61
YES...........................................................................................................1
NO......................................................................................................2
REFUSED..........................................................................................-7
DON’T KNOW....................................................................................-8

POST-NOTE QA09_H37:
IF QA09_H37 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA09_H38:
IF SPHMO = 1, THEN SKIP TO PN QA09_H39;
ELSE IF QA09_H36 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA09_H38 WITHOUT DISPLAY;
ELSE IF QA09_H36 = 1 AND ARSUPP = 1, CONTINUE WITH QA09_H38 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”; IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN CONTINUE WITH QA09_H38 AND IF QA09_A5 = 1 (MALE) DISPLAY “wife”; IF QA09_A5 = 2 (FEMALE) DISPLAY “husband”; ELSE DISPLAY “spouse”; ELSE GO TO PROGRAMMING NOTE QA09_H39

QA09_H38  {You said that you have a Medicare Supplement plan.} Does your husband/wife/spouse {also} have a Medicare supplemental policy?
您的{spouse} 是否加入了 Medicare 補充計劃？

AI37A
YES...........................................................................................................1
NO......................................................................................................2
REFUSED..........................................................................................-7
DON’T KNOW....................................................................................-8

POST-NOTE QA09_H38:
IF QA09_H38 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA09_H39:
IF ARMCA = 1, CONTINUE WITH QA09_H39;
IF ARMC = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H40

QA09_H39 You said you (also) have Medi-Cal. Is (SPOUSE) also covered by Medi-Cal?
您說您 {also} 可以享受 Medi-Cal (加州醫療保健計劃)。
您的 {SPOUSE} 是否也能享受 Medi-Cal 保賠？

AI38

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

POST-NOTE QA09_H39:
IF QA09_H39 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA09_H40:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA09_H40;
IF ARMC = 1 OR ARMCA = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H41

QA09_H40 You said you (also) have Healthy Families. Is (SPOUSE) also covered by Healthy Families?
您說您 {also} 可以享受 Healthy Families (健康家庭計劃)。
您的 {SPOUSE} 是否也能享受 Healthy Families 計劃保賠？

AI39

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

POST-NOTE QA09_H40:
IF QA09_H40 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA09_H41:
IF AREMPOWN = 1, CONTINUE WITH QA09_H41;
IF ARMC = 1 OR ARMCA = 1 OR ARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H42

QA09_H41 You said you have insurance from your current or former employer or union. Is (SPOUSE) {also} covered by the insurance from your employer?
您說您 {also} 享受您目前或以前僱主或工會提供的保險。
您的 {SPOUSE} 是否也能享受您的僱主所提供的保險的保賠？

AI40

YES..............................................................................1 [GO TO PN QA09_H43]
NO..............................................................................2
OTHER.................................................................3
REFUSED.................................................................-7
DON'T KNOW.............................................................-8

POST-NOTE QA09_H41:
IF QA09_H41 = 1, SET SEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE QA09_H42:
IF QA09_G31 = 1 OR 2 (SPOUSE EMPLOYED) OR QA09_G32 = 1 (USUALLY WORKS), CONTINUE WITH QA09_H42;
IF AREMPSP = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA09_H43

QA09_H42  {You said you have insurance from your spouse’s employer or union.} Does (SPOUSE) {also} have coverage through {his/her} own employer?
您的{} 是否{} 能夠通過{} 自己的僱主獲得保賠？

AI40A
YES...........................................................................................................1
NO.............................................................................................................2
REFUSED.......................................................................................-7
DON'T KNOW.........................................................................................-8

POST-NOTE QA09_H42:
IF QA09_H42 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA09_H43:
IF ARDIRECT = 1, CONTINUE WITH QA09_H43;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA09_H44

QA09_H43  You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE) {also} covered by this plan?
您說您{} 有一項直接從保險公司購買的計劃。您的{} 是否也能享受該項計劃的保賠？

AI41
YES...........................................................................................................1
NO.............................................................................................................2
REFUSED.......................................................................................-7
DON'T KNOW.........................................................................................-8

POST-NOTE QA09_H43:
IF QA09_H43 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE QA09_H44:
IF ARMILIT = 1, CONTINUE WITH QA09_H44;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H45

QA09_H44
You said you (also) have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE) also covered by this plan?
您說您是透過（）CHAMPUS/CHAMPUS-VA、TRICARE、VA
或其它某種軍隊健康護理計劃享受健康保險。
您的（）是否也能享受該項計劃的保賠？

AI42
YES...................................................................................1
NO...................................................................................2
REFUSED.......................................................................-7
DON'T KNOW.................................................................-8

POST-NOTE QA09_H44:
IF QA09_H44 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA09_H45:
IF AROTHGOV = 1, CONTINUE WITH QA09_H45;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H46

QA09_H45
You said you (also) have health insurance through some government health plan like AIM or Mister MIP. Is (SPOUSE) also covered by this plan?
您說您（）透過某種類似 AIM 或 Mister MIP 的政府健康計
劃享受健康保險。
您的（）是否也能享受此項計劃的保賠？

AI42A
YES...................................................................................1
NO...................................................................................2
REFUSED.......................................................................-7
DON'T KNOW.................................................................-8

POST-NOTE QA09_H45:
IF QA09_H45 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA09_H46:
IF SPINSURE ≠ 1, DISPLAY “any”;
ELSE DISPLAY “through any other source”

QA09_H46
Does (SPOUSE) have {any} health insurance coverage {through any other source}?  
您的（）是否有任何健康保險？

AI46
YES...................................................................................1
NO...................................................................................2
REFUSED.......................................................................-7
DON'T KNOW.................................................................-8
[GO TO QA09_H48]
[GO TO QA09_H52]
[GO TO QA09_H52]
QA09_H47  What type of health insurance does {he/she} have?
{他/她} 有哪一種健康保險？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[[PROBE:
"還有任何其他保險嗎？"

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

[IF 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: "{he/她} 通過目前或以前的雇主/工會、學校、專業協會、同業團體、其他機構還是直接向保健計劃獲得這項計劃的？"]

THROUGH CURRENT OR FORMER
EMPLOYER/UNION................................. 1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR
OTHER ORGANIZATION............................ 2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE)............................ 3
MEDICARE............................................. 4
MEDI-CAL............................................. 5
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

POST-NOTE QA09_H47:
IF QA09_H47 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 2, SET SPOther = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 6, SET SPHFM = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 7, SET SPFMILIT = 1 AND SPINSURE = 1;
IF QA09_H47 = 8, SET SPIHS = 1;
IF QA09_H47 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA09_H47 = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1
### PROGRAMMING NOTE QA09_H48:

IF SPINSURE ≠ 1, CONTINUE WITH QA09_H48;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA09_H50;
ELSE GO TO PROGRAMMING NOTE QA09_H52

### QA09_H48
You said that (SPOUSE) has no health insurance from any source. Is this correct?

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<th>Code</th>
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</thead>
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<tr>
<td>Yes</td>
<td>1</td>
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<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't Know</td>
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[GO TO PN QA09_H52]

### QA09_H49
What type of health insurance does {he/she} have?

{he}有哪一種健康保險？

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

"還有任何其他保險嗎？"

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

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

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<th>Option</th>
<th>Code</th>
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<td>Employer/Union</td>
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<tr>
<td>Through School, Professional Association</td>
<td>2</td>
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<tr>
<td>Trade Group or Other Organization</td>
<td>3</td>
</tr>
<tr>
<td>Purchased Directly from Health Plan</td>
<td>4</td>
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<td>Medicare</td>
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<td>Healthy Families</td>
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<td>CHAMPUS/CHAMP-VA, TRICARE, VA OR</td>
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<td>Some Other Military Health Care</td>
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<td>Program or Urban Indian Clinic</td>
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<td>Healthy Kids</td>
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<td>Other Government Health Plan</td>
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<td>Other Non-Government Health Plan</td>
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<td>Refused</td>
<td>7</td>
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<tr>
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<td>8</td>
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</tbody>
</table>

[GO TO PN QA09_H52]

### POST-NOTE QA09_H49:

IF QA09_H49 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 8, SET SPIHS = 1;
IF QA09_H49 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA09_H49 = 92, -7, OR -8, SET SPOTHE = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA09_H50:
IF QA09_H47 = 1, 2, OR 3 OR QA09_H49 = 1, 2, OR 3 THEN CONTINUE WITH QA09_H50;
ELSE SKIP TO QA09_H52

QA09_H50 Was this plan obtained in your spouse’s name or in the name of someone else?
該項計劃是以您的配偶的名義還是以其他人的名義獲得?

[IF NEEDED, SAY: “Even someone who does not live in this household.”]
[IF NEEDED, SAY: “甚至包括不住在您家中的人。”]

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

POST-NOTE QA09_H50:
IF QA09_H50 = 1 (SPOUSE’S NAME), SET SPEMPOWN = 1 AND SET SPEMPO = 0;

QA09_H51 Is the plan in your name, parent’s name, or someone else’s name?
該項計劃是以您本人、您的父母還是以其他人的名義獲得?

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

POST-NOTE QA09_H51:
IF QA09_H51 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMEP=1;
IF QA09_H51 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA09_H52:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA09_H56;
ELSE IF [QA09_G31 = 1 OR 2 (SPOUSE EMPLOYED) OR QA09_G32 = 1 (USUALLY WORKS)] AND QA09_G33 # 3 (SPOUSE NOT SELF EMPLOYED), CONTINUE WITH QA09_H52;
ELSE GO TO QA09_H56

QA09_H52 Does your spouse’s employer offer health insurance to any of its employees?
您的(配偶)的僱主是否向其僱員提供健康保險？

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

111
QA09_H53  Is (he/she) eligible to be in this plan?
() 是否有資格參加該項計劃？

   YES.................................................................1
   NO........................................................................2 [GO TO QA09_H55]
   REFUSED..........................................................-7 [GO TO PN QA09_H56]
   DON'T KNOW.....................................................-8 [GO TO PN QA09_H56]

QA09_H54  What is the ONE main reason why (he/she) isn't in this plan?
() 未參加該項計劃的一個主要原因是什麼?

   COVERED BY ANOTHER PLAN..............................1 [GO TO PN QA09_H56]
   TOO EXPENSIVE...............................................2 [GO TO PN QA09_H56]
   DOESN'T LIKE PLAN OFFERED............................3 [GO TO PN QA09_H56]
   DOESN'T NEED OR BELIEVE IN
   HEALTH INSURANCE..........................................4 [GO TO PN QA09_H56]
   OTHER (SPECIFY: ____________)...........................91 [GO TO PN QA09_H56]
   REFUSED..........................................................-7 [GO TO PN QA09_H56]
   DON'T KNOW.....................................................-8 [GO TO PN QA09_H56]

QA09_H55  What is the one main reason why (he/she) is not eligible for this plan?
() 沒有資格參加該項計劃的一個主要原因是什麼?

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

PROGRAMMING NOTE QA09_H56:
IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA09_H58;
IF ARHFAM = 1 OR ARHKID = 1; GO TO QA09_H57;
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA09_H56;
IF QA09_A16 = 1 (MARRIED) DISPLAY “Next, I have some questions about your own main health plan.”
IF ARMCAL = 1 DISPLAY “Medi-Cal” ELSE GO TO QA09_H69

QA09_H56  {Next, I have some questions about your own main health plan.} 接下來，我要提出一些有關您的配偶的主要保健計劃的問題。

Is your {Medi-Cal} health plan an HMO?
您的 {Medi-Cal} 保健計劃是 HMO 嗎？

AI22C

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.”]
[IF NEEDED, SAY: “HMO代表「健康維護機構」。在HMO計劃中，您必須使用網路內的醫生及醫院的服務。除非是急診，如果您在網絡外醫生或醫院處接受服務，計劃通常不支付服務費。”]
[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]
[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “您的主要保健計劃。”]
YES..............................................................................1
NO...........................................................................2
REFUSED......................................................................-7
DON’T KNOW.................................................................-8

PROGRAMMING NOTE QA09_H57:
IF (ARMCAL = 1 AND QA09_H55 = 1) OR (AROTHGOV = 1 AND QA09_H30 = 1) THEN list HMO Medi-Cal by county;
ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA09_H56 = 1 THEN list HMO Healthy Families by county;
ELSE IF QA09_H56 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09_H30 = 2)] THEN list HMO Commercial by county;
ELSE IF QA09_H56 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09_H30 = 2)] THEN list Non-HMO by county

QA09_H57  What is the name of your main health plan?
您的主要健康保險計劃的名稱是什麼？

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: “您是否有註明保健計劃名稱的保險卡或其他文件？”]
Aetna Us Healthcare.................................................................1
Aids Healthcare Foundation, LA............................................2
Alameda Alliance For Health.................................................3
Altamed Health Services.....................................................4
<table>
<thead>
<tr>
<th>Plan</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>Blue Cross/CaliforniaCare</td>
<td>5</td>
</tr>
<tr>
<td>Blue Shield/Careamerica</td>
<td>6</td>
</tr>
<tr>
<td>California Medicare</td>
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<td>CalKids</td>
<td>8</td>
</tr>
<tr>
<td>CalOptima</td>
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<tr>
<td>Care 1st Health Plan/UHP</td>
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</tr>
<tr>
<td>Caremore Insurance Services, Inc.</td>
<td>11</td>
</tr>
<tr>
<td>Center For Elders Independence</td>
<td>12</td>
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<tr>
<td>Central Coast Alliance/Santa Cruz-Monterey</td>
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<tr>
<td>Chinese Community Health Plan</td>
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<td>Chinese Community Health Plan Senior</td>
<td>15</td>
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<tr>
<td>Cigna Healthcare Of California</td>
<td>16</td>
</tr>
<tr>
<td>Citizens Choice Healthplan</td>
<td>17</td>
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<tr>
<td>Community Health Group (San Diego Co)</td>
<td>18</td>
</tr>
<tr>
<td>Community Health Plan of LA</td>
<td>19</td>
</tr>
<tr>
<td>Contra Costa Health Plan</td>
<td>20</td>
</tr>
<tr>
<td>Golden Medicare</td>
<td>21</td>
</tr>
<tr>
<td>Health Advantage</td>
<td>22</td>
</tr>
<tr>
<td>Health Net/Foundation</td>
<td>23</td>
</tr>
<tr>
<td>Inland Empire Health Plan</td>
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<tr>
<td>Inter Valley Health Plan</td>
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<td>Kaiser Foundation Health Plan</td>
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<tr>
<td>LA Care Health Plan</td>
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</tr>
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<td>Molina Healthcare of California</td>
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<tr>
<td>On Lok Senior Health Services</td>
<td>30</td>
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<tr>
<td>One Health Plan Of California</td>
<td>31</td>
</tr>
<tr>
<td>Pacificare/FHP</td>
<td>32</td>
</tr>
<tr>
<td>San Francisco Health Dept./Family Mosaic Project</td>
<td>33</td>
</tr>
<tr>
<td>San Francisco Health Plan</td>
<td>34</td>
</tr>
<tr>
<td>San Joaquin Health Plan</td>
<td>35</td>
</tr>
<tr>
<td>San Mateo Health Commission</td>
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<tr>
<td>Santa Barbara Health Plan</td>
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<tr>
<td>Santa Clara Family Health Plan</td>
<td>38</td>
</tr>
<tr>
<td>Scan Health Plan</td>
<td>39</td>
</tr>
<tr>
<td>Secure Horizons</td>
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<tr>
<td>Senior Advantage</td>
<td>41</td>
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<tr>
<td>Senior Secure</td>
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<tr>
<td>Seniority Plus</td>
<td>43</td>
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<tr>
<td>Service to Seniors</td>
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<tr>
<td>Sharp Health Plan</td>
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<tr>
<td>Solano/Napa County Network</td>
<td>46</td>
</tr>
<tr>
<td>Sutter Senior Care</td>
<td>47</td>
</tr>
<tr>
<td>Universal Care/Healthmax</td>
<td>48</td>
</tr>
<tr>
<td>Valley Health Plan, Santa Clara</td>
<td>49</td>
</tr>
<tr>
<td>Ventura County Health Care Plan</td>
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<tr>
<td>Western Health Advantage</td>
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<td>Western Health Advantage Care+</td>
<td>52</td>
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<tr>
<td>65 Plus</td>
<td>53</td>
</tr>
<tr>
<td>Medi-CAL</td>
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</tr>
<tr>
<td>Other</td>
<td>91</td>
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<tr>
<td>Other (specify)</td>
<td>92</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA09_H58:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA09_A16 = 1 (R IS MARRIED), DISPLAY “Next I have some questions about your own main health plan.”

QA09_H58  {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?
您享受處方藥物保賠嗎？也就是說，是否有某項計劃可支付處方藥物的部份費用？

AI25

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

High Deductible Health Plans

PROGRAMMING NOTE QA09_H59:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH QA09_H59;
ELSE GO TO QA09_H62

QA09_H59  Does your health plan have a deductible that is more than $1,000?
您的保健計劃是否要求支付超過 1,000 美元的自付額？

AH71

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: "自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數額。"]..............................................................YES  1
NO...............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK............3
REFUSED.......................................................................-7
DON'T KNOW.............................................................-8

QA09_H60  Does your health plan have a deductible for all covered persons that is more than $2,000?
您的保健計劃是否要求為所有受保人支付超過 2,000 美元的自付額？

AH72

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: "自付額是您的保健計劃開始為您的醫療護理付款之前您必須支付的數額。"]

YES...................................................................................1
NO...............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK............3
REFUSED.......................................................................-7
DON'T KNOW.............................................................-8
PROGRAMMING NOTE QA09_H61:
IF QA09_H59 = 1 OR 3 OR QA09_H60 = 1 OR 3, CONTINUE WITH QA09_H61;
ELSE SKIP TO QA09_H62

QA09_H61  Do you have a special account or fund you can use to pay for medical expenses?
您是否有一個可用於支付醫療費用的特別帳戶或基金？

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include - Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.”]

[IF NEEDED, SAY: ”帳戶有時指健康儲蓄帳戶（HSA）、健康償付帳戶（HRA）或其他類似帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療基金或選擇基金。此類帳戶與僱主提供的靈活開支帳戶不同。”]

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

Coverage Over Past 12 Months
QA09_H62  Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?
請想一想您目前的醫療保險，您在過去 12 個月中，是不是每個月使用的都是同一個保險？

[GO TO PN QA09_H79]

AI31

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

QA09_H63  During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
在過去十二個月中，當您沒有享受當前的健康保險保賠時，您是否有任何其它健康保險？

[GO TO QA09_H66]

AI32

YES................................................................................... 1
NO.................................................................................... 2
REFUSED........................................................................... -7
DON’T KNOW..................................................................... -8
QA09_H64  Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
您其它的醫療保險是加州醫療輔助計劃、健康家庭計劃、通過雇主獲得的保險計劃，還是其它計劃？

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

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

QA09_H65  During the past 12 months, was there any time when you had no health insurance at all?
在過去 12 個月中，您有沒有任何時間完全沒有醫療保險？

AI34

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

QA09_H66  For how many months of the past 12 months did you have no health insurance at all?
在過去 12 個月中，您有多少個月完全沒有醫療保險？

AI35

_____ NUMBER OF MONTHS [HR: 0-11] [IF 0 GO TO PN QA09_H79]
REFUSED...................................................................7
DON'T KNOW.......................................................-8
Reasons for Lack of Coverage

QA09_H67  What is the ONE MAIN reason why you did not have any health insurance during those months?

在這些月份中，您沒有任何健康保險的一個主要原因是什麼？

AI36

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

QA09_H68  During the time that you were uninsured, did you try to find health insurance on your own?

在您沒有保險的期間，您是否曾經嘗試自己尋找醫療保險？

AH74

YES....................................................................1  [GO TO PN QA09_H75]
NO......................................................................2  [GO TO PN QA09_H75]
REFUSED......................................................-7  [GO TO PN QA09_H75]
DON'T KNOW..................................................-8  [GO TO PN QA09_H75]

QA09_H69  What is the ONE MAIN reason why you do not have any health insurance?

