CHIS 2003 Adult Questionnaire (Chinese)

(Respondents Age 18 and Older)

Version 11.2 December 20, 2012

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- California Department of Health Services
- Public Health Institute

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2005 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
Section A – Demographic Information, Part I

**PROGRAMMING NOTE QA05_A1:**
SET ADATE = CURRENT DATE (YYYYMMDD)

### Age

**QA05_A1**  
What is your date of birth?

你的出生日期是？

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
<th>[GO TO QA05_A5]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[RANGE: 1-12]</td>
<td>[RANGE: 1-31]</td>
<td>[RANGE: 1898-1985]</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

### What month and year were you born?

您在哪年哪月出生？

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
<th>[GO TO QA05_A5]</th>
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</thead>
<tbody>
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<td>[RANGE: 1898-1985]</td>
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</tr>
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</table>

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

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

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

**PROGRAMMING NOTE QA05_A3:**
IF QA05_A1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A3;
ELSE GO TO QA05_A5

### What is your age, please?

請告訴我您的年齡

<table>
<thead>
<tr>
<th>YEARS OF AGE</th>
<th>[GO TO QA05_A5]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[GO TO QA05_A5]</td>
<td></td>
</tr>
</tbody>
</table>

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

DON'T KNOW..............................................................-8
PROGRAMMING NOTE QA05_A4:
IF QA05_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A4;
ELSE GO TO QA05_A5

QA05_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?
您的年齡是在18到29歲、30到39歲、40到44歲、45到49歲、50到64歲之間，還是在65歲或65歲以上？

AA2A

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

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

Gender
QA05_A5 Are you male or female?
您是男性還是女性？

AA3

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

Ethnicity
QA05_A6 Are you Latino or Hispanic?
您是拉丁裔或西裔嗎？

AA4

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

[GO TO PN QA05_A8]
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.

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

MEXICAN/MEXICANO.................................................. 1  
MEXICAN AMERICAN.................................................. 2  
CHICANO................................................................. 3  
SALVADORAN............................................................ 4  
GUATEMALAN............................................................ 5  
COSTA RICAN............................................................. 6  
HONDURAN............................................................... 7  
NICARAGUAN............................................................. 8  
PANAMANIAN............................................................. 9  
PUERTO RICAN........................................................... 10  
CUBAN.................................................................... 11  
SPANISH-AMERICAN (FROM SPAIN)............................ 12  
OTHER LATINO (SPECIFY): _________________________ 91  
REFUSED............................................................... -7  
DON'T KNOW.......................................................... -8

PROGRAMMING NOTE QA05_A8:
IF QA05_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY “You said you are Latino or Hispanic. Also…”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA05_A8, CONTINUE WITH
PROGRAMMING NOTE QA05_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

Race

{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?

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

[CODE ALL THAT APPLY]

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

[GO TO PN QA05_A14 IF ONLY ONE RACE]
[GO TO QA05_A14]
PROGRAMMING NOTE QA05_A9:
IF QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_A9;
ELSE GO TO PROGRAMMING NOTE QA05_A12

QA05_A9  You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.
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 [Ask for spelling] (SPECIFY):_________ 91
REFUSED...................................................................7
DON'T KNOW.............................................................8

QA05_A10  Are you an enrolled member in a federally or state recognized tribe?
您是不是聯邦或州政府認可的部落的一名註冊成員？

AA5C

YES........................................................................1
NO.........................................................................2
REFUSED..................................................................7 [GO TO PN QA05_A12]
DON'T KNOW.............................................................9
### QA05_A11 Which tribe are you enrolled in?

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Apache</td>
<td>AA5D</td>
</tr>
<tr>
<td>Mesqualeo Apache, NM</td>
<td>1</td>
</tr>
<tr>
<td>Apache (Not Specified)</td>
<td>2</td>
</tr>
<tr>
<td>Other Apache [Ask for spelling] (Specify)</td>
<td>91</td>
</tr>
<tr>
<td>Blackfeet</td>
<td></td>
</tr>
<tr>
<td>Blackfoot/Blackfeet</td>
<td>3</td>
</tr>
<tr>
<td>Cherokee</td>
<td></td>
</tr>
<tr>
<td>Western Cherokee</td>
<td>4</td>
</tr>
<tr>
<td>Cherokee (Not Specified)</td>
<td>5</td>
</tr>
<tr>
<td>Other Cherokee [Ask for spelling] (Specify)</td>
<td>92</td>
</tr>
<tr>
<td>Choctaw</td>
<td></td>
</tr>
<tr>
<td>Choctaw Oklahoma</td>
<td>6</td>
</tr>
<tr>
<td>Choctaw (Not Specified)</td>
<td>7</td>
</tr>
<tr>
<td>Other Choctaw [Ask for spelling] (Specify)</td>
<td>93</td>
</tr>
<tr>
<td>Navajo</td>
<td></td>
</tr>
<tr>
<td>Navajo (Not Specified)</td>
<td>8</td>
</tr>
<tr>
<td>Pomo</td>
<td></td>
</tr>
<tr>
<td>Hopland Band, Hopland Rancheria</td>
<td>9</td>
</tr>
<tr>
<td>Sherwood Valley Rancheria</td>
<td>10</td>
</tr>
<tr>
<td>Pomo (Not Specified)</td>
<td>11</td>
</tr>
<tr>
<td>Other Pomo [Ask for spelling] (Specify)</td>
<td>94</td>
</tr>
<tr>
<td>Pueblo</td>
<td></td>
</tr>
<tr>
<td>Hopi</td>
<td>12</td>
</tr>
<tr>
<td>Ysleta Del Sur Pueblo of Texas</td>
<td>13</td>
</tr>
<tr>
<td>Pueblo (Not Specified)</td>
<td>14</td>
</tr>
<tr>
<td>Other Pueblo [Ask for spelling] (Specify)</td>
<td>95</td>
</tr>
<tr>
<td>Sioux</td>
<td></td>
</tr>
<tr>
<td>Oglala/Pine Ridge Sioux</td>
<td>15</td>
</tr>
<tr>
<td>Sioux (Not Specified)</td>
<td>16</td>
</tr>
<tr>
<td>Other Sioux [Ask for spelling] (Specify)</td>
<td>96</td>
</tr>
<tr>
<td>Yaqui</td>
<td></td>
</tr>
<tr>
<td>Pascua Yaqui Tribe of Arizona</td>
<td>17</td>
</tr>
<tr>
<td>Yaqui (Not Specified)</td>
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</tr>
<tr>
<td>Other Yaqui [Ask for spelling] (Specify)</td>
<td>97</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other [Ask for spelling] (Specify)</td>
<td>98</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_A12: IF QA05_A8 = 3 (ASIAN) CONTINUE WITH QA05_A12; ELSE GO TO PROGRAMMING NOTE QA05_A13

QA05_A12  You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

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]

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>BANGLADESHI</td>
<td>1</td>
</tr>
<tr>
<td>BURMESE</td>
<td>2</td>
</tr>
<tr>
<td>CAMBODIAN</td>
<td>3</td>
</tr>
<tr>
<td>CHINESE</td>
<td>4</td>
</tr>
<tr>
<td>FILIPINO</td>
<td>5</td>
</tr>
<tr>
<td>HMONG</td>
<td>6</td>
</tr>
<tr>
<td>INDIAN (INDIA)</td>
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<td>PAKISTANI</td>
<td>13</td>
</tr>
<tr>
<td>SRI LANKAN</td>
<td>14</td>
</tr>
<tr>
<td>TAIWANESE</td>
<td>15</td>
</tr>
<tr>
<td>THAI</td>
<td>16</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>17</td>
</tr>
<tr>
<td>OTHER ASIAN (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 QA05_A13:
IF QA05_A8 = 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA05_A13; ELSE GO TO PROGRAMMING NOTE QA05_A14

QA05_A13  You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

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]

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Code</th>
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<tbody>
<tr>
<td>SAMOAN/AMERICAN SAMOAN</td>
<td>1</td>
</tr>
<tr>
<td>GUAMANIAN</td>
<td>2</td>
</tr>
<tr>
<td>TONGAN</td>
<td>3</td>
</tr>
<tr>
<td>FIJIAN</td>
<td>4</td>
</tr>
<tr>
<td>OTHER PACIFIC ISLANDER (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 QA05_A14:
IF QA05_A6 = 1 (LATINO) AND [QA05_A8= 6 (NATIVE HAWAIIAN) OR QA05_A8= 5 (OTHER PACIFIC ISLANDER) OR QA05_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA05_A8= 3 (ASIAN) OR QA05_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA05_A8= 1 (WHITE) OR QA05_A8 = 91 (OTHER)], CONTINUE WITH QA05_A14;
ELSE IF MULTIPLE RESPONSES TO QA05_A8, QA05_A12, OR QA05_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA05_A14;
ELSE GO TO QA05_A15

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

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

QA05_A14 You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you most identify with?
您選擇了：（ ）在所有這些族裔中，您最認同的是哪一個族裔?

AA5F

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

| MEXICAN/MEXICANO | 1 |
| MEXICAN AMERICAN | 2 |
| CHICANO | 3 |
| SALVADORAN | 4 |
| GUATEMALAN | 5 |
| COSTA RICAN | 6 |
| HONDURAN | 7 |
| NICARAGUAN | 8 |
| PANAMANIAN | 9 |
| PUERTO RICAN | 10 |
| CUBAN | 11 |
| SPANISH-AMERICAN (FROM SPAIN) | 12 |
| LATINO, OTHER SPECIFY | 13 |
| LATINO | 14 |
| NATIVE HAWAIIAN | 16 |
| OTHER PACIFIC ISLANDER | 17 |
| AMERICAN INDIAN OR ALASKA NATIVE | 18 |
| ASIAN | 19 |
| BLACK OR AFRICAN AMERICAN | 20 |
| WHITE | 21 |
| RACE, OTHER SPECIFY | 22 |
| BANGLADESHI | 30 |
| BURMESE | 31 |
| CAMBODIAN | 32 |
| CHINESE | 33 |
| FILIPINO | 34 |
| HMONG | 35 |
| INDIAN (INDIA) | 36 |
| INDONESIAN | 37 |
### QA05_A14 CONTINUED...

<table>
<thead>
<tr>
<th>Language</th>
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<tbody>
<tr>
<td>JAPANESE</td>
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<tr>
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<tr>
<td>VIETNAMESE</td>
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</tr>
<tr>
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</tr>
<tr>
<td>SAMOAN/AMERICAN SAMOAN</td>
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<tr>
<td>GUAMANIAN</td>
<td>51</td>
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<tr>
<td>FIJIAN</td>
<td>53</td>
</tr>
<tr>
<td>PACIFIC ISLANDER, OTHER SPECIFY</td>
<td>55</td>
</tr>
<tr>
<td>BOTH/ALL/MULTIRACIAL</td>
<td>90</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td>95</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### Marital Status

**QA05_A15** Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

您可以現在已婚、與伴侶像婚煙關係一樣同居、喪偶、離婚、分居還是從未結婚？

**AH43**

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Page</th>
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<tbody>
<tr>
<td>MARRIED</td>
<td>1</td>
</tr>
<tr>
<td>LIVING WITH PARTNER</td>
<td>2</td>
</tr>
<tr>
<td>WIDOWED</td>
<td>3</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>4</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>5</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
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<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section B – Health Conditions

QA05_B1 These next questions are about your health. Would you say that in general your health is excellent, very good, good, fair or poor? 以下是有關您的健康的幾個問題。總體而言，您認為您的健康狀況是極好、很好、較好、一般還是很差？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>1</td>
</tr>
<tr>
<td>VERY GOOD</td>
<td>2</td>
</tr>
<tr>
<td>GOOD</td>
<td>3</td>
</tr>
<tr>
<td>FAIR</td>
<td>4</td>
</tr>
<tr>
<td>POOR</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>

Asthma

QA05_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>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA05_B3 Do you still have asthma? 您是否依然患有哮喘病？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</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>
</tr>
</tbody>
</table>

QA05_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>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_B5:
IF QA05_B3= 2, -7, or –8 (NO, REFUSED, DON’T KNOW) AND QA05_B4= 2, -7, or –8 (NO, REFUSED, DON’T KNOW), GO TO QA05_B7;
ELSE CONTINUE WITH QA05_B5

QA05_B5
During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say …

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、短、胸悶或粘痰？您認為是……

AB19

Not at all................................................................. 1
根本沒有................................................................. 1
Less than every month.............................................. 2
每月少於一次...................................................... 2
Every month......................................................... 3
每月................................................................. 3
Every week, or....................................................... 4
每週，還是..................................................... 4
Every day?.......................................................... 5
每天？............................................................... 5
REFUSED.......................................................... -7
DON’T KNOW.................................................... -8

QA05_B6
During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

在過去十二個月中，您是否曾經因哮喘前往醫院急診室或緊急醫護所診？

AH13A

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

QA05_B7
Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

您目前是否每天服用醫生開給您的或是醫生提供給您的控制哮喘的藥物？

AB18

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

[IF NEEDED, SAY: “包括口服藥和吸入劑，但不是用於快速緩解症狀的吸入劑。”]

YES................................................................. 1
NO................................................................. 2
REFUSED.......................................................... -7
DON’T KNOW.................................................... -8
PROGRAMMING NOTE QA05_B8:
IF QA05_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA05_B4 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO PROGRAMMING NOTE QA05_B10
ELSE CONTINUE WITH QA05_B8

QA05_B8  During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say ...

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、氣短、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>Less than every month</td>
<td>2</td>
</tr>
<tr>
<td>Every month</td>
<td>3</td>
</tr>
<tr>
<td>Every week, or</td>
<td>4</td>
</tr>
<tr>
<td>Every day?</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA05_B9  During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

在過去12個月中，您是否曾經由於您的哮喘病前往醫院急診室或緊急護理診所就診？

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

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

QA05_B10  During the past 12 months, how many days of work did you miss due to asthma?

在過去十二個月中，您因為哮喘病有多少天沒有工作？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-365 DAYS</td>
<td>-6</td>
</tr>
<tr>
<td>NOT WORKING</td>
<td>-6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA05_B11  Has a doctor or other health professional ever given you an asthma management plan?
是否曾經有醫生或其它健康專業人員為您制定過一項哮喘管理計劃?

AB43

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

[IF NEEDED, SAY: "哮喘管理計劃是一份列印的表格，告訴您何時改變藥量或藥物類型、何時打電話向醫生洽詢、以及何時前往急診室就診。[INCLUDE NURSES AND ASTHMA EDUCATORS]

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

QA05_B12  Has a doctor ever told you that you have a lung disease other than asthma, such as emphysema or COPD?
是否有醫生曾經告訴您，說您患有哮喘之外的肺病，例如肺氣腫或COPD?

AB62

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

[IF NEEDED, SAY: “COPD 指慢性阻塞性肺病，亦稱為「慢性下呼吸道疾病」。請勿包括結核病（TB）。”]

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

PROGRAMMING NOTE QA05_B13
IF QA05_A5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

Diabetes

QA05_B13  {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?
是否有醫生曾經告訴您患有糖尿病?

AB22

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

[GO TO QA05_B22]

QA05_B14  How old were you when a doctor first told you that you have diabetes?
當醫生第一次告訴您患有糖尿病時，您的年齡多大？

AB23

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

REFUSED ........................................................................ -7
DON’T KNOW ................................................................. -8
QA05_B15 Were you told that you had Type 1 or Type 2 diabetes?
您是否被告知患有一類或二類糖尿病？

AB51

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

[IF NEEDED, SAY: “一類糖尿病是由於體內未產生足夠的胰島素而引起，常見於兒童和年輕人。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
REFUSED................................................................. -7
DON'T KNOW......................................................... -8

QA05_B16 Are you now taking insulin?
您目前在使用胰島素嗎?

AB24

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

QA05_B17 Do you now take diabetic pills to lower your blood sugar?
您目前在服用降血糖的糖尿病藥物嗎？

AB25

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

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

QA05_B18 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.......................................................... -7
DON'T KNOW..................................................... -8
QA05_B19  About how many times in the last 12 months has a doctor checked you for hemoglobin "A one C"?
在過去12個月中．醫生約調查幾次您的血紅蛋白「A one C」?

AB27  [IF R NEVER HEARD OF IT, ENTER 995.]

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

QA05_B20  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

QA05_B21  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間？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

High blood pressure

QA05_B22  Has a doctor ever told you that you have high blood pressure?
有沒有醫生告訴過您患有高血壓?

AB29

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

QA05_B23  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
Cholesterol

QA05_B24  About how long ago did you have your blood cholesterol checked?
您大約多久以前曾經接受血液膽固醇測試？

[AB35]

IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."
IF NEEDED, SAY: "血液膽固醇是血液中的脂肪物質。"

1 TO 12 MONTHS AGO.................................1
13 MONTHS TO 2 YEARS AGO..........................2
25 MONTHS TO 5 YEARS AGO.........................3
MORE THAN 5 YEARS AGO..........................4
NEVER................................................................5 [GO TO QA05_B26]
REFUSED......................................................-7 [GO TO QA05_B26]
DON’T KNOW...............................................-8 [GO TO QA05_B26]

QA05_B25  The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?
您上一次接受膽固醇檢查時，醫生是否告訴您膽固醇高？

[AB36]

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

Heart Disease

QA05_B26  Has a doctor ever told you that you have any kind of heart disease?
有沒有醫生告訴過您患有任何一種心臟病？

[AB34]

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

[GO TO PN QA05_B28]

QA05_B27  Has a doctor ever told you that you have heart failure or congestive heart failure?
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

Stroke

QA05_B28  Has a doctor ever told you that you had a stroke?
是否曾經有醫生告訴過您患有中風？

[AC6]

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

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

是否曾經有醫生告訴您，說您患有某種類型的關節炎、痛風、狼瘡或纖維肌痛?

<table>
<thead>
<tr>
<th>AB64</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>

**Epilepsy**

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

是否有醫生曾經告訴您患有癲癇發作或癲癇病?

<table>
<thead>
<tr>
<th>AB53</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>
<tr>
<td></td>
<td>[GO TO QA05_B35] ..................................................</td>
</tr>
</tbody>
</table>

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

您目前是否在服用任何控制癲癇發作或癲癇病的藥物?

<table>
<thead>
<tr>
<th>AB54</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>

**QA05_B32** How many seizures of any type have you had in the last three months?

在過去三個月中，您曾經有過幾次各類癲癇發作?