您沒有任何健康保險的一個主要原因是什麼？

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE......................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB..................2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS.................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS................................4
FAMILY SITUATION CHANGED........................5
DON'T BELIEVE IN INSURANCE...................6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN.....................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE........................................8
OTHER (SPECIFY:______________________)..........91
REFUSED..............................................-7
DON'T KNOW.........................................-8
QA09_H70  During the time that you have been uninsured, have you tried to find health insurance on your own?
在您沒有保險的那段時間，您是否曾經嘗試自己尋找醫療保險？

<table>
<thead>
<tr>
<th>AH75</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.................................................................1</td>
</tr>
<tr>
<td>NO.................................................................2</td>
</tr>
<tr>
<td>REFUSED.........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW....................................................-8</td>
</tr>
</tbody>
</table>

QA09_H71  Were you covered by health insurance at any time during the past 12 months?
在過去 12 個月中的任何時間內有沒有享受過醫療保險？

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>YES.................................................................1 [GO TO QA09_H73]</td>
</tr>
<tr>
<td>NO.................................................................2</td>
</tr>
<tr>
<td>REFUSED.........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW....................................................-8</td>
</tr>
</tbody>
</table>

QA09_H72  How long has it been since you last had health insurance?
您上一次有醫療保險到現在已經有多長時間？

<table>
<thead>
<tr>
<th>AI28</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORE THAN 12 MONTHS AGO, BUT NOT</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO..............1 [GO TO PN QA09_H75]</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO..............2 [GO TO PN QA09_H75]</td>
</tr>
<tr>
<td>NEVER HAD HEALTH INSURANCE........3 [GO TO PN QA09_H75]</td>
</tr>
<tr>
<td>REFUSED.........................................................-7 [GO TO PN QA09_H75]</td>
</tr>
<tr>
<td>DON'T KNOW....................................................-8 [GO TO PN QA09_H75]</td>
</tr>
</tbody>
</table>

QA09_H73  For how many months out of the last 12 months did you have health insurance?
在過去 12 個月中，有多少個月份您有醫療保險？

<table>
<thead>
<tr>
<th>AI29</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF LESS THAN ONE MONTH, ENTER 0]</td>
</tr>
<tr>
<td>_____ MONTHS [HR: 0-12]</td>
</tr>
<tr>
<td>REFUSED..........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW.....................................................-8</td>
</tr>
</tbody>
</table>
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?
在您有醫療保險的月份裡，您的保險是加州醫療輔助計劃、健康家庭計劃、通過雇主獲得的保險計劃還是其它計劃？

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE：「還有其它的嗎？」]

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

Partial Scope Medi-Cal

PROGRAMMING NOTE FOR QA09_H75:
IF ARINSURE ≠ 1 OR QA09_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), CONTINUE WITH QA09_H75;
ELSE SKIP TO PROGRAMMING NOTE FOR QA09_H79

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

YES.................................................................1
NO.................................................................2 [GO TO QA09_H77]
REFUSED............................................................-7 [GO TO QA09_H77]
DON'T KNOW.......................................................-8 [GO TO QA09_H77]

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

YES.................................................................1
NO.................................................................2
REFUSED............................................................-7
DON'T KNOW.......................................................-8
PROGRAMMING NOTE FOR QA09_H77:
IF [ARINSURE ≠ 1 OR QA09_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA09_A5 = 2 (FEMALE) AND [QA09_E3 = 1 (PREGNANT) OR QA09_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA09_H77; ELSE SKIP TO PROGRAMMING NOTE FOR QA09_H79

QA09_H77 During the last 12 months, did you get prenatal care that you didn’t have to pay for?
在過去十二個月中，您是否曾經接受免費產前護理？

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

QA09_H78 Was it paid for by Medi-Cal?
這是由 Medi-Cal 付費的嗎？

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

Medical Debt

PROGRAMMING NOTE QA09_H79:
IF AREMPOWN = 1 OR AREMPS = 1 OR AREMPAR = 1 OR AREMOTH = 1 (CURRENTLY HAVE EMPLOYER-BASED COVERAGE) OR ARMPCARE = 1 (CURRENTLY HAVE MEDICARE), CONTINUE WITH QA09_H79;
AND IF QA09_H62 DO NOT DISPLAY “The following questions are about your current health plan.”
ELSE IF ARMCAL = 1 (CURRENTLY HAVE MEDI-CAL) OR ARINSURE ≠ 1 (CURRENTLY UNINSURED), SKIP TO QA09_H81;
ELSE IF ARINSURE = 1 SKIP TO PROGRAMMING NOTE QA09_I1

QA09_H79 {The following questions are about your current health plan.}
以下是有關您目前的保健計劃的問題。
While you’ve had your current health plan, have you reached the limit of what your insurance company would pay for?
在您享有目前的保健計劃期間，您是否曾經達到您的保險公司的付款限額？

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

[IF NEEDED, SAY: “EVER for your current health plan.”]
[IF NEEDED, SAY: "在您享有目前的保健計劃的任何時候。"]
QA09_H80  Did this happen in the past 12 months?
這是發生在過去十二個月內嗎？

[AH80]

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

QA09_H81  During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?
在過去十二個月中，您是否有過支付醫療帳單方面的困難或無力支付醫療帳單？請包括您自己或任何家庭成員。

[AH81]

[IF NEEDED, SAY: “Dental bills should be included.”]
[IF NEEDED, SAY: "應當包括牙醫賬單。"]

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

QA09_H82  What is the total amount of medical bills?
您支付的醫療帳單總額是多少

[AH83]

[IF NEEDED, SAY: “The bills can be from earlier years as well as this year.”]
[IF NEEDED, SAY: "可以是今年及往年的帳單。"]

LESS THAN $1,000..............................................1
$1,000 TO LESS THAN $2,000............................2
$2,000 TO LESS THAN $4,000............................3
$4,000 TO LESS THAN $8,000............................4
$8,000 OR MORE..............................................5
NONE............................................................6
DON'T KNOW..................................................-7
DON'T KNOW..................................................-8

QA09_H83  Were you or your family member uninsured at the time care was provided?
在提供護理服務時，您或您的家庭成員是否沒有保險？

[AH84]

YES.............................................................1
NO.............................................................2
MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED........................................3
REFUSED....................................................-7
DON'T KNOW................................................-8
QA09_H84  Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?
您是否因為這些醫療帳單而無力支付基本必需品的費用，例如食品、暖氣或租金?

AH85

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

QA09_H85  Because of these medical bills, did you take on credit card debt?
您是否因為這些醫療帳單而背上信用卡債務?

AH86

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

QA09_H86  Did you take out a loan or use up your savings?
您是否曾經貸款或用完自己的積蓄?

AH87

[IF NEEDED, SAY: “Because of these medical bills.”]
[IF NEEDED, SAY: “因為這些醫療帳單。”]
YES.................................................................1
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW.................................................-8

QA09_H87  Did you have to declare bankruptcy?
您是否曾經不得不宣佈破產?

AH88

[IF NEEDED, SAY: “Because of these medical bills.”]
[IF NEEDED, SAY: “因為這些醫療帳單。”]
YES.................................................................1
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW.................................................-8
Section I – Child and Adolescent Health Insurance

Child’s Health Insurance

PROGRAMMING NOTE QA09_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA09_I35 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA09_I2;
ELSE CONTINUE WITH QA09_I1

QA09_I1
These next questions are about health insurance (CHILD) may have.
以下是關於{}可能有的健康保險的問題。

Does (CHILD) have the same insurance as you?
{ }的保險是否與您的保險相同？

CF10A

YES...................................................................................1    [GO TO QA09_I29]
NO.................................................................................... 2
REFUSED.....................................................................-7
DON'T KNOW..................................................................-8

POST-NOTE QA09_I1:
IF QA09_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMOTH = 1, SET ARHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AROHIS = 1, SET CHIHS = 1;
PROGRAMMING NOTE QA09_I2:
[IF SPINSURE ≠ 1, THEN SKIP TO QA09_I3;
ELSE IF QA09_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA09_I3;
ELSE CONTINUE WITH QA09_I2]

QA09_I2 Does (CHILD) have the same insurance as (your spouse/your partner/SPOUSE NAME/ PARTNER NAME)?
( ) 的保險是否與您的 ( ) 的保險相同？

MA1

YES...................................................................................................................1 [GO TO QA09_I18]
NO......................................................................................................................2
REFUSED..........................................................................................................-7
DON'T KNOW..................................................................................................-8

POST-NOTE QA09_I2:
[IF QA09_I2 = 1 AND SPMCARE = 1, SET CHMHCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPHFM = 1, SET CHHFM = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPMPPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPOTHGOV = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPIHS = 1, SET CHIHS = 1]

Medi-Cal Coverage (Child)
QA09_I3 Is (he/she) currently covered by Medi-CAL?
( ) 目前是否享受 Medi-CAL（加州醫療保健計劃）的保護新聞？

CF1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: 「Medi-CAL 是為某些低收入家庭的兒童
及其家人、孕婦、殘障人士或年長者提供的一項計劃。」]

YES...................................................................................................................1 [GO TO QA09_I15]
NO......................................................................................................................2
REFUSED..........................................................................................................-7
DON'T KNOW..................................................................................................-8
### POST-NOTE QA09_I3:
**IF QA09_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1**

**Healthy Families Coverage (Child)**

**QA09_I4**

Is (CHILD) covered by the Healthy Families Program?

(孩子的名字/年齡/性別) 有沒有享受健康家庭計劃 (Healthy Families)?

<table>
<thead>
<tr>
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<th>YES</th>
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### POST-NOTE QA09_I4:
**IF QA09_I4 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1**

**Employer-Based Coverage (Child)**

**QA09_I5**

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

(孩子的名字/年齡/性別) 是否通過您或其他人的工作或工會享受醫療保險或管理式保健組織 (HMO) 計劃？

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</tbody>
</table>

### POST-NOTE QA09_I5:
**IF QA09_I5 = 1, SET CHEMP = 1 AND CHINSURE = 1**

**Private Coverage (Child)**

**QA09_I6**

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?

( ) 是否享受您直接從保險公司或HMO 購買的健康保險計劃的保賠？請不要包括只支付某些疾病（例如癌症或中風）的計劃或當您住院時僅向您支付「額外現金」的計劃。

<table>
<thead>
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<th>CF4</th>
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<th>DON'T KNOW</th>
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### POST-NOTE QA09_I6:
**IF QA09_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1**
QA09_I7  Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否支付(CHILD NAME/AGE/SEX)的保健計劃的任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時支付的部份健康護理費用，而由其他人支付您的主要健康護理保賠費用。"

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

"自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"

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

"保費是您的健康保險計劃的每月收費。"

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

QA09_I8  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

是否有任何其他人，例如雇主、工會或專業機構，支付

(CHILD NAME/AGE/SEX)的保健計劃的全部或部份保費或費用？

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服務時支付的部份健康護理費用，而由其他人支付您的主要健康護理保賠費用。"

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

"自付額是您的保健計劃開始付款之前您支付的醫療護理費用。"

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

"保費是您的健康保險計劃的每月收費。"

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

[GO TO PN QA09_I10]
QA09_I9 Who else pays all or some portion of the cost for (CHILD)'s health plan?
還有誰支付{CHILD NAME/AGE/SEX}保健計劃的全部或部份費用？

<table>
<thead>
<tr>
<th>A151</th>
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<tbody>
<tr>
<td>CURRENT EMPLOYER</td>
<td>1</td>
</tr>
<tr>
<td>FORMER EMPLOYER</td>
<td>2</td>
</tr>
<tr>
<td>UNION</td>
<td>3</td>
</tr>
<tr>
<td>SPOUSE’S CURRENT EMPLOYER</td>
<td>4</td>
</tr>
<tr>
<td>SPOUSE’S FORMER EMPLOYER</td>
<td>5</td>
</tr>
<tr>
<td>PROFESSIONAL/FRATERNAL ORGANIZATION...</td>
<td>6</td>
</tr>
<tr>
<td>MEDICAID/MEDI-CAL ASSISTANCE</td>
<td>7</td>
</tr>
<tr>
<td>HEALTHY FAMILIES</td>
<td>8</td>
</tr>
<tr>
<td>HEALTHY KIDS</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>
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</table>

POST-NOTE QA09_I9:
IF QA09_I9 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA09_I9 = 8, SET CHHFAM = 1;
IF QA09_I9 = 7, SET CHMCAL = 1
IF QA09_I9 = 9, SET CHHKID = 1

CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE QA09_I10:
IF CHINSURE = 1, GO TO PN QA09_I18;
ELSE CONTINUE WITH QA09_I10

QA09_I10 Is (he/she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
{他/她} 是否享受 CHAMPUS/CHAMP VA、Tricare 或其它軍隊醫療護理計劃?

<table>
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<th>CF6</th>
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<td>REFUSED</td>
<td>...........................................</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>...........................................</td>
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</table>

POST-NOTE QA09_I10:
IF QA09_I10 = 1, SET CHMILIT = 1 AND CHINSURE = 1
Healthy Kids (Child)

PROGRAMMING NOTE QA09_I11:
If CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA09_I13 AND DISPLAY “Healthy Kids”;
If COUNTY= SAN FRANCISCO DISPLAY “Healthy Kids & Young Adults”;
If COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY “Healthy Kids, Healthy Futures”

QA09_I11 Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} program?
{CHILD NAME/AGE/SEX}是否享受 Healthy Kids 計劃保賠？

[IF NEEDED, SAY: "(Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures) is a program for children in your county."
[IF NEEDED, SAY: "Healthy Kids 是一項為您郡內的兒童提供的計劃。"]

YES........................................................................................1  [GO TO PN QA09_I18]
NO.........................................................................................2
REFUSED.................................................................-7
DON'T KNOW.............................................................-8

POST-NOTE QA09_I11:
If QA09_I11 = 1, SET CHHKID = 1 AND SET CHINSURE = 1

AIM, MRMIP, Family PACT (Child)

QA09_I12 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
{他/她} 是你如 AIM、「Mister MIP」或其它計劃？

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]
[IF NEEDED, SAY: 「AIM 表示母嬰營養計劃、「Mister MIP」或 MRMIP 的意思是主要風險醫療保險計劃。]

AIM.............................................................1  [GO TO PN QA09_I18]
"MISTER MIP"/MRMIP.............................................2  [GO TO PN QA09_I18]
NO OTHER PLAN.....................................................3  [GO TO PN QA09_I18]
SOMETHING ELSE (SPECIFY: ____________)........91
REFUSED.............................................................-7
DON'T KNOW.............................................................-8

POST-NOTE QA09_I12:
If QA09_I12 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1
Other Coverage (Child)

QA09_I13  Does {he/she} have any health insurance coverage through a plan that I missed?

{他/她} 有沒有通過我漏掉的計劃享受任何醫療保險？

[CF8]
YES.................................................................1
NO..............................................................2 [GO TO PN QA09_I18]
REFUSED...................................................-7 [GO TO PN QA09_I18]
DON'T KNOW...........................................-8 [GO TO PN QA09_I18]

QA09_I14  What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

{他/她} 的醫霓來自加州醫療輔助計劃、健康家庭計劃、雇主或工會、還是來自其它來源？

[CF9]
[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

PROBE：「還有其它來源嗎？」

THROUGH CURRENT OR FORMER EMPLOYER/UNION........................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION............................. 2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE).................3
MEDICARE........................................................................4
MEDI-CAL.........................................................................5
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

POST-NOTE QA09_I14:
IF QA09_I14 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA09_I14 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA09_I14 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA09_I14 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA09_I14 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA09_I14 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA09_I14 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA09_I14 = 8, SET CHIHS = 1
IF QA09_I14 = 9, SET CHHKID = 1 AND CHINSURE = 1
IF QA09_I14 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA09_I14 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA09_I14 = -7 OR -8, SET CHINSURE = 1
PROGRAMMING NOTE QA09_I15:
IF QA09_I14 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA09_I15;

QA09_I15 Just to verify, you said that (CHILD) gets health insurance through Medicare?
我只要要確定一下，你說過 {孩子的名字/年齡/性別} 有從聯邦醫療照顧(Medicare) 獲得醫療保險？

CF9VER
YES...................................................................................1
NO.................................................................................2
REFUSED...........................................................................-7
DON'T KNOW.....................................................................-8

PROGRAMMING NOTE QA09_I16:
IF CHINSURE ≠ 1 CONTINUE WITH QA09_I16;

QA09_I16 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
（孩子名字/年齡/性別）沒有加入加州醫療輔助計劃(Medi-CAL) 的一個主要原因是什麼？

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
DONT NEED IT BECAUSE HEALTHY.................................7
ALREADY HAVE INSURANCE...........................................8
DIDN'T KNOW IT EXISTED..............................................9
DON'T LIKE / WANT WELFARE.......................................10
OTHER (SPECIFY)..........................................................91
REFUSED...........................................................................-7
DON'T KNOW.....................................................................-8

QA09_I17 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?
{CHILD NAME /AGE/SEX}沒有註冊參加Healthy Families計劃的一個主要原因是什麼？

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
DONT NEED IT BECAUSE HEALTHY.................................7
ALREADY HAVE INSURANCE...........................................8
DIDN'T KNOW IT EXISTED..............................................9
DON'T LIKE / WANT WELFARE.......................................10
OTHER (SPECIFY)..........................................................91
REFUSED...........................................................................-7
DON'T KNOW.....................................................................-8
Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE QA09_I18:
IF QA09_I1 = 1 AND ARMCCARE = 1, THEN QA09_I18 = QA09_H7 AND QA09_I19 = QA09_H8 AND SKIP TO QA09_I20;
ELSE IF QA09_I1 = 1, THEN QA09_I18 = QA09_H56 AND QA09_I19 = QA09_H57 AND GO TO QA09_I20;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA09_I18;
ELSE GO TO PN QA09_I21

QA09_I18  Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?
{CHILD NAME /AGE/SEX} 參加的保健計劃是 HMO（即健康維護機構計劃）嗎？

MA3

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless its an emergency.”]
[IF NEEDED, SAY: ”HMO 代表「健康維護機構」。在 HMO 計劃中，{he or she} 必須使用網路內的醫生及醫院的服務。除非是急診，如果{he or she}在網路外醫生或醫院處接受服務，計劃通常不支付服務費。”]

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

PROGRAMMING NOTE QA09_I19:
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA09_I19;
IF CHMCARE = 1 AND QA09_I18 = 1 THEN list HMO MediCare by county;
ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA09_I12 = 1) AND QA09_I18 = 1 THEN list HMO MEDI-CAL by county;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA09_I18 = 1 THEN list HMO Healthy Families by county;
ELSE IF (CHEMP = 1 OR CHDIREC = 1 OR (CHOTHGOV = 1 AND QA09_I12 = 2) OR CHOTHER = 1) AND QA09_I18 = 1 THEN list HMO Commercial by county;
ELSE IF (CHEMP = 1 OR CHDIREC =1 OR CHOTHER = 1) AND QA09_I18 = 2 THEN list Non-HMO by county

QA09_I19  What is the name of (CHILD)'s main health plan?
{CHILD} 參加的主要健康計劃的名稱是什麼?

MA2

[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, PROBE: {CHILD} 是否有保險卡或註明計劃名稱的其他文件？”]

AETNA US HEALTHCARE .................................................................1
AIDS HEALTHCARE FOUNDATION, LA........................................2
ALAMEDA ALLIANCE FOR HEALTH .............................................3
ALTAMED HEALTH SERVICES......................................................4
BLUE CROSS/CALIFORNIAicare..................................................5
BLUE SHIELD/CAREAMERICA.......................................................6
CALIFORNIA MEDICARE..............................................................7
CALKIDS.....................................................................................8
CALOPTIMA..................................................................................9
CARE 1ST HEALTH PLAN/UHP....................................................10
CAREMORE INSURANCE SERVICES, INC....................................11
CENTER FOR ELDERS INDEPENDENCE .......................................12
CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY................13
CHINESE COMMUNITY HEALTH PLAN......................................14
CHINESE COMMUNITY HEALTH PLAN SENIOR.............................................. 15
CIGNA HEALTHCARE OF CALIFORNIA.................................................. 16
CITIZENS CHOICE HEALTHPLAN.......................................................... 17
COMMUNITY HEALTH GROUP (SAN DIEGO CO).................................... 18
COMMUNITY HEALTH PLAN OF LA...................................................... 19
CONTRA COSTA HEALTH PLAN........................................................... 20
GOLDEN MEDICARE.............................................................................. 21
HEALTH ADVANTAGE........................................................................... 22
HEALTH NET/FOUNDATION................................................................. 23
INLAND EMPIRE HEALTH PLAN............................................................ 24
INTER VALLEY HEALTH PLAN............................................................... 25
KAISER FOUNDATION HEALTH PLAN................................................ 26
KERN HEALTH SYSTEMS...................................................................... 27
LA CARE HEALTH PLAN........................................................................ 28
MOLINA HEALTHCARE OF CALIFORNIA............................................. 29
ON LOK SENIOR HEALTH SERVICES................................................... 30
ONE HEALTH PLAN OF CALIFORNIA.................................................... 31
PACIFICARE/FHP................................................................................... 32
SAN FRANCISCO HEALTH DEPT./FAMILY MOSAIC PROJECT............... 33
SAN FRANCISCO HEALTH PLAN.......................................................... 34
SAN JOAQUIN HEALTH PLAN.............................................................. 35
SAN MATEO HEALTH COMMISSION................................................... 36
SANTA BARBARA HEALTH PLAN........................................................ 37
SANTA CLARA FAMILY HEALTH PLAN............................................... 38
SCAN HEALTH PLAN........................................................................... 39
SECURE HORIZONS................................................................................ 40
SENIOR ADVANTAGE........................................................................... 41
SENIOR SECURE................................................................................... 42
SENIORITY PLUS.................................................................................... 43
SERVICE TO SENIORS......................................................................... 44
SHARP HEALTH PLAN........................................................................... 45
SOLANO/NAPA COUNTY NETWORK..................................................... 46
SUTTER SENIOR CARE.......................................................................... 47
UNIVERSAL CARE/HEALTHMAX.......................................................... 48
VALLEY HEALTH PLAN, SANTA CLARA............................................... 49
VENTURA COUNTY HEALTH CARE PLAN......................................... 50
WESTERN HEALTH ADVANTAGE........................................................ 51
WESTERN HEALTH ADVANTAGE CARE+............................................ 52
65 PLUS................................................................................................. 53
MEDI-CAL............................................................................................... 54
OTHER................................................................................................. 91
OTHER (SPECIFY:__________________________________________________ 92
REFUSED............................................................................................... 7
DON'T KNOW...................................................................................... 8
### QA09_I20
Is (CHILD) covered for prescription drugs?
計劃是否支付（孩子的名字/年齡/性別）的處方藥品？

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#### High Deductible Plans (Child)

**PROGRAMMING NOTE FOR QA09_I21:**
IF (ARINSURE ≠ 1 OR QA09_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH QA09_I21;
ELSE SKIP TO PN QA09_I24

### QA09_I21
Does (CHILD)'s health plan have a deductible that is more than $1,000?
{CHILD NAME/AGE/SEX}的健康保險計劃是否有超過1,000美元的免賠額？

**AI79**
**[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**
**[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]**

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### QA09_I22
Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?
{CHILD NAME/AGE/SEX}的健康保險計劃對於所有受保人是否有超過2,000美元的免賠額？

**AI80**
**[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**
**[IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]**

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PROGRAMMING NOTE QA09_I23:
IF QA09_I21 = 1 OR 3 OR QA09_I22 = 1 OR 3, CONTINUE WITH QA09_I23;
ELSE SKIP TO PROGRAMMING NOTE QA09_I24

QA09_I23  Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?
您是否有可以用於支付(CHILD NAME/AGE/SEX)的醫療費用的特殊帳戶或資金？

AI81
[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]
[IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。"]
YES.........................................................1
NO..........................................................2
REFUSED...............................................-7
DON'T KNOW..........................................-8

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE QA09_I24:
IF CHINSURE = 1, GO TO QA09_I29;
ELSE CONTINUE WITH QA09_I24

QA09_I24  What is the one main reason (CHILD) does not have any health insurance?
（孩子的名字/年齡/性別）沒有醫療保險的一個主要原因是什麼？

CF18
CAN'T AFFORD/TOO EXPENSIVE.........................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB..................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS........................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS.................................4
FAMILY SITUATION CHANGED........................................5
DON'T BELIEVE IN INSURANCE.................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN.........................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE.......................................8
OTHER (SPECIFY)..................................................91
REFUSED......................................................91
DON'T KNOW................................................-7
DON'T KNOW................................................-8
Coverage Over Past 12 Months (Child)

QA09_I25  Was (CHILD) covered by health insurance at any time during the past 12 months?
（孩子的名字 / 年龄 / 性别）是否在过去 12 个月中的任何时间均享受医疗保险？

CF20

YES.................................................................................................1 [GO TO QA09_I27]
NO.................................................................................................2
REFUSED.........................................................................................-7
DON'T KNOW...................................................................................-8

QA09_I26  How long has it been since (CHILD) last had health insurance?
（孩子的名字 / 年龄 / 性别）上一次有医疗保险到現在已經有多長時間？

CF21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO.........................................................1 [GO TO PN QA09_I35]
MORE THAN 3 YEARS AGO.........................................................2 [GO TO PN QA09_I35]
NEVER HAD HEALTH INSURANCE COVERAGE........................3 [GO TO PN QA09_I35]
REFUSED.........................................................................................-7 [GO TO PN QA09_I35]
DON'T KNOW...................................................................................-8 [GO TO PN QA09_I35]

QA09_I27  For how many of the last 12 months did (he/she) have health insurance?
在過去 12 個月中，有多少個月（他 / 她）有医疗保险？

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

____ MONTHS [HR: 0-12]

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

QA09_I28  During those months when (CHILD) had health insurance, was (his/her) insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
在（孩子的名字 / 年龄 / 性别）有医疗保险的月份，（他 / 她）的保险是加州醫療輔助計劃、健康家庭計劃、雇主為您提供的保險，還是其它計劃？

CF23

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE：「還有其它計劃嗎？」]

MEDI-CAL.........................................................................................1 [GO TO PN QA09_I35]
HEALTHY FAMILIES......................................................................2 [GO TO PN QA09_I35]
THROUGH CURRENT OR FORMER EMPLOYER UNION.................3 [GO TO PN QA09_I35]
HEALTHY KIDS...............................................................................4 [GO TO PN QA09_I35]
OTHER HEALTH PLAN.....................................................................91 [GO TO PN QA09_I35]
REFUSED.........................................................................................-7 [GO TO PN QA09_I35]
DON'T KNOW...................................................................................-8 [GO TO PN QA09_I35]
Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

請想一想 {他/她} 目前的醫療保險，{孩子的名字/年齡/性別} 在過去12 個月中，是不是都是享受同一種保險？

YES..............................................................................1 [GO TO PN QA09_I35]
NO.................................................................................2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD)....3
REFUSED...........................................................................-7
DON'T KNOW.................................................................-8

When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

當 {他/她} 沒有享受 {他/她} 目前的醫療保險時，{他/她} 有沒有其它任何醫療保險？

YES..............................................................................1 [GO TO QA09_I32]
NO.................................................................................2 [GO TO QA09_I32]
REFUSED...........................................................................-8 [GO TO QA09_I32]
DON'T KNOW.................................................................-8

Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

該項其他健康保險是 Medi-CAL、Healthy Families、雇主提供的計劃還是其他計劃？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE：「還有其他計劃嗎？」]

MEDI-CAL.................................................................1
HEALTHY FAMILIES..................................................2
HEALTHY KIDS.........................................................3
THROUGH CURRENT OR FORMER
EMPLOYER/UNION..................................................4
OTHER HEALTH PLAN...............................................91
REFUSED...........................................................................-7
DON'T KNOW.................................................................-8

During the past 12 months, was there any time when (he/she) had no health insurance at all?

在過去12 個月中，(他/她) 有沒有任何時間完全沒有醫療保險？

YES..............................................................................1 [GO TO PN QA09_I35]
NO.................................................................................2 [GO TO PN QA09_I35]
REFUSED...........................................................................-7 [GO TO PN QA09_I35]
DON'T KNOW.................................................................-8 [GO TO PN QA09_I35]
QA09_I33
For how many of the past 12 months did (he/she) have no health insurance?
在過去12個月中，(he/she)有幾個月沒有健康保險？

[CF28]
[IF < 1 MONTH, ENTER "1"]

______ MONTHS [RANGE: 1-12]

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

QA09_I34
What is the ONE MAIN reason (CHILD) did not have any health insurance during the time (he/she) wasn't covered?
在 (孩子的名字 / 年齡 / 性別) 沒有保險的期間，(他/她) 沒有醫療保險的主要原因是什麼？

[CF29]
[IF R SAYS, "No need," PROBE WHY]
在 (孩子的名字 / 年齡 / 性別) 沒有保險的期間，(他/她) 沒有醫療保險的主要原因是什麼？ [IF R SAYS, "No need," PROBE WHY]

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

PROGRAMMING NOTE QA09_I35:
IF NO TEEN SELECTED, GO TO PN QA09_J1;
IF ARINSURE = 1, CONTINUE WITH QA09_I35;
IF ARINSURE = 0, GO TO PN QA09_I36;
ELSE CONTINUE WITH QA09_I35

QA09_I35 These next questions are about health insurance (TEEN) may have.
以下是有關{}可能享有的健康保險的問題。

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
{}的保險是否與您的保險相同？

IA10A

YES ........................................................................................................ 1 [GO TO QA09_I63]
NO ........................................................................................................ 2
REFUSED ............................................................................................ -7
DON'T KNOW .................................................................................... -8

POST-NOTE QA09_I35:
IF QA09_I35 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND ARDIREC = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND AROTHER = 1, SET TEOOTHER = 1 AND SET TEINSURE = 1;
IF QA09_I35 = 1 AND ARIHS = 1, SET TEIHS = 1
PROGRAMMING NOTE QA09_I36:
IF SPINSURE ≠ 1 THEN SKIP TO QA09_I37;
ELSE IF QA09_I35 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA09_I37;
ELSE CONTINUE WITH QA09_I36

QA09_I36  Does (TEEN) have the same insurance as your spouse?
( )的保險是否與您的( )的保險相同?

MA5
YES..............................................................................1 [GO TO QA09_I52]
NO.............................................................................2
REFUSED...................................................................-7
DON'T KNOW..............................................................-8

POST-NOTE QA09_I36:
IF QA09_I36 = 1 AND SPMMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPMMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPHICKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA09_I37:
IF CHINSURE ≠ 1, THEN SKIP TO QA09_I38;
ELSE IF (QA09_I35=2 AND ARSAMECH =1) OR (QA09_I36 = 2 AND SPSAMECH = 1), THEN SKIP TO
QA09_I38;
ELSE CONTINUE WITH QA09_I37

QA09_I37  Does (TEEN) have the same insurance as (CHILD)?
{}的保險是否與{}的保險相同?

MA6
YES..............................................................................1 [GO TO PN QA09_I63]
NO.............................................................................2
REFUSED...................................................................-7
DON'T KNOW..............................................................-8

POST-NOTE QA09_I37:
IF QA09_I37 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA09_I37 = 1 AND CHMMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA09_I37 = 1 AND CHHFKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA09_I37 = 1 AND CHHMSP = 1, SET TEMSP = 1 AND SET TEINSURE = 1;
IF QA09_I37 = 1 AND CHHFKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA09_I37 = 1 AND CHHFMSP = 1, SET TEMSP = 1 AND SET TEINSURE = 1;
IF QA09_I37 = 1 AND CHFOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA09_I37 = 1 AND CHFOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA09_I37= 1 AND CHIHS = 1, SET TEIHS = 1
Medi-Cal Coverage (Teen)

QA09_I38  Is {he/she} currently covered by Medi-CAL?

{是否享受 Medi-CAL (加州醫療保健計劃) 的保障？}

IA1

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

[IF NEEDED, SAY: 「Medi-CAL 是為某些低收入家庭的兒童及其家人、孕婦 、殘障人士或年長者提供的一項計劃。」]

YES.......................................................................................1  [GO TO QA09_I40]
NO..........................................................................................2
REFUSED....................................................................................-7
DON'T KNOW.............................................................................-8

POST-NOTE QA09_I38:
IF QA09_I38 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

Healthy Families Coverage (Teen)

QA09_I39  Is (TEEN) covered by the Healthy Families Program?

{孩子的名字/年齡/性別} 有沒有享受健康家庭計劃 (Healthy Families) ?

IA2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

[IF NEEDED, SAY: “健康家庭計劃是一項州立計劃，為年齡在19 岁以下的孩子支付醫療保險費用.”]

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

POST-NOTE QA09_I39:
IF QA09_I39 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

Employer-Based Coverage (Teen)

QA09_I40  Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

{孩子的名字/年齡/性別} 有沒有享受通過您或其他人的工作或工會提供的醫療保謢計劃或管理式保健組織計劃 ( HMO )?

IA3

YES.......................................................................................1  [GO TO QA09_I42]
NO..........................................................................................2
REFUSED....................................................................................-7
DON'T KNOW.............................................................................-8

POST-NOTE QA09_I40:
IF QA09_I40 = 1, SET TEEMP = 1 AND SET TEINSURE = 1
Private Coverage (Teen)

QA09_I41  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?

（孩子的名字 / 年龄 / 性别） 有没有享受您直接从保险公司或 HMO 购买的医疗保险计划？不要包括只支付某些疾病（如癌症或中风）费用的计划，或只在您住院时才支付「额外现金」的计划。

IA4

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[GO TO PN QA09_I45]

POST-NOTE QA09_I41:
IF QA09_I41 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA09_I42  Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否支付 { ADOLESCENT / AGE / SEX} 的保健计划的任何或全部保费或费用？请勿包括您或您的家庭可能需要支付的任何共付款或自付额。

AI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.

[IF NEEDED, SAY: "共付款是您每次看病或使用健康護理系統服务时支付的部份保健費用，由其他人支付您的主要健康護理保賠費用。"

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

"自付額是您的健康計劃開始付款之前您支付的醫療護理費用。"

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

"保費是您的健康保險計劃的每月收費。"]

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

QA09_I43  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

是否有任何其他人，例如雇主、工會或專業機構，支付 { ADOLESCENT / AGE / SEX} 的保健计划的全部或部份保费或费用？

AI52

<table>
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<th>REFUSED</th>
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</table>

[GO TO PN QA09_I45]
### QA09_I44
Who else pays all or some portion of the cost for (TEEN)’s health plan?
還有誰支付(ADOLESCENT/AGE/SEX)保健計劃的全部或部份費用？

- 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

**POST-NOTE QA09_I44:**
**IF** QA09_I44 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
**IF** QA09_I44 = 7, SET TEMCAL = 1;
**IF** QA09_I44 = 8, SET TEHFAM = 1;
**IF** QA09_I44 = 9, SET TEHKID = 1 AND SET TEINSURE = 1

### CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

**PROGRAMMING NOTE QA09_I45:**
**IF** TEINSURE = 1, GO TO PROGRAMMING NOTE QA09_I52;
**ELSE** CONTINUE WITH QA09_I45

### QA09_I45
Is (he/she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
{他/她} 是否享受 CHAMPUS/CHAMP VA、 Tricare、 VA、 或其它軍隊醫療

- YES..............................................................................1  [GO TO PN QA09_I52]
- NO.............................................................................2
- REFUSED......................................................................-7
- DON'T KNOW..............................................................-8

**POST-NOTE QA09_I45:**
**IF** QA09_I45 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
Healthy Kids (Teen)

PROGRAMMING NOTE FOR QA09_I46:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA09_I48 AND DISPLAY "Healthy Kids";
IF COUNTY = SAN FRANCISCO DISPLAY “Healthy Kids & Young Adults”;
IF COUNTY = EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY “Healthy Kids, Healthy Futures”

QA09_I46 Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} program?

{CHILD NAME/AGE/SEX}是否享受 Healthy Kids 計劃保賠？

AI71

[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} is a program for children in your county."]
[IF NEEDED, SAY: "Healthy Kids 是一項為您郡內的兒童提供的計劃。"]
YES...................................................................................................................1  [GO TO PN QA09_I52]
NO......................................................................................................................2
REFUSED...........................................................................................................7
DON'T KNOW.................................................................................................8

POST-NOTE QA09_I46:
IF QA09_I46 = 1, SET TEHKID = 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT (Teen)

QA09_I47 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

{he/she}是否享受其他政府醫療保險計劃，例如AIM、Mister MIP、Family PACT、PCIP或其他計劃？

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program"]
[IF NEEDED, SAY: 「AIM 表示「母嬰營養計劃」；Mister MIP 或 MRMIP 表示「重大風險醫療保險計劃」；Family PACT 是一項州立計 劃，為沒有保險的低收入男女的避孕/生育醫療服務支付費用；PCIP 是原有病症保險計劃。」]
AIM....................................................................................................................1  [GO TO PN QA09_I52]
"MISTER MIP"/MRMIP........................................................................................2  [GO TO PN QA09_I52]
NO OTHER PLAN..................................................................................................3
SOMETHING ELSE (SPECIFY:________)..............................................................91  [GO TO PN QA09_I52]
REFUSED...........................................................................................................7
DON'T KNOW.................................................................................................8

POST-NOTE QA09_I47:
IF QA09_I47 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1
Other Coverage (Teen)

QA09_I48  Does (he/she) have any health insurance coverage through a plan that I missed? (他/她) 有没有享受任何我漏掉的其它医疗保险计划？

IA8

YES.................................................................1
NO...............................................................2 [GO TO PN QA09_I52]
REFUSED.......................................................-7 [GO TO PN QA09_I52]
DON'T KNOW...................................................-8 [GO TO PN QA09_I52]

QA09_I49  What type of health insurance does (he/she) have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source? (他/她) 他/她有沒有享受任何我漏掉的其它医疗保险计划？他/她通过Medi-CAL, Healthy Families, an employer or union, or from some other source?

IA9

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

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

[PROBE：「還有任何其它計畫嗎？」]

THROUGH CURRENT OR FORMER
EMPLOYER/UNION..........................................1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION..................................................2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE)..........................3
MEDICARE.......................................................4 (VERIFY)
MEDI-CAL..........................................................5
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

POST-NOTE QA09_I49:
IF QA09_I49_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA09_I49_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA09_I49_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA09_I49_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1;
IF QA09_I49_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA09_I49_8 = 1, SET TEIHS = 1;
IF QA09_I49_9 = 1, SET TEHKID = 1 AND TEINSURE = 1;
IF QA09_I49_91 = 1, SET TEOETHGOV = 1 AND TEINSURE = 1;
IF QA09_I49_92 = 1, SET TEOOTHER = 1 AND TEINSURE = 1;
IF QA09_I49 = -7 OR -8, SET TEINSURE = 1
QA09_I50: What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

- PAPERWORK TOO DIFFICULT........................................1
- DIDN'T KNOW IF ELIGIBLE.........................................2
- INCOME TOO HIGH, NOT ELIGIBLE.............................3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS...4
- OTHER NOT ELIGIBLE................................................5
- DON'T BELIEVE IN HEALTH INSURANCE.........................6
- DON'T NEED IT BECAUSE HEALTHY..............................7
- ALREADY HAVE INSURANCE........................................8
- DIDN'T KNOW IT EXISTED............................................9
- DON'T LIKE / WANT WELFARE....................................10
- OTHER (SPECIFY: ____________________________)...........91
- REFUSED.....................................................................-7
- DON'T KNOW................................................................-8

QA09_I51: What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

- PAPERWORK TOO DIFFICULT........................................1
- DIDN'T KNOW IF ELIGIBLE.........................................2
- INCOME TOO HIGH, NOT ELIGIBLE.............................3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS...4
- OTHER NOT ELIGIBLE................................................5
- DON'T BELIEVE IN HEALTH INSURANCE.........................6
- DON'T NEED IT BECAUSE HEALTHY..............................7
- ALREADY HAVE INSURANCE........................................8
- DIDN'T KNOW IT EXISTED............................................9
- DON'T LIKE / WANT WELFARE....................................10
- OTHER (SPECIFY: ____________________________)...........91
- REFUSED.....................................................................-7
- DON'T KNOW................................................................-8
Managed-Care Plan Characteristics (Teen)

PROGRAMMING NOTE QA09_I52:
IF QA09_I35 = 1 AND ARMCARE = 1, THEN QA09_I52 = QA09_H7 AND QA09_I53 = QA09_H8 AND SKIP TO QA09_I54;
ELSE IF QA09_I35 = 1, THEN QA09_I52 = QA09_H56 AND QA09_I53 = QA09_H57 AND GO TO QA09_I54;
ELSE IF QA09_I37 = 1, THEN QA09_I52 = QA09_I18 AND QA09_I53 = QA09_I19 AND GO TO QA09_I54;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA09_I52;
ELSE GO TO PROGRAMMING NOTE QA09_I55

QA09_I52  Is (TEEN)'s {Medi-Cal} health plan an HMO?
(TEEN NAME /AGE/SEX) 參加的主要保健計劃是HMO（健康維護機構計劃）嗎？

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it’s an emergency.”]

[IF NEEDED, SAY: "HMO代表「健康維護機構」。在HMO計劃中，{he or she}必須使用網路內的醫生及醫院的服務。除非是急診，如果{he or she}在網路外醫生或醫院處接受服務，計劃通常不支付服務費。”]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “{his/her} MAIN health plan.”]
[NOTE: IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{his or her}主要保健計劃。”]


YES..................................................................................................................1
NO..................................................................................................................2
REFUSED......................................................................................................-7
DON'T KNOW..............................................................................................-8
What is the name of (TEEN)'s main health plan?

If (TEEN) does not have an insurance card or another way to identify the health plan, ask:

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (TEEN) have an insurance card or something else with the plan name on it?”]

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: {}是否有保險卡或註明計劃名稱的其他文件？]
QA09_I54  Is (TEEN) covered for prescription drugs?
(孩子的名字/年齡/性別)的計劃是否支付處方藥品？

IA14

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

High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR QA09_I55:
IF [(ARINSURE ≠ 1 OR QA09_I35 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOOTHER = 1), THEN
CONTINUE WITH QA09_I55;
ELSE SKIP TO PN QA09_I58

QA09_I55  Does (TEEN)’s health plan have a deductible that is more than $1,000?
(TEEN NAME/AGE/SEX)的健康保險計劃是否有超過1,000美元的免賠額？

AI82

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。”]

YES.................................................................1
NO.................................................................2
YES, ONLY WHEN GO OUT OF NETWORK........3
REFUSED......................................................-7
DON'T KNOW..............................................-8
QA09_I56 Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000? (TEEN NAME/AGE/SEX)的健康保险計劃對於所有受保人是否有超過2,000美元的免賠額？

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."] [IF NEEDED, SAY: "免賠額是在您的健康保險計劃開始為您的醫療護理付款之前，您必須支付的數額。"]

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

PROGRAMMING NOTE QA09_I57:
IF QA09_I55 = 1 OR 3 OR QA09_I56 = 1 OR 3, CONTINUE WITH QA09_I57;
ELSE SKIP TO QA09_I58

QA09_I57 Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses? 您是否有可以用於支付(TEEN NAME/AGE/SEX)的醫療費用的特殊帳戶或資金？

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."] [IF NEEDED, SAY: "帳戶有時稱為健康儲蓄帳戶(HSA)、健康補償帳戶(HRA)或其他類似的帳戶。其他帳戶名稱包括個人護理帳戶、個人醫療資金或選擇資金，這些帳戶與雇主提供的靈活開支帳戶不同。"]

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

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE QA09_I58:
IF TEINSURE = 1, GO TO QA09_I63;
ELSE CONTINUE WITH QA09_I58

QA09_I58 What is the one main reason (TEEN) does not have any health insurance? 沒有任何健康保險的一個主要原因是什麼？

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

Coverage Over Past 12 Months (Teen)

QA09_I59  Was (TEEN) covered by health insurance at any time during the past 12 months?
（孩子的名字/年齡/性別）在過去12個月中的任何時間是否享受醫療保險？

IA20

YES......................................................... 1  [GO TO QA09_I61]
NO......................................................... 2
REFUSED..................................................... -7
DON'T KNOW................................................ -8

QA09_I60  How long has it been since (TEEN) last had health insurance?
（孩子的名字/年齡/性別）從上一次有醫療保險到現在已有多長時間？

IA21

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO............................ 1  [GO TO QA09_I69]
MORE THAN 3 YEARS AGO......................... 2  [GO TO QA09_I69]
NEVER HAD HEALTH INSURANCE COVERAGE... 3  [GO TO QA09_I69]
REFUSED..................................................... -7  [GO TO QA09_I69]
DON'T KNOW/NOT SURE............................. -8  [GO TO QA09_I69]

QA09_I61  For how many of the last 12 months did {he/she} have health insurance?
在過去十二個月中，{ }有幾個月享有健康保險？

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

______ MONTHS [HR: 0-12]

REFUSED..................................................... -7
DON'T KNOW................................................... -8
QA09_I62  During those months when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
在（孩子的名字 / 年齡 / 性別）有醫療保險的月份，{他的/她的} 有醫療保險是加州醫療輔助計劃、健康家庭計劃、雇主為您提供的保險，還是其它計劃？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "*還有其它計劃嗎？"]

- MEDI-CAL: .................................................................1 [GO TO QA09_I69]
- HEALTHY FAMILIES: .............................................2 [GO TO QA09_I69]
- THROUGH CURRENT OR FORMER EMPLOYER/UNION: ...........................................3 [GO TO QA09_I69]
- HEALTHY KIDS: .........................................................4 [GO TO QA09_I69]
- OTHER HEALTH PLAN: ...........................................91 [GO TO QA09_I69]
- REFUSED: .................................................................-7 [GO TO QA09_I69]
- DON'T KNOW: ..........................................................-8 [GO TO QA09_I69]

QA09_I63  Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?
請想一想 {他的/她的} 目前參加的健康保險，{他/她} 是否在過去十二個月中一直參加這個相同的健康保險計劃？

- YES: ...............................................................................1 [GO TO QA09_I69]
- NO: ...............................................................................2
- REFUSED: ....................................................................-7
- DON'T KNOW: ..............................................................-8

QA09_I64  When (he/she) wasn’t covered by (his/her) current health insurance, did (he/she) have any other health insurance?
當（他/她）沒有享受 {他的/她的} 目前的醫療保險計劃時，{他/她} 有沒有其它任何醫療保險？

- YES: ...............................................................................1 [GO TO QA09_I66]
- NO: ...............................................................................2 [GO TO QA09_I66]
- REFUSED: ....................................................................-7 [GO TO QA09_I66]
- DON'T KNOW: ..............................................................-8 [GO TO QA09_I66]
Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

{his/her}其他健康保險是Medi-CAL、Healthy Families、雇主提供的計劃還是其他計劃？

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

"還有任何其他計劃嗎？"]

- 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

During the past 12 months, was there any time when (he/she) had no health insurance at all?