<table>
<thead>
<tr>
<th>AB55</th>
<th>[IF R NORMALLY COUNTS “AURAS” AS SEIZURES, ACCEPT THE RESPONSE]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[INSTRUCTION TO INTERVIEWER: If the respondent mentions and counts &quot;auras&quot; as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.]</td>
</tr>
<tr>
<td></td>
<td>NO SEIZURES .................................................................. 0</td>
</tr>
<tr>
<td></td>
<td>ONE SEIZURE .................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>MORE THAN ONE SEIZURE ................................................. 2</td>
</tr>
<tr>
<td></td>
<td>NO LONGER HAVE EPILEPSY/SD ........................................ 3</td>
</tr>
<tr>
<td></td>
<td>REFUSED ..................................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/ NOT SURE .................................................. -8</td>
</tr>
<tr>
<td></td>
<td>[GO TO QA05_B35] ..................................................</td>
</tr>
</tbody>
</table>
QA05_B33  In the past 12 months, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?
在過去12個月中，您是否曾經因癲癇或癲癇發作去看過神經科或癲癇病專科醫生？

AB65

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

QA05_B34  During the past month, to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say...
在上個月中，您的癲癇病或其治療在何種程度上影響了您的正常活動，如工作、上學或與家人或朋友相聚？您認為是...

AB56

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

QA05_B35  During the past 12 months, have you had a flu shot?
在過去12個月中，您是否打過流感防疫針？

AE30

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

Walking for transportation and leisure

QA05_C1 The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.

以下是有關以步代車的問題。請僅包括因辦事或去某個地方步行的情況。我會另外向您提出有關因休閒或運動步行的問題。

During the past seven days, did you walk for at least ten minutes at a time to get some place such as work, school, a store, or restaurant?

在過去七天內，您是否一次至少步行10分鐘去某個地方，例如工作、學校、商店或餐館？

<table>
<thead>
<tr>
<th>AD37</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.</td>
<td>1</td>
</tr>
<tr>
<td>NO.</td>
<td>2 [GO TO QA05_C4]</td>
</tr>
<tr>
<td>UNABLE TO WALK</td>
<td>3 [GO TO QA05_C7]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7 [GO TO QA05_C4]</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8 [GO TO QA05_C4]</td>
</tr>
</tbody>
</table>

QA05_C2 On how many days did you do this?

在過去七天內，您曾經幾次這樣做？

<table>
<thead>
<tr>
<th>AD38</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ DAYS PER WEEK</td>
<td>[IF 0, GO TO QA05_C5]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7 [GO TO QA05_C4]</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8 [GO TO QA05_C4]</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_C3

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

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

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

在那些日子裡，您通常每天步行多長時間？

<table>
<thead>
<tr>
<th>AD39</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ HOURS PER DAY</td>
<td></td>
</tr>
<tr>
<td>____ MINUTES PER DAY</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 QA05_C4

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

QA05_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past seven days did you walk for at least ten minutes at a time for any of these reasons? Please do not include any walking that you already told me about.

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一次至少步行10分鐘？請勿包括您已經告訴我的步行。

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>YES.</td>
<td>1</td>
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<td>NO.</td>
<td>2 [GO TO QA05_C7]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7 [GO TO QA05_C7]</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8 [GO TO QA05_C7]</td>
</tr>
</tbody>
</table>
QA05_C5  On how many days did you do this?
在過去七天內，您曾經幾次這樣做？

AD41

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

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

PROGRAMMING NOTE QA05_C6
IF QA05_C5 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C5 > 1 OR QA05_C5 = -7 OR -8 DISPLAY “usually” and “one of those days”

QA05_C6  How much time did you (usually) spend walking on (one of those days/on that day)?
在那些日子裡，您通常每天步行多長時間？

AD42

[IF NEEDED SAY: “For fun, relaxation, exercise or to walk the dog?”]
[IF NEEDED SAY: “為了娛樂、休閒、運動或溜狗目的？”]

______ HOURS PER DAY
______ MINUTES PER DAY

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

Moderate and vigorous physical activity
QA05_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, swimming, dancing, and gardening.
以下是有關您可能在休息時間從事每次至少延續 10 分鐘的身體活動的 問題，不包括步行。首先，請想一想中等活動量的活動，例如騎自行車、游泳、舞蹈及園藝。

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每次至少延續 10 分鐘的中等活動量的身體活動？請勿包括步行。

AE26

[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 QA05_C10]
REFUSED.............................................................-7  [GO TO QA05_C10]
DON'T KNOW..........................................................-8  [GO TO QA05_C10]
QA05_C8  On how many days did you do this?
您有幾天這樣做？

AE27

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

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

PROGRAMMING NOTE QA05_C9
IF QA05_C8 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”
IF QA05_C8 > 1 DISPLAY “usually” and “one of those days”

QA05_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？

AE27A

[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

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

QA05_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，例如增氧健身操、跑步、英式足球、快速騎自行車或快速游泳。請勿包括步行。

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？

AE24

[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  [GO TO QA05_C13]
REFUSED.................................................................-7  [GO TO QA05_C13]
DON'T KNOW...........................................................-8  [GO TO QA05_C13]
| QA05_C11 | On how many days did you do this?  
您有幾天這樣做？ |
|-----------|-----------------------------------------------------------------|
| AE25      | **[IF 0, GO TO QA05_C13]**

| DAYS PER WEEK | REFUSED…………….………….…………..…………..…………..…………..…………..…………..…………..…………..…………..…………..………….…………..………….………….…………..…………..………….…………..………….…………..…………..………….………….…………..………….…………..………….………….…………..………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….…………..………….………….……...
Dietary Intake

QA05_C14

Now think about all the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

現在，請想一想上個月，即過去的 30 天，您的所有食物或飲料，包括正餐及點心。

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

在過去一個月中，您每天、每週或每個月吃幾次水果？請勿包括果汁。

AE2

[IF NEEDED, SAY: “Your best guess is fine.” “Include fruit mixed with other food, such as cereal or yogurt”]

[IF NEEDED, SAY: "大概估計的次數就可以。包括與其他食物，例如麥片或酸奶，混合在一起的水果。"]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “Was that per day, week or month?”]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "這是每天、每週還是每個月？"]

__________PER DAY
__________PER WEEK
__________PER MONTH

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

QA05_C15

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

在過去一個月中，您每天、每週或每個月吃幾次綠葉菜或生菜沙拉？

AE6

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

[IF NEEDED, SAY: 請包括菠菜沙拉。大概估計的次數就可以。]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “Was that per day, week or month?”]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "這是每天、每週還是每個月？"]

__________PER DAY
__________PER WEEK
__________PER MONTH

REFUSED ............................................................. -7
DON’T KNOW ....................................................... -8
During the past month, how many times did you eat French fries, home fries or hash browns?

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

[IF NEEDED, SAY: “請勿包括炸薯片。”]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: “Was that per day, week or month?”]

PER DAY

PER WEEK

PER MONTH

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

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

During the past month, how many times did you eat other white potatoes?

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

PER DAY

PER WEEK

PER MONTH

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

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

During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

[IF NEEDED, SAY: “Include red, black, white, pinto, or soy beans or lentils cooked in the same way.”]

[IF NEEDED, SAY: “請包括以相同方式烹調的紅豆、黑豆、白豆、斑豆、黃豆或小扁豆。”]
QA05_C19  During the past month, how many times did you eat any vegetables other than the foods you already told me about.
在過去一個月中，您吃過幾次其他蔬菜？請不要包括您已經告訴我的食物。

AE7

[IF NEEDED, SAY: "Such as tomatoes, carrots, onions, bell peppers, zucchini, or broccoli."]
[IF NEEDED, SAY: "例如番茄、胡蘿蔔、洋蔥、柿子椒、西葫蘆或綠花椰菜。"]

[IF STRONGLY NEEDED, SAY: "Rice is not a vegetable."]
[IF STRONGLY NEEDED, SAY: "米飯不是蔬菜。"]

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

QA05_C20  During the past month, how many times did you drink soda such as coke or 7-up? Do not include diet soda.
在過去一個月中，您喝過幾次可樂或七喜之類的汽水？請勿包括減肥汽水。

AC11

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

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

QA05_C21  During the past month, how many times did you drink 100% fruit juice such as orange or apple juice?
在過去一個月中，您喝過幾次純果汁，例如橙汁或蘋果汁？

AE1

[IF NEEDED, SAY: "Only include 100% fruit juices. Your best guess is fine."]
"請僅包括純果汁。大概估計的次數就可以。"

PER DAY
PER WEEK
PER MONTH
REFUSED......................................................... -7
DON'T KNOW.................................................. -8
QA05_C22  During the past month, how many times did you drink fruit-flavored drinks such as lemonade, Sunny Delight, or Kool-aid? Do not include diet drinks.
在過去一個月中，您曾經幾次喝果味飲料？例如檸檬水、Sunny Delight 或 Kool-aid？請勿包括減肥飲料。

AC12  [IF NEEDED, SAY: “Do not include yogurt drinks or mineral water.”]
[IF NEEDED, SAY: “請勿包括酸奶飲料或礦泉水。”]

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

__________ PER DAY
__________ PER WEEK
__________ PER MONTH

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

QA05_C23  During the past month, how many times did you eat cake, pie, brownies or cookies? Include low-fat kinds.
在過去一個月中，您曾經幾次吃蛋糕、甜餡餅、巧克力餅或甜餅？包括 低脂甜點。

AC13  [IF NEEDED, SAY: “Include ANY sweet pastries.” “Do not include sugar-free kinds.”]
[IF NEEDED, SAY: "包括任何甜點。請勿包括無糖點心。"]

__________ PER DAY
__________ PER WEEK
__________ PER MONTH

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

QA05_C24  During the past month, how many times did you eat ice cream or other frozen desserts? Include low-fat kinds.
在過去一個月中，您曾經幾次吃冰淇淋或其他冷凍甜點？包括低脂冷凍 甜點。

AC14  [IF NEEDED, SAY: “Do not include sugar-free kinds. Your best guess is fine.”]
[IF NEEDED, SAY: “請勿包括無糖冷凍甜點。給出您的最佳估計數字 即可。”]

[IF STRONGLY NEEDED, SAY: “Other examples are frozen yogurt and popsicles.”]
[IF STRONGLY NEEDED, SAY: “其他例子包括冷凍酸奶及冰棒。”]

__________ PER DAY
__________ PER WEEK
__________ PER MONTH

REFUSED.......................................................... -7
DON'T KNOW.................................................. -8
QA05_C25INTRO
Do you now take any of the following types of medications regularly, that is, at least 3 times a week?
您目前是否定期服用以下任何一种药物，即每週至少服用三次？

AC15

QA05_C25 Aspirin, Bayer, Bufferin, or Excedrin?
您目前是否定期服用以下任何一种药物，即每週至少服用三次？

AC15A

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C26 Advil, Ibuprofen, Motrin, or Nuprin.
您目前是否定期服用以下任何一种药物，即每週至少服用三次？

AC15B

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C27 Aleve, Naprosyn, Naproxen, or Celebrex?
您目前是否定期服用以下任何一种药物，即每週至少服用三次？

AC15C

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

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

QA05_C28 Have you taken any of these kinds of medications regularly for the last 3 months?
您在过去三个月中是否定期服用任何此類藥物？

AC16

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

**QA05_C29**  
Now, I am going to ask about various health behaviors.  
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>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_C30**  
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>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERY DAY</td>
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</tr>
<tr>
<td>SOME DAYS</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</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_C31**  
On the average, how many cigarettes do you now smoke a day?  
您目前平均每天抽多少枝煙？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ NUMBER OF CIGARETTES</td>
<td>[GO TO QA05_C33]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_C32**  
In the past 30 days, when you smoked, how many cigarettes did you smoke per day (on the days you smoked)?  
在過去三十天中，當您抽煙時 (在您抽煙的日子裡)，您每天抽多少枝煙？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ NUMBER OF CIGARETTES</td>
<td>[HR: 0 – 120]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA05_C33 Is smoking ever allowed inside your home? 你們家中是否允許抽煙？

| AC17 | YES................................................................... 1 |
|------|-------------------------------------------------
|      | NO................................................................  2 [GO TO QA05_C35] |
|      | REFUSED..................................................-7 [GO TO QA05_C35] |
|      | DON'T KNOW...............................................-8 [GO TO QA05_C35] |

QA05_C34 On average, about how many days per week is there smoking inside your home? 一週平均大約有幾天有人在您家中的任何地方抽煙？

<table>
<thead>
<tr>
<th>AD34</th>
<th>RARELY OR LESS THAN 1 DAY PER WEEK........1</th>
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<tbody>
<tr>
<td></td>
<td>_____DAYS (1-7).......................................... 2</td>
</tr>
<tr>
<td></td>
<td>REFUSED..................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW...............................................-8</td>
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</tbody>
</table>

Alcohol use QA05_C35 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? 在過去三十天中，您是否曾經至少飲用過一份含酒精飲料，例如啤酒、葡萄酒、葡萄涼酒或烈酒？

| AE11 | YES................................................................... 1 |
|------|-------------------------------------------------
|      | NO................................................................  2 |
|      | REFUSED..................................................-7 [GO TO QA05_D1] |
|      | DON'T KNOW...............................................-8 |

QA05_C36 During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average? 在過去三十天中，您每週或每月平均有多少天飲用任何含酒精飲料？

<table>
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<th>_____DAYS PER WEEK</th>
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<tr>
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<td>_____DAYS PER MONTH</td>
</tr>
<tr>
<td></td>
<td>REFUSED..................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW...............-8</td>
</tr>
</tbody>
</table>

QA05_C37 On the days when you drank, about how many drinks did you drink on the average? 在喝酒的天數裡，您平均每會喝多少份酒？一份酒指一罐或一瓶啤酒、一杯葡萄酒、一罐或一瓶涼酒、一杯雞尾酒或一劑烈酒。

<table>
<thead>
<tr>
<th>AE13</th>
<th>[IF NEEDED, SAY: A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_____NUMBER OF DRINKS</td>
</tr>
<tr>
<td></td>
<td>REFUSED..........................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW....................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_C38
IF QA05_A5 = 1 (MALE) CONTINUE WITH QA05_C38;
ELSE GO TO QA05_C39

QA05_C38  Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? 請計入在過去三十天中飲用的各類含酒精飲料，您大約有多少次一次飲用四份或四份以上飲料？

AE14

_____ NUMBER OF TIMES

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

[GO TO QA05_D1]

QA05_C39  Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 4 or more drinks on an occasion? 在過去三十天內，您大約幾次同時飲用四份或以上的酒？請包括所有類型的含酒精飲料。

AE14A

_____ NUMBER OF TIMES

NONE.................................................................0
REFUSED......................................................-7
DON'T KNOW..............................................-8
Section D – General Health, Disability, and Sexual Health

General health
QA05_D1  Now, I am going to ask about your health over the past 30 days.
    現在，我想提出幾個有關您在過去三十天的健康狀況的問題。
    Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
    請想一想您的身體健康狀況，包括身體疾病和受傷，在過去三十天中，您有多少天身體健康狀況不佳？

    [IF NEEDED, SAY: “On how many days was your physical health not good?”]
    [IF NEEDED, SAY: “您有多少天身體健康狀況不佳？”]

    _____ NUMBER OF DAYS
    NONE.................................................................0
    REFUSED..........................................................-7
    DON’T KNOW......................................................-8

QA05_D2  Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
    現在，請想一想您的精神健康狀況，包括壓力、憂鬱及情緒問題，在過去三十天中，您有多少天精神健康狀況不佳？

    [IF NEEDED, SAY: “Mental health includes stress, feeling sad or not feeling like yourself. On how many days was your mental health not good?”]
    [IF NEEDED, SAY: “精神健康包括壓力、悲傷或感覺異常。您有多少天精神健康狀況不佳？”]

    _____ NUMBER OF DAYS
    NONE.................................................................0
    REFUSED..........................................................-7
    DON’T KNOW......................................................-8

QA05_D3  During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
    在過去三十天中，您大約有多少天因為身體或精神健康狀況不佳而無法從事日常活動，例如自我照護、工作或娛樂？

    [IF NEEDED, SAY: “On how many days did poor health keep you from doing your usual things, such as taking care of yourself, working, and having fun?”]
    [IF NEEDED, SAY: “您有多少天因為健康狀況不佳而無法從事日常活動，例如照料自己、工作和娛樂？”]

    _____ NUMBER OF DAYS
    NONE.................................................................0
    REFUSED..........................................................-7
    DON’T KNOW......................................................-8
Height and Weight

QA05_D4  These next questions are about your height and weight.
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?

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

\[
\begin{array}{ccc}
\text{FEET} & \text{INCHES} & \text{MTS} & \text{CM} \\
\hline
\text{REFUSED} & \text{DON'T KNOW} & -7 & -8
\end{array}
\]

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

QA05_D5  {When not pregnant, how/How} much do you weigh without shoes?
您不穿鞋時體重是多少?

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

\[
\begin{array}{ccc}
\text{POUNDS} & \text{MTS} & \text{CM} \\
\hline
\text{REFUSED} & \text{DON'T KNOW} & -7 & -8
\end{array}
\]

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

QA05_D6  How much did you weigh at age 18?
您在 18 歲時體重有多少?

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

\[
\begin{array}{ccc}
\text{POUNDS} & \text{MTS} & \text{CM} \\
\hline
\text{REFUSED} & \text{DON'T KNOW} & -7 & -8
\end{array}
\]
Disability
QA05_D7  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
REFUSED......................................................-7
DON'T KNOW...............................................-8

[GO TO QA05_D9]

QA05_D8  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

PROGRAMMING NOTE QA05_D9:
IF QA05_C1 = 3 (UNABLE TO WALK), CODE QA05_D9 = 1 AND GO TO QA05_D10;
ELSE CONTINUE WITH QA05_D9

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

QA05_D10  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

QA05_D11  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？

AD52

YES.................................................................1
NO.................................................................2
REFUSED......................................................-7
DON'T KNOW...............................................-8
QA05_D12  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?

AD53  
YES.................................................................1
NO...............................................................2
REFUSED....................................................-7
DON’T KNOW..............................................-8

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

QA05_D13  Any difficulty working at a job or business?
工作或從事業務方面遇到任何困難?