在過去 12 個月中，(他/她)有沒有任何時間完全沒有醫療保險？

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

For how many of the past 12 months did (he/she) have no health insurance?

在過去 12 個月中，(he/she)有幾個月沒有健康保險？

[IF < 1 MONTH, ENTER "1"]

______ MONTHS [RANGE: 1-12]

- REFUSED ........................................................................ 7
- DON'T KNOW .............................................................. 8
**QA09_I68**

What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn’t covered?

在{}不享有保險的期間，{}沒有任何健康保險的一個主要原因是什麼？

**AI29**

*IF R SAYS, “No need,” PROBE WHY*

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

**Country of Birth (Teen)**

**PROGRAMMING NOTE QA09_I69:**

*IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE) THEN SKIP TO QA09_I73; ELSE CONTINUE WITH QA09_I69*

**QA09_I69**

In what country was (TEEN) born?

{}是在哪一個國家出生的？

**AI56T**

- 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
Citizenship and Immigration (Teen)

**PROGRAMMING NOTE QA09_I70:**
IF QA09_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA09_I73;
ELSE CONTINUE WITH QA09_I70

**QA09_I70** Is (TEEN) a citizen of the United States?
(孩子的名字/年齡/性別) 是美國公民嗎？

- **AI58T** YES .............................................. 1  [GO TO PN QA09_I72]
- NO ..................................................... 2
- APPLICATION PENDING ....................... 3
- REFUSED ........................................... -7
- DON'T KNOW ..................................... -8

**QA09_I71** Is (TEEN) a permanent resident with a green card?
(孩子的名字/年齡/性別) 是持有綠卡的永久居民嗎？

- **AI59T** [IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY: 人們一般把它稱作“綠卡”，但它的顏色可以是粉紅色、藍色或白色的。]
- YES .............................................. 1
- NO ..................................................... 2
- APPLICATION PENDING ....................... 3
- REFUSED ........................................... -7
- DON'T KNOW ..................................... -8

**QA09_I72** About how many years has (TEEN) lived in the United States?
(TEEN NAME / AGE/SEX) 在美國居住大約多少年了?

- **AI60T** [IF < 1 YEAR, ENTER "1 YEAR"]

  _____ NUMBER OF YEARS
  _____ YEAR FIRST COME AND LIVE IN U.S.
  
  REFUSED ........................................... -7
  DON'T KNOW ..................................... -8
CHIS 2009 Adult Questionnaire  Version 3.1 (Chinese)  September 24, 2012

Country of Birth (Parents)

**PROGRAMMING NOTE QA09_I73:**
- IF QA09_A5 = 1 (R IS MALE), DISPLAY “mother”;
- IF QA09_A5 = 2 (R IS FEMALE), DISPLAY “father”;

**QA09_I73**  In what country was (TEEN)’s (mother/father) born?
{ TEEN /AGE/SEX }的母親是在哪個國家出生的？

**AI56**

**[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERENCES TO ADOPTIVE PARENTS]**

- UNITED STATES................................. 1
- AMERICAN SAMOA............................ 2
- CANADA.......................................... 3
- CHINA............................................ 4
- EL SALVADOR................................... 5
- ENGLAND........................................ 6
- FRANCE.......................................... 7
- GERMANY........................................ 8
- GUAM............................................. 9
- GUATEMALA..................................... 10
- HUNGARY......................................... 11
- INDIA.............................................. 12
- IRAN.............................................. 13
- IRELAND......................................... 14
- ITALY............................................. 15
- JAPAN............................................ 16
- KOREA.......................................... 17
- MEXICO......................................... 18
- PHILIPPINES................................. 19
- POLAND......................................... 20
- PORTUGAL...................................... 21
- PUERTO RICO................................. 22
- RUSSIA.......................................... 23
- TAIWAN.......................................... 24
- VIETNAM........................................ 25
- VIRGIN ISLANDS.............................. 26
- OTHER (SPECIFY:____________________) 91
- REFUSED....................................... -7
- DON’T KNOW................................. -8
Citizenship and Immigration (Parents)

PROGRAMMING NOTE QA09_I74:
IF QA09_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA09_I78;
ELSE CONTINUE WITH QA09_I74;
IF QA09_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA09_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA09_I74  Does (TEEN)’s {mother/father} now live in the U.S.?
{TEEN }的母親目前住在美國嗎?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES...................................................................................</td>
</tr>
<tr>
<td>2</td>
<td>NO..................................................................................</td>
</tr>
<tr>
<td>3</td>
<td>MOTHER/FATHER DECEASED..............................................</td>
</tr>
<tr>
<td>4</td>
<td>MOTHER/FATHER NEVER LIVED IN US.................................</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED...........................................................................</td>
</tr>
<tr>
<td>-8</td>
<td>DON’T KNOW......................................................................</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA09_I75:
IF QA09_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA09_A5 = 2 (R IS FEMALE), DISPLAY “father”;
IF QA09_I74 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA09_I75  {Is/Was} (TEEN)’s {mother/father} a citizen of the United States?
{ TEEN /AGE/SEX }的母親是美國公民嗎?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES................................................................................... [GO TO PN QA09_I77]</td>
</tr>
<tr>
<td>2</td>
<td>NO..................................................................................</td>
</tr>
<tr>
<td>3</td>
<td>APPLICATION PENDING...................................................</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED...........................................................................</td>
</tr>
<tr>
<td>-8</td>
<td>DON’T KNOW......................................................................</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA09_I76:
IF QA09_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA09_A5 = 2 (R IS FEMALE), DISPLAY “father”;
IF QA09_I74 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA09_I76 {Is/Was} (TEEN)’s (mother/father) a permanent resident with a green card?
{ TEEN /AGE/SEX } 的母親是持有綠卡的永久居民嗎?

AI59

[IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY: "人們通常將永久居民卡稱為「綠卡」，但永久居民卡的顏色可能是粉紅色、藍色或白色。"]
YES.................................................................1
NO.................................................................2
APPLICATION PENDING........................................3
REFUSED.........................................................-7
DON’T KNOW.....................................................-8

PROGRAMMING NOTE QA09_I77:
IF QA09_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA09_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA09_I77 About how many years has (TEEN)’s (mother/father) lived in the United States?
{ TEEN /AGE/SEX } 的母親在美國已居住大約多少年?

AI60

[IF < 1 YEAR, ENTER "1"]

____ NUMBER OF YEARS
____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED................................. 3
MOTHER/FATHER NEVER LIVED IN US.................... 4
REFUSED............................................................-7
DON’T KNOW....................................................-8
Country of Birth (Child)

PROGRAMMING NOTE QA09_I78:
IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE) THEN SKIP TO PN QA09_J1;
ELSE CONTINUE WITH QA09_I78

QA09_I78  In what country was (CHILD) born?

{ } 是在哪一個國家出生的？

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
<td>1</td>
</tr>
<tr>
<td>AMERICAN SAMOA</td>
<td>2</td>
</tr>
<tr>
<td>CANADA</td>
<td>3</td>
</tr>
<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>6</td>
</tr>
<tr>
<td>FRANCE</td>
<td>7</td>
</tr>
<tr>
<td>GERMANY</td>
<td>8</td>
</tr>
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<td>GUAM</td>
<td>9</td>
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<td>11</td>
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<td>23</td>
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<tr>
<td>TAIWAN</td>
<td>24</td>
</tr>
<tr>
<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>OTHER (SPECIFY:_______________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Citizenship and Immigration (Child)

PROGRAMMING NOTE QA09_I79:
IF QA09_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO PN QA09_J1;
ELSE CONTINUE WITH QA09_I79

QA09_I79  Is (CHILD) a citizen of the United States?
{孩子的名字/年齡/性別} 是美國公民嗎？

**A158C**

YES.................................................................1  [GO TO PN QA09_I81]
NO.................................................................2
APPLICATION PENDING.................................3
REFUSED.....................................................-7
DON'T KNOW..............................................-8

QA09_I80  Is (CHILD) a permanent resident with a green card?
{孩子的名字/年齡/性別} 是持有綠卡的永久居民嗎？

**A159C**

[IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY: 人們一般把它稱作“綠卡”, 但它的顏色可以是粉紅色、藍色或白色的。]

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

QA09_I81  About how many years has (CHILD) lived in the United States?
{CHILD NAME /AGE/SEX} 在美國居住大約多少年了？

**A160C**

[IF < 1 YEAR, ENTER "1 YEAR"]

_____ NUMBER OF YEARS
_____ YEAR FIRST COME AND LIVE IN U.S.

REFUSED.....................................................-7
DON'T KNOW..............................................-8
Section J – Health Care Utilization and Access, Violence

Visits to Medical Doctor

PROGRAMMING NOTE QA09_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care you receive”; ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”

QA09_J1  {Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?
現在，我想提出幾個有關您所接受的健康護理的問題。在過去 12 個月中，您看過幾次醫生？

AH5

____ TIMES  [HR: 0-365]

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

PROGRAMMING NOTE QA09_J2:
IF QA09_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA09_J2; ELSE GO TO PROGRAMMING NOTE QA09_J3

QA09_J2  About how long has it been since you last saw a doctor about your own health?
自從您上次就自身的健康狀況去看醫生以來到現在已經有多長時間？

AH6

ONE YEAR AGO OR LESS.................................0
MORE THAN 1 UP TO 2 YEARS AGO...............1
MORE THAN 2 UP TO 5 YEARS AGO...............2
MORE THAN 5 YEARS AGO.............................3
NEVER............................................................4
REFUSED..........................................................-7
DON’T KNOW...............................................-8
### Personal Doctor

**PROGRAMMING NOTE QA09_J3:**

IF QA09_H1 = 1, 3, 4, OR 5 (HAVE A PLACE USUALLY GO WHEN SICK OR NEED ADVICE ABOUT HEALTH)
AND [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA09_J3;
ELSE GO TO PROGRAMMING NOTE QA09_J4

<table>
<thead>
<tr>
<th>QA09_J3</th>
<th>Do you have a personal doctor or medical provider who is your main provider?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>...................................................................................</td>
</tr>
<tr>
<td>NO</td>
<td>....................................................................................</td>
</tr>
<tr>
<td>REFUSED</td>
<td>..............................................................................</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................................................</td>
</tr>
</tbody>
</table>

### Patient-Centered Care: Information

**PROGRAMMING NOTE QA09_J4:**

IF [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B37 = 1 (HAS HEART DISEASE)] AND [QA09_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA09_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)] CONTINUE WITH QA09_J4;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J6

<table>
<thead>
<tr>
<th>QA09_J4</th>
<th>During the past 12 months, did you phone or e-mail the doctor's office with a medical question?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>...................................................................................</td>
</tr>
<tr>
<td>NO</td>
<td>....................................................................................</td>
</tr>
<tr>
<td>REFUSED</td>
<td>..............................................................................</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA09_J5</th>
<th>How often did you get an answer as soon as you needed it? Would you say...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>...................................................................................</td>
</tr>
<tr>
<td>Sometimes</td>
<td>......................................................................</td>
</tr>
<tr>
<td>Usually, or,</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Always?</td>
<td>..............................................................................</td>
</tr>
<tr>
<td>REFUSED</td>
<td>..............................................................................</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>................................................................</td>
</tr>
</tbody>
</table>

AJ77

AJ78

AJ79
Care Coordination

PROGRAMMING NOTE FOR QA09_J6:
IF QA09_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA09_J3 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA09_J6;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J7

QA09_J6  Is there anyone at your doctor’s office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

AJ80

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

Communication with Doctor

PROGRAMMING NOTE QA09_J7:
IF QA09_J1 > 0 OR QA09_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA09_J7;
ELSE GO TO QA09_J12

QA09_J7  The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8

YES.............................................................................................................1 [GO TO PN QA09_J9]
NO.............................................................................................................2
REFUSED.................................................................................................-7 [GO TO QA09_J12]
DON’T KNOW..........................................................................................-8 [GO TO QA09_J12]

PROGRAMMING NOTE QA09_J8:
IF QA09_J7 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA09_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA09_J8;
ELSE SKIP TO QA09_J12

QA09_J8  In what language does your doctor speak to you?

AJ50

ENGLISH.................................................................................................1 [GO TO QA09_J10]
SPANISH...............................................................................................2 [GO TO QA09_J12]
CANTONESE..........................................................................................3 [GO TO QA09_J12]
VIETNAMESE........................................................................................4 [GO TO QA09_J12]
TAGALOG..............................................................................................5 [GO TO QA09_J12]
MANDARIN..............................................................................................6 [GO TO QA09_J12]
KOREAN.................................................................................................7 [GO TO QA09_J12]
ASIAN INDIAN LANGUAGES...............................................................8 [GO TO QA09_J12]
RUSSIAN...............................................................................................9 [GO TO QA09_J12]
OTHER (SPECIFY:____________________)..................................................91 [GO TO QA09_J12]
REFUSED...............................................................................................-7 [GO TO QA09_J12]
DON’T KNOW..........................................................................................-8 [GO TO QA09_J12]
QA09_J9  Was this because you and the doctor spoke different languages?
這是不是因為您和醫生講的是不同的語言?

AJ9

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

QA09_J10  Did you need someone to help you understand the doctor?
您是否需要有人幫助您聽懂醫生的話?

AJ10

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

[GO TO QA09_J12]

QA09_J11  Who was this person who helped you understand the doctor?
是誰幫助您聽懂醫生說的話?

AJ11

[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.

MINOR CHILD (UNDER AGE 18)............................1
AN ADULT FAMILY MEMBER OR
FRIEND OF MINE.............................................2
NON-MEDICAL OFFICE STAFF.............................3
MEDICAL STAFF INCLUDING
NURSES/DOCTORS...........................................4
PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE).................5
OTHER (PATIENTS, SOMEONE ELSE)...............6
DID NOT HAVE SOMEONE TO HELP..................7
REFUSED.......................................................-7
DON'T KNOW.................................................-8

QA09_J12  During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?
在過去 12 個月中, 您有沒有延遲或沒有去拿醫生為您開的藥?

AH16

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

[GO TO PN QA09_J17]
QA09_J13  Was cost or lack of insurance a reason why you delayed or did not get the prescription? 
缺少醫療費用或沒有保險是不是您延遲或沒有領取處方藥物的一個原因？

AJ19

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

PROGRAMMING NOTE FOR QA09_J14:
IF [QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)] AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY)] CONTINUE WITH QA09_J14;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J15

QA09_J14  Was this prescription for your asthma? 
這是不是治療您的哮喘的處方藥？

AJ81

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

PROGRAMMING NOTE FOR QA09_J15:
IF QA09_B18 = 1 (HAS DIABETES) AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09_J15;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J16

QA09_J15  Was this prescription for your diabetes? 
這是不是治療您的糖尿病的處方藥？

AJ82

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

PROGRAMMING NOTE FOR QA09_J16:
IF QA09_B37 = 1 (HAS HEART DISEASE) AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09_J16;
ELSE GO TO QA09_J17

QA09_J16  Was this prescription for your heart disease? 
這是不是治療您的心臟病的處方藥？

AJ83

YES.................................................................1
NO.................................................................2
REFUSED......................................................-7
DON'T KNOW..............................................-8
QA09_J17  During the past 12 months, did you delay or not get any other medical care you felt you needed——such as seeing a doctor, a specialist, or other health professional?

在過去十二個月中，您有沒有延遲或沒有接受任何您認為必要的醫療護理——例如看醫生、專科醫生或其他健康護理專業人員？

AH22

YES.................................................................1
NO...............................................................2 [GO TO PN QA09_J22]
REFUSED.........................................................-7 [GO TO PN QA09_J22]
DON'T KNOW..................................................-8 [GO TO PN QA09_J22]

QA09_J18  Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

缺少醫療費用或沒有保險是不是您延遲或沒有獲得您認為自己需要的醫療護理的一個原因？

AJ20

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

PROGRAMMING NOTE QA09_J19:
IF [QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)] AND QA09_J18 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09_J19;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J20

QA09_19  Was this medical care for your asthma?

這是不是為您的哮喘提供的醫療護理？

AJ84

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

PROGRAMMING NOTE QA09_J20:
IF QA09_B18 = 1 (HAS DIABETES) AND QA09_J18 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09_J20;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J21

QA09_J20  Was this medical care for your diabetes?

這是不是為您的糖尿病提供的醫療護理？

AJ85

YES.................................................................1
NO...............................................................2
REFUSED.........................................................-7
DON'T KNOW..................................................-8
PROGRAMMING NOTE QA09_J21:
IF QA09_B37 = 1 (HAS HEART DISEASE) AND QA09_J18 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA09_J21;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J22

QA09_J21 Was this medical care for your heart disease?
這是不是為您的心臟病提供的醫療護理？

<table>
<thead>
<tr>
<th>AJ86</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

Interpersonal Violence

PROGRAMMING NOTE QA09_J22:
IF AGE > 65 GO TO QA09_J34;
ELSE CONTINUE WITH QA09_J22

The next questions are about relationships with intimate partners and safety. An intimate partner is any husband, wife, boyfriend, girlfriend, or someone you lived with or dated. I'll ask about being slapped, hit, and about unwanted sex. Your answers will be kept private. If any question upsets you, you don’t have to answer it.

接下來是有關親密伴侶及安全的問題。親密伴侶是指任何丈夫、妻子、男友、女友或與您同居或約會的人。
我會提出有關被打耳光、毆打以及非自願性生活方面的問題。您的回答會得到保密。如果任何問題使您感到不自在，您可以拒絕回答。

QA09_J22 Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?
自從您年滿 18 歲以來，您目前或以前的親密伴侶是否曾經拳擊、掌摑、推搡、腳踢或以任何方式傷害您的身體？

<table>
<thead>
<tr>
<th>AJ57</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>
Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

自從您年滿 18 歲以來，您目前或以前的親密伴侶是否曾經強迫您非自願性地性交、口交或肛交，或利用武力或威脅強迫您用物體性交？

[IF NEEDED, SAY: “Unwanted” means you did not consent or agree.”] [IF NEEDED, SAY: "「非自願性地」指未獲得您的許可或同意。"]

[ONLY IF RESPONDENT ASKS WHAT “unwanted sex” stands for, SAY: “Unwanted sexual intercourse.”]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: “By oral sex, we mean someone touched your vagina, rectum or buttocks with their mouth or tongue, or a male put his penis in your mouth.”]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "口交指有人用嘴或舌頭接觸您的陰道、肛門或臀部，或者是男性將陰莖放入您的口內。"]

[ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: “By oral sex, we mean someone touched your rectum or buttocks with their mouth or tongue or a male put his penis in your mouth.”]

[ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "口交指有人用嘴或舌頭接觸您的肛門或臀部，或者是男性將陰莖放入您的口內。"]

[ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: “By anal sex, we mean that a male put his penis in your rectum or buttocks.”]

[ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: "肛交指男性將陰莖放入您的肛門或臀部內。"]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: “By sex with an object, we mean that someone put fingers or objects in your vagina, rectum or buttocks or touched your breast.”]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "用物體性交指有人將手指或物體放入您的陰道、肛門或臀部內。"]

[ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: “By sex with an object, we mean that someone put fingers or objects in your rectum or buttocks or touched your penis.”]

[ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "用物體性交指有人將手指或物體放入您的肛門或臀部內。"]

YES...........................................................................................................1
NO.................................................................................................2
REFUSED....................................................................................-7
DON'T KNOW..............................................................................-8
PROGRAMMING NOTE QA09_J24;
IF QA09_J22 = 1 (YES TO PHYSICAL VIOLENCE), CONTINUE WITH QA09_J24;

IF QA09_J22 = 2, -7, OR -8 (NO, REFUSED, DON’T KNOW) AND IF QA09_J23 = 1 (YES) [IE. NO PHYSICAL VIOLENCE, YES TO SEXUAL VIOLENCE], GO TO PN QA09_J28;

IF QA09_J22 = 2, -7, OR -8 (NO, REFUSED, DON’T KNOW) AND IF QA09_J23 = 2, -7, OR -8 (NO, REFUSED, DON’T KNOW) [IE. NO PHYSICAL AND NOSEXUAL VIOLENCE], SKIP TO QA09_J34;

IF 18 YEARS OLD, DISPLAY “Since you turned 18”;
ELSE IF > 18 YEARS OLD, DISPLAY “In the past 12 months”

QA09_J24 (Since you turned 18/In the past 12 months) did any intimate partner do any of the following: Throw something at you that could hurt you?
在過去十二個月中，是否有任何親密伴侶曾經做以下任何事：向您扔可能傷害您的東西?

AJ59
YES..........................................................................................1
NO.........................................................................................2
REFUSED..........................................................................-7
DON’T KNOW......................................................................-8

QA09_J25 Push, grab, or slap you?
推您、揪打您或打您耳光?

AJ60
[IF NEEDED, SAY: {Since you turned 18/In the past 12 months}, did any intimate partner push, grab or slap you?]
[IF NEEDED, SAY: "在過去 12 個月中，是否有任何親密伴侶曾經推您、揪打您或打您耳光? ”]

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

QA09_J26 Kick, bite, hit, choke, or beat you up?
踢您、咬您、打您、掐住您的脖子或痛打您?

AJ61
YES..........................................................................................1
NO.........................................................................................2
REFUSED..........................................................................-7
DON’T KNOW......................................................................-8

QA09_J27 Threaten you with or use a gun, knife, or other weapon on you?
用手槍、刀或其他武器威脅您?

AJ64
YES..........................................................................................1
NO.........................................................................................2
REFUSED..........................................................................-7
DON’T KNOW......................................................................-8
PROGRAMMING NOTE QA09_J28:
IF QA09_J23 = 2, -7, OR -8 (NO SEXUAL VIOLENCE), SKIP TO QA09_J29;
ELSE IF QA09_J22 = 2, -7, OR -8 (NO PHYSICAL VIOLENCE) AND QA09_J23 = 1 (YES TO SEXUAL VIOLENCE), CONTINUE WITH QA09_J28;
ELSE IF QA09_J22 = 1 (YES, PHYSICAL VIOLENCE) AND QA09_J23 = 1 (YES, SEXUAL VIOLENCE), CONTINUE WITH QA09_J28;
IF 18 YEARS OLD, DISPLAY “Since you turned 18, did any intimate partner”;
ELSE IF > 18 YEARS OLD, DISPLAY “In the past 12 months, did any intimate partner”

QA09_J28  {In the past 12 months, did any intimate partner/Since you turned 18, did any intimate partner}
Physically force you to have unwanted sex?
自從您年滿十八歲以來，是否有任何親密伴侶曾經用武力強迫您接受非自願的性生活?

AJ66

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

PROGRAMMING NOTE QA09_J29:
IF QA09_J22 TO QA09_J28 = 1 (YES TO ANY 12 MONTH PHYSICAL OR SEXUAL VIOLENCE), CONTINUE WITH QA09_J29;
ELSE SKIP TO QA09_J34;
IF QA09_J22 - QA09_J28 = MORE THAN ONE YES RESPONSE, DISPLAY, “any of these things”;
ELSE IF QA09_J22 - QA09_J28 = ONE YES RESPONSE, DISPLAY “this”;
IF 18 YEARS OLD, DISPLAY “Since you turned 18”;
ELSE IF > 18 YEARS OLD, DISPLAY “In the past 12 months” AND “IN PAST 12 MONTHS”

QA09_J29  How many times has any intimate partner done {this/any of these things} to you {since you turned 18/in the past 12 months}?
自從您年滿 18 歲以來，您的任何親密伴侶曾經多少次這樣對待您?

AJ67

______________NUMBER OF TIMES {IN PAST 12 MONTHS}

REFUSED......................................................................................-7
DON’T KNOW.................................................................................-8
Thinking about the most recent incident, what was this person’s relationship to you? {If more than one person was involved, please tell me all of them.}

Please think about the most recent incident. What was this person’s relationship to you?

[If R asks what an incident is, say, “An incident is an event or something that happened.”] [Code all that apply.]

[If R asks what an incident is, say: “事件就是發生過的事情或者一件事。”]

CURRENT SPOUSE .............................................................. 1
FORMER OR EX-SPOUSE .................................................. 2
CURRENT PARTNER ............................................................ 3
FORMER PARTNER ............................................................. 4
CURRENT BOYFRIEND ....................................................... 5
FORMER BOYFRIEND .......................................................... 6
CURRENT GIRLFRIEND .......................................................... 7
FORMER GIRLFRIEND ............................................................. 8
A DATE ................................................................................ 9
OTHER (SPECIFY: ___________________) ............................ 91
REFUSED ......................................................................... -7
DON’T KNOW ................................................................. -8

PROGRAM NOTE QA09_J31:
IF QA09_J30 = 5, 6, 7, 8, -7, OR -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), SKIP TO QA09_J32;
ELSE IF QA09_J30 = 1, 2, 3, 4, 9, OR 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN
IF QA09_D15 = 1 (HETEROSEXUAL), SKIP TO QA09_J32;
ELSE IF QA09_D15 > 1 (NOT HETEROSEXUAL), CONTINUE WITH QA09_J31
AND IF QA09_J30 HAS ONLY ONE RESPONSE DISPLAY “was” AND “person” IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY “BOTH”;
IF QA09_J30 HAS MORE THAN ONE RESPONSE OR -7 OR -8 (REF/DK), DISPLAY “were” AND “people”

(Were/Was) the {people/person} male(s) or female(s)?

這個人是男性還是女性?

MALE(S) ........................................................................... 1
FEMALE(S) ....................................................................... 2
(BOTH) .............................................................................. 3
REFUSED ........................................................................... -7
DON’T KNOW ................................................................. -8
When this happened, did the [person/people] who did this to you appear to have been drinking or using drugs?

事件發生時，做這件事的人看起來是否喝過酒或吸過毒？

A.) IF QA09_J24 THROUGH QA09_J28 = 1 (YES TO ADULT EXPERIENCING PAST 12 MONTH PHYSICAL OR SEXUAL VIOLENCE) OR IF 18 YEARS AND IF QA09_J22 THROUGH QA0_J28 = 1 (18 YRS AND YES TO ANY DOMESTIC VIOLENCE EVER), SAY:

"We have a toll free number if you’d like to talk about these issues. Would you like the toll-free number?"

B.) ELSE IF QA09_J24 THROUGH QA09_J28 = -7 (DON’T KNOW) OR -8 (REFUSED) SAY:

"Someone is available 24 hours a day to listen and provide information. Give out 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. This is the National Domestic Violence Hotline."
Long-term Care (LTC)/Caregiving

QA09_J34  Now I’d like to ask about care giving.
現在，我想向您提出有關提供護理的問題。

Some people provide help to a family member or friend who has a long-term illness or disability. This may include help with things they can no longer do for themselves.
有些人為患有長期疾病或殘障的家人或朋友提供幫助。這可能包括幫助這些人完成他們無法自己去做的事情。

During the past 12 months, did you provide any such help to a family member or friend?
在過去十二個月中，您是否曾經向家人或朋友提供這些幫助？

[IF NEEDED, SAY: This may include help with baths, medicines, household chores, paying bills, driving to doctor’s visits or the grocery store, or just checking in to see how they are doing.]
[IF NEEDED, SAY: 「這可能包括幫助洗澡、服藥、做家務、付賬單、開車去就診或前往食品雜貨店，或者只是查看他們的生活狀況。」]

YES...............................................................................1
NO..................................................................................2 [GO TO PN QA09_K1]
REFUSED..............................................................................-7 [GO TO PN QA09_K1]
DON’T KNOW................................................................---8 [GO TO PN QA09_K1]

QA09_J35  How many people have you provided care for in the past 12 months?
在過去十二個月中，您為多少人提供護理服務？

ONE.................................................................................1
TWO...................................................................................2
THREE OR MORE.........................................................3
REFUSED...........................................................................-7
DON’T KNOW................................................................----8

PROGRAMMING NOTE QA09_J36:
IF QA09_J35 = 1 (PROVIDE CARE FOR 1 PERSON) DISPLAY “Has this person”;
ELSE IF QA09_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE) DISPLAY “Have any of these people”

QA09_J36  {Has this person/Have any of these people} needed help for more than three months?
這個人需要幫助的時間是否超過三個月？

YES..............................................................................1
NO..................................................................................2
REFUSED...........................................................................-7
DON’T KNOW................................................................----8
PROGRAMMING NOTE QA09_J37;
IF QA09_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE), DISPLAY “Think about the person you give the most care to.”

QA09_J37  {Think about the person you give the most care to.}

What is this person's relationship to you?
這個人與您是什麼關係?

AJ90
HUSBAND/WIFE/SPouse/PARTNER.......................1
FATHER/FATHER-IN-LAW..................................2
MOTHER/MOTHER-IN-LAW...............................3
BROTHER/BROTHER-IN-LAW...........................4
SISTER/SISTER-IN-LAW.................................5
GRANDPARENT...........................................6
SON/DAUGHTER..........................................7
SON-IN-LAW/DAUGHTER-IN-LAW.....................8
GRANDCHILD.............................................9
UNCLE/AUNT.............................................10
NEPHEW/NIECE..........................................11
OTHER RELATIVE.......................................12
FRIEND/NEIGHBOR......................................13
OTHER NON-RELATIVE................................14
REFUSED..................................................-7
DON'T KNOW.............................................-8

QA09_J38  Do you currently provide care for {INSERT RELATIONSHIP FROM QA09_J37}? 您目前是否為您的{INSERT RELATIONSHIP FROM AJ90}提供護理服務？

AJ101
YES......................................................................1
NO....................................................................2
REFUSED.....................................................-7
DON'T KNOW.............................................-8

PROGRAMMING NOTE QA09_J39;
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “Does”, ELSE DISPLAY “Did” and “when you were taking care of (him/her)”;

QA09_J39  {Does/Did} your {INSERT RELATIONSHIP FROM QA09_J37} live with you {when you were taking care of (him/her)}?
(您在照料{INSERT RELATIONSHIP FROM AJ90}的期間，他/她是否與您住在一起？)

AJ91
YES......................................................................1
NO....................................................................2
REFUSED.....................................................-7
DON'T KNOW.............................................-8

[GO TO QA09_J41]
**PROGRAMMING NOTE QA09_J40;**

IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “Does”, ELSE DISPLAY “Did” and “when you were taking care of (him/her)”;

<table>
<thead>
<tr>
<th>QA09_J40</th>
<th>{Does/Did} your {INSERT RELATIONSHIP FROM QA09_J37} live in a skilled nursing home or assisted living residence {when you were taking care of (him/her)}?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ92</td>
<td>[IF NEEDED, SAY: “Is it a nursing home or assisted living residence?”] [IF NEEDED, SAY: ”是不是療養院或輔助居所?”]</td>
</tr>
<tr>
<td></td>
<td>NURSING HOME.................................................................................................................... 1</td>
</tr>
<tr>
<td></td>
<td>ASSISTED LIVING................................................................................................................... 2</td>
</tr>
<tr>
<td></td>
<td>NEITHER................................................................................................................................... 3</td>
</tr>
<tr>
<td></td>
<td>REFUSED.................................................................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW..........................................................................................................................-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA09_J41;**

IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “do”, ELSE DISPLAY “did”;

<table>
<thead>
<tr>
<th>QA09_J41</th>
<th>In a typical week, about how many hours {do/did} you spend, on average, helping your {INSERT RELATIONSHIP FROM QA09_J37}?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ93</td>
<td>____HOURS OR ____DAYS</td>
</tr>
<tr>
<td></td>
<td>REFUSED.................................................................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW..........................................................................................................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA09_J42;
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “Do” AND “spend”, ELSE DISPLAY “Did” AND “spent”;

QA09_J42  {Do/Did} you get paid for any of the time you {spend/spent} helping your {INSERT RELATIONSHIP FROM QA09_J37}?

AJ94
YES..........................................................................................1
NO...............................................................................................2
REFUSED......................................................................................-7
DON’T KNOW................................................................................-8

PROGRAMMING NOTE QA09_J43;
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY “have you been taking”, ELSE DISPLAY “did you take”;

QA09_J43  How long {have you been taking/did you take} care of your {INSERT RELATIONSHIP FROM QA09_J37} because of {his/her} disability or illness?

AJ95
______MONTHS
______YEARS

REFUSED......................................................................................-7
DON’T KNOW................................................................................-8
QA09_J44 Have you ever used a service for respite care to temporarily take care of your {INSERT RELATIONSHIP FROM QA09_J37} so you could get some time away? 您是否曾經利用暫時休息服務，讓別人暫時照料您的{INSERT RELATIONSHIP FROM AJ90}，以便讓您得到一些休息？

AJ96

[IF NEEDED, SAY: "Respite care is short term care that helps a family take a break from the daily routine and stress of helping with the care of another. It can be given in the person’s home or in a choice of out of home settings. It can range from a couple hours per week to a few weeks."]

[IF NEEDED, SAY: "暫時休息服務是一種短期護理，幫助家庭成員從幫助護理另一位家庭成員的日常工作與壓力中解脫，得到暫時休息。此項服務可以在家中提供，或者在選擇的家庭之外環境中提供。服務時間可以從每週幾小時到幾週時間不等。"]

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

PROGRAMMING NOTE QA09_J45;
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "is" AND "do", ELSE DISPLAY "was" AND "did";

QA09_J45 If you were unable to help your {INSERT RELATIONSHIP FROM QA09_J37}, {is/was} there someone else who would do the things you {do/did}? 如果您無法幫助您的{INSERT RELATIONSHIP AJ90}，是否有其他人會完成您通常做的事情？

AJ97

YES.................................................................1
NO.........................................................................2
REFUSED.............................................................-7
DON'T KNOW................................................................-8
PROGRAMMING NOTE QA09_J46;
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "last month", ELSE DISPLAY "when you were providing care";

QA09_J46  Was your {INSERT RELATIONSHIP FROM QA09_J37} receiving Medi-Cal {last month/when you were providing care}?
上個月/在您為這個人提供護理期間，{INSERT RELATIONSHIP FROM QA09_J37}是否享受 Medi-Cal？

AJ98

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

QA09_J47  Have you attended any Medi-Cal trainings for long-term caregivers?
您是否曾經參加任何為長期看護人提供的 Medi-Cal 培訓計劃？

AJ99

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

QA09_J48  In the past month, how much of your own money have you spent taking care of {INSERT RELATIONSHIP FROM QA09_J37}? Would you say…
在過去一個月中，您自己花了多少錢用於照料您的{INSERT RELATIONSHIP FROM AJ90}？您認為是……

AJ100

None..............................................................................................1
$1-$250.....................................................................................2
$251-$500................................................................................3
$501-$1000...............................................................................4
$1001-$3000, or........................................................................5
Over $3000?............................................................................6
REFUSED..................................................................................-7
DON'T KNOW...........................................................................-8
Section K – Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE QA09_K1:
IF QA09_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA09_G28 = 1 (USUALLY WORKS) CONTINUE WITH QA09_K1;
ELSE GO TO PROGRAMMING NOTE QA09_K5

QA09_K1 The next questions are about your employment.
以下是有關您的職業問題。

How many hours per week do you usually work at all jobs or businesses?
您在從事的所有的所有的工作或業務中每週通常工作多少小時？

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

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

QA09_K2 How long have you worked at your main job?
您從事主要工作多久了？

[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 QA09_K3:
IF QA09_G30 = 2 (GOVERNMENT EMPLOYEE), CODE QA09_K3 = 5 AND GO TO QA09_K4;
IF QA09_G30 = 3 (SELF-EMPLOYED), CONTINUE WITH QA09_K3 AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH QA09_K3 AND DISPLAY "About" and "your employer";

QA09_K3  {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?
您的僱主在各處總共大約聘用了多少名僱員？

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

PROGRAMMING NOTE QA09_K4:
IF QA09_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)
OR QA09_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA09_K4;
ELSE SKIP TO PROGRAMMING NOTE QA09_K5

QA09_K4  What is your best estimate of all your earnings last month before taxes and other deductions from
all jobs and businesses, including hourly wages, salaries, tips and commissions?
您上個月在所有工作和生意中，包括小時工資、薪水、小費和佣金，
税前和其它扣除額之前的總收入是多少？請提供您的最佳估計數字。

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________ AMOUNT   [HR: 0-999995]
REFUSED..........................................................................7
DON'T KNOW.....................................................................8
PROGRAMMING NOTE QA09_K5:
IF QA09_G31 = [1 (SPOUSE WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA09_G32 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA09_K5 AND:
   IF QA09_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA09_G28 ≠ 1 (R DOES NOT USUALLY WORK), DISPLAY “The next question is about your spouse’s employment.”
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER # SP GENDER THEN IF QA09_A5 = 1 (MALE) DISPLAY “wife”; IF QA09_A5 =2 (FEMALE) DISPLAY “husband”; ELSE DISPLAY “spouse”;
ELSE SKIP TO QA09_K7

QA09_K5  {The next question is about your spouse’s employment.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
您的{配偶}在從事的所有的工作或業務中每週通常工作多少小時？

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS  [HR: 0-95]

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

PROGRAMMING NOTE QA09_K6:
IF QA09_K5 > 0 CONTINUE WITH QA09_K6;
ELSE GO TO QA09_K7

QA09_K6  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?
據您估計，您的{配偶}上個月從事所有的工作和業務的收入有多少？這是指在沒有扣除各項稅款和其它扣除額之前的收入，請包括小時工資、薪資、小費和佣金。

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$______________ AMOUNT  [HR: 0-999995]

REFUSED.................................................................-7
DON’T KNOW.......................................................-8
Annual Household Income

QA09_K7  What is your best estimate of your household’s total annual income from all sources before taxes in 2008?

【您的2008年來自所有來源的稅前家庭全年總收入是多少?】

[IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]

[IF NEEDED, SAY: “請包括工作、社會安全、退休收入、失業補助金、公共援助等收入。另外還請包括利息、紅利、業務、農場或租金淨收入以及任何其他資金收入。”]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________________ AMOUNT  [HR: 0-999995]

REFUSED..................................................-7  [GO TO PN QA09_K9]
DON’T KNOW.............................................-8  [GO TO PN QA09_K9]

QA09_K8  PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?

根據我的記錄，您的家庭收入是${999,999}。這是否正確?

AK22A

YES.................................................................1  [GO TO PN QA09_K15]
NO...............................................................2  [GO BACK TO QA09_K7]

PROGAMMING NOTE QA09_K9:

IF QA09_K7 = -7 OR -8 CONTINUE WITH QA09_K9;
ELSE GO TO PROGRAMMING NOTE QA09_K15

QA09_K9  We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

我們不需要知道詳細的數字，但您可不可以告訴我，你們家庭所有來源的稅前年收入是否超過還是不足20,000美元？

AK11

MORE................................................................1  [GO TO QA09_K11]
EQUAL TO $20K OR LESS.................................2  [GO TO PN QA09_K15]
REFUSED......................................................-7  [GO TO PN QA09_K15]
DON’T KNOW..............................................-8  [GO TO PN QA09_K15]
QA09_K10  Is it …
[家庭年收入] 是……

AK12

$5,000 or less,.........................................................1  [GO TO PN QA09_K15]
$5,001 to $10,000,.................................................2  [GO TO PN QA09_K15]
$10,001 to $15,000, or............................................3  [GO TO PN QA09_K15]
$15,001 to 20,000?..................................................4  [GO TO PN QA09_K15]
REFUSED....................................................................-7  [GO TO PN QA09_K15]
DON'T KNOW..........................................................-8  [GO TO PN QA09_K15]

QA09_K11  Is it more or less than $70,000 per year?
[家庭年收入] 收入每年是否超過還是不足 70,000 美元？

AK13

MORE............................................................................1  [GO TO QA09_K13]
EQUAL TO $70K OR LESS...........................................2  [GO TO QA09_K13]
REFUSED....................................................................-7  [GO TO PN QA09_K15]
DON'T KNOW..........................................................-8  [GO TO PN QA09_K15]

QA09_K12  Is it …
[家庭年收入] 是……

AK14

$20,001 to $30,000.....................................................1  [GO TO PN QA09_K15]
$30,001 to $40,000.....................................................2  [GO TO PN QA09_K15]
$40,001 to $50,000.....................................................3  [GO TO PN QA09_K15]
$50,001 to $60,000, or.............................................4  [GO TO PN QA09_K15]
$60,001 to $70,000?...................................................5  [GO TO PN QA09_K15]
REFUSED....................................................................-7  [GO TO PN QA09_K15]
DON'T KNOW..........................................................-8  [GO TO PN QA09_K15]

QA09_K13  Is it more or less than $135,000 per year?
[家庭年收入] 收入每年是否超過還是不足 135,000 美元？

AK15

MORE............................................................................1  [GO TO PN QA09_K15]
EQUAL TO $135K OR LESS.........................................2  [GO TO PN QA09_K15]
REFUSED....................................................................-7  [GO TO PN QA09_K15]
DON'T KNOW..........................................................-8  [GO TO PN QA09_K15]

QA09_K14  Is it …
[家庭年收入] 是……

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
Number of Persons Supported

PROGRAMMING NOTE QA09_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA09_K17;
ELSE CONTINUE WITH QA09_K15

QA09_K15  Including yourself, how many people living in your household are supported by your total household income?
包括您自己在内，住在您家裡的多少人需要依靠您的家庭總收入生活？

AK17

______ NUMBER OF PEOPLE  [HR: 1-20]

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

PROGRAMMING NOTE QA09_K16:
QA09_K16 MUST BE LESS THAN QA09_K15;
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) = QA09_K15 GO TO PROGRAMMING NOTE QA09_K17;
ELSE CONTINUE WITH QA09_K16

QA09_K16  How many of these {INSERT NUMBER FROM QA09_K15} people are children under the age of 18?
在這{插入 K17 的答案}口人中，有多少是 18 歲以下的孩子？

AK18

______ NUMBER OF CHILDREN (UNDER AGE 18)  [HR: 0-20]

REFUSED................................................................. -7
DON'T KNOW........................................................ -8
Poverty Level Test

PROGRAMMING NOTE QA09_K17:

OBTAIN THE FEDERAL POVERTY 100%, 130%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2008 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA09_K15 AND QA09_K16 RESPECTIVELY. (THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2008 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 "Poverty Level 2008" DOCUMENT 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 QA09_K15 OR QA09_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA09_G15 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 200% FPL
3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL
4) ABOVE 300% FPL, OR
5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA09_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14 OR QA09_K9 = -7 OR QA09_K11 = -7 OR QA09_K13 = -7, ASK QA09_K17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA09_K18

QA09_K17 I need to ask just one or two more questions about income. 我想再問您一、兩個收入方面的問題。

Was your total annual household income before taxes less than or more than \${POVRT100}? 您的家庭年度稅前總收入是不足還是超過{XX,XXX}美元?