AD54  
YES.................................................................1
NO...............................................................2
REFUSED....................................................-7
DON’T KNOW..............................................-8

QA05_D14  Do you have a physical or mental condition that has kept you from working for at least a year?
您有沒有身體或精神障礙，導致您至少一年無法工作？

AL8A  
[IF NEEDED, SAY “Current condition”]

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

PROGRAMMING NOTE QA05_D15:
IF AAGE > 70 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D15

Sexual partners, orientation

QA05_D15  We are asking a few questions about people’s sexual experiences. All answers will be kept private.
我們會提出幾個有關性經歷的問題。所有的答案都會予以保密。

AD43  
In the past 12 months, how many sexual partners have you had?
在過去十二個月中，您有過幾位性伴侶?

NUMBER OF SEXUAL PARTNERS.......................... [GO TO PN QA05_D17]
REFUSED....................................................-7 [GO TO PN QA05_D17]
DON’T KNOW..............................................-8
QA05_D16  Can you give me your best guess?
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]

NUMBER OF PARTNERS
1 PARTNER.................................................................1
2-3 PARTNERS..........................................................2
4-5 PARTNERS..........................................................3
6-10 PARTNERS.........................................................4
MORE THAN 10 PARTNERS............................................5
REFUSED.....................................................................-7
DON'T KNOW............................................................-8

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

QA05_D17  {Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?
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
QA05_D18

{The next question is about sexual orientation. All answers will be kept private.} Do you think of yourself as straight or heterosexual, as gay {, lesbian} or homosexual, or bisexual? 香港認為自己是異性戀、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 |

HIV testing, testing for other sexually transmitted diseases

QA05_D19 Have you ever been tested for HIV, the virus that causes AIDS? 您是否曾經接受過艾茲病病毒 HIV 測試?

AD55

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

PROGRAMMING NOTE QA05_D20:

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

QA05_D20 Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months, have you been tested for a sexually transmitted disease? 現在，請想一想除 HIV 之外的其他性病。在過去 12 個月中，您是否曾經接受性病測試?

AD47

| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |
Section E – Women’s Health

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

QA05_E1 These next questions are about women's health. 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?

<table>
<thead>
<tr>
<th>AD1</th>
<th>____ AGE [HR: 6-27]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER STARTED MENSTRUAL CYCLE...........96</td>
</tr>
<tr>
<td></td>
<td>REFUSED.................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW/REMEMBER......................-8</td>
</tr>
</tbody>
</table>

QA05_E2 Have you ever given birth to a live infant?
您是否曾經生育存活的嬰兒?

<table>
<thead>
<tr>
<th>AD2</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>

QA05_E3 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>AD3</th>
<th>_____ YEARS OLD ..............................1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED.....................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.................................-8</td>
</tr>
</tbody>
</table>

QA05_E4 In what year was your first child born?
您的第一個孩子是在哪一年出生的?

<table>
<thead>
<tr>
<th>AE55</th>
<th>_____ YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED..........-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.....-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_E5
IF AGE<30 GO TO PROGRAMMING NOTE QA05_E7
ELSE CONTINUE WITH QA05_E5

QA05_E5 Have you had a hysterectomy?
你過去有沒有做過子宮切除手術？

AD12
[IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."]
[IF NEEDED, SAY: "子宮切除手術是把子宮切掉, 而不是只把你的輸卵管扎起來以防止懷孕。"]

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

QA05_E6 Were your ovaries removed?
你有沒有做過手術把卵巢切除？

AD12A

YES.................................................................1
NO...............................................................2
ONE OVARY REMOVED....................................3
REFUSED.......................................................-7
DON'T KNOW...............................................-8

PROGRAMMING NOTE QA05_E7:
IF AGE >49 GO TO QA05_E8

Pregnancy and births

QA05_E7 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
**Pap smear test**

**QA05_E8**  Have you ever had a Pap smear test to check for cervical cancer?

您是否曾经接受巴氏宫颈塗片测试，检查是否患子宫颈癌？

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>............................................................1</td>
<td>[GO TO PN QA05_E11]</td>
</tr>
<tr>
<td>NO</td>
<td>...............................................................2</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.........................................................-7</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>..................................................-8</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
</tbody>
</table>

**QA05_E9**  How many Pap smear tests have you had in the last 6 years?

在過去六年中，您接受了幾次巴氏宮頸塗片測試？

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAP SMEARS</td>
<td>[HR: 0-99]</td>
<td></td>
</tr>
<tr>
<td>NONE</td>
<td>............................................................0</td>
<td>[GO TO PN QA05_E11]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.........................................................-7</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>..................................................-8</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
</tbody>
</table>

**QA05_E10**  How long ago did you have your most recent Pap smear test?

您最近一次做巴氏塗片測試是在多久前？

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A YEAR AGO OR LESS</td>
<td>..................................................1</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>MORE THAN 1 UP TO 2 YEARS AGO</td>
<td>........................................2</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>MORE THAN 2 UP TO 3 YEARS AGO</td>
<td>..........................................3</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>MORE THAN 3 UP TO 5 YEARS AGO</td>
<td>..........................................4</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>........................................5</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.........................................................-7</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>..................................................-8</td>
<td>[GO TO PN QA05_E13]</td>
</tr>
</tbody>
</table>

**QA05_E11**  In the past 12 months, has a doctor recommended that you have a Pap smear?

在過去12個月中，是否有醫生建議您接受巴氏宮頸塗片測試？

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>............................................................1</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>...............................................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>.........................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>..................................................-8</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_E12:
IF QA05_E11 = 1 (DOCTOR REC PAP SMEAR) AND ((QA05_E10 > 3 (NO PAP SMEAR WITHIN LAST 3 YEARS) OR QA05_E9=0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA05_E8=2 (NEVER HAD PAP SMEAR))
CONTINUE WITH QA05_E12
   IF QA05_E8 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear";
   IF QA05_E10 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE GO TO PROGRAMMING NOTE QA05_E13

QA05_E12 What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}?
您在過去三年中沒有接受巴氏宮頸塗片測試的#一個\最主要原因是什麼?

AD10
NO REASON/NEVER THOUGHT ABOUT IT.............1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST........2
DOCTOR DIDN'T TELL ME I NEEDED IT..............3
HAVEN'T HAD ANY PROBLEMS........................4
PUT IT OFF/LAZINESS..................................5
TOO EXPENSIVE/NO INSURANCE/COST................6
TOO PAINFUL, UNPLEASANT,
OR EMBARRASSING........................................7
HYSTERECTOMY.................................................8
DON'T HAVE A DOCTOR.......................................9
OTHER..................................................................91
REFUSED..........................................................-7
DON'T KNOW......................................................-8

PROGRAMMING NOTE QA05_E13:
IF AAGE < 30 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA05_F1;
ELSE CONTINUE WITH QA05_E13 (INCLUDE WOMEN WITH AGE UNKNOWN)
Mammography
QA05_E13 In the past 12 months, has a doctor examined your breasts for lumps?
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: “這是指醫生用手觸摸乳房，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
QA05_E14  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 squeezing 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 QA05_E24]

REFUSED............................................................................-7 [GO TO PN QA05_E27]
DON'T KNOW.....................................................................-8 [GO TO PN QA05_E27]

QA05_E15  How many mammograms have you had in the last 6 years? Your best estimate is fine.
在過去六年中，您做過幾次乳房 X 光照片？大概估計的次數就可以。

AD16  
_____ MAMMOGRAMS       [HR: 0-99]

NONE..................................................................................0 [GO TO QA05_E18]
REFUSED...........................................................................-7
DON'T KNOW.....................................................................-8

QA05_E16  How long ago did you have your most recent mammogram?
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 [GO TO QA05_E18]
MORE THAN 3 UP TO 5 YEARS AGO.................................4 [GO TO QA05_E18]
MORE THAN 5 YEARS AGO..............................................5 [GO TO QA05_E18]
REFUSED...........................................................................7 [GO TO PN QA05_E27]
DON'T KNOW.....................................................................8 [GO TO PN QA05_E27]
Tell me the main reason you had a mammogram. Was it...

[IF NEEDED, SAY: “The main reason is the most important reason.”]

[IF NEEDED, SAY: “主要原因是指最重要的原因。”]

Part of a routine exam .................................................... 1
Because of a specific breast problem ........................... 2
A follow up to a previously identified breast problem .... 3
Or due to family history? ............................................. 4

Have you ever had a mammogram where the results were not normal?

[GO TO PN QA05_E24]

Have you ever had an operation to remove a lump from your breast?

[GO TO PN QA05_E22]

Did the lump turn out to be cancer?

QA05_E21 How many breast operations have you had to remove a lump that wasn’t cancer?
您曾經幾次接受移除#不是\癌症腫塊的乳房手術?

AD22 [NOTE: THE CONCERN IS WITH LUMPS THAT ARE NOT CANCEROUS.]

NUMBER OF OPERATIONS [HR: 0-20; SR: 0-5]
REFUSED..........................................................-7
DON’T KNOW...................................................-8

QA05_E22 Did you have any other tests and/or surgery when your mammogram was not normal?
當您的乳房 X 光照片#不\正常時，您是否接受任何其他測試及\或\手術?

AD23

YES.......................................................................1
NO.......................................................................2 [GO TO PN QA05_E24]
REFUSED..........................................................-7 [GO TO PN QA05_E24]
DON’T KNOW...................................................-8 [GO TO PN QA05_E24]

QA05_E23 What additional tests and/or surgery did you have?
您還接受了哪些其他測試及\或\手術?

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

[PROBE: "Any other?"] [PROBE: "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 QA05_E24:
IF QA05_E14 =2 OR QA05_E15 =0 OR QA05_16 > 2 (NO MAMMOGRAM IN PAST 2 YEARS) CONTINUE WITH QA05_E24
ELSE GO TO PROGRAMMING NOTE QA05_E25

QA05_E24 In the past 12 months has a doctor recommended that you have a mammogram?
在過去 12 個月中，是否有醫生建議過您做乳房 X 光照片?

AD26

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

QA05_E25  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\做過乳房 X 光照片的#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
PROGRAMMING NOTE QA05_E26
IF QA05_E16 = 1 OR 2 (MOST RECENT MAMMOGRAM WITHIN LAST 2 YEARS) CONTINUE WITH QA05_E26;
ELSE GO TO PROGRAMMING NOTE QA05E_27

QA05_E26  Was your most recent mammogram recommended by a doctor?
您最近一次做的乳房 X 光照片是否由医生建议?

AE50

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

PROGRAMMING NOTE QA05_E27_INTRO
IF AGE<34 GO TO PROGRAMMING NOTE QA05_F1
ELSE CONTINUE WITH QA05_E27

QA05_E27_INTRO  Are you currently taking any of the following medications?
您目前是否在服用以下任何一種藥物?

PROGRAMMING NOTE QA05_E27
IF AGE>44 CONTINUE WITH QA05_E27
ELSE GO TO QA05_E28

QA05_E27  Hormone replacement therapy?
您目前是否因更年期在服用荷爾蒙補充藥物或 HRT?

AD28

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

QA05_E28  Tamoxifen or Molvadex?
Tamoxifen 或 Molvadex?

AE51

YES.................................................................1
NO.................................................................2
REFUSED.....................................................-7
DON'T KNOW...............................................-8
PROGRAMMING NOTE QA05_E29
IF AGE>44 CONTINUE WITH QA05_E29
ELSE GO TO QA05_E30

QA05_E29  Raloxifen or Evista?
          Raloxifen 或 Evista?

AE52
YES...................................................................................1
NO....................................................................................2
REFUSED........................................................................-7
DON'T KNOW..............................................................-8

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

QA05_E30  Birth control pills, the patch, or birth control shots?
          避孕藥、避孕貼片或避孕針?

AE53
YES...................................................................................1
NO....................................................................................2
REFUSED........................................................................-7
DON'T KNOW..............................................................-8
Section F – Cancer History and Prevention

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

Cancer history
QA05_F1  {Besides the breast cancer you told me about,} Has a doctor ever told you that you had a cancer of any kind?
您的醫生是否曾經告訴您患有任何類型的癌症？

AF1

YES.................................................................1
NO.............................................................2
REFUSED..................................................-7  [GO TO PN QA05_F7]
DON'T KNOW.............................................-8

QA05_F2 What kind of cancer was it?
是哪一種癌症？

AF2

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎?"]

BLADDER.........................................................1
BLOOD..........................................................2
BONE............................................................3
BRAIN...........................................................4
BREAST.........................................................5
CERVIX..........................................................6
COLON..........................................................7
ESOPHAGUS................................................8
GALLBLADDER...............................................9
KIDNEY........................................................10
LARYNX-WINDPIPE.......................................11
LEUKEMIA....................................................12
LIVER...........................................................13
LUNG............................................................14
LYMPHOMA...................................................15
MOUTH/TONGUE/LIP.....................................16
OVARY........................................................17
PANCREAS....................................................18
PROSTATE.....................................................19
RECTUM........................................................20
SKIN............................................................21
SOFT TISSUE (MUSCLE OR FAT)......................24
STOMACH......................................................25
TESTIS..........................................................26
THROAT-PHARYNX........................................27
THYROID.......................................................28
UTERUS........................................................29
OTHER..........................................................91
REFUSED.....................................................-7
DON'T KNOW...............................................-8
PROGRAMMING NOTE QA05_F3:
IF QA05_F2 = 5 (BREAST CANCER) OR QA05_E20 = 1 (BREAST CANCER), CONTINUE WITH QA05_F3; ELSE GO TO PROGRAMMING NOTE QA05_F5

QA05_F3  Tell me how you first found out about your breast cancer. Was it by…
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........................................5
透過乳房 X 線照片發現的，還是...............................5
Or Some other way? (IF OTHER, SPECIFY):_____91
用其他方法發現的？......................................................91
REFUSED............................................................................-7
DON'T KNOW...................................................................-8

QA05_F4  Was your breast cancer diagnosed at an early or late stage?
您的乳癌是在早期還是晚期診斷出來的？

AF52
EARLY STAGE (STAGE 1 OR 2)..............................1
LATE STAGE (STAGE 3 OR 4).................................2
REFUSED..........................................................-7
DON'T KNOW.....................................................-8
PROGRAMMING NOTE QA05_F5:
IF QA05_F2 = 21 (SKIN CANCER), CONTINUE WITH QA05_F5;
ELSE GO TO QA05_F6

QA05_F5
Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?
您提到的皮膚癌是黑斑瘤、非黑斑瘤還是不明種類的癌症？

AF2A

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: “還有其他的嗎?” ]

[IF NEEDED, SAY “Melanoma is a serious form of skin cancer that usually begins as skin moles. Non-melanoma skin cancers are a more common but less serious form of skin cancer.”

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

QA05_F6
How old were you when cancer was first diagnosed?
第一次診斷出你有癌症時，你幾歲？

AF3

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

______ AGE IN YEARS [HR: 1 THRU AAGE OR (105) IF AAGE = -7]]
REFUSED......................................................................-7
DON’T KNOW................................................................-8
Family History of Cancer

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

以下是關於您的癌症家族史的問題。家族僅指與您有血緣關係的親屬，包括同母異父及同父異母兄弟及姐妹。

First, have any of your grandparents ever had cancer of any kind?

首 先，您的祖父、外祖父、祖母或外祖母是否曾經患過任何類型的癌症？

AP7

[IF NEEDED, SAY: "We want you to include information about both living and deceased blood relatives. Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]

[IF NEEDED, SAY: “我們希望您包括有關在世及已去世有血緣關係親屬的信息。請勿包括因婚姻關係構成的家庭成員（例如繼父或異父異母姐 妹）或領養的家庭成員。”]

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

QA05_F8 Have any of your parents' brothers or sisters, that is, your uncles or aunts, ever had cancer of any kind?

您的父母的兄弟或姐妹（即您的伯伯、叔叔、舅舅或姑媽、姨媽）中是否有人曾經患過任何類型的癌症？

AP8

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

QA05_F9 Has your father or mother, or have any of your {brothers or sisters/brothers, sisters, sons, or daughters} ever had cancer of any kind?

您的父親或母親或者您的任何(兄弟或姐妹/兄弟或姐妹、兒子或女兒) 是否曾經患過任何類型的癌症？

AP9

YES..............................................................................................1
NO...............................................................................................2
REFUSED....................................................................................-7
DON'T KNOW................................................................................-8
Have any of your female relatives been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?

您的這些女性親屬中是否有人曾經被診斷患有乳癌、卵巢癌、子宮癌、結腸癌或直腸癌？

AP10

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

PROGRAMMING NOTE QA05_F11:
IF QA05_F7 NE 2, DISPLAY "grandmother"
IF QA05_F8 NE 2, DISPLAY "aunt"
IF QA05_F9 NE 2, DISPLAY "mother and sister"
IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY "daughter"

QA05_F11 Which female relatives have been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?
Was it your...

哪幾位女性親屬曾經被診斷患有乳房癌、卵巢癌、子宮癌、結腸癌或直腸癌？是您的……

AP11

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

Grandmother(s).............................................................1
祖母（外祖母）？ .....................................................1
Aunt(s)..............................................................................2
姑媽（姨媽）？ .............................................................2
Mother .................................................................................3
母親？ ..........................................................................3
Sister(s)............................................................................4
姐妹？ ..........................................................................4
Daughter(s).......................................................................5
女兒？ ..........................................................................5
REFUSED...........................................................................7
DON'T KNOW.....................................................................8
PROGRAMMING NOTE QA05_F12:
IF QA05_F11=1 (GRANDMOTHER), CONTINUE WITH QA05_F12;
ELSE GO TO PN QA05_F19

QA05_F12 Is the grandmother on your mother’s or father’s side, or both?
是您的祖母、外祖母還是二者都是?

AP12

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

PROGRAMMING NOTE QA05_F13
IF QA05_F12 = 3 DISPLAY “First tell me about your mother’s mother.”

QA05_F13 {First tell me about your mother’s mother.} Did she have cancer of the breast, ovary, uterus, colon, or rectum?
她是否曾經患乳癌、卵巢癌、子宮癌、結腸癌或者直腸癌?

AP13

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎?"]

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

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

QA05_F14 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
她是否在 50 歲之前被診斷患有癌症?