<table>
<thead>
<tr>
<th>AK18A</th>
<th>EQUAL TO OR LESS ................................................................. 1</th>
<th>[GO TO PN QA09_K21]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MORE .................................................................................. 2</td>
<td>[GO TO PN QA09_K21]</td>
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<td>REFUSED ................................................................................. -7</td>
<td>[GO TO PN QA09_K21]</td>
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<tr>
<td></td>
<td>DON'T KNOW ............................................................................ -8</td>
<td>[GO TO PN QA09_K21]</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA09_K18:
IF QA09_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14 OR IF QA09_K9 = -7 OR QA09_K11 = -7 OR QA09_K13 = -7, CONTINUE WITH QA09_K18 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA09_K20

QA09_K18  [I need to ask just one or two more questions about income.] Was your total annual household income before taxes less than or more than ${POVRT200}$?

AK18B  

EQUAL TO OR LESS...........................................1
MORE....................................................................2 [GO TO PN QA09_K20]
REFUSED............................................................-7 [GO TO PN QA09_K21]
DON'T KNOW......................................................-8 [GO TO PN QA09_K21]

PROGRAMMING NOTE QA09_K19:
IF QA09_K18 = 1 (≤ 200% FPL), CONTINUE WITH QA09_K19 USING POVRT130 (130% POVERTY CUTOFF DISPLAY AMOUNT); ELSE SKIP TO QA09_K20

QA09_K19  [I need to ask just one or two more questions about income.] Was your total annual household income before taxes less than or more than ${POVRT130}$?

AK18D  

EQUAL TO OR LESS...........................................1 [GO TO PN QA09_K21]
MORE....................................................................2 [GO TO PN QA09_K21]
REFUSED............................................................-7 [GO TO PN QA09_K21]
DON'T KNOW......................................................-8 [GO TO PN QA09_K21]

PROGRAMMING NOTE QA09_K20:
IF QA09_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14 OR IF QA09_K9 = -7 OR QA09_K11 = -7 OR QA09_K13 = -7, CONTINUE WITH QA09_K20 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT) AND:
IF NEITHER QA09_K17 OR QA09_K18 WAS ASKED, DISPLAY "I need to ask just one or two more questions about income. Was your total annual household income before taxes";
ELSE DISPLAY "Was it";
ELSE GO TO QA09_K21

QA09_K20  [I need to ask just one or two more questions about income] Was your total annual household income before taxes less than or more than ${POVRT300}$?

AK18C  

EQUAL TO OR LESS...........................................1
MORE....................................................................2
REFUSED............................................................-7
DON'T KNOW......................................................-8
Availability of Food in Household

PROGRAMMING NOTE QA09_K21:
IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA09_K21; ELSE GO TO QA09_L1

QA09_K21

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
以下有關你們家在過去十二個月中所吃的食物以及是否有錢購買所需的食物的問題。

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

我馬上會讀出兩句話，這是一般人針對家庭的食物狀況所說的。

請就每一句話告訴我，這是否經常符合、有時符合還是從不符合您和您的家庭在過去十二個月的情況。

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."
第一句話是：「{} 購買的食物總是不夠，{} 沒有錢買更多的食物。」

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

「這句話對您和您的家人在過去十二個月的情況，是經常正確、有時正確還是完全不正確？」

AM1

OFTEN TRUE.................................................................1
SOMETIMES TRUE......................................................2
NEVER TRUE..............................................................3
REFUSED.................................................................-7
DON'T KNOW.........................................................-8

QA09_K22

The second statement is:
"{I/We} couldn't afford to eat balanced meals."
第二個句子是：「我 / 我們）無法負擔營養均衡的飲食。」

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
這句話對您和您的家人在過去十二個月的情況，是通常正確、有時正確、還是完全不正確？

AM2

OFTEN TRUE.................................................................1
SOMETIMES TRUE......................................................2
NEVER TRUE..............................................................3
REFUSED.................................................................-7
DON'T KNOW.........................................................-8
QA09_K23 Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

請告訴我，在過去12個月中，您或家中的其他成年人有沒有因為沒有足夠的錢購買食物而減少食物量或減少用餐次數？

AM3

YES.........................................................................................................................1
NO............................................................................................................................2 [GO TO QA09_K25]
REFUSED..................................................................................................................-7 [GO TO QA09_K25]
DON’T KNOW..........................................................................................................-8 [GO TO QA09_K25]

QA09_K24 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

這種情況多久會出現一次—幾乎每個月、有的月份但不是每個月、或只是在1或2個月裡？

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 QA09_K25 In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

在過去12個月中，您有沒有因為沒有足夠的錢購買食物而吃不飽？

AM4

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

QA09_K26 In the last 12 months, were you ever hungry but didn’t eat because you couldn’t afford enough food?

在過去12個月中，您有沒有因為買不起足夠的食物而挨餓？

AM5

YES.........................................................................................................................1
NO............................................................................................................................2
REFUSED..................................................................................................................-7
DON’T KNOW..........................................................................................................-8
Section L - Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L:
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L;
ELSE GO TO PROGRAMMING NOTE QA09_DMAINTR1

TANF/CalWORKS
QA09_L1  Are you now receiving TANF or CalWORKS?  
您目前在受 TANF 或 CalWORKS 嗎？

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]
[IF NEEDED, SAY: “TANF 指貧困家庭臨時協助；CalWORKS 指加州工作機會及對孩子的責任。這兩項計劃取代了加州舊的福利計劃 AFDC。”]
YES...................................................................................1
NO.....................................................................................2
REFUSED..................................................................................-7
DON'T KNOW..............................................................................-8

PROGRAMMING NOTE QA09_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA09_L2;
ELSE GO TO QA09_L3;

QA09_L2  Is (TEEN) now receiving TANF or CalWORKS?  
{( }目前是否在領取 TANF 或 CalWORKS？

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]
[IF NEEDED, SAY: “TANF 指貧困家庭臨時協助；CalWORKS 指加州工作機會及對兒童承擔責任的計劃。這兩項計劃取代了加州舊的福利權力計劃 AFDC。”]
YES...................................................................................1
NO.....................................................................................2
REFUSED..................................................................................-7
DON'T KNOW..............................................................................-8
Food Stamps
QA09_L3 Are you receiving Food Stamp benefits?
您是否在領取食品券？

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "您可能透過領取食品券或EBT卡獲得福利。EBT代表電子福利轉換卡。又稱作「黃金州優惠卡」。"]

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

PROGRAMMING NOTE QA09_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA09_L4;
ELSE GO TO PROGRAMMING NOTE QA09_L5

QA09_L4 Is (TEEN) receiving Food Stamp benefits?
{TEEN/AGE/SEX} 是否在領取食品券？

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "您可能透過領取食品券或EBT卡獲得福利。EBT代表電子福利轉換卡。又稱作「黃金州優惠卡」。「"]

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

Supplemental Security Income
QA09_L5 Are you receiving SSI?
您是否在領取 SSI？

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]
[IF NEEDED, SAY: 「SSI 指安全補助收入，這和社會安全金不同。」]

YES.................................................................1
NO...........................................................................2
REFUSED..........................................................-7
DON'T KNOW....................................................-8
PROGRAMMING NOTE QA09_L6:
IF QA09_A5 = 2 (FEMALE) AND [QA09_E3 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA09_L6;
ELSE GO TO QA09_L7

WIC
QA09_L6 Are you on WIC?
您是否參加了 WIC？

[IF NEEDED, SAY: “WIC is the Supplemental Food Program for Women, Infants and children.”]
[IF NEEDED, SAY: WIC 指為婦女、嬰兒和兒童提供的補助食品計劃。]
YES.................................................................1
NO.................................................................2
REFUSED........................................................-7
DON'T KNOW.................................................-8

Assets
PROGRAMMING NOTE QA09_L7:
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA09_K15.

IF QA09_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA09_K15 = 1 DISPLAY $3000;
IF QA09_K15 = 2 DISPLAY $3000;
IF QA09_K15 = 3 DISPLAY $3150;
IF QA09_K15 = 4 DISPLAY $3300;
IF QA09_K15 = 5 DISPLAY $3450;
IF QA09_K15 = 6 DISPLAY $3600;
IF QA09_K15 = 7 DISPLAY $3750;
IF QA09_K15 = 8 DISPLAY $3900;
IF QA09_K15 = 9 DISPLAY $4050;
IF QA09_K15 ≥ 10 DISPLAY $4200;

IF QA09_A16 = 1 (MARRIED) DISPLAY “your family’s”;
ELSE DISPLAY “your”

QA09_L7 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family’s} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?
不把您擁有的任何房子或汽車計算在內，您認為您的資產，也就是說您所有的現金、儲蓄、投資及家俱的總值，有沒有超過（5,000 美元）？

AL9
YES.................................................................1
NO.................................................................2
REFUSED........................................................-7
DON'T KNOW.................................................-8
Alimony/Child Support

PROGRAMMING NOTE QA09_L8:
IF QA09_G11 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
IF QA09_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA09_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?

AL15

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

PROGRAMMING NOTE QA09_L9:
IF QA09_L8 = 1 (YES), CONTINUE WITH QA09_L9;
IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 2 (SPOUSE NOT MEMBER OF HH), ASK QUESTION WITHOUT DISPLAYS;
ELSE IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE IN HH), DISPLAY “combined” AND “and your spouse”;
ELSE SKIP TO PROGRAMMING NOTE QA09_L10

QA09_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 QA09_L10:
IF QA09_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
IF QA09_G11 = 1 (SPOUSE LIVES IN HH), DISPLAY “you or your spouse or both of you”;
ELSE DISPLAY "you"

QA09_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
REFUSED.............................................................................-7
DON'T KNOW.........................................................................-8
PROGRAMMING NOTE QA09_L11:
IF QA09_A16 = 2 (LIVING WITH PARTNER) DISPLAY "you or your partner or both of you";
IF QA09_G11 = 1 (SPOUSE LIVES IN HH) DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you"

QA09_L11  What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?
（您/您的配偶/您的伴侶/你們兩人）上個月收到的贅金和養老金總額是多少？

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

________________________________________ AMOUNT [000001-999995]

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

Social Security/Pension Payments

PROGRAMMING NOTE QA09_L12:
IF AGE ≥ 65 AND QA09_A16 ≠ 1 (NOT MARRIED) CONTINUE WITH QA09_L12 AND DISPLAY "you";
IF AGES ≥ 65 AND QA09_A16 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA09_L12 AND DISPLAY "you or your partner";
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA09_L12 AND DISPLAY "you or your spouse";
ELSE GO TO PROGRAMMING NOTE QA09_L14

QA09_L12  Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month?
（您或您的配偶）上個月有沒有領取任何社會安全救濟金或退休金？

AL18A

YES.................................................................1
NO..............................................................2  [GO TO PN QA09_L14]
REFUSED........................................................-7  [GO TO PN QA09_L14]
DON'T KNOW..................................................-8  [GO TO PN QA09_L14]

QA09_L13  What was the total amount received last month from Social Security and Pensions?
您上個月領取的社會安全金和養老金總額是多少？

AL18B

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

________________________________________ AMOUNT [000001-999995]

REFUSED..........................................................-7
DON'T KNOW..................................................-8
Reasons for Non-Participation in Medi-Cal

PROGRAMMING NOTE QA09_L14:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA09_L14;
ELSE GO TO PN QA09_L15

QA09_L14 What is the one main reason why you are not enrolled in the Medi-Cal program?

您沒有參加 Medi-Cal 計劃的一個主要原因是什么？

AL19

PAPERWORK TOO DIFFICULT.................................1
DIDN'T KNOW IF ELIGIBLE.................................2
INCOME TOO HIGH, NOT ELIGIBLE.........................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS...4
OTHER NOT ELIGIBLE...........................................5
DON'T BELIEVE IN HEALTH INSURANCE.....................6
DON'T NEED IT BECAUSE HEALTHY..........................7
ALREADY HAVE INSURANCE....................................8
DIDN'T KNOW IT EXISTED.......................................9
DON'T LIKE / WANT WELFARE.................................10
OTHER (SPECIFY:_________________).....................91

Medi-Cal Deficit Reduction Act Requirements

PROGRAMMING NOTE QA09_L15:
IF QA09_L1 = 1 (HAS TANF) OR QA09_L5 =1 (HAS SSI) OR QA09_G8 = 2 (IS NON-CITIZEN) OR
[ARINSURE = 1 (INSURED) AND ARMCAL ≠ 1 (DOES NOT HAVE MEDI-CAL) AND QA09_H62 = 1 (SAME INSURANCE FOR PAST 12 MONTHS) AND QA09_I1 = 1 OR -1 (CHILD HAS SAME INSURANCE AS R) OR QA09_I35 = 1 OR -1 (TEEN HAS SAME INSURANCE AS R)] OR [18<AAGE<64 AND NO ELIGIBLE CHILD OR TEEN IN HH], THEN SKIP TO PROGRAMMING NOTE QA09_DMAINTR1 (NEXT SECTION);
ELSE IF ARMCAL = 1 AND QA09_H62 = 1 (HAD MEDI-CAL FOR PAST 12 MONTHS), THEN SKIP TO QA09_L19;
ELSE CONTINUE WITH QA09_L15 AND IF KIDCNT > 0 DISPLAY “or your child”

QA09_L15 In the past 12 months, did you apply for Medi-Cal for yourself {or your child}?

在過去 12 個月中，您是否曾經為您本人或您的子女申請 Medi-Cal？

AL23

YES......................................................................1
NO......................................................................2
[GO TO QA09_L17]
REFUSED..........................................................2
[GO TO QA09_L17]
DON'T KNOW....................................................8
[GO TO QA09_L17]
QA09_L16  Was your application for Medi-Cal approved with full benefits, approved with reduced benefits, denied, or are you still waiting for approval?
您的 Medi-Cal 申请是获得全部福利批准、福利被减少、被拒绝，还是仍然在等候批准？

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

[IF NEEDED, SAY: “What is your current status?”]
[IF NEEDED, SAY: 「您目前是什麼狀況？」]

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<tr>
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<th>Code</th>
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</tr>
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<td>1</td>
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</tr>
<tr>
<td>APPROVED WITH REDUCED BENEFITS</td>
<td>2</td>
<td>QA09_L19</td>
</tr>
<tr>
<td>WAITING FOR APPROVAL</td>
<td>3</td>
<td>QA09_L19</td>
</tr>
<tr>
<td>DENIED BENEFITS</td>
<td>4</td>
<td>QA09_L19</td>
</tr>
<tr>
<td>REFUSED</td>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
<td>QA09_L19</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA09_L17:
IF KIDCNT > 0, DISPLAY “or your child”

QA09_L17  Was not having proof of citizenship, such as a birth certificate, a reason why you did not apply for Medi-Cal for yourself {or your child}?
沒有公民身份证明（例如出生證）是不是您沒有為您本人或您的子女申請 Medi-Cal 的一個原因？

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

PROGRAMMING NOTE QA09_L18:
IF KIDCNT > 0, DISPLAY “or your child”

QA09_L18  Was not having proof of identity, such as a picture ID, a reason why you did not apply for Medi-Cal for yourself {or your child}?
沒有身份證明（例如帶照身份證）是不是您沒有為您本人或您的子女申請 Medi-Cal 的一個原因？

<table>
<thead>
<tr>
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<th>Code</th>
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<tbody>
<tr>
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<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>
QA09_L19  Did the Medi-Cal program ask you for proof of identity and/or citizenship?
Medi-Cal 計劃是否曾經要求您出示身份及/或公民身份證明？

AL27

[IF NEEDED, SAY: “Proof of identity could be an original driver’s license, passport, school
ID card, school records or affidavit. Proof of citizenship could be an original birth
certificate, passport, certificate of naturalization, or affidavit.”]

[IF NEEDED, SAY: "身份證明可以是駕駛執照、護照、學生身份證、學校記錄或擔
保書原件。"]

YES.................................................................1
NO...............................................................2 [GO TO QA09_DMAINTR1]
REFUSED............................................................-7 [GO TO QA09_DMAINTR1]
DON'T KNOW......................................................-8 [GO TO QA09_DMAINTR1]

PROGRAMMING NOTE QA09_L20:
IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)],
THEN IF KIDCNT > 1, DISPLAY “yourself or your children”;
IF KIDCNT = 1, DISPLAY “yourself or your child”;
ELSE IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62
≠ 1)], THEN IF KIDCNT > 1, DISPLAY “your children”;
ELSE IF KIDCNT = 1, DISPLAY “your child”;
ELSE IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND
QA09_I62 ≠ 1)], THEN DISPLAY “yourself”

QA09_L20  Did you have a problem giving proof of identity for {yourself/your child/your children/yourself or
your child/yourself or your children}?
您是否曾經在證明您自己或您的孩子們的身份方面遇到困難？

AL28

[IF NEEDED, SAY: “Proof of identity could be an original driver’s license, passport, school
ID card, school records or affidavit.”]

[IF NEEDED, SAY: "身份證明可以是駕駛執照、護照、學生身份證、學校記錄或擔保證
明原件。”]

YES.................................................................1
NO...............................................................2
REFUSED............................................................-7
DON'T KNOW......................................................-8
PROGRAMMING NOTE QA09_L21:
IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR IQA09_I62 = 1)],
  THEN IF KIDCNT > 1, DISPLAY "yourself or your children";
  IF KIDCNT = 1, DISPLAY "yourself or your child";
ELSE IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)], THEN IF KIDCNT > 1, DISPLAY "your children";
  IF KIDCNT = 1, DISPLAY "your child";
ELSE IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09_I62 ≠ 1)], THEN DISPLAY "yourself"

QA09_L21 Did you have a problem giving proof of citizenship for {yourself/your child/your children/yourself or your child/yourself or your children}?
您是否曾經在證明您自己或您的孩子的公民身份方面遇到困難？

[IF NEEDED, SAY: "Proof of citizenship could be an original birth certificate, passport, certificate of naturalization, or affidavit."]
[IF NEEDED, SAY: 「公民身份證明可以是出生證、護照、入籍證明或擔保證明原件。」]
YES....................................................1
NO..............................................................2
REFUSED......................................................-7
DON'T KNOW.............................................-8

PROGRAMMING NOTE QA09_L22:
IF QA09_L20 = 1 OR QA09_L21 = 1, CONTINUE WITH QA09_L22 AND DISPLAY:
"you or your children's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;
"you or your child's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;
"your children's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;
"your child's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;
"your", IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09_I62 ≠ 1)];
ELSE GO TO QA09_DMAINTR1

QA09_L22 Were {your/your child's/your children's/you or your child's/you or your children's} Medi-Cal benefits delayed as a result of problems getting documents?
您或您的子女的 Medi-Cal 福利是否曾經因為無法獲取文件而被延遲？

[AL30]
YES....................................................1
NO..............................................................2
REFUSED......................................................-7
DON'T KNOW.............................................-8
PROGRAMMING NOTE QA09_L23:
DISPLAY:
“you or your children’s” IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;
“you or your child’s” IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;
“your children’s” IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;
“your child’s” IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;
“your” IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09_I62 ≠ 1)]

QA09_L23
Were {your/your child’s/your children’s/you or your child’s/you or your children’s} Medi-Cal benefits reduced as a result of problems getting documents?
您或您的子女的 Medi-Cal 福利是否曾經因為無法獲取文件而被減少？

AL31
[IF NEEDED, SAY: “Having your benefits reduced means that Medi-Cal will only pay for your health care if it’s an emergency or if you are pregnant.”]
[IF NEEDED, SAY: 「福利被減少指 Medi-Cal 只有在急診或者您懷孕的情況下才支付您的健康護理費。」]

YES...................................................................................1
NO....................................................................................2
REFUSED...........................................................................-7
DON'T KNOW......................................................................-8
Section DM – Discrimination Module

NOTE: The CHIS 2009 discrimination module is being sponsored by the National Cancer Institute and the Office of Behavior and Social Sciences Research at the National Institutes of Health for developmental purposes.

PROGRAMMING NOTE QA09_DM1TR1:
IF DMSAMP = 0, SKIP TO NEXT SECTION;
ELSE IF DMSAMP = 1 AND RANNUM2 < 5000 (VERSION A), SKIP TO DMINTRO;
ELSE IF DMSAMP = 1, CONTINUE WITH DM1TR1 AND IF DMRECORD = 1, RESUME RECORDING (BEGIN SEGMENT 2)

QA09_DM1TR1 For this next section of the survey, I will need to refer to your background—that is, your race or ethnicity—so I need to find out how you think of yourself.
在調查問卷的下一節，我需要詢問你的背景，即你的種族或民族，以便瞭解你看待自己的方式。

PROGRAMMING NOTE QA09_DM1:
IF QA09_A6 = 1 (LATINO/HISPANIC) AND [QA09_A8 = 1 (WHITE), 91 (OTHER) -7/-8 (REF/DK)]
   IF QA09_A5 = 1 OR -7 (MALE OR REFUSED), DISPLAY "Latino, as Hispanic";
   IF QA09_A5 = 2 (FEMALE), DISPLAY "Latina, as Hispanic";

IF QA09_A6 = 1 (LATINO/HISPANIC) AND [QA09_A8 = 2 (BLACK/AFRICAN AMERICAN), 3 (ASIAN), 4 (OTHER PACIFIC ISLANDER), OR 6 (NATIVE HAWAIIAN)], DISPLAY “Non-AI/AN Multiracial”

ELSE IF QA09_A6 = 1 (LATINO/HISPANIC) AND QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), DISPLAY "Native American";

IF QA09_A6 = 2 (NOT LATINO/HISPANIC),
   AND IF QA09_A8 = 1 (WHITE), DISPLAY "White";
   AND IF QA09_A8 = 2 (BLACK/AFRICAN AMERICAN, DISPLAY "Black, as African American";
   AND IF QA09_A8 = 3 (ASIAN), DISPLAY "Asian";
   AND IF QA09_A8 = 4 (AMERICAN INDIAN/ALASKA NATIVE), DISPLAY "American Indian, as Native American";
   AND IF QA09_A8 = 5 (OTHER PACIFIC ISLANDER), DISPLAY "Pacific Islander";
   AND IF QA09_A8 = 6 (NATIVE HAWAIIAN), DISPLAY "Native Hawaiian";
   AND IF QA09_A8 IS MORE THAN ONE RACE (EXCLUDING NATIVE HAWAIIAN), DISPLAY "Non-AI/AN Multiracial ";
QA09_DMA1  Do you think of yourself as {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, or is there some other term that you think better describes you?
您認為自己是 {FILL FROM PREVIOUS ETHNICITY } 還是有任何其他您認為能更好地描述自己的詞語？

DMA1

LATINO/LATINA............................................................ 1
HISPANIC................................................................. 2
CHINESE................................................................. 3
CHINESE-AMERICAN................................................. 4
KOREAN................................................................. 5
KOREAN-AMERICAN................................................ 6
VIETNAMESE.......................................................... 7
VIETNAMESE-AMERICAN........................................... 8
ASIAN................................................................. 9
ASIAN-AMERICAN.................................................. 10
OTHER (SPECIFY:_________________)............... 91
REFUSED...........................................................-7
DON'T KNOW.....................................................-8

QA09_DMINTRON

These next questions are about things that may happen to you in your day-to-day life. The questions ask about times and places where you were treated unfairly. Again, you don’t have to answer any of these that you don’t want to. All of the information you tell us will be kept private, and your answers will be used only for this survey.
下面的問題是有關可能發生在你的日常生活中的一些事情。這些問題可能會詢問你受到不公平待遇的時間與地點。
再說一遍，你無需回答任何不願回答的問題。你告訴我們的所有資訊都會得到保密，你的回答僅會用於本項調查。

DMINTRO

QA09_DMBINTRO

First, think about your experiences in the past 12 months. How often have any of the following things happened to you?
首先，想一想你在過去十二個月的經歷。你遇到以下任何事情的頻率有多高？

DMBINTRO

PROGRAMMING NOTE QA09_DMB1:
FOR BOTH VERSIONS OF DISCRIMINATION MODULE ASK ITEMS DMB1 TO DMB8 IN RANDOM ORDER; IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”
**QA09_DMB1**  In the past 12 months, how often have you been treated with less respect than other people (because you are (FILL RACE/ETHNICITY FROM DMA1_1))? Would you say...

[在過去十二個月中，]......你沒有受到與其他人一樣尊重的頻率有多高？
你認為是......

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Never, ......................................................... 1</td>
</tr>
<tr>
<td>從來沒有， ............................................... 1</td>
</tr>
<tr>
<td>Rarely, ....................................................... 2</td>
</tr>
<tr>
<td>極少， ......................................................... 2</td>
</tr>
<tr>
<td>Sometimes, or ............................................... 3</td>
</tr>
<tr>
<td>有時，還是 ............................................... 3</td>
</tr>
<tr>
<td>Often? ......................................................... 4</td>
</tr>
<tr>
<td>經常？ ......................................................... 4</td>
</tr>
<tr>
<td>REFUSED ..................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW .................................................. -8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA09_DMB2:**
IF RANNU2 ≥ 5000 (VERSION B), DISPLAY, “or been discriminated against” and “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”

**QA09_DMB2**  In the past 12 months, how often have you been treated unfairly (or been discriminated against) at restaurants or stores (because you are (FILL RACE/ETHNICITY FROM QA09_DMA1))? Would you say...

[在過去十二個月中，]......你在餐館或商店受到不公平待遇的頻率有多高？
[IF NEEDED, SAY “你認為是......”]

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<tr>
<td>Rarely, ....................................................... 2</td>
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<td>極少， ......................................................... 2</td>
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<td>Sometimes, or ............................................... 3</td>
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<td>有時，還是 ............................................... 3</td>
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<td>Often? ......................................................... 4</td>
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<tr>
<td>DON'T KNOW .................................................. -8</td>
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</tbody>
</table>
PROGRAMMING NOTE QA09_DMB3:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMB3 In the past 12 months, how often have people criticized your accent or the way you speak [在過去十二個月中，]......人們批評你的口音或說話方式的頻率有多高？

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<th>Chinese</th>
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<tbody>
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<td>Never</td>
<td>從來沒有，</td>
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<tr>
<td>Rarely</td>
<td>極少，</td>
</tr>
<tr>
<td>Sometimes</td>
<td>有時，還是</td>
</tr>
<tr>
<td>Often?</td>
<td>經常？</td>
</tr>
<tr>
<td>REFUSED</td>
<td>DON'T KNOW</td>
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</tbody>
</table>

PROGRAMMING NOTE QA09_DMB4:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMB4 In the past 12 months, how often have people acted as if they think you are not smart (because you are (FILL RACE/ETHNICITY FROM QA09_DMA1))? Would you say...

[在過去十二個月中，]......人們表現出好像覺得你不夠聰明的頻率有多高？

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<tr>
<th>Frequency</th>
<th>Chinese</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
<td>從來沒有，</td>
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<td>Rarely</td>
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<td>經常？</td>
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PROGRAMMING NOTE QA09_DMB5:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMB5  In the past 12 months, how often have people acted as if they are afraid of you {because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)}? Would you say…

[在過去十二個月中，]......人們表現出好像害怕你的頻率有多高？

DMB5

Never, ...............................................................................
從來沒有，...............................................................................
Rarely, ..............................................................................
極少，..............................................................................
Sometimes, or................................................................
有時，還是................................................................
Often?...............................................................................
經常？...............................................................................
REFUSED........................................................................
DON’T KNOW...................................................................

PROGRAMMING NOTE QA09_DMB6:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMB6  In the past 12 months, how often have people acted as if they think you are dishonest {because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)}? Would you say…

[在過去十二個月中，]......人們表現出好像他們覺得你不誠實的頻率有多高？

DMB6

Never, ...............................................................................
從來沒有，...............................................................................
Rarely, ..............................................................................
極少，..............................................................................
Sometimes, or................................................................
有時，還是................................................................
Often?...............................................................................
經常？...............................................................................
REFUSED........................................................................
DON’T KNOW...................................................................

DON’T KNOW

-8
PROGRAMMING NOTE QA09_DMB7:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMB7 In the past 12 months, how often have people acted as if they’re better than you are {because you are (RACE/ETHNICITY FROM QA09_DMA1)}? Would you say…

[在過去十二個月中，]……人們表現出好像他們比你更優越的頻率有多高？


<table>
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<tr>
<th>DMB7</th>
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<tr>
<td>Never,</td>
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<td>極少，</td>
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<td>DON'T KNOW</td>
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</table>

PROGRAMMING NOTE QA09_DMB8:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “because you are (FILL RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMB8 In the past 12 months, how often have you been threatened or harassed [because you are (RACE/ETHNICITY FROM QA09_DMA1)]? Would you say…

[在過去十二個月中，]……你受到威脅或騷擾的頻率有多高？


<table>
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<tr>
<th>DMB8</th>
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<th>-7</th>
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<td>Never,</td>
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<td>從來沒有，</td>
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<td>Rarely,</td>
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<td>極少，</td>
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<td>經常？</td>
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<tr>
<td>DON'T KNOW</td>
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</tr>
</tbody>
</table>
Now, I’m going to ask you why you may have been treated unfairly. Please answer the following questions with a yes or no.

現在，我要向您提出一些為什麼您會受到不公平待遇的問題。請用是或否，來回答以下的問題。

**[CODE ALL THAT APPLY]**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past 12 months, have you been treated unfairly because of your ancestry or national origin?</td>
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<tr>
<td>2. In the past 12 months, have you been treated unfairly because of your gender or sex?</td>
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<tr>
<td>3. In the past 12 months, have you been treated unfairly because of your race or skin color?</td>
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<tr>
<td>4. In the past 12 months, have you been treated unfairly because of your age?</td>
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<tr>
<td>5. In the past 12 months, have you been treated unfairly because of the way you speak English?</td>
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<tr>
<td>6. In the past 12 months, have you been treated unfairly because of some other reason?</td>
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</tbody>
</table>
PROGRAMMING NOTE QA09_DMB9A_OV:
IF QA09_DMB9A_6 = 1 (YES TO SOME OTHER REASON), THEN CONTINUE;
ELSE GO TO PN QA09_DMB9B;

QA09_DMB9A_OV
What was that reason?
原因是什麼？

[INTERVIEWER NOTE: CHECK ALL THAT APPLY]
[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]

INCOME.................................................................1
EDUCATION.............................................................2
HEIGHT OR WEIGHT...............................................3
RELIGION...............................................................4
SEXUAL ORIENTATION.............................................5
OTHER (SPECIFY:____________________).................91
REFUSED......................................................................-7
DON'T KNOW................................................................-8

PROGRAMMING NOTE QA09_DMB9B:
IF MORE THAN ONE RESPONSE IN QA09_DMB9A = 1 (YES), CONTINUE WITH QA09_DMB9B AND ONLY DISPLAY “YES” RESPONSES AS CATEGORIES;
ELSE CONTINUE WITH QA09_DMB10

QA09_DMB9B Which of these do you think is the main reason why you have been treated unfairly? Was it because of...
您認為其中哪一個原因是您受到不公平待遇的主要原因？是…

DMB9B

{Your ancestry or national origin}.................................................1
因為你的祖籍或原國籍.................................................1
{{or because of} Your gender or sex}..........................................2
因為你的性別....................................................................2
{{or because of} Your race or skin color}....................................3
因為你的種族或膚色.........................................................3
{{or because of} Your age}..........................................................4
因為你的年齡....................................................................4
{{or because of} The way you speak English} or.........................5
因為你講英語的方式................................................................5
{{or because of} Some other reason}? (Specify:____________).........6
因為OTHER REASON (SPECIFIED): { }.............................6
REFUSED.............................................................................-7
DON'T KNOW.....................................................................-8
QA09_DMB10  In the past 12 months, how stressful have these experiences of unfair treatment usually been for you? Would you say...

在過去十二個月中，這些不公平待遇的經歷通常對你形成多大的壓力？你認為是......

DMB10

Not at all stressful............................................................1
根本沒有壓力，.............................................................1
A little stressful.................................................................2
有一點壓力，.................................................................2
Somewhat stressful or....................................................3
有一些壓力，還是.........................................................3
Extremely stressful?.......................................................4
壓力非常大？.................................................................4
REFUSED............................................................................-7
DON'T KNOW......................................................................-8

PROGRAMMING NOTE QA09_DMC1:
IF RANUM2 ≥ 5000 (VERSION B), DISPLAY, “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMC1  Now, think about your entire lifetime.

Over your entire lifetime, how often have you been treated unfairly {or been discriminated against} at school {because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)}? Would you say...

現在，想一想你的整個一生。在你的整個一生中，你在學校受到不公平待遇的頻率有多高？你認為是......

DMC1

Never.................................................................................1
從來沒有，......................................................................1
Rarely..............................................................................2
極少，..............................................................................2
Sometimes, or..................................................................3
有時，還是......................................................................3
Often?.............................................................................4
經常？.............................................................................4
REFUSED............................................................................-7
DON'T KNOW......................................................................-8
QA09_DMC2  Over your entire lifetime, how often have you been treated unfairly {or been discriminated against} at work {because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)}? Would you say…

在你的整個一生中，你在工作中受到不公平待遇的頻率有多高？你認為是……

DMC2

Never, .............................................................................. 1
從來沒有，........................................................................... 1
Rarely, .................................................................................. 2
極少，.................................................................................... 2
Sometimes, or ....................................................................... 3
有時，還是........................................................................... 3
Often?.................................................................................. 4
經常？.................................................................................. 4
REFUSED............................................................................... -7
DON'T KNOW......................................................................... -8

QA09_DMC3  [Over your entire lifetime,]

…how often have you been treated unfairly {or been discriminated against} when getting medical care {because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)}? Would you say…

[在你的整個一生中，]......你在接受醫療護理時受到不公平待遇的頻率有多高？

DMC3

Never, .............................................................................. 1
從來沒有，........................................................................... 1
Rarely, .................................................................................. 2
極少，.................................................................................... 2
Sometimes, or ....................................................................... 3
有時，還是........................................................................... 3
Often?.................................................................................. 4
經常？.................................................................................. 4
REFUSED............................................................................... -7
DON'T KNOW......................................................................... -8
PROGRAMMING NOTE QA09_DMC4:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMC4  [Over your entire lifetime,]

...how often have you been treated unfairly (or been discriminated against) by the police and the courts (because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1))? Would you say...

[在你的整個一生中，]......你受到警察及法院不公平待遇的頻率有多高？

DMC4

Never.................................................................1
從來沒有，............................................................1
Rarely.................................................................2
極少，.................................................................2
Sometimes, or......................................................3
有時，還是.........................................................3
Often?...............................................................4
經常？...............................................................4
REFUSED..........................................................-7
DON’T KNOW..................................................-8

PROGRAMMING NOTE QA09_DMC5:
IF RANNUM2 ≥ 5000 (VERSION B), DISPLAY “or been discriminated against” and “because you are (FILL IN RACE/ETHNICITY FROM QA09_DMA1)”

QA09_DMC5  [Over your entire lifetime,]

...how often would you say you have been treated unfairly (or been discriminated against) in other situations (because you are (RACE/ETHNICITY FROM QA09_DMA1))? Would you say...

[在你的整個一生中，]......你在其他情況下受到不公平待遇的頻率有多高？

DMC5

Never.................................................................1
從來沒有，............................................................1
Rarely.................................................................2
極少，.................................................................2
Sometimes, or......................................................3
有時，還是.........................................................3
Often?...............................................................4
經常？...............................................................4
REFUSED..........................................................-7
DON’T KNOW..................................................-8
PROGRAMMING NOTE QA09_DMC5_OV:
IF QA09_DMC5 = 3 OR 4 (SOMETIMES OR OFTEN), THEN CONTINUE WITH QA09_DMC5_OV;
ELSE GO TO PN QA09_DMC6A

QA09_DMC5_OV And where did that happen?
這是在哪里發生的？

[INTERVIEWER NOTE: CHECK ALL THAT APPLY]

RESTAURANTS/STORES............................................1
WORK.................................................................2
ON THE STREET OR IN A PUBLIC SETTING.............3
SPECIFIC GEOGRAPHIC LOCATION.....................4
POLICE/COURTS.....................................................5
OTHER: __________________________________________91
REFUSED....................................................................7
DON'T KNOW...........................................................8

PROGRAMMING NOTE QA09_DMC6A:
IF (QA09_DMC1-QA09_DMC5 = 1 (NEVER) AND AT LEAST 1 RESPONSE IN QA09_DMB1-QA09_DMB8 ≠ 1
(NEVER), SKIP TO QA09_DMD1;
ELSE IF ALL RESPONSES TO QA09_DMC1-QA09_DMC5 = 1 (NEVER) AND ALL RESPONSES TO
QA09_DMB1-QA09_DMB8 = 1 AND RANNUM2 ≥ 5000 (VERSION B), SKIP TO DMRESRC1;
ELSE IF ALL RESPONSES TO QA09_DMC1-QA09_DMC5 = 1 (NEVER) AND ALL RESPONSES TO
QA09_DMB1-QA09_DMB8 = 1 AND RANNUM2 < 5000 (VERSION A), SKIP TO DMAININTR2;
ELSE IF VERSION B, THEN SKIP TO QA09_DMC7;
ELSE CONTINUE WITH QA09_DMC6A

QA09_DMC6A Now, I'm going to ask you why you may have been treated unfairly. Please answer the following
questions with a yes or no.
現在，我要向您提出一些為什麼您會受到不公平待遇的問題。請用是或否，來回答
以下的問題。

[CODE ALL THAT APPLY]

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
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</thead>
<tbody>
<tr>
<td>1. Over your entire lifetime, have you been treated unfairly because of your ancestry or national origin?</td>
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<tr>
<td>2. Over your entire lifetime, have you been treated unfairly because of your gender or sex?</td>
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<tr>
<td>3. Over your entire lifetime, have you been treated unfairly because of your race or skin color?</td>
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</tbody>
</table>

[在您整個一生中，您是否曾經因為您的種族或膚色？]......因您的種族或膚色？
4. [Over your entire lifetime, have you been treated unfairly]...because of your age?
   [在您整個一生中，您是否曾經受到不公平待遇？]......因為您的年齡？
   [ ] [ ] [ ] [ ] [ ]

5. [Over your entire lifetime, have you been treated unfairly]...because of the way you speak English?
   e. [在您整個一生中，您是否曾經受到不公平待遇？]......因為您講英語的口音？
   [ ] [ ] [ ] [ ] [ ]

6. [Over your entire lifetime, have you been treated unfairly]...because of some other reason?
   [在您整個一生中，您是否曾經受到不公平待遇？]......因為其他一些原因？
   [ ] [ ] [ ] [ ] [ ]

**PROGRAMMING NOTE QA09_DMC6A_OV:**
*IF DMC6A = 6 (SOME OTHER REASON), SHOW DMC6A_OV*

*QA09_DMC6A_OV*  What was that reason?
   原因是什麼？

*DMB6A_OV*

**[INTERVIEWER NOTE: CHECK ALL THAT APPLY]**

**[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]**

INCOME........................................................................................................1
EDUCATION.................................................................................................2
HEIGHT OR WEIGHT.................................................................................3
RELIGION.................................................................................................4
SEXUAL ORIENTATION............................................................................5
OTHER (SPECIFY) ____________________________.............................91
REFUSED.................................................................................................-7
DON'T KNOW..........................................................................................-8
PROGRAMMING NOTE QA09_DMC6B:
IF MORE THAN ONE RESPONSE IN QA09_DMC6A = 1 (YES), CONTINUE WITH QA09_DMC6B AND ONLY DISPLAY "YES" RESPONSES AS CATEGORIES;
ELSE CONTINUE WITH QA09_DMC7

QA09_DMC6B Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...
您認為其中哪一個原因是在您整個一生中受到不公平待遇的主要原因？是……

DMC6B
{Your ancestry or national origin}.................................................. 1
因為你的祖籍或原國籍.................................................. 1
(or because of) Your gender or sex}............................................. 2
因為你的性別................................................................. 2
(or because of) Your race or skin color}......................................... 3
因為你的種族或膚色........................................................ 3
(or because of) Your age}......................................................... 4
因為你的年齡................................................................. 4
(or because of) The way you speak English} or......................... 5
因為你講英語的方式......................................................... 5
(or because of) Some other reason}? (Specify:____________) 6
因為 OTHER REASON (SPECIFIED): { }............................. 6
REFUSED............................................................................. 7
DON'T KNOW.............................................................................. 8

QA09_DMC7 Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...
在你的整個一生中，這些不公平待遇的經歷通常對你形成多大的壓力？你認為是……

DMC7
Not at all stressful.............................................................. 1
根本沒有壓力，.............................................................. 1
A little stressful............................................................... 2
有一點壓力，................................................................. 2
Somewhat stressful, or..................................................... 3
有一些壓力，還是......................................................... 3
Extremely stressful?.......................................................... 4
壓力非常大？................................................................. 4
REFUSED............................................................................. 7
DON'T KNOW.............................................................................. 8
The next questions ask about how you have responded when you have been treated unfairly over your entire lifetime. Please answer the following questions with a yes or no.