AP14

YES...............................................................1
NO.................................................................2
REFUSED..........................................................-7
DON’T KNOW.......................................................-8
PROGRAMMING NOTE QA05_F15
IF QA05_F14 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F13 CONTINUE WITH QA05_F15
ELSE GO TO PROGRAMMING NOTE QA05_F16

QA05_F15 Which of these cancers were diagnosed before age 50?
其中哪些癌症是在 50 岁之前诊断出来的？

AP15

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

PROGRAMMING NOTE QA05_F16
IF QA05_F12 = 3 (both grandmothers), CONTINUE WITH QA05_F16
ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F16 Now, tell me about your father’s mother. Did she have cancer of the breast, ovary, uterus, colon, or rectum?
現在，请告诉我您的祖母的情况。她是否曾经患乳癌、卵巢癌、子宫癌、结肠癌或者直肠癌？

AP16

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎？"]

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

PROGRAMMING NOTE QA05_F17
IF MORE THAN ONE CANCER REPORTED IN QA05_F16 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F17 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
她是否在 50 岁之前被诊断患有癌症？

AP17

YES .............................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
**PROGRAMMING NOTE QA05_F18**

IF QA05_F17 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_16 CONTINUE WITH QA05_F18
ELSE GO TO PROGRAMMING NOTE QA05_F19

**QA05_F18** Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 岁之前诊断出来的？

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<thead>
<tr>
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<tbody>
<tr>
<td>BREAST</td>
<td>1</td>
</tr>
<tr>
<td>OVARIAN</td>
<td>2</td>
</tr>
<tr>
<td>UTERINE OR ENDOMETRIAL</td>
<td>3</td>
</tr>
<tr>
<td>COLON OR RECTAL</td>
<td>4</td>
</tr>
<tr>
<td>&quot;FEMALE PROBLEMS&quot;</td>
<td>5</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

**PROGRAMMING NOTE QA05_F19:**

IF QA05_F11 = 2, (AUNT/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F19; ELSE GO TO PN QA05_F24

**QA05_F19** Is the aunt or aunts you mentioned on your mother’s side, your father’s side, or on both sides?
您提及的姑妈（姨妈）是您的母親的姐妹、父親的姐妹，還是兩者都有？

<table>
<thead>
<tr>
<th>AP19</th>
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<tbody>
<tr>
<td>MOTHER’S SIDE</td>
<td>1</td>
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<tr>
<td>FATHER’S SIDE</td>
<td>2</td>
</tr>
<tr>
<td>BOTH SIDES</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
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</tbody>
</table>

**PROGRAMMING NOTE QA05_F20:**

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

**QA05_F20** How many of your mother’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?
您的母親的姐妹中有幾人曾經患乳癌、卵巢癌、子宮癌、結腸癌或 直腸癌？

<table>
<thead>
<tr>
<th>AP20</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>NUMBER OF AUNTS</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 QA05_F21:
IF QA05_F20 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F20>1 DISPLAY “Thinking about the (youngest/next youngest) of your mother’s sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?” OR QA05_F19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F21; ELSE GO TO PN QA05_F24

QA05_F21  {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your mother’s sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?

她是否曾經患乳癌、卵巢癌、子宮癌、結腸癌或者直腸癌？

AP21

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎?"]

BREAST...........................................................................1
OVARIAN...........................................................................2
UTERINE OR ENDOMETRIAL.................................3
COLON OR RECTAL...........................................4
"FEMALE PROBLEMS"..........................................5
NONE OF THESE CANCER TYPES......................6 [GO TO PN_X1]
REFUSED...............................................................-7 [GO TO PN_X1]
DON'T KNOW..........................................................-8 [GO TO PN_X1]

PROGRAMMING NOTE QA05_F22
IF MORE THAN ONE CANCER REPORTED IN QA05_F21 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F22  {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

她是否在 50 歲之前被診斷患有癌症？

AP22

YES...................................................................................1
NO..................................................................................2
REFUSED.......................................................................-7
DON'T KNOW..............................................................-8
PROGRAMMING NOTE QA05_F23
IF QA05_F22 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F21 CONTINUE WITH QA05_F23
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F23 Which of these cancers were diagnosed before age 50?
其中哪些癌症是在 50 岁之前诊断出来的？

AP23

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAST</td>
<td>1</td>
</tr>
<tr>
<td>OVARIAN</td>
<td>2</td>
</tr>
<tr>
<td>UTERINE OR ENDOMETRIAL</td>
<td>3</td>
</tr>
<tr>
<td>COLON OR RECTAL</td>
<td>4</td>
</tr>
<tr>
<td>“FEMALE PROBLEMS”</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 X1
IF QA05_F20>1, REPEAT SERIES QA05_F21 THRU QA05_F23 FOR EACH MOTHER’S SISTER DIAGNOSED
WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F24

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

QA05_F24 How many of your father’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?
您的父親的姐妹中有幾人曾經患乳癌、卵巢癌、子宮癌、結腸癌或 直腸癌？

AP24

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

QA05_F25 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your father’s sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
她是否曾經患乳癌、卵巢癌、子宮癌、結腸癌或者直腸癌？

AP25

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

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

QA05_F26 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
她是否在 50 岁之前被診斷患有癌症？

AP26

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

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

QA05_F27 Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 岁之前診斷出來的？

AP27

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

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

QA05_F28 Did your mother have cancer of the breast, ovary, uterus, colon, or rectum?
您的母親是否曾經患乳癌、卵巢癌、子宮癌、結腸癌或者直腸癌？

AP28

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎？"]

BREAST ................................................................. 1
OVARIAN ......................................................... 2
UTERINE OR ENDOMETRIAL ......................... 3
COLON OR RECTAL ....................................... 4
“FEMALE PROBLEMS” ....................................... 5
NONE OF THESE CANCER TYPES ...................... 6 [GO TO PN QA05_F31]
REFUSED .......................................................... -7 [GO TO PN QA05_F31]
DON'T KNOW ......................................................... -8 [GO TO PN QA05_F31]

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

QA05_F29 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
她是否在 50 歲之前被診斷患有癌症？

AP29

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

PROGRAMMING NOTE QA05_F30
IF QA05_F29=1 AND MORE THAN ONE CANCER REPORTED IN QA05_F28 CONTINUE WITH QA05_F30
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F30 Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 歲之前診斷出來的？

AP30

BREAST ................................................................. 1
OVARIAN ......................................................... 2
UTERINE OR ENDOMETRIAL ......................... 3
COLON OR RECTAL ....................................... 4
"FEMALE PROBLEMS" ....................................... 5
REFUSED .......................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA05_F31
IF QA05_F11 = 4 (SISTER) CONTINUE WITH QA05_F31;
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F31  How many of your sisters had cancer of the breast, ovary, uterus, colon, or rectum?
您的姐妹中有幾人曾經患乳癌、卵巢癌、子宮癌、結腸癌或直腸癌？

AP31

____ NUMBER OF SISTERS
REFUSED....................................................-7
DON'T KNOW................................................-8

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

QA05_F32  {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
她是否曾經患乳癌、卵巢癌、子宮癌、結腸癌或者直腸癌？

AP32

BREAST..........................................................1
OVARIAN.......................................................2
UTERINE OR ENDOMETRIAL..............................3
COLON OR RECTAL............................................4
“FEMALE PROBLEMS”........................................5
NONE OF THESE CANCER TYPES.........................6 [GO TO X3]
REFUSED.......................................................-7 [GO TO X3]
DON'T KNOW..................................................-8 [GO TO X3]

PROGRAMMING NOTE QA05_F33
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F33  {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
她是否在 50 歲之前被診斷患有癌症？

AP33

YES............................................................1
NO.............................................................2
REFUSED.....................................................-7
DON'T KNOW................................................-8
**PROGRAMMING NOTE QA05_F34**

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

<table>
<thead>
<tr>
<th>QA05_F34</th>
<th>Which of these cancers were diagnosed before age 50?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAST</td>
<td>............................................................1</td>
</tr>
<tr>
<td>OVARIAN</td>
<td>............................................................2</td>
</tr>
<tr>
<td>UTERINE OR ENDOMETRIAL</td>
<td>..................................................3</td>
</tr>
<tr>
<td>COLON OR RECTAL</td>
<td>..................................................4</td>
</tr>
<tr>
<td>&quot;FEMALE PROBLEMS&quot;</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 QA05_F35**

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

<table>
<thead>
<tr>
<th>QA05_F35</th>
<th>Was this sister a full sister, a half-sister on your father’s side, or a half-sister on your mother’s side?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL</td>
<td>................................................................................1</td>
</tr>
<tr>
<td>HALF ON FATHER’S SIDE</td>
<td>......................................................................2</td>
</tr>
<tr>
<td>HALF ON MOTHER’S SIDE</td>
<td>....................................................................3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.............................................................................-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>......................................................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE X3
IF QA05_F31 > 1, REPEAT SERIES QA05_32 THRU QA05_F35 FOR EACH SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F36

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

QA05_F36  How many of your daughters had cancer of the breast, ovary, uterus, colon, or rectum?
您的女兒中有幾人曾經患過乳癌、卵巢癌、子宮癌、結腸癌或直腸癌?

AP36  
NUMBER OF DAUGHTERS
REFUSED.................................................. -7
DON'T KNOW.............................................. -8

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

QA05_F37  {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?
她是否曾經患乳房癌、卵巢癌、子宮癌、結腸癌或者直腸癌?

AP37

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

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

QA05_F38  {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?
她是否在 50 歲之前被診斷患有癌症?

AP38

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

QA05_F39 Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 岁之前诊断出来的？

<table>
<thead>
<tr>
<th>AP39</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAST..........................................................1</td>
<td></td>
</tr>
<tr>
<td>OVARIAN.........................................................2</td>
<td></td>
</tr>
<tr>
<td>UTERINE OR ENDOMETRIAL.................................3</td>
<td></td>
</tr>
<tr>
<td>COLON OR RECTAL...............................................4</td>
<td></td>
</tr>
<tr>
<td>&quot;FEMALE PROBLEMS&quot;..........................................5</td>
<td></td>
</tr>
<tr>
<td>REFUSED..........................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW......................................................-8</td>
<td></td>
</tr>
</tbody>
</table>

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

QA05_F40 Now, I’ll ask about your male relatives. By male relatives, I mean father, grandfathers, uncles, {and} brothers, {and sons}.
現在，我想詢問有關您的男性親屬的情況。男性親屬指{祖父、叔叔、伯伯、/外祖父、舅舅}、父親、{哥哥/弟弟及兒子}。

Have any of your male relatives been diagnosed with cancer of the prostate, colon, rectum, or breast?
您的男性親屬中是否有人曾經被診斷患有前列腺癌、結腸癌、直腸癌或 乳癌？

<table>
<thead>
<tr>
<th>AP40</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES......................................................................1</td>
<td></td>
</tr>
<tr>
<td>NO.....................................................................2 [GO TO QA05_FB1]</td>
<td></td>
</tr>
<tr>
<td>REFUSED..........................................................-7 [GO TO QA05_FB1]</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW......................................................-8 [GO TO QA05_FB1]</td>
<td></td>
</tr>
</tbody>
</table>
QA05_F41  Which male relatives have been diagnosed with cancer of the prostate, colon, rectum, or breast? Was it your…

哪一些男性親屬曾經被診斷患有前列腺癌、結腸癌、直腸癌或乳癌？是您的……

AP41

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎？"]

Grandfather(s).................................................................1
祖父（外祖父）？.....................................................1
Uncle(s)...........................................................................2
伯伯（叔叔、舅舅）？..............................................2
Father..............................................................................3
父親？.................................................................3
Brother(s).........................................................................4
兄弟？.................................................................4
Son(s).............................................................................5
兒子？.................................................................5
REFUSED...........................................................................-7
DON’T KNOW.............................................................-8

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

QA05_F42  Is the grandfather on your mother’s or father’s side, or both?
是您的祖父、外祖父還是二者都是？

AP42

MOTHER’S FATHER............................................................1
FATHER’S FATHER...........................................................2
BOTH GRANDFATHERS................................................3
REFUSED...........................................................................-7
DON’T KNOW.............................................................-8
PROGRAMMING NOTE QA05_F43
IF QA05_F42 = 3 DISPLAY “First tell me about your mother’s father.”

QA05_F43  {First tell me about your mother’s father.} Did he have cancer of the prostate, colon, rectum, or breast?  他是否曾經患前列腺癌、結腸癌、直腸癌或者乳癌?

AP43

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎？”]

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

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

QA05_F44  {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?  他是否在 50 歲之前被診斷患有癌症?

AP44

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

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

QA05_F45  Which of these cancers were diagnosed before age 50?  其中哪一些癌症是在 50 歲之前診斷出來的?

AP45

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

QA05_F46  Now tell me about your father’s father. Did he have cancer of the prostate, colon, rectum, or breast?
現在，請告訴我您的祖父的情況。他是否曾經患前列腺癌、結腸癌、直腸癌或者乳癌？

AP46

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

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎?"]

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

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

QA05_F47  {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
他是否在 50 歲之前被診斷患有癌症？

AP47

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

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

QA05_F48  Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 歲之前診斷出來的？

AP48

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

QA05_F49  Is the uncle or uncles you mentioned on your mother’s side, your father’s side, or on both sides?  
您提及的伯伯（叔叔、舅舅）是您的母親的兄弟、您的父親的兄弟還是 二者都是？

AP49

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

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

QA05_F50  How many of your mother’s brothers had cancer of the prostate, colon, rectum, or breast?  
您母親的兄弟中有幾人曾經患前列腺癌、結腸癌、直腸癌或乳癌？

AP50

____ NUMBER OF UNCLE S

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

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

QA05_F51  {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next 
youngest) of your mother’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?  
他是否曾經患前列腺癌、結腸癌、直腸癌或者乳癌？

AP51

PROSTATE ................................................................. 1
COLON OR RECTAL .................................................... 2
BREAST ................................................................. 3
NONE OF THESE CANCER TYPES ............................... 4 [GO TO PN X5]
REFUSED .................................................................... 7 [GO TO PN X5]
DON’T KNOW .............................................................. 8 [GO TO PN X5]
PROGRAMMING NOTE QA05_F52
IF MORE THAN ONE CANCER REPORTED IN QA05_F51 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F52  {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
他是否在 50 歲之前被診斷患有癌症?

AP52
YES...............................................................................................................1
NO..............................................................................................................2
REFUSED..................................................................................................-7
DON'T KNOW.........................................................................................-8

PROGRAMMING NOTE QA05_F53
IF QA05_F52 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F51 CONTINUE WITH QA05_F53 ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F53  Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 歲之前診斷出來的？

AP53
PROSTATE.................................................................................................1
COLON OR RECTAL................................................................................2
BREAST.....................................................................................................3
REFUSED..................................................................................................-7
DON'T KNOW.........................................................................................-8

PROGRAMMING NOTE X5
IF QA05_F50 > 1, REPEAT SERIES QA05_F51 THRU QA05_F53 FOR EACH MOTHER'S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05_F54

PROGRAMMING NOTE QA05_F54
IF QA05_F49 = 2 (FATHER'S SIDE) or QA05_F49 = 3 (BOTH SIDES) CONTINUE WITH QA05_F54 ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F54  How many of your father's brothers had cancer of the prostate, colon, rectum, or breast?
您父親的兄弟中有幾人曾經患前列腺癌、結腸癌、直腸癌或乳癌?

AP54
_____ NUMBER OF UNCLE(S)

REFUSED..................................................................................................-7
DON'T KNOW.........................................................................................-8
PROGRAMMING NOTE QA05_F55
IF QA05_F54 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F54 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your father’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”;
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F55 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your father’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
他是否曾經患前列腺癌、結腸癌、直腸癌或者乳癌？

AP55

PROSTATE.................................................................1
COLON OR RECTAL..................................................2
BREAST.................................................................3
NONE OF THESE CANCER TYPES.............................4 [GO TO PN X6]
REFUSED......................................................................-7 [GO TO PN X6]
DON’T KNOW............................................................-8 [GO TO PN X6]

PROGRAMMING NOTE QA05_F56
IF MORE THAN ONE CANCER REPORTED IN QA05_F55 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F56 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
他是否在 50 歲之前被診斷患有癌症？

AP56

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

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

QA05_F57 Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 歲之前診斷出來的？

AP57

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

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

QA05_F58
Did your father have cancer of the prostate, colon, rectum, or breast?
您父親曾經患過前列腺癌、結腸癌、直腸癌或乳癌嗎？

AP58
[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎？"]

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

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

QA05_F59
{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
他是否在 50 歲之前被診斷患有癌症？

AP59

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

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

QA05_F60
Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 歲之前診斷出來的？

AP60

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

QA05_F61 How many of your brothers had cancer of the prostate, colon, rectum, or breast?
您的兄弟中有幾人曾經患前列腺癌、結腸癌、直腸癌或乳癌？

AP61 

_____ NUMBER OF BROTHERS

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

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

QA05_F62 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?
他是否曾經患前列腺癌、結腸癌、直腸癌或者乳癌？

AP62

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

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

QA05_F63 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?
他是否在 50 歲之前被診斷患有癌症？

AP63

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

QA05_F64 Which of these cancers were diagnosed before age 50?
其中哪一些癌症是在 50 歲之前診斷出來的？

AP64

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

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

QA05_F65 Was this brother a full brother, a half-brother on your father's side, or a half-brother on your mother's side?
您的這個兄弟是同父同母兄弟、同父異母兄弟還是同母異父兄弟？

AP65

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

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

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

QA05_F66 How many of your sons had cancer of the prostate, colon, rectum, or breast?
您有幾個兒子曾經患過前列腺癌、結腸癌、直腸癌或乳癌？

AP66

_____ NUMBER OF SONS

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

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

AP67

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

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

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

AP68

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

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

QA05_F69
Which of these cancers were diagnosed before age 50?