以下的問題是有關在您整個一生中，當您受到不公平待遇時，您通常會怎樣作出回應。請用是或否，來回答以下的問題。

**QA09_DMDINTRO**

Did you work harder to prove them wrong?

您是否通過更加努力工作來證明他們是錯誤的？

**[IF NEEDED, SAY: “Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?”]**

**[IF NEEDED, SAY: 「在您整個一生中，當您受到不公平待遇時，您是否通常都是用這種方式作出回應？」]**

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

**QA09_DMD2**

Did you get angry or get into an argument or physical fight?

您是否會很生氣或者與人爭吵或打架？

**[IF NEEDED, SAY: “Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?”]**

**[IF NEEDED, SAY: 「在您整個一生中，當您受到不公平待遇時，您是否通常都是用這種方式作出回應？」]**

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

**QA09_DMD3**

Did you talk to someone about how you were feeling?

您是否與別人談到自己的感受？

**[IF NEEDED, SAY: “Have you usually reacted that way when you have been treated unfairly?”]**

**[IF NEEDED, SAY: 「在您整個一生中，當您受到不公平待遇時，您是否通常都是用這種方式作出回應？」]**

YES...................................................................................1
NO..................................................................................2
REFUSED........................................................................-7
DON'T KNOW....................................................................-8
QA09_DMD4  Did you pray or meditate about the situation?
您是否禱告或對發生的情況進行反思？

DMD4
[IF NEEDED, SAY: “Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?”]
[IF NEEDED, SAY: 「在您整個一生中，當您受到不公平待遇時，您是否通常都是用這種方式作出回應？」]

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

QA09_DMD5  Did you take drastic steps, such as filling a grievance or a lawsuit, quitting your job, moving away?
您是否採取激烈的措施，例如提出投訴或訴訟、辭職、搬家？

DMD5
[IF NEEDED, SAY: “Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?”]
[IF NEEDED, SAY: 「在您整個一生中，當您受到不公平待遇時，您是否通常都是用這種方式作出回應？」]

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

QA09_DMD6  Did you accept it as a fact of life?
您是否將這種情況作為無法更改的事實來接受？

DMD6
[IF NEEDED, SAY: “Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?”]
[IF NEEDED, SAY: 「在您整個一生中，當您受到不公平待遇時，您是否通常都是用這種方式作出回應？」]

YES...................................................................................1
NO....................................................................................2
REFUSED.................................................................-7
DON'T KNOW..........................................................-8
QA09_DMD7  Did you do something else about it?
您是否還採取其他的行動？

DMD7  
[IF NEEDED, SAY: “Over your entire lifetime, have you usually reacted that way when you have been treated unfairly?”]
[IF NEEDED, SAY: 「在您整個一生中，當您受到不公平待遇時，您是否通常都是用這種方式作出回應？」]

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

PROGRAMMING NOTE QA09_DMD7_OV:
IF QA09_DMD7 = 1 (YES) SHOW QA09_DMD7_OV

QA09_DMD7_OV
And what was that?
是什麼行動？

DMD7_OV

[INTERVIEWER NOTE: CHECK ALL THAT APPLY]

[INTERVIEWER NOTE: DO NOT READ THE RESPONSES]

TALK TO SOMEONE ABOUT HOW YOU WERE FEELING 1
TAKE DRASTIC STEPS, SUCH AS FILING A GRIEVANCE OR A LAWSUIT, QUITTING YOUR JOB, MOVING AWAY.................................................................2
WORK HARDER TO PROVE THEM WRONG........3
ACCEPT IT AS A FACT OF LIFE.................................................4
AVOID/REMOVE YOURSELF FROM SITUATION...........5
OTHER:.........................................................................................91
REFUSED.........................................................................................-7
DON’T KNOW.................................................................................-8
Finally, I would like to ask about your background—that is, your race or ethnicity—to find out how you think of yourself.

最後，我想要詢問你的背景，即你的種族或民族，以便瞭解你看待自己的方式。

Do you think of yourself as {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, or is there some other term that you think better describes you?

您認為自己是 {FILL FROM PREVIOUS ETHNICITY} 還是有任何其他
您認為能更好地描述自己的詞語？
DID THE RESPONDENT REQUEST INFORMATION ABOUT HOW TO REPORT DISCRIMINATION EXPERIENCES?
以下的問題是有關在您整個一生中，當您受到不公平待遇時，您通常會怎樣作出回應。請用是或否，來回答以下的問題。

**YES..........................1**
**NO..........................2** [GO TO QA09_M1]

**PROGRAMMING NOTE DMRESRC1:**
You requested information to learn more about reporting discrimination experiences. We have the number to the office of civil rights. Would you like that number?
您曾經索取有關報告受歧視經歷的進一步詳情。我們有民權辦公室的電話號碼。您希望要該電話號碼嗎？

The number is 415-437-8310. Or, you can visit their website at [www.hhs.gov/ocr/office/index.html](http://www.hhs.gov/ocr/office/index.html). In addition, there is a pre-recorded message with useful information. You can listen to the message by calling a toll-free number, and that number is 800-368-1019.

**PROGRAMMING NOTE DMRESRC2:**
IF DMRECORD = 1, STOP RECORDING (END SEGMENT 2)
Section M – Housing and Social Cohesion

**Housing**

**QA09_M1**

These next questions are about your housing and neighborhood.
以下是有關您的住宅及所在社區的問題。

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
您是住在獨立屋、雙連屋、三單元或多單元建築物還是活動房屋中？

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]
[IF NEEDED, SAY: "雙連屋指有兩個單元的建築物。"]

HOUSE.................................................................................................1
DUPLEX..............................................................................................2
BUILDING WITH 3 OR MORE UNITS..................................................3
MOBILE HOME...................................................................................4
REFUSED............................................................................................-7
DON’T KNOW.....................................................................................-8

**QA09_M2**

Do you own or rent your home?
您是自己擁有住宅還是租用住宅？

OWN........................................................................................................1
RENT.....................................................................................................2
OTHER ARRANGEMENT.......................................................................3
REFUSED............................................................................................-7
DON’T KNOW.....................................................................................-8

**QA09_M3**

About how long have you lived at your current address?
您在目前的地址已大約居住多長時間？

_____________ MONTHS [HR: 1 - AAGEx12MONTHS]
_____________ YEARS [HR: 1 - AAGE]

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

**QA09_M4**

Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

請告訴我您對以下陳述的贊成程度。您是極為贊成、贊成、不贊成還是極不贊成？

People in my neighborhood are willing to help each other.

我所在社區的居民很願意互相幫助。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[INTERVIEWER NOTE: DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- STRONGLY AGREE......................................................1
- AGREE........................................................................2
- DISAGREE.................................................................3
- STRONGLY DISAGREE...................................................4
- REFUSED......................................................................-7
- DON’T KNOW.............................................................-8

**QA09_M5**

People in this neighborhood generally do NOT get along with each other.

本社區的人通常無法和睦相處。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[INTERVIEWER NOTE: DO NOT PROBE A “DON’T KNOW” RESPONSE.]

- STRONGLY AGREE......................................................1
- AGREE........................................................................2
- DISAGREE.................................................................3
- STRONGLY DISAGREE...................................................4
- REFUSED......................................................................-7
- DON’T KNOW.............................................................-8
QA09_M6  People in this neighborhood can be trusted.
本社區的人值得信賴。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: [您是極為贊成、贊成、不贊成還是極不贊成？]]

[INTERVIEWER NOTE: “DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE......................................................1
AGREE............................................................................2
DISAGREE........................................................................3
STRONGLY DISAGREE..................................................4
REFUSED.....................................................................-7
DON’T KNOW..............................................................-8

QA09_M7  You can count on adults in this neighborhood to watch out that children are safe and don’t get in trouble.
您可以依靠本社區的成年人注意孩子們的安全，避免孩子惹麻煩。

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: [您是極為贊成、贊成、不贊成還是極不贊成這項陳述？]]

[INTERVIEWER NOTE: “DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE......................................................1
AGREE............................................................................2
DISAGREE........................................................................3
STRONGLY DISAGREE..................................................4
REFUSED.....................................................................-7
DON’T KNOW..............................................................-8

Safety QA09_M8  Do you feel safe in your neighborhood…
您在居住區附近是⋯⋯感到安全？

[AK28]

All of the time.................................................................1
Most of the time............................................................2
Some of the time, or.....................................................3
None of the time............................................................4
REFUSED.....................................................................-7
DON’T KNOW..............................................................-8
Civic Engagement

PROGRAMMING NOTE QA09_M9:
IF TEEN SELECTED AND NOT ANSWERED IN CHILD ASK QA09_M9;
ELSE GO TO SECTION EM

QA09_M9 In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
在過去十二個月內，您是否曾經做任何義工或不領取報酬的社區服務工作？

AM36

YES..............................................................1
NO..............................................................2
REFUSED....................................................-7
DON'T KNOW.............................................-8
Section EM – Emergency Preparedness Module

Medications

QA09_EM1 Do you take any medicine daily that a doctor prescribed?
您是否每天服用醫生開的處方藥？

EM1

YES.................................................................................1  [GO TO QA09_EM5]
NO...............................................................................2  [GO TO QA09_EM5]
REFUSED.....................................................................7  [GO TO QA09_EM5]
DON'T KNOW.........................................................-8  [GO TO QA09_EM5]

QA09_EM2 Do you have at least an extra two week supply of all the prescription drugs you take every day?
您每天服用的所有處方藥是否至少有兩週額外的藥量？

EM2

YES.................................................................................1  [GO TO QA09_EM5]
NO...............................................................................2  [GO TO QA09_EM5]
REFUSED.....................................................................7  [GO TO QA09_EM5]
DON'T KNOW.........................................................-8  [GO TO QA09_EM5]

QA09_EM3 Could you get an extra two week supply of all of your prescription drugs?
您是否能夠領取處方藥額外兩週的藥量？

EM3

YES.................................................................................1  [GO TO QA09_EM5]
NO...............................................................................2  [GO TO QA09_EM5]
REFUSED.....................................................................7  [GO TO QA09_EM5]
DON'T KNOW.........................................................-8  [GO TO QA09_EM5]

QA09_EM4 What is the main reason you would not be able to get an extra supply of your prescription drugs?
您無法領取處方藥額外藥量的主要原因是什麼？

EM4

REFUSED.....................................................................?  [GO TO QA09_EM5]
DON'T KNOW.........................................................-8  [GO TO QA09_EM5]

Basic Preparedness, Confidence, & Compliance

QA09_EM5 For the next few questions, imagine that a major disaster, such as an earthquake, flood, or terrorist attack were to occur in your county.
在接下來的幾個問題中，想像您所在的縣將要發生一場重大的災害，例如地震、水災或恐怖分子襲擊。

Think about what you have in your home right now. For how many days would you be able to stay in your home, without anyone shopping for additional supplies — 1 to 3 days, 4 to 6 days, 7 to 9 days, or 10 days or more?
請想一想您目前家中的物品。在沒有人去購買額外用品的情況下，您能夠在自己的家中生活多少天 — 1-3 天、4-6 天、7-9 天、10 天還是 10 天以上？

EM5

1 TO 3 DAYS.............................................................1
4 TO 6 DAYS.............................................................2
7 TO 9 DAYS.............................................................3
10 OR MORE DAYS.................................................4
REFUSED.....................................................................7  [GO TO QA09_EM5]
DON'T KNOW.........................................................-8  [GO TO QA09_EM5]
QA09_EM6  How confident are you that your county’s public health system can respond in a way to protect the health of your family and neighbors – very confident, somewhat confident, not too confident or not at all confident?

您對所在縣的公共衛生系統能夠用保護您的家庭和鄰居健康的方式作出回應的信心有多高 — 很有信心、較有信心、不太有信心還是毫無信心？

[IF NEEDED, SAY: “During a major disaster, such as an earthquake, flood, or terrorist attack.”]

[IF NEEDED, SAY: 「在大災難期間，例如地震、水災或恐怖分子襲擊。」]

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QA09_EM7  How confident are you that the County’s public health system will respond fairly to your health needs, regardless of your race, ethnicity, income or other personal characteristics – very confident, somewhat confident, not too confident or not at all confident?

您對所在縣的公共衛生系統能夠對您的健康需求作出正當回應（不考慮您的種族、民族、收入或其他個人特徵）的信心有多高 — 很有信心、較有信心、不太有信心還是毫無信心？

[IF NEEDED, SAY: “During a major disaster, such as an earthquake, flood, or terrorist attack.”]

[IF NEEDED, SAY: 「在大災難期間，例如地震、水災或恐怖分子襲擊。」]

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Section S – Suicide Ideation and Attempts

Suicide Ideation and Attempts

**QA09_S1**  The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.
下一節是有關自我傷害的想法。再說一遍，如果提出的任何問題使您感到不安，您不需要回答。

Have you ever seriously thought about committing suicide?
您是否曾經認真地考慮過自殺？

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**QA09_S2**  Have you seriously thought about committing suicide at any time in the past 12 months?
您在過去十二個月內的任何時間是否認真地考慮過自殺？

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**QA09_S3**  Have you seriously thought about committing suicide at any time in the past 2 months?
您在過去兩個月的任何時間是否曾經認真地考慮過自殺的問題？

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**QA09_S4**  Have you ever attempted suicide?
您是否曾經嘗試過自殺？

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PROGRAMMING NOTE QA09_S5:
IF QA09_S2 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA09_S3 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA09_S3 = 1 AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA09_S5

QA09_S5     Have you attempted suicide at any time in the past 12 months?
             您在過去十二個月內的任何時間是否曾經嘗試過自殺？
             
             **AF89**
             YES.................................................................1
             NO.................................................................2
             REFUSED..................................................................-7
             DON'T KNOW..........................................................-8

SUICIDE RESOURCE:
We have a number you can call if you’d like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).
如果您願意與人談論有關自殺的想法或嘗試自殺的問題，您可以撥打我們的免費電話號碼，會有人每天二十四小時接聽電話，提供幫助您的資訊。

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

POST-NOTE FOR SUICIDE RESOURCE:
IF QA09_S2 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN SKIP TO PN QA09_N1 (NEXT SECTION); ELSE CONTINUE

QA09_S6     Would you like to discuss your thoughts with this person?
             您是否願意與這個人討論您的想法？
             
             **AF90**
             YES.................................................................1 [GO TO SUICIDE PROTOCOL]
             NO.................................................................2 [GO TO PN QA09_N1]
             REFUSED..................................................................-7 [GO TO PN QA09_N1]
             DON'T KNOW..........................................................-8 [GO TO PN QA09_N1]
Section N – Demographic Information Part III and Closing

County of Residence

PROGRAMMING NOTE QA09_N1:
IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA09_N1;
ELSE SKIP TO QA09_N7

QA09_N1  Just a few final questions and then we are done.
最後再有幾個問題，我們就完成了。

To be sure we are covering the entire state, what county do you live in?
為了確保我們把全州都包括在研究範圍內，您住在哪個縣？

AH42

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<td>SANTA BARBARA</td>
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Address Confirmation, Cross Streets, Zip Code

PROGRAMMING NOTE QA09_N2:
IF ADVANCE LETTER SENT, ASK QA09_N2;
IF R’S ADDRESS IS A P.O. BOX, GO TO QA09_N3;
ELSE GO TO QA09_N3

QA09_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. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R’s ADDRESS AND STREET}?

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<tr>
<td>REFUSED</td>
<td>......</td>
</tr>
<tr>
<td>DONT KNOW</td>
<td>......</td>
</tr>
</tbody>
</table>

[GO TO QA09_N6]
**QA09_N3**  What is your zip code?
您的郵遞區號是？

AM7  

________ ZIP CODE

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

**QA09_N4**  To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.
為了幫助我們更好地瞭解您的生活環境以及您的生活環境對您的健康的影響，請告訴我您的住址。我們會對您的住址保密，並在問卷調查全部完成後銷毀。

AO2  

________ HOUSE ADDRESS NUMBER  
________ NAME OF STREET (VERIFY SPELLING)  
________ STREE TYPE  
________ APT. NO

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

**QA09_N5**  Can you tell me just the name of the street you live on?
您是否能夠只告訴我您居住的街道名稱？

AM8  

________________________ NAME OF STREET

REFUSED..................................................-7  [GO TO QA09_N7]
DON'T KNOW..........................................-8  [GO TO QA09_N7]

**QA09_N6**  And what is the name of the street down the corner from you that crosses your street?
在您所住的街道轉角處與您所住的街道交叉的街道名稱是什麼？

AM9  

________________________ NAME OF CROSS-STREET

REFUSED..................................................-7
DON'T KNOW..........................................-8
Based on where you live, your household is eligible for a special follow-up survey about your community sponsored by The California Endowment. If you choose to participate, we will mail you a $10 gift card now and we will interview you again in about 2 years. Your participation is voluntary and all of your contact information will remain confidential.

Do you think you would be willing to do a follow-up survey in 2 years?

- YES.................................................................................................1
- NO.................................................................................................2 [GO TO QA09_N14]
- REFUSED .........................................................................................-7 [GO TO QA09_N14]
- DON'T KNOW .................................................................................-8 [GO TO QA09_N14]

To help us re-contact you in the future, can you tell me your full name?

- FIRST NAME
- LAST NAME
- REFUSED .........................................................................................-7
- DON'T KNOW ..................................................................................-8

Do you have a working cell phone?

- YES.................................................................................................1
- NO.................................................................................................2
- SHARES CELL PHONE .....................................................................3
- REFUSED .........................................................................................-7
- DON'T KNOW ..................................................................................-8

What is your cell phone number?

- PHONE NUMBER
- REFUSED .........................................................................................-7
- DON'T KNOW ..................................................................................-8
QA09_N11 Of all the telephone calls that you receive, are...
在您接聽的所有電話中，是......

AM34

All or almost all calls received on a cell phone,.............. 1
全部或幾乎全部電話在手機上接聽，
Some on cell phones & some on regular phones, or...... 2
部份電話在手機上接聽，部份電話在普通電話上接聽，還是
Very few or none on cell phones........................................ 3
很少或幾乎沒有電話在手機上接聽?
REFUSED....................................................................-7
DON'T KNOW..........................................................-8

QA09_N12 Do you have an email address?

AN12

[IF NEEDED, SAY: “This will only be used if we can’t get a hold of you in the future.”]

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

QA09_N13 What is your email address?

AN13

[IF NEEDED, SAY: “This will only be used if we can’t get a hold of you in the future.”]

______________________E-MAIL ADDRESS [GO TO PN SUICIDE RESOURCE 2]
REFUSED.................................................................-7 [GO TO PN SUICIDE RESOURCE 2]
DON'T KNOW.........................................................-8 [GO TO PN SUICIDE RESOURCE 2]

Cell Phone Use

QA09_N14 Do you have a working cell phone?
您是否有一部正常工作的手機?

AM33

[IF NEEDED, SAY: “I’m not going to ask you for the number.”]
[IF NEEDED, SAY: 「我不想要您的手機號碼。」]

YES.............................................................................1
NO.............................................................................2
SHARES CELL PHONE..................................................3
REFUSED.................................................................-7
DON'T KNOW.........................................................-8
PROGRAMMING NOTE QA09_N15:
IF QA09_N14 = 1 (YES) OR 3 (SHARES CELL PHONE), CONTINUE WITH QA09_N15;
ELSE SKIP TO QA09_N16

QA09_N15 Of all the telephone calls that you receive, are...
在您接聽的所有電話中，是......

AM34

All or almost all calls received on a cell phone,..............1
全部或幾乎全部電話在手機上接聽，..............1
Some on cell phones & some on regular phones, or...2
部份電話在手機上接聽，
部份電話在普通電話上接聽，還是............2
Very few or none on cell phones...............................3
很少或幾乎沒有電話在手機上接聽？..............1
REFUSED..........................................................-7
DON'T KNOW......................................................-8

Follow-Up Survey Permission
QA09_N16 Finally, do you think you would be willing to do a follow-up to this survey some time in the future?
最後，我想問一下您是否願意今後參加本項研究的一次後續調查?

AM10

YES.................................................................1
MAYBE/PROBABLY YES.................................2
DEFINITELY NOT..........................................3
REFUSED..........................................................-7
DON'T KNOW......................................................-8

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA09_S6 = (2, -7, -8), CONTINUE; ELSE SKIP TO PN CLOSE1 AND CLOSE2

SUICIDE RESOURCE 2:
As I mentioned earlier, if you’d like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is 1-800-273-TALK (8255).
我前面已經說過，如果您希望與人談論有關自殺的想法或企圖的問題，有人可以每天二十四小時向您提供資訊，為您提供幫助。該免費電話號碼是 1-800-273-TALK (8255)。

Or you can visit their website at www.suicidepreventionlifeline.org
您也可以查閱他們的網站
www.suicidepreventionlifeline.org。

QA09_N17 Would you like to speak with someone now?
您現在希望與人交談嗎？

AN8

YES.................................................................1
[GO TO SUICIDE PROTOCOL]
NO...............................................................2
[GO TO CLOSE1 AND CLOSE2]
REFUSED..........................................................-7
[GO TO CLOSE1 AND CLOSE2]
DON'T KNOW......................................................-8
[GO TO CLOSE1 AND CLOSE2]
CLOSE1  Let me check to see if there is anyone else. [GO TO HHSELECT]

CLOSE2  Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.

謝謝，非常感謝您花費寶貴的時間，並給予合作。您為一項非常重要的健康調查提供了幫助。

如果您對本項研究有任何問題，請聯絡主研究員 E. Richard Brown 博士，電話號碼 1-866-275-2447。

謝謝，再見！