AP69

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

PROGRAMMING NOTE X8
IF QA05_F66 > 1, REPEAT SERIES QA05_F67 THRU QA05_F69 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO QA05_FB1

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

**QA05_FB1** Have you ever had a Sigmoidoscopy or Colonoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

您是否曾經接受乙狀結腸鏡檢查、結腸鏡檢查或直腸鏡檢查？在此類檢查中，健康護理專業人員將一根管子插入腸，查找癌症或其他問題的跡象。

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

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

[IF NEEDED, SAY: "乙狀結腸鏡檢查是將一根軟管插入直腸進行檢查。結腸鏡檢查與乙狀結腸鏡檢查相似，但使用的管子更長，通常會通過插入手臂的針頭向您體內注射藥物，讓您入睡，並要求有人駕車載您回家。直腸鏡檢查是一種老式的檢查，使用一根硬管。"]

**QA05_FB2** How long ago did you have your most recent exam?

您最近接受的一次檢查是在什麼時間？

- A YEAR AGO OR LESS......................................................................1
- MORE THAN 1 UP TO 2 YEARS AGO.............................................2
- MORE THAN 2 UP TO 3 YEARS AGO............................................3
- MORE THAN 3 UP TO 5 YEARS AGO............................................4
- MORE THAN 5 UP TO 10 YEARS AGO.........................................5
- MORE THAN 10 YEARS AGO......................................................6
- REFUSED......................................................................................-7
- DON'T KNOW...............................................................................-8

[GO TO PN QA05_FB4]

**QA05_FB3** Was your most recent exam a sigmoidoscopy a colonoscopy or something else?

您最近一次接受的檢查是乙狀結腸鏡、結腸鏡還是其他檢查？

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

[GO TO PN QA05_FB4]

[GO TO PN QA05_FB6]

[GO TO PN QA05_FB6]
PROGRAMMING NOTE QA05_FB4
IF QA05_FB1 = 2 (NEVER HAD) OR QA05_FB2 = 6 (NO EXAM IN LAST 10 YEARS, CONTINUE WITH QA05_FB4
ELSE GO TO QA05_FB5

QA05_FB4 During the past 12 months has a doctor recommended that you have a sigmoidoscopy or colonoscopy?
在過去 12 個月中，是否有醫生或其他健康專業人員建議您接受乙狀 結腸鏡或結腸鏡檢查？

AF21

YES.................................................................................1
NO..............................................................................2 [GO TO QA05_FB6]
DID NOT GO TO DOCTOR IN PAST 12 MONTHS..................92 [GO TO QA05_FB6]
REFUSED.....................................................................-7 [GO TO QA05_FB6]
DON'T KNOW................................................................--8 [GO TO QA05_FB6]

PROGRAMMING NOTE QA05_FB:
IF QA05_FB1 = 2 (NEVER HAD SIGMOIDOSCOPY OR COLONOSCOPY), DISPLAY "NEVER had";
IF QA05_FB2 = 6 (NO EXAM LAST 10 YEARS), DISPLAY "NOT had"

QA05_FB5 What is the ONE most important reason why you have {NEVER had/NOT had} one of these exams {in the last 10 years}?
在過去十年中，您未接受其中一項檢查的#一個\最重要的原因是什麼？

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
The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

Below is a question about the blood stool test:

Have you ever done a blood stool test, using a HOME test kit?

- **YES** .......................................................... 1
- **NO** ............................................................. 2 [GO TO QA05_FB8]
- **REFUSED** ................................................... -7 [GO TO QA05_FB10]
- **DON'T KNOW** .............................................. -8 [GO TO QA05_FB10]
PROGRAMMING NOTE QA05_FB9:
IF QA05_FB6 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH QA05_FB9 AND DISPLAY "NEVER had";
ELSE IF QA05_FB7 > 1 (NONE IN PAST 12 months ), CONTINUE WITH QA05_FB9 AND DISPLAY "NOT had" and "in the past 12 months ";
ELSE GO TO QA05_FB10

QA05_FB9 What is the most important reason you have {NEVER had /NOT had} a HOME blood stool test {in the past 12 months }? 
您#從未\做過#家中\血便測試的最主要原因是什麼？

AF28

NO REASON/NEVER THOUGHT ABOUT IT...........1
DIDN'T NEED/DIDN'T KNOW I NEEDED .................................2
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
HAD ANOTHER TYPE OF COLORECTAL EXAM......8
DON'T HAVE A DOCTOR..................................................9
OTHER........................................................................91
REFUSED......................................................................-7
DON'T KNOW................................................................-8

PROGRAMMING NOTE QA05_FB10:
IF FEMALE, GO TO QA05_G1;
IF MALE AND [AGE < 40 OR BETWEEN 18 AND 29 OR BETWEEN 30 AND 39 OR ENUM.AGE < 45 OR IF AGE IS [UNKNOWN], GO TO QA05_G1;
ELSE CONTINUE WITH QA05_FB10

Prostate cancer screening

QA05_FB10 Have you ever HEARD OF a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer. 
您是否曾經#聽說過\用於檢測前列腺癌的PSA或「前列腺特異性抗原」測試？PSA 測試是一項檢測前列腺癌的血液測試。

AF30

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

QA05_FB11 Have you ever HAD a PSA test? 
您有沒有做過 PSA 測試？

AF31

YES...............................................................................1
NO.................................................................................2[GO TO QA05_G1]
REFUSED......................................................................-7[GO TO QA05_G1]
DON'T KNOW................................................................-8[GO TO QA05_G1]
How long ago did you have your most recent PSA test?
您最近一次做 PSA 測試是多久以前？

QA05_FB12

AF33

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

Country of birth (self, parents)
QA05_G1  Now a few more questions about you.
現在，我想再問幾個有關您本人的問題。

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

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES.........................................................1
AMERICAN SAMOA..................................................2
CANADA...............................................................3
CHINA.................................................................4
EL SALVADOR..........................................................5
ENGLAND..............................................................6
FRANCE.....................................................................7
GERMANY................................................................8
GUAM.......................................................................9
GUATEMALA.............................................................10
HUNGARY................................................................11
INDIA.......................................................................12
IRAN.........................................................................13
IRELAND..................................................................14
ITALY.......................................................................15
JAPAN.......................................................................16
KOREA......................................................................17
MEXICO.....................................................................18
PHILIPPINES............................................................19
POLAND......................................................................20
PORTUGAL..............................................................21
PUERTO RICO..........................................................22
RUSSIA.....................................................................23
TAIWAN....................................................................24
VIETNAM.................................................................25
VIRGIN ISLANDS.........................................................26
OTHER (SPECIFY):_______________________________91
REFUSED.................................................................-7
DON’T KNOW..........................................................-8
**QA05_G2**  In what country was your mother born?  
您的母親是在哪一個國家出生的？

[SELECT FROM MOST LIKELY COUNTRIES]

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

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In what country was your father born?  
您的父親是在哪一個國家出生的?

[SELECT FROM MOST LIKELY COUNTRIES]  
[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

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<tr>
<td>ITALY</td>
<td>15</td>
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<tr>
<td>JAPAN</td>
<td>16</td>
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<tr>
<td>KOREA</td>
<td>17</td>
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<tr>
<td>MEXICO</td>
<td>18</td>
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<tr>
<td>PHILIPPINES</td>
<td>19</td>
</tr>
<tr>
<td>POLAND</td>
<td>20</td>
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<tr>
<td>PORTUGAL</td>
<td>21</td>
</tr>
<tr>
<td>PUERTO RICO</td>
<td>22</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>23</td>
</tr>
<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>
Racial/ethnic discrimination (general)
QA05_G4 Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Would you say …
請想一想您的種族，您由於自己的種族感到受到不良對待或不公平對待的頻率有多高？您認為是……

AG4

Never................................................................. 1
從來沒有............................................................ 1
Rarely............................................................... 2
極少................................................................. 2
Sometimes....................................................... 3
有時................................................................. 3
Often............................................................... 4
經常，還是..................................................... 4
Or all the time?................................................ 5
所有時間？..................................................... 5
REFUSED.......................................................... 7
DON’T KNOW.................................................. 8

Languages spoken at home, citizenship, immigration status
QA05_G5 What languages do you speak at home?
您在家中用什麼語言交談？

AH36

[C CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "還有任何其他癌症嗎？"]

ENGLISH........................................................ 1
SPANISH......................................................... 2
CANTONESE.................................................. 3
VIETNAMESE.................................................. 4
TAGALOG......................................................... 5
MANDARIN......................................................... 6
KOREAN............................................................ 7
ASIAN INDIAN LANGUAGES............................. 8
RUSSIAN.......................................................... 9
OTHER1 (SPECIFY): __________________________ 91
OTHER2 (SPECIFY): __________________________ 92
REFUSED.........................................................-7
DON’T KNOW..................................................-8
PROGRAMMING NOTE QA05_G6:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA05_G6
IF INTERVIEW CONDUCTED IN ENGLISH AND QA05_G5 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA05_G6 AND DISPLAY: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English...” AND DROP RESPONSE CATEGORY “NOT AT ALL”;
ELSE IF QA05_G5 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA05_G7

QA05_G6  {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English} Would you say you speak English ...

與您在家中說的其他幾種語言相比，您認為您的英語講得....

AH37

Very well.............................................................1
很好.................................................................1
Well.................................................................2
較好，還是......................................................2
Not well or........................................................3
不好？ ............................................................3
Not at all? ........................................................4
REFUSED.........................................................-7
DON’T KNOW..................................................-8

PROGRAMMING NOTE QA05_G7:
IF QA05_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PN QA05_G10;
ELSE CONTINUE WITH QA05_G7

Citizenship and immigration
QA05_G7  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。您的回答會予以保密，絕對不會向移民局報告。

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

AH39

YES.................................................................1  [GO TO QA05_G9]
NO.................................................................2
APPLICATION PENDING.................................3
REFUSED.........................................................-7
DON’T KNOW..................................................-8

QA05_G8  Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.
您是擁有綠卡的永久居民嗎？

AH40

IF NEEDED, SAY: “People usually call this a ‘Green Card’ but the color can also be pink, blue, or white.”

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

QA05_G9  About how many years have you lived in the United States?
您在美国已经住了大约多少年？

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

PROGRAMMING NOTE QA05_G10:
IF QA05_G1 = 1 (USA) OR (AAGE – QA05_G9) < 18 (R CAME TO U.S. PRIOR TO 18TH BIRTHDAY), CONTINUE WITH QA05_G10;
ELSE GO TO PROGRAMMING NOTE QA05_G11

QA05_G10  Thinking back to your childhood, that is, before your 18th birthday, were you ever removed from your home by the state, county, or court, and went to live with people other than your mother or father?
請回想一下您的童年生活，也就是您18歳生日以前的情况，您是否曾经被州政府、郡政府或法院从家带走与您的母之外的人住在一起？

AG5  YES...............................................................................1
NO......................................................................................2
REFUSED...........................................................................-7
DON'T KNOW.....................................................................-8
PROGRAMMING NOTE QA05_G11:
IF QA05_A15 =1 (MARRIED) CONTINUE WITH QA05_G11
IF A15 = 2 (LIVING WITH PARTNER, GO TO G12)
ELSE GO TO PROGRAMMING NOTE QA05_G13

QA05_G11 Is your spouse also living in your household?
您的 {太太或丈夫} 是否也住在您的家中？

AH44

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

QA05_G12 May I have your {spouse/partner}'s first name and age?
你是否能夠告訴我你的{同居者}的名字和年齡？

SC11A

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

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

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

QA05_G13 Are you now living with either of your parents?
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
QA05_G14 Are there any children under the age of 18 living in the household, including babies?
是否有任何年齡在18歲以下的兒童住在這個家中？請包括嬰兒

SC12

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

[GO TO PN QA05_G21]
QA05_G15 Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.
請給我通常住在你家裡、年齡在 18 歲以下，包括嬰兒在內的每個小孩的名字和年齡。

SC13A

[PROBE: “Is there anyone else?”]
[PROBE: “還有其他的人嗎？”]

[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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QA05_G16 Is (CHILD) …
{CHILD NAME/AGE/SEX} is...

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]

QA05_G17 I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?
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
RETURN TO ROSTER.................................................2 [GO BACK TO QA05_G15]

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

QA05_G18 Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?
你是不是 {PERSON NAME/AGE/SEX} 的父親/母親或法定監護人？

SC14A

YES.............................................................................1
NO.............................................................................2
REFUSED.................................................................-7
DON'T KNOW.........................................................-8
PROGRAMMING NOTE QA05_G18A:
IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44=1 OR AH43=2], ASK QA05_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18

QA05_G18A  Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?
{NAME/AGE/SEX} 是不是{PERSON NAME/AGE/SEX}的父母或法定監護人？

SC14B

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

PROGRAMMING NOTE QA05_G19:
IF QA05_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA05_G14 ARE AGE 13 OR LESS, CONTINUE WITH QA05_G19; ELSE GO TO QA05_G21
IF ANY CHILD IN ROSTER QA05_G13 < 14 AND >= 14 display “for any children under age 13”
IF QA05_A15 = 1 (MARRIED) AN D QA05_G10 =1 (SPOUSE LIVING IN HH), DISPLAY “you or your spouse”,
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY “you or your partner”, ELSE DISPLAY “you”.

Paid child care, cost

QA05_G19  In the past month, did you use any paid childcare (for any children under age 13) while (you or your spouse/partner/you) worked, were in school, or looked for work?
在過去一個月中，您是否當 { } 在工作、上學或尋找工作時讓 { } 接受付費幼兒看護服務？

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: “這包括學前起步計畫（HeadStart）
· 日託所，上學前和放學後的看護計劃以及任何臨時嬰兒照看安。”]}

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

[GO TO QA05_G21]

QA05_G20  In the past month, how much did you pay for all child care arrangements and programs?
在上個月中，您為所有的幼兒看護安排及計畫支付了多少費用?

AH44B

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month.”]
[IF NEEDED, SAY: “如果這樣比較容易，您可以告訴我您在上個月最有代表性的一週中支付了多少費用。”]

“You or any other adult in your household.”

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

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

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

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

### Employment status, spouse’s employment status

**QA05_G22**  Which of the following were you doing last week?

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working at a job or business</td>
<td>1</td>
</tr>
<tr>
<td>從事工作或業務</td>
<td>1</td>
</tr>
<tr>
<td>With a job or business but not at work</td>
<td>2</td>
</tr>
<tr>
<td>有工作或業務，但不在工作</td>
<td>2</td>
</tr>
<tr>
<td>Looking for work or</td>
<td>3</td>
</tr>
<tr>
<td>在找工作，還是</td>
<td>3</td>
</tr>
<tr>
<td>Not working at a job or business?</td>
<td>4</td>
</tr>
<tr>
<td>沒有從事工作或業務?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
**QA05_G23**  What is the main reason you did not work last week?

您上週不工作的主要原因是什麼？

**AK2**

[IF NEEDED, SAY: “Main reason is the most important reason.”]

[IF NEEDED, SAY: “主要原因是指最重要的原因。”]

- 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
- OTHER...................................................... 91
- REFUSED................................................... -7
- DON'T KNOW............................................. -8

**QA05_G24**  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 QA05_G25;
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA05_G24 = 2 (NO) CONTINUE WITH QA05_G25
OR IF AAGE = -7 OR -8 OR AAGE < 65 AND QA05_G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE
WITH QA05_G25;
ELSE GO TO PROGRAMMING NOTE QA05_G26

QA05_G25 Are you receiving Social Security Disability Insurance or SSDI?
您是否在領取安全殘障保險補助金或 SSDI?

AL22

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

[GO TO PN QA05_G28]

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

QA05_G26 On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?
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）或者從事家庭企或農場內不付 水的工作？

AK4

[IF NEEDED, SAY: “Where did you work most hours?”]
[IF NEEDED, SAY: “您在哪裡工作的時間最長？”]

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

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

QA05_G27 Thinking about what you normally do at work, not counting your free time, would you say that that you sit most of the day, stand most of the day, or walk around a lot?
請想一想您在工作中通常做的事情，請勿包括休息時間。您認為您是 一天大多數時間坐著工作、大多數時間站著工作、還是大多數時間四 處走動？

AE22

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

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

請想一想您在普通一天中所做的事情，以下哪一項最適當地描述您所從事的活動：您認為您是一天大多數時間坐著工作、大多數時間站著工作、還是大多數時間四處走動？

AOAL11

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit</td>
<td>1</td>
</tr>
<tr>
<td>Stand</td>
<td>2</td>
</tr>
<tr>
<td>Walk around</td>
<td>3</td>
</tr>
<tr>
<td>Lie down</td>
<td>4</td>
</tr>
<tr>
<td>Sit/Stand equally</td>
<td>5</td>
</tr>
<tr>
<td>Sit/Walk equally</td>
<td>6</td>
</tr>
<tr>
<td>Stand/Walk equally</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

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

您的配偶上週曾經從事以下哪些工作？

AG8

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
<th>[GO TO QA05_G31]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working at a job/business</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>With a job/business but not at work</td>
<td>2</td>
<td>[GO TO QA05_G31]</td>
</tr>
<tr>
<td>Looking for work, or?</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Not working at a job/business?</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>

QA05_G30 Does your spouse usually work?

您的配偶通常工作嗎？

AG11

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
<th>[GO TO QA05_H1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Looking for work</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>
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內不付薪水的工作？

[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
QA05_H1 The next topics are about health insurance and health care.
以下是有關健康保險和健康護理的幾個問題。

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

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

AH1

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

QA05_H2 What is the ONE main reason you do not have a usual source of health care?
您沒有通常的健康護理提供者的一個主要原因是什麼？

AH2

PROVIDER DIDN'T ACCEPT INSURANCE
OR INSURANCE PROBLEM.................................1 [GO TO QA05_H4]
NO INSURANCE OR LOST INSURANCE...........2
COST OF MEDICAL CARE..............................3
DON'T WANT/NEED.............................................4
OTHER REASON....................................................91
REFUSED..........................................................-7
DON'T KNOW.....................................................-8
PROGRAMMING NOTE QA05_H3:
IF QA05_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you go to most often—a medical";
ELSE IF QA05_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA05_H1 = 4 (KAISER) CIRCLE “1” FOR QA05_H3 AND GO TO QA05_H5

QA05_H3

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

AH3

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

Medicare coverage, Medicare supplemental plan

QA05_H4

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

下列是有關您可能享有的健康保險類型的幾個問題。

Medicare (醫療保障計劃)是為年滿65歲或患有某種殘障的人士提供的健康保險計劃。

AI1

[NOTE: Include Medicare managed care plans as well as the original Medicare plan.]
[NOTE: “包括 Medicare 管理護理計劃以及原來的 Medicare 計劃。”]

YES...........................................................................1 [GO TO QA05_H7]
NO............................................................................2
REFUSED.........................................................-7 [GO TO QA05_H14]
DON'T KNOW....................................................-8
**IF QA05_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA05_H5:**

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

**QA05_H5**

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

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？

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CORRECT, NOT COVERED BY MEDICARE</td>
<td>[GO TO QA05_H14]</td>
</tr>
<tr>
<td>2</td>
<td>NOT CORRECT, R IS COVERED BY MEDICARE</td>
<td>[GO TO QA05_H7]</td>
</tr>
<tr>
<td>93</td>
<td>AGE IS INCORRECT</td>
<td></td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
<td>[GO TO QA05_H14]</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
<td>[GO TO QA05_H14]</td>
</tr>
</tbody>
</table>

**IF QA05_H5 =2, SET ARMCARE = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA05_H6: AIDATE**

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

**QA05_H6**

What is your age, please?

請告訴我您的年齡多大。

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>YEARS OF AGE</td>
<td>[GO TO QA05_H14]</td>
</tr>
<tr>
<td>_______</td>
<td>REFUSED</td>
<td>[GO TO QA05_H14]</td>
</tr>
<tr>
<td>_______</td>
<td>DON'T KNOW</td>
<td>[GO TO QA05_H14]</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_H7:
IF ARMCARE = 1, CONTINUE WITH QA05_H7;
ELSE GO TO QA05_H14

QA05_H7  Is your MediCARE coverage provided through an HMO?
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。”]

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

YES.................................................................1
NO...............................................................2 [GO TO QA05_H9]
REFUSED.........................................................-7 [GO TO QA05_H9]
DON'T KNOW..................................................-8 [GO TO QA05_H9]

IF QA05_H7 = 1, SET ARMHMO = 1

QA05_H8  What is the name of your MediCARE HMO plan?
您的 MediCARE HMO 計劃名稱是什麼?

AH50

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

[GO TO PN QA05_H10]
QA05_H9  Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?
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？

[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 QA05_H14]
REFUSED...................................................................................-7 [GO TO QA05_H14]
DON’T KNOW...............................................................................-8 [GO TO QA05_H14]

IF QA05_H9 = 1, SET ARSUPP = 1.
PROGRAMMING NOTE QA05_H10:
IF QA05_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA05_H11 AND DISPLAY “MediCARE HMO”
IF QA05_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA05_H11 AND DISPLAY “MediCARE Supplement plan”
ELSE GO TO QA05_H14

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

[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
QA05_H11  
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.  
您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您的家庭可能必須支付的任何共付款或自付額費用？

[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: "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

QA05_H12  
Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?  
是否有任何其他人（例如雇主、工會或專業機構）支付該項保健計劃的全部或部份保費或費用？

[AH54]  
YES...................................................................................1  
NO......................................................................................2  
REFUSED...........................................................................-7  
DON'T KNOW.....................................................................-8  
[GO TO PN QA05_H14]
QA05_H13  Who is that?
是誰﹖

AH55  

[IF NEEDED, SAY "WHO BEIDES 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。
]

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

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

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

Medi-Cal coverage
QA05_H14  {Is it correct that you are/Are you} covered by Medi-CAL?
您有沒有享受加州醫療輔助計劃( Medi-CAL )？

AI6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."
][IF NEEDED, SAY: “加州醫療輔助計劃是為某些低收入兒童及其家庭、孕婦、
殘障人士或年長者提供的醫療計劃。”
]

[NOTE: Include HMO or managed care plans, as well as the traditional Medi-CAL]
[NOTE: “請包括管理式保健組織( HMO )或管理式護理計劃，以及傳統的加州醫療 輔助計劃。”
]

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

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

Healthy Families coverage
QA05_H15  {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?
您是否享受健康家庭計劃(Healthy Families)?

AI7

[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

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

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

Employer-based coverage
QA05_H16  {Besides the Medicare supplemental plan you told me about,} Are you covered by {any other / a} health insurance plan or HMO through a current or former employer or union?
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?

AI8

[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

[GO TO QA05_H19]
QA05_H17  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？........

[PROBE: “Even someone who does not live in this household?”]
[PROBE: “這人可能甚至不是住在您的家中？”]

IN OWN NAME............................................. 1  [GO TO QA05_H20]
IN SOMEONE ELSE’S NAME.................... 2
REFUSED.............................................. -7  [GO TO QA05_H20]
DON’T KNOW........................................... -8  [GO TO QA05_H20]

IF QA05_H17 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H17 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H18:
**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H18; ELSE GO TO QA05_H20;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY ”wife’s;  
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY ”husband’s;  
IF QA05_G12 = 1, DISPLAY “parent’s”; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY “or”

QA05_H18  Is the plan in your (husband’s/wife’s) (or) (parent’s) name?
是否以您的 { } 名義參加該項計劃?

[PROBE: “Even someone who does not live in this household?”]
[PROBE: “這人可能甚至不是住在您的家中？”]

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

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

Private coverage
QA05_H19  Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?
您有沒有享受您直接從保險公司或 HMO 買到的醫療保險計劃？
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。

AI11
IF NEEDED SAY “Don’t include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital.”
[INTERVIEWER NOTE: 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

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

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

QA05_H20  Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
您是否為該項保健計劃支付任何或全部保費或費用？請勿包括您或您的家庭可能需要支付的任何共付款或自付額。

AH57
[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."
"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
REFUSED.................................................................-7
DON’T KNOW.................................................................-8
QA05_H21  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

是否有任何其他人（例如雇主、工会或专业机构）支付该项保健计划的 全部或部份保费或费用？

[AH58]

YES..............................................................................................1
NO..............................................................................................2
REFUSED.................................................................................-7
DON'T KNOW...............................................................................-8 [GO TO PN QA05_H23]

QA05_H22  Who is that?

是誰？

[AH56]

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

[IF NEEDED, SAY “除了您本人，還有誰支付該項計劃的任何費用？例如，您的雇主、工会或專業機構。”]

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

IF QA05_H22 = 1, SET AREMPOWN = 1
IF QA05_H22= 4, SET AREMPSP = 1
IF QA05_H22 = 9, SET ARMCA = 1 AND SET ARDRE = 0
IF QA05_H22 = 7, SET ARMCA = 1 AND SET ARDRE = 0
IF QA05_H22 = 8, SET, ARHFAM = 1 AND SET ARDRE = 0

PROGRAMMING NOTE QA05_H23:

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

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

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 QA05_H27]
REFUSED.................................................................................-7 [GO TO PN QA05_H27]
DON'T KNOW...............................................................................-8 [GO TO PN QA05_H27]
QA05_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 QA05_H26]
REFUSED......................................................-7 [GO TO PN QA05_H27]
DON'T KNOW...............................................-8

QA05_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么?

AI15

COVERED BY ANOTHER PLAN............................1 [GO TO PN QA05_H27]
TOO EXPENSIVE.............................................2 [GO TO PN QA05_H27]
DIDN'T LIKE PLAN OFFERED............................3 [GO TO PN QA05_H27]
DON'T NEED OR BELIEVE IN
HEALTH INSURANCE........................................4 [GO TO PN QA05_H27]
OTHER (SPECIFY): _____________________________91 [GO TO PN QA05_H27]
REFUSED......................................................-7 [GO TO PN QA05_H27]
DON'T KNOW...............................................-8

QA05_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么?

AI15A

HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED .1
CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN..............................2
DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR..........................3 [GO TO PN QA05_H27]
OTHER (SPECIFY): _____________________________91 [GO TO PN QA05_H27]
REFUSED......................................................-7 [GO TO PN QA05_H27]
DON'T KNOW...............................................-8

PROGRAMMING NOTE QA05_H27:
IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA05_H27;
ELSE GO TO PROGRAMMING NOTE QA05_H28

CHAMPUS/CHAMP-VA, TRICARE, VA coverage

QA05_H27 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care? 
您是否享受 CHAMPUS/CHAMP VA, Tricare, 或其他軍隊醫療護理計劃?

AI16

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

IF QA05_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA05_H28:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA05_H28;
ELSE GO TO PROGRAMMING NOTE QA05_H34
AIM, MRMIP, Family PACT, other coverage
QA05_H28 Are you covered by some other government health plan, such as AIM, “Mister MIP,” the Family PACT program, or something else?
您是否享受其他政府醫療計劃，如 AIM、「Mister MIP」、家庭同盟計劃 (Family PACT) 或其他計劃？

AI17
[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; ‘Mister MIP’ or MRMIP means Major Risk Medical Insurance Program; 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「母嬰營養計劃」、「Mister MIP」或 MRMIP 表示「主要風險醫療保險計劃」，而「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和生育醫療服務支付費用。"]

YES....................................................................................1
NO............................................................................................2 [GO TO PN QA05_H30]
REFUSED....................................................................................-7 [GO TO PN QA05_H30]
DON'T KNOW................................................................................-8 [GO TO PN QA05_H30]

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

QA05_H29 ASK IF NECESSARY: "What is the name of this plan?"
ASK IF NECESSARY: 保險計劃的名稱是什麼？

AI17A
AIM..............................................................................................1 [GO TO QA05_H34]
MRMIP (“Mister Mip”)......................................................................2 [GO TO QA05_H34]
FAMILY PACT................................................................................3 [GO TO QA05_H34]
OTHER (SPECIFY): .....................................................................91 [GO TO QA05_H34]
REFUSED....................................................................................-7 [GO TO QA05_H34]
DON'T KNOW................................................................................-8 [GO TO QA05_H34]

PROGRAMMING NOTE QA05_H30:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA05_H30;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H30 Do you have any health insurance coverage through a plan that I missed?
您有沒有享受任何我可能漏掉的其他醫療保險計劃？

AI18
YES....................................................................................1
NO............................................................................................2 [GO TO PN QA05_H34]
REFUSED....................................................................................-7 [GO TO PN QA05_H34]
DON'T KNOW................................................................................-8 [GO TO PN QA05_H34]
QA05_H31  What type of health insurance do you have?
您的醫療保險屬於哪一種類型?

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

[PROBE: "Any others?"]

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

THROUGH CURRENT OR FORMER EMPLOYER/UNION..........................................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION.................................2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE).........................................................3
MEDICARE.........................................................................................4
MEDI-CAL.........................................................................................5
HEALTHY FAMILIES.................................................................6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE.....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC........8
HEALTHY KIDS ........................................................................9
OTHER GOVERNMENT HEALTH PLAN.................91
OTHER NON-GOVERNMENT HEALTH PLAN.....92
REFUSED ............................................................................-7
DON'T KNOW........................................................................-8

IF QA05_H31= 1, SET AREMPO TH = 1 AND SET ARINSURE = 1
IF QA05_H31 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
IF QA05_H31 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1
IF QA05_H31 = 5, SET ARM CAL = 1 AND SET ARINSURE = 1
IF QA05_H31 = 6, SET ARH FAM = 1 AND SET ARINSURE = 1
IF QA05_H31 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 8, SET ARIHS = 1
IF QA05_H31 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1
IF QA05_H31 = 92 OR QA05_H29 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1
**PROGRAMMING NOTE QA05_H32**

IF QA05_H31 = 1 CONTINUE WITH QA05_H32;
ELSE GO TO PROGRAMMING NOTE QA05_H34

**Health Service participation QA05_H32**

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

该項計劃是以您自己的名義還是以其他人的名義獲得？

**AH59**

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

IF QA05_H32 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H32 = [2, -7, -8], AREMPOTh = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA05_H33:**

**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H33:**
ELSE GO TO PROGRAMMING NOTE QA05_H34;

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

**QA05_H33**

Is the plan in your (husband’s/wife’s) (or) (parent’s) name?

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？

**AH60**

IN husband’s/wife’s NAME........................................1
IN PARENT’S NAME...............................................2
IN SOMEONE ELSE’S NAME ..................................3
REFUSED...................................................................-7
DON’T KNOW..........................................................-8

IF QA05_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTh = 0
IF QA05_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTh = 0

**PROGRAMMING NOTE QA05_H34:**

IF ARIHS = 0 AND QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_H34;
ELSE GO TO PROGRAMMING NOTE QA05_H35
QA05_H34 Are you covered by the Indian Health Service, Tribal Health Program or Urban Indian Clinic?

您有沒有享受印地安人醫療服務、部落醫療計劃或都市印地安人診所計劃？

AI20

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

IF QA05_H34 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA05_H35_INTRO
IF QA05_A15 = 1 (MARRIED) CONTINUE WITH QA05_H35_INTRO;
ELSE GO TO PROGRAMMING NOTE QA05_H55

Spouse’s health insurance, spouse’s employer offers insurance
QA05_H35_INTRO These next questions are about the type of health insurance your spouse may have.

AI37intro

PROGRAMMING NOTE QA05_H35:
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 1 AND/OR SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY “You said that you are covered by Medicare.” And “also”;
ELSE IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY “Is (SPOUSE NAME) covered by Medicare?”
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND/OR SPOUSE LESS THAN AGE 65, GO TO QA05_H38

QA05_H35 You said that you are covered by Medicare. Is {SPOUSE NAME} (also) covered by Medicare?

{} 能享受Medicare保賠嗎？

AI37

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

IF QA05_H35 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE H36
IF QA05_H35 = 1 AND ARMHMO = 1 CONTINUE WITH QA05_H36;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY “wife”; IF QA05_A5 = 2 (FEMALE) DISPLAY “husband”; ELSE DISPLAY “spouse”;
ELSE GO TO PROGRAMMING NOTE QA05_H37

QA05_H36 You said that your Medicare coverage is provided through an HMO. Is your
{husband's/wife's/spouse's} Medicare also provided through an HMO?

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
**PROGRAMMING NOTE H37**

IF QA05_H35 = 1 AND ARMSUPP = 1 CONTINUE WITH QA05_H37;

IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY “spouse”; ELSE GO TO PROGRAMMING NOTE QA05_H38.

QA05_H37 You said that you have a Medicare Supplement plan. Does your {husband/wife/spouse} [also] have a Medicare supplemental policy?

**A137A**

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

**PROGRAMMING NOTE QA05_H38:**

IF ARMCAL = 1, CONTINUE WITH QA05_H38;
ELSE GO TO PROGRAMMING NOTE QA05_H39.
IF ARMCARE = 1, THEN DISPLAY “also”.

QA05_H38 You said you [also] have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?

**AI38**

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

IF QA05_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA05_H39:**

IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA05_H39;
ELSE GO TO PROGRAMMING NOTE QA05_H40.
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY “also”.

QA05_H39 You said you [also] have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?

**AI39**

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

IF QA05_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA05_H40:
IF AREMPOWN = 1, CONTINUE WITH QA05_H40;
IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also"
ELSE GO TO PROGRAMMING NOTE QA05_H41

QA05_H40  You said you have insurance from YOUR current or former employer or union. Is {SPOUSE NAME} also covered by the insurance from YOUR employer?
您說 {} 享受您目前或以前僱主提供的保險。{} 是否也能享受您的僱主所提供的保險的保障？

A140

YES .................................................................1
NO .................................................................2
OTHER ............................................................5
REFUSED ......................................................-7
DON'T KNOW ..................................................-8

IF QA05_H40 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H41:
IF QA05_G29 = 1 OR 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H41;
   IF QA05_H18 = 1, DISPLAY "You said you have insurance from your {XXX}'s employer or union.";
   IF SPINSURE = 1, THEN DISPLAY "also";
   IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
      IF QA05_A5 = 1(MALE), DISPLAY "wife," "she" and "her";
      IF QA05_A5 = 2 (FEMALE), DISPLAY "husband" "he" and "his"
   ELSE DISPLAY "spouse," "he or she" and "his or her";
ELSE GO TO PROGRAMMING NOTE QA05_H42

QA05_H41  {You said you have insurance from your spouse’s employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} OWN employer?
{ {} 是否能透過 {} 自己的僱主獲得保障？

A140A

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

IF QA05_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA05_H42:
IF ARDIRECT = 1, CONTINUE WITH QA05_H42;
ELSE GO TO PROGRAMMING NOTE QA05_H43.
IF QA05_H4 = 1 (MEDICARE) OR QA05_H14 = 1 (MEDI-CAL) OR QA05_H15 = 1 (HEALTHY FAMILIES) OR QA05_H16 = 1 (EMPLOYER BASED), DISPLAY “also.”

QA05_H42  You said you (also) have a plan you purchased directly from the insurer. Is (SPOUSE NAME) also covered by this plan?

A41

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

IF QA05_H42 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H43:
IF ARMILIT = 1, CONTINUE WITH QA05_H43;
ELSE, GO TO PROGRAMMING NOTE QA05_H44.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”.

QA05_H43  You said you (also) have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE NAME) also covered by this plan?

A42

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

IF QA05_H43 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H44:
IF AROTHGOV = 1, CONTINUE WITH QA05_H44;
ELSE, GO TO PROGRAMMING NOTE QA05_H45.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY “also”.

QA05_H44  You said you (also) have health insurance through some government health plan like AIM or Mister MIP. Is (SPOUSE NAME) also covered by this plan?

A42A

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

IF QA05_H44 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA05_H45:
IF SPINSURE NE 1, DISPLAY "any."
ELSE DISPLAY "through any other source."

QA05_H45  Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?  
{}  是否有任何健康保險？

AI46

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<td>-7</td>
</tr>
<tr>
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QA05_H46  What type of health insurance does {he/she} have?
{} 享受哪一種類型的健康保險?

AI47

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

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

[IF NEEDED, SAY: “Such as from a current or former employer, or that they purchased directly from a health plan.”]
[IF NEEDED, SAY: "例如目前或以前的雇主提供的保險，或者他們直接向保健計劃購買的保險。"]

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

THROUGH CURRENT OR FORMER EMPLOYER/UNION..................................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.................................................2
PURCHASED DIRECTLY FROM HEALTH PLAN
(By R or anyone else)..................................3
MEDICARE.........................................................4
MEDI-CAL..........................................................5
HEALTHY FAMILIES..................................................6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE............7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC.............8
HEALTHY KIDS.........................................................9
OTHER GOVERNMENT HEALTH PLAN.................91
OTHER NON-GOVERNMENT HEALTH PLAN.......92
REFUSED..............................................................7
DON'T KNOW.....................................................8

IF QA05_H46 = 1, SET SPEMOTH = 1 AND SET SPINSURE = 1
IF QA05_H46 = 2, SET SPOther = 1 AND SET SPINSURE = 1
IF QA05_H46 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA05_H46 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H46 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA05_H46 = 7, SET SMPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 8, SET SPIHS = 1
IF QA05_H46 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H46 = 92, SET SPOther = 1 AND SET SPINSURE = 1
IF QA05_H46 = [-7, -8], SET SPINSURE = 1
PROGRAMMING NOTE QA05_H47
IF SPINSURE NE 1, CONTINUE WITH QA05_H47
ELSE GO TO PROGRAMMING NOTE QA05_H51

QA05_H47  You said that (SPOUSE NAME) has NO health insurance from any source. Is this correct? 您說 {} 沒有來自任何來源的健康保險，對不對？

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<td>-8</td>
<td>DON'T KNOW</td>
<td>[GO TO PN QA05_H51]</td>
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QA05_H48  What type of health insurance does {he/she} have?
{} 享受哪一種類型的健康保險？

A149

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

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

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

THROUGH CURRENT OR FORMER
  EMPLOYER/UNION...........................................1
THROUGH SCHOOL, PROFESSIONAL
  ASSOCIATION, TRADE GROUP OR
  OTHER ORGANIZATION..................................2
PURCHASED DIRECTLY FROM HEALTH PLAN
  (BY R OR ANYONE ELSE).................................3
MEDICARE......................................................4
MEDI-CAL.......................................................5
HEALTHY FAMILIES.........................................6
CHAMPUS/CHAMP-VA, TRICARE, VA OR
  SOME OTHER MILITARY HEALTH CARE...........7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
  PROGRAM OR URBAN INDIAN CLINIC.............8
HEALTHY KIDS...............................................9
OTHER GOVERNMENT HEALTH PLAN..............91
OTHER NON-GOVERNMENT HEALTH PLAN.....92
REFUSED.......................................................7
DON'T KNOW..................................................8

IF QA05_H48 = 1, SET SPEMPO = 1 AND SET SPINSU = 1
IF QA05_H48 = 2, SET SPOTHER = 1 AND SET SPINSU = 1
IF QA05_H48 = 3, SET SPDRECT = 1 AND SET SPINSU = 1
IF QA05_H48 = 4, SET SPMCARE = 1 AND SET SPINSU = 1
IF QA05_H48 = 5, SET SPMCAL = 1 AND SET SPINSU = 1
IF QA05_H48 = 6, SET SPFAM = 1 AND SET SPINSU = 1
IF QA05_H48 = 7, SET SPMILIT = 1 AND SET SPINSU = 1
IF QA05_H48 = 8, SET SPIHS = 1
IF QA05_H48 = 91, SET SPOTHGOV = 1 AND SET SPINSU = 1
IF QA05_H48 = 92, SET SPOTHER = 1 AND SET SPINSU = 1
IF QA05_H48 = [-7, -8], SET SPINSU = 1
QA05_H49  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？

AH62  
[PROBE: “Even someone who does not live in this household?”]
[PROBE: “甚至包括不住在您家中的人。”]

  IN SPOUSE’S NAME .................................................... 1  [GO TO PN QA05_H51]
  IN SOMEONE ELSE’S NAME ....................................... 2  [GO TO PN QA05_H51]
  REFUSED .................................................................... -7  [GO TO PN QA05_H51]
  DON’T KNOW .............................................................. -8  [GO TO PN QA05_H51]

IF QA05_H49 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H49 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H50:
**IF QA05_A15 = 1 (R HAS SPOUSE) OR QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H50;**
ELSE GO TO PROGRAMMING NOTE QA05_H51;
  IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife’s;"
  IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband’s;"
  IF QA05_G12 = 1, DISPLAY "parent’s;" IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY “or”

QA05_H50  Is the plan in your or your parent’s name or someone else’s name?
該項計劃是以您本人、您的父母還是以其他人的名義獲得？

AH63

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

IF QA05_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H50 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H51:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA05_H55;
ELSE IF QA05_G29 = 1 or 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H51;
ELSE GO TO QA05_H55

QA05_H51  Does your spouse’s employer offer health insurance to any of its employees?
您的配偶的僱主是否向其僱員提供健康保險？

AI43

  YES ................................................................. 1
  NO ................................................................. 2  [GO TO PN QA05_H55]
  REFUSED .......................................................... -7  [GO TO PN QA05_H55]
  DON’T KNOW ....................................................... -8  [GO TO PN QA05_H55]
QA05_H52  Is {she/he} eligible to be in this plan?
{} 是否有資格參加該項計劃?

AI44

YES ...........................................................................1
NO ...........................................................................2 [GO TO QA05_H54]
REFUSED ..................................................................-7 [GO TO PN QA05_H55]
DON'T KNOW .........................................................-8 [GO TO PN QA05_H55]

QA05_H53  What is the ONE main reason why {she/he} isn’t in this plan?
{} 未參加該項計劃的一個主要原因是什麼?

AI45

COVERED BY ANOTHER PLAN.................................1 [GO TO PN QA05_H55]
TOO EXPENSIVE......................................................2 [GO TO PN QA05_H55]
DOESN’T LIKE PLAN OFFERED.................................3 [GO TO PN QA05_H55]
DOESN’T NEED OR BELIEVE IN
   HEALTH INSURANCE ........................................4 [GO TO PN QA05_H55]
OTHER (SPECIFY): ______________________________91 [GO TO PN QA05_H55]
REFUSED.................................................................-7 [GO TO PN QA05_H55]
DON’T KNOW..........................................................-8 [GO TO PN QA05_H55]

QA05_H54  What is the ONE main reason why {she/he} 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?

AI45A

HASN’T YET WORKED FOR THIS EMPLOYER
   LONG ENOUGH TO BE COVERED .........................1
   CONTRACT OR TEMPORARY EMPLOYEES
      NOT ALLOWED IN PLAN ..................................2
   DOESN’T WORK ENOUGH HOURS PER WEEK
      OR WEEKS PER YEAR ....................................3
   OTHER (SPECIFY): _____________________________91
   REFUSED ...........................................................-7
   DON’T KNOW .....................................................-8
PROGRAMMING NOTE QA05_H55:
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA05_H55;
IF QA05_H7=1 (R HAS MEDICARE HMO), GO TO QA05_H57;
ELSE GO TO PROGRAMMING NOTE QA05_H65
IF QA05_A15 = 1 (MARRIED), DISPLAY “Next, I have some questions about your own main health plan.”

Managed care plan characteristics
QA05_H55  {Next, I have some questions about your own main health plan.}
What is the name of your main health plan?
您的主要健康保險計劃的名稱是什麼？

AI22A

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: “您是否有印有保險計畫名稱的保險卡或其他材料？”]

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>KAISER</td>
<td>1</td>
</tr>
<tr>
<td>BLUE CROSS/ CALIFORNIA CARE</td>
<td>2</td>
</tr>
<tr>
<td>PACIFICARE</td>
<td>3</td>
</tr>
<tr>
<td>BLUE SHIELD/ CAREAMERICA</td>
<td>4</td>
</tr>
<tr>
<td>HEALTH NET</td>
<td>5</td>
</tr>
<tr>
<td>AETNA/ US HEALTHCARE</td>
<td>6</td>
</tr>
<tr>
<td>CIGNA HEALTHCARE</td>
<td>7</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>8</td>
</tr>
<tr>
<td>MEDI-CAL OR MEDICAID</td>
<td>9</td>
</tr>
<tr>
<td>(NAME OF COUNTY MEDI-CAL PLAN)</td>
<td>10</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA05_H56  Is your {QA05_H55 CODE/ main health} plan an HMO (Health Maintenance Organization)?

AI22C

[NOTE: IF R ASKS WHAT AN HMO IS, SAY: “With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency.”]
[NOTE: IF R ASKS WHAT AN HMO IS, SAY: “在HMO計劃中，您通常必須接受HMO醫生的醫療護理，除非經HMO轉介或遇到急診，否則醫療費用不予保賠。”]

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_H57
IF QA05_H7=1 (R HAS MEDI-CARE/HMO) DISPLAY “Next I have some questions about your own main health plan”

QA05_H57  {Next, I have some questions about your own main health plan.} How long have you been on this plan? 
您參加該項計劃已有多長時間?

AI22D
____________ MONTHS
OR
____________ YEARS

QA05_H58  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

PROGRAMMING NOTE QA05_H59
IF QA05_H7 < 12 MONTHS, GO TO QA05_H60;
ELSE, CONTINUE WITH QA05_H59

Coverage over past 12 months

QA05_H59  Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 
12 months?
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？

AI31
YES..............................................................................1  [GO TO PN QA05_I1]
NO.............................................................................2
REFUSED.................................................................-7  [GO TO QA05_H62]
DON'T KNOW............................................................-8

QA05_H60  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，您是否有任何其他健康保險?

AI32
YES..............................................................................1  [GO TO QA05_H63]
NO.............................................................................2  [GO TO QA05_H62]
REFUSED.................................................................-7  [GO TO QA05_H62]
DON'T KNOW............................................................-8  [GO TO QA05_H62]
**QA05_H61**
Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
其他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，還是其他計劃？

**AI33**

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

[PROBE: "Any others?"]
[PROBE: “還有其他的嗎？”]

- 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

**QA05_H62**
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

[GO TO PN QA05_I1]

**QA05_H63**
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]

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

[GO TO PN QA05_I1]
### Reasons for lack of coverage

**QA05_H64** What is the ONE MAIN reason why you did not have any health insurance during those months?

- CHANGED EMPLOYER/LOST JOB
- EMPLOYER DID NOT OFFER
- NOT ELIGIBLE DUE TO WORKING STATUS
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- COULDN'T AFFORD/TOO EXPENSIVE
- FAMILY SITUATION CHANGED
- LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC)
- DON'T BELIEVE IN INSURANCE
- HEALTHY -- NO NEED
- PAID FOR OWN CARE -- NO NEED
- GOT HEALTH CARE FREE -- NO NEED
- HAD INSURANCE ALL 12 MONTHS, JUST LOST
- DENIED COVERAGE, NOT SPECIFIED
  - DOESN'T QUALIFY NOT SPECIFIED
- DO HAVE COVERAGE BUT DON'T KNOW TYPE
- SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- DIDN'T LIKE INSURED/INSURANCE OFFERED/DIDN'T WANT IT
- OTHER (SPECIFY)
- REFUSED
- DON'T KNOW

[GO TO PN QA05_I1]

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**Version 11.2 (Chinese)**

December 20, 2012

A-119
**QA05_H65**  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]

- CHANGED EMPLOYER/LOST JOB...................... 1
- EMPLOYER DID NOT OFFER.......................... 2
- NOT ELIGIBLE DUE TO WORKING STATUS........ 3
- NOT ELIGIBLE DUE TO HEALTH OR
  OTHER PROBLEMS........................................ 4
- NOT ELIGIBLE DUE TO CITIZENSHIP/
  IMMIGRATION STATUS.................................. 5
- COULDN'T AFFORD/TOO EXPENSIVE................. 6
- FAMILY SITUATION CHANGED......................... 7
- LOST PUBLIC PROGRAM COVERAGE
  (MEDI-CAL, ETC)........................................ 8
- DON'T BELIEVE IN INSURANCE........................ 9
- HEALTHY -- NO NEED.................................. 10
- PAID FOR OWN CARE -- NO NEED..................... 11
- GOT HEALTH CARE FREE -- NO NEED................ 12
- HAD INSURANCE ALL 12 MONTHS,
  JUST NOW LOST........................................ 13
- DENIED COVERAGE, NOT SPECIFIED/
  DOESN'T QUALIFY NOT................................ 14
- SPECIFIED
  DO HAVE COVERAGE BUT DON'T KNOW TYPE........ 15
  SWITCHED INSURANCE COMPANIES,
  DELAY BETWEEN........................................ 16
  DIDN'T LIKE INSURANCED OFFERED/
  DIDN'T WANT IT........................................ 17
- OTHER (SPECIFY)........................................ 91
- REFUSED............................................. -7
- DON'T KNOW........................................... -8

**QA05_H66**  Were you covered by health insurance at any time during the past 12 months?
您在過去 12 個月中的任何時間內有沒有享受過醫療保險？

**AI27**

- YES................................................................... 1  [GO TO QA05_H68]
- NO.................................................................... 2
- REFUSED..................................................... -7
- DON'T KNOW............................................... -8
QA05_H67  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？

[AI28]

MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO..............1
MORE THAN 3 YEARS AGO........................................2
NEVER HAD HEALTH INSURANCE..................................3
REFUSED.................................................................-7
DON'T KNOW.........................................................-8

[GO TO PN QA05_I1]

QA05_H68  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？

[AI29]

[IF LESS THAN ONE MONTH, ENTER 0 (ZERO)]

____ MONTHS [HR: 0-12]

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

QA05_H69  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他計劃？

[AI30]

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

[PROBE: "Any others?"]
[PROBE: "還有其他的嗎？"]

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
Section I – Child and Adolescent Health Insurance

Child

**PROGRAMMING NOTE QA05_I1**

IF NO SELECTED CHILD, GO TO PN QA05_I30 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE = 0, GO TO PN QA05_I2
ELSE CONTINUE WITH QA05_I1

**Child’s health insurance**

**QA05_I1** These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as {you/ADULT RESPONDENT NAME}?

*以下是關於{}可能有的健康保險的問題。

**CF10A**

YES..............................................................1 [GO TO QA05_I24]
NO......................................................................2
REFUSED................................................................-7
DON’T KNOW....................................................-8

IF QA05_I1 = 1 AND ARMACARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPOTH= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AROTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AROTH = 1, SET CHOTH = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AIHS= 1, SET CHIHS = 1

**PROGRAMMING NOTE QA05_I2**

IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2
ELSE GO TO QA05_I3

**QA05_I2** Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

{}的保險是否與您的保險相同?

**MA1**

YES..............................................................1 [GO TO QA05_I16]
NO......................................................................2
REFUSED................................................................-7
DON’T KNOW....................................................-8

IF QA05_I2 = 1 AND SPMACARE = 1, SET CHMACARE = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPEMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPEMPS= 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPOTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPOTH = 1, SET CHOTH = 1 AND SET CHINSURE = 1
QA05_I3  Is {he/she/he or she} currently covered by Medi-CAL?
{}目前是否享受Medi-CAL（加州醫療保健計劃）的保賠？

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 QA05_I7]
NO.................................................................2
REFUSED......................................................-7 [GO TO QA05_I5]
DON'T KNOW.................................................-8 [GO TO QA05_I5]

IF QA05_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA05_I4  What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
{}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
DON'T NEED IT BECAUSE HEALTHY....................7
ALREADY HAVE INSURANCE............................8
DIDN'T KNOW IT EXISTED................................9
DON'T LIKE / WANT WELFARE........................10
OTHER........................................................91
REFUSED......................................................-7
DON'T KNOW................................................-8

QA05_I5  Is (CHILD) covered by the Healthy Families Program?
{} 有沒有享受健康家庭計劃 (Healthy Families)?

CF2

[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 [GO TO QA05_I7]
NO.................................................................2
REFUSED......................................................-7 [GO TO QA05_I7]
DON'T KNOW.........................................................-8 [GO TO QA05_I7]

IF QA05_I5, SET CHHFAM = 1 AND SET CHINSURE = 1
QA05_I6  What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?  
{孩子的名字/年齡/性別} 沒有加入健康家庭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  
 DON’T NEED IT BECAUSE HEALTHY.................7  
 ALREADY HAVE INSURANCE..........................8  
 Didn’t KNOW IT EXISTED...............................9  
 DON’T LIKE / WANT WELFARE.........................10  
 OTHER....................................................91  
 REFUSED..................................................-7  
 DON’T KNOW............................................-8
QA05_I7  Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

{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？

CF3

YES...................................................................................1 [GO TO QA05_I9]
NO...................................................................................2
REFUSED .................................................................-7
DON'T KNOW ..........................................................-8

IF QA05_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA05_I8  Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?

{孩子的名字/年齡/性別} 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？請不要包括僅支付某些疾病（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。

CF4

YES...................................................................................1
NO...................................................................................2
REFUSED .................................................................-7
DON'T KNOW ..........................................................-8 [GO TO PN QA05_I12]

IF QA05_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

QA05_I9  Do you pay any or all of the premium or cost for (CHILD's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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。

AI54

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

[IF NEEDED, SAY: "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."

"保费是您的健康保險計劃的每月收費。"

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

A-125
QA05_I10  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD’s) health plan?
是任何其他人，例如雇主、工会或专业组织，支付 (CHILD NAME/AGE/SEX) 的保健计划的全部或部份保费或费用？

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>AI50</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_I12]

QA05_I11  Who else pays all or some portion of the cost for (CHILD’s) health plan?
是誰?

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>AI51</td>
<td></td>
</tr>
<tr>
<td>CURRENT EMPLOYER</td>
<td>1</td>
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<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>
<td>-8</td>
</tr>
</tbody>
</table>

IF QA05_I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0
IF QA05_I11 = 8, SET CHHFAM = 1
IF QA05_I11 = 7, SET CHMCAL = 1

PROGRAMMING NOTE QA05_I12
IF CHINSURE = 1, GO TO PN QA05_I16;
ELSE CONTINUE WITH QA05_I12

QA05_I12  Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
{他/她} 是否享受 CHAMPUS/CHAMP VA, Tricare 或其他軍隊醫療護理計劃？

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>CF6</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_I16]

IF QA05_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1
QA05_I13 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
(他/她) 是否享受其他政府醫療計劃，如 AIM、「Mister MIP」或其他計劃？

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program"]
[IF NEEDED, SAY: “AIM 表示母嬰營養計劃、「Mister MIP」或 MRMIP 的意思是主要風險醫療保險計劃。”]

AIM.................................................................1 [GO TO PN QA05_I16]
"MISTER MIP”/MRMIP .......................................2 [GO TO PN QA05_I16]
NO OTHER PLAN..............................................3
SOMETHING ELSE (SPECIFY): _________________91 [GO TO PN QA05_I16]
REFUSED........................................................-7
DON’T KNOW....................................................-8

IF QA05_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA05_I14 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?
(他/她) 有沒有通過我漏掉的計劃享受任何醫療保險？

CF8

YES.................................................................1 [GO TO PN QA05_I16]
NO.................................................................2
REFUSED........................................................-7
DON’T KNOW....................................................-8


**QA05_I15**  What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?  
{他/她}的醫療保險屬於哪一類型？是來自加州醫療輔助計劃、健康家庭計劃，雇主或工會，還是來自其他來源？

**CF9**  
[CIRCLE ALL THAT APPLY.]  
[PROBE: "Any others?"]  
[PROBE: "還有其他來源嗎？”]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH CURRENT OR FORMER EMPLOYER/UNION</td>
<td>1</td>
</tr>
<tr>
<td>THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP</td>
<td>2</td>
</tr>
<tr>
<td>PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)</td>
<td>3</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>4</td>
</tr>
<tr>
<td>MEDI-CAL</td>
<td>5</td>
</tr>
<tr>
<td>HEALTHY FAMILIES</td>
<td>6</td>
</tr>
<tr>
<td>CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE</td>
<td>7</td>
</tr>
<tr>
<td>INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC</td>
<td>8</td>
</tr>
<tr>
<td>HEALTHY KIDS</td>
<td>9</td>
</tr>
<tr>
<td>OTHER GOVERNMENT HEALTH PLAN</td>
<td>91</td>
</tr>
<tr>
<td>OTHER NON-GOVERNMENT HEALTH PLAN</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>

**IF** QA05_I15 **= 1**, SET CHEMP = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 2**, SET CHEMP = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 3**, SET CHDIRECT = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 4**, SET CHMCARE = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 5**, SET CHMCAL = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 6**, SET CHHFAM = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 7**, SET CHMILIT = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 8**, SET CHIHS = 1  
**IF** QA05_I15 **= 91**, SET CHOTHGOV = 1 AND CHINSURE = 1  
**IF** QA05_I15 **= 92**, SET CHINSURE = 1 AND CHOTHER = 1  
**IF** QA05_I15 **= -7** OR **-8**, SET CHINSURE = 1
PROGRAMMING NOTE QA05_I16
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA05_I16,
ELSE GO TO PN QA05_I19

Child’s managed care plan characteristics
QA05_I16 What is the name of (CHILD)’s main health plan?
{}參加的主要健康計劃的名稱是什麼？

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an
insurance card or something else with the plan name on it?”]

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAISER</td>
<td>1</td>
</tr>
<tr>
<td>BLUE CROSS/CALIFORNIA CARE</td>
<td>2</td>
</tr>
<tr>
<td>PACIFICARE</td>
<td>3</td>
</tr>
<tr>
<td>BLUE SHIELD/CAREAMERICA</td>
<td>4</td>
</tr>
<tr>
<td>HEALTH NET</td>
<td>5</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>6</td>
</tr>
<tr>
<td>MEDI-CAL OR MEDICAID</td>
<td>7</td>
</tr>
<tr>
<td>(NAME OF COUNTY MEDI-CAL PLAN)</td>
<td>8</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_I17
IF QA05_I16 = 1 (KAISER), CODE QA05_I17 =1 (YES) AND GO TO QA05_I18.

QA05_I17 Is (CHILD)’s main health plan an HMO, that is, a Health Maintenance Organization?
{}參加的主要健康計畫是不是HMO，即健康維護機構計劃?

[NOTE: IF R SAYS WHAT AN HMO IS, THEN SAY: “With an HMO, (he/she) must generally receive
care from HMO doctors or the expense is not covered, unless (he/she) was referred by the HMO or
there was a medical emergency.”]

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>7</td>
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<td>8</td>
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QA05_I18 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？

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
</tr>
<tr>
<td>7</td>
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<tr>
<td>8</td>
</tr>
</tbody>
</table>
Child—reasons for non-coverage

QA05_I19 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

CHANGED EMPLOYER/LOST JOB.........................1
EMPLOYER DOES NOT OFFER.............................2
NOT ELIGIBLE DUE TO WORKING STATUS...........3
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS......................................4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS...............................5
CAN’T AFFORD/TOO EXPENSIVE......................6
FAMILY SITUATION CHANGED.........................7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.).......................................8
DON’T BELIEVE IN INSURANCE.......................9
HEALTHY -- NO NEED..................................10
PAYS FOR OWN CARE -- NO NEED...............11
GETS HEALTH CARE FREE -- NO NEED........12
OTHER (SPECIFY) ____________________________91
REFUSED.............................................-7
DON’T KNOW...........................................-8

Child’s coverage over past 12 months

QA05_I20 Was (CHILD) covered by health insurance at any time during the past 12 months?

{孩子的名字/年齡/性別} 是否在過去 12 個月中的任何時間均享受醫療保險？

CF20

YES.................................................................1 [GO TO QA05_I22]
NO.............................................................2
REFUSED....................................................-7
DON’T KNOW..............................................-8
**QA05_I21** How long has it been since (CHILD) last had health insurance?

{孩子的名字/年齡/性別} 上一次有醫療保障到現在已經有多長時間？

**CF21**

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO..........................1
MORE THAN 3 YEARS AGO..................................................2
NEVER HAD HEALTH INSURANCE COVERAGE.. 3
REFUSED..............................................................-7
DON'T KNOW/NOT SURE...............................-8

**QA05_I22** For how many of the last 12 months did {he/she/he or she} have health insurance?

在過去 12 個月中，有多少個月份 {他/她} 有醫療保障？

**CF22**

[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

____ MONTHS [RANGE: 0-12]

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

**QA05_I23** During those months when (CHILD) had health insurance, was {his/her/his or her} insurance Medi-Cal, Healthy Families, a plan you obtained through an employer, or some other plan?

在 {孩子的名字/年齡/性別} 有醫療保障的月份中，{他/她} 的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，還是其他計劃？

**CF23**

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "還有其他計劃嗎？ ”]

MEDI-CAL..............................................................1
HEALTHY FAMILIES..................................................2
THROUGH CURRENT OR FORMER EMPLOYER UNION......3
HEALTHY KIDS............................................................4
OTHER HEALTH PLAN..........................................91
其他醫療計劃.....................................................91
REFUSED..............................................................-7
DON'T KNOW.....................................................-8
QA05_I24 Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

請想一想 {孩子的名字/年齡/性別} 目前的醫療保險，{他/她}在過去 12 個月中，是不是都是享受的同一種保險？

CF24

YES............................................................................................1 [GO TO PN QA05_I30]
NO.........................................................................................2
REFUSED..............................................................................-7
DON’T KNOW.......................................................................-8

QA05_I25 When {he/she/he or she} wasn’t covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

當 {他/她} 沒有享受目前的醫療保險時，{他/她}有沒有其他任何醫療保險？

CF25

YES............................................................................................1
NO.........................................................................................2
REFUSED..............................................................................-7
DON’T KNOW.......................................................................-8 [GO TO QA05_I27]

QA05_I26 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

其他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，還是其他計劃？

CF26

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "還有其他計劃嗎？"]

 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

QA05_I27 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

在過去 12 個月中，{他/她} 有沒有任何時間完全沒有醫療保險？

CF27

YES............................................................................................1
NO.........................................................................................2
REFUSED..............................................................................-7
DON’T KNOW.......................................................................-8 [GO TO PN QA05_I30]
QA05_I28  For how many of the past 12 months did (he/she/he or she) have no health insurance?
在過去 12 個月中，他/她 有多少個月完全沒有醫療保險？

[ CF28 ]

_____ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]

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

QA05_I29  What is the ONE MAIN reason (CHILD) did not have any health insurance during the time (he/she/he or she) wasn’t covered?
在{孩子的名字/年齡/性別} 沒有保險的日子裡，{他/她} 沒有醫療保險的一個主要原因是什么？

[ CF29 ]

[IF R SAYS, "No need," PROBE WHY]

CHANGED EMPLOYER/LOST JOB.................................... 1
EMPLOYER DID NOT OFFER...................................... 2
NOT ELIGIBLE DUE TO WORKING STATUS.................... 3
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS ............................................. 4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ......................................... 5
COULDN'T AFFORD/TOO EXPENSIVE ......................... 6
FAMILY SITUATION CHANGED ................................. 7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.) ................................................ 8
DIDN'T BELIEVE IN INSURANCE ............................... 9
HEALTHY -- NO NEED ....................................... 10
PAID FOR OWN CARE -- NO NEED ......................... 11
GOT HEALTH CARE FREE -- NO NEED .................. 12
OTHER (SPECIFY) ............................................ 91
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
Teen
Teen's health insurance

PROGRAMMING NOTE QA05_I30
IF NO TEEN SELECTED, GO TO QA05_J1;
IF ARINSURE = 1, CONTINUE WITH QA05_I30
IF ARINSURE = 0, GO TO PN QA05_I31
ELSE CONTINUE WITH QA05_I30

QA05_I30  These next questions are about health insurance (TEEN) may have.
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 QA05_I54]
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW.............................................-8

IF QA05_I30 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPS= 1, SET TEMPS = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPOTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARIHS= 1, SET TEIHS = 1

PROGRAMMING NOTE QA05_I31
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I31
ELSE GO TO PN QA05_I32

QA05_I31  Does (TEEN) have the same insurance as your spouse?
{的保險是否與您的{的保險相同？

MA5
YES.................................................................1  [GO TO QA05_I46]
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW.............................................-8

IF QA05_I31 = 1 AND SPMHCARE = 1, SET TEMHCARE = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMHCAL= 1, SET TEMHCAL = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPS= 1, SET TEMPS = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
PROGRAMMING NOTE QA05_I32
IF CHINSURE = 1, CONTINUE WITH QA05_I32
ELSE GO TO QA05_I33

QA05_I32

Does (TEEN) have the same insurance as (CHILD)?

{}的保險是否與{}的保險相同?

MA6

YES...................................................................................1 [GO TO PN QA05_I54]
NO...................................................................................2
REFUSED.................................................................-7
DON'T KNOW......................................................-8

IF QA05_I32 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHEMP = 1, SET TEMP = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I32= 1 AND CHIHS= 1, SET TEIHS = 1

QA05_I33

Is {he/she/he or she} currently covered by Medi-CAL?

{}是否享受Medi-CAL（加州醫療保健計劃）的保賠?

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
一項計畫。”]

YES.................................................................1 [GO TO QA05_I37]
NO.................................................................2
REFUSED.............................................................-7 [GO TO QA05_I35]
DON'T KNOW..................................................-8 [GO TO QA05_I35]

IF QA05_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
**QA05_I34**  What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
{孩子的名字/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?

**IA1A**

- PAPERWORK TOO DIFFICULT ......................... 1
- DIDN'T KNOW IF ELIGIBLE .............................. 2
- INCOME TOO HIGH, NOT ELIGIBLE .................... 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
  IMMIGRATION STATUS .................................... 4
- OTHER NOT ELIGIBLE ................................. 5
- DON'T BELIEVE IN HEALTH INSURANCE .......... 6
- DON'T NEED IT BECAUSE HEALTHY ................. 7
- ALREADY HAVE INSURANCE ......................... 8
- DIDN'T KNOW IT EXISTED ............................. 9
- DON'T LIKE / WANT WELFARE ....................... 10
- OTHER .................................................. 91
- REFUSED ................................................ 7
- DON'T KNOW ......................................... 8

**QA05_I35**  Is (TEEN) covered by the Healthy Families Program?
{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歲以下的孩子支付醫療保險費用。”]

- YES ............................................................... 1  [GO TO QA05_I37]
- NO ............................................................. 2
- REFUSED ................................................... 7  [GO TO QA05_I37]
- DON'T KNOW .............................................. 8  [GO TO QA05_I37]

**IF QA05_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1**

**QA05_I36**  What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
{孩子的名字/年齡/性別} 沒有加入健康家庭計劃的一個主要原因是什麼?

**IA2A**

- PAPERWORK TOO DIFFICULT ......................... 1
- DIDN'T KNOW IF ELIGIBLE .............................. 2
- INCOME TOO HIGH, NOT ELIGIBLE .................... 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
  IMMIGRATION STATUS .................................... 4
- OTHER NOT ELIGIBLE ................................. 5
- DON'T BELIEVE IN HEALTH INSURANCE .......... 6
- DON'T NEED IT BECAUSE HEALTHY ................. 7
- ALREADY HAVE INSURANCE ......................... 8
- DIDN'T KNOW IT EXISTED ............................. 9
- DON'T LIKE / WANT WELFARE ....................... 10
- OTHER .................................................. 91
- REFUSED ................................................ 7
- DON'T KNOW ......................................... 8
QA05_I37  Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union? (孩子的名字/年齡/性別) 有沒有享受通過你或其他人的工作或工會提供的醫療保險計劃或管理式保健組織計劃 ( HMO )?

IA3

YES.................................................................1  [GO TO QA05_I39]
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW.................................................-8

IF QA05_I37 = 1, SET TEEMP = 1 AND SET TEINSURE = 1
QA05_I38  Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?

{} 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？請不要包括僅支付某些疾病（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。

IA4

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

[GO TO PN QA05_I42]

IF QA05_I38 = 1, SET TEDITECT = 1 AND SET TEINSURE = 1

QA05_I39  Do you pay any or all of the premium or cost for (TEEN’s) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

您是否支付(ADOLESCENT/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。

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

QA05_I40  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN’s) health plan?

是否有任何其他人，例如雇主、工會或專業機構，支付(ADOLESCENT/AGE/SEX)的保健計劃的全部或部份保費或費用？

AI52

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

[GO TO PN QA05_I42]
QA05_I41  Who else pays all or some portion of the cost for (TEEN's) health plan?
是誰?

**AI53**

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

IF QA05_I41 = 1-6, SET TEEMP = 1
IF QA05_I41 = 7, SET TEMCAL = 1
IF QA05_I41 =8, SET TEHFAM = 1

**PROGRAMMING NOTE QA05_I42**

IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA05_I46; ELSE CONTINUE WITH QA05_I42

QA05_I42  Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
{}是否享受CHAMPUS/CHAMP VA、Tricare、VA或某些其他軍隊健康護理計劃的保賠?

**IA6**

- YES .............................................................................. 1 [GO TO PN QA05_I46]
- NO .............................................................................. 2
- REFUSED ................................................................. -7
- DON’T KNOW ............................................................ -8

IF QA05_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA05_I43  Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?
{}是否享受某些其他政府健康計劃的保賠，例如AIM、Mister MIP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指「母嬰服務計畫」：Mister MIP或MRMIP指「重大風險醫療保險計 劃」。"]

- AIM .............................................................................. 1 [GO TO PN QA05_I46]
- "MISTER MIP"/MRMIP .................................................. 2 [GO TO PN QA05_I46]
- NO OTHER PLAN ....................................................... 3
- SOMETHING ELSE (SPECIFY): _____________________ 91 [GO TO PN QA05_I46]
- REFUSED ................................................................. -7
- DON’T KNOW ............................................................ -8

IF QA05_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1
QA05_I44  Does {he/she/he or she} have any health insurance coverage through a plan that I missed? 
(他/她) 有没有享受任何我漏掉的其他医疗保险计划？

IA8

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

[GO TO PN QA05_I49]

QA05_I45  What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?
(享受哪種類型的健康保險？該健康保險是透過Medi-CAL（加州醫療保健計劃）、Healthy Families（健康家庭計劃）、僱主或工會獲得的、還是從某些其他來源獲得的？)

IA9

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: “還有任何其他計畫嗎？”]

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

IF QA05_I45 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 2, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 3, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA05_I45 = 4, SET TEMCARE = 1 AND TEINSURE = 1
IF QA05_I45 = 5, SET TEMCAL = 1 AND TEINSURE = 1
IF QA05_I45 = 6, SET TEHFAM = 1 AND TEINSURE = 1
IF QA05_I45 = 7, SET TEMILIT = 1 AND TEINSURE = 1
IF QA05_I45 = 8, SET TEIHS = 1
IF QA05_I45 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA05_I45 = 92, SET TEINSURE = 1 AND TEOTHER = 1
IF QA05_I45= -7 OR -8, SET TEINSURE = 1
PROGRAMMING NOTE QA05_I46
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA05_I46,
ELSE GO TO PN QA05_I49

Teen’s managed care plan characteristics
QA05_I46 What is the name of (TEEN)’s main health plan?
{参加的主要健康計劃的名稱是什麼}

MA7

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (TEEN) have an
insurance card or something else with the plan name on it?”]
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “{}是否有保險卡或印有計劃
名稱的其他文件?”]

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

PROGRAMMING NOTE QA05_I47:
IF QA05_I46 = 1 (KAISER), CODE QA05_I47 = 1 (YES) AND GO TO QA05_I48

QA05_I47 Is (TEEN)’s main health plan an HMO, that is, a Health Maintenance Organization?
{參加的主要健康計劃是不是HMO，即健康維護機構計劃？}

MA8

[NOTE: IF R ASKS WHAT AN HMO IS, THEN SAY: “With an HMO, {he/she} must generally
receive care from HMO doctors or the expense is not covered, unless {he/she} was
referred by the HMO or there was a medical emergency.”]
[NOTE: IF R ASKS WHAT AN HMO IS, THEN SAY: “參加HMO計劃後，{}通常必須在HMO醫生處接
受醫療護理服務，除非{}經HMO轉介或需要接受急診服務，否則費用不會得到保賠。”]

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

QA05_I48 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
PROGRAMMING NOTE QA05_I49:
IF TEINSURE = 1, GO TO QA05_I54;
ELSE CONTINUE WITH QA05_I49.

Teen—reasons for non-coverage

QA05_I49  What is the ONE MAIN reason (TEEN) does not have any health insurance?

IA18

CHANGED EMPLOYER/LOST JOB..........................1
EMPLOYER DID NOT OFFER................................2
NOT ELIGIBLE DUE TO WORKING STATUS.........3
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS..................................................4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS.................................5
COULDN'T AFFORD/TOO EXPENSIVE...............6
FAMILY SITUATION CHANGED.........................7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.).........................................8
DIDN'T BELIEVE IN INSURANCE........................9
HEALTHY -- NO NEED....................................10
PAID FOR OWN CARE -- NO NEED..................11
GOT HEALTH CARE FREE -- NO NEED............12
OTHER (SPECIFY) ____________________________91
REFUSED....................................................-7
DON'T KNOW..............................................-8

QA05_I50  Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

YES...............................................................1   [GO TO QA05_I52]
NO.............................................................2
REFUSED....................................................-7
DON'T KNOW..............................................-8

QA05_I51  How long has it been since (TEEN) last had health insurance?

IA21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO............................1
NEVER HAD HEALTH INSURANCE COVERAGE....3
REFUSED....................................................-7
DON'T KNOW/NOT SURE.............................-8   [GO TO QA05_I60]
QA05_I52  For how many of the last 12 months did {he/she/he or she} have health insurance?
在過去十二個月中，{}有幾個月享有健康保險？

IA22

[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

____ MONTHS [RANGE: 0-12]

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

QA05_I53  During those months when (TEEN) had health insurance, was {his/her/his or her} insurance 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} 有醫療保險的月份裡，{他/她} 的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、還是其他計劃？

IA23

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "還有其他計劃嗎？"]

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

Teen's coverage over past 12 months

QA05_I54  Thinking about {his/her/his or her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?
請想一想{}目前參加的健康保險，{}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？

IA24

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

QA05_I55  When {he/she/he or she} wasn’t covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?
當 {他/她} 沒有享受目前的醫療保險計劃時，{他/她} 有沒有其他任何醫療保險？

IA25

YES.................................................................1
NO.................................................................2
REFUSED........................................................-7
DON'T KNOW...................................................-8
QA05_I56  Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?
{他/她} 其他的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、還是其他計劃？

IA26  [CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "還有其他計劃嗎？"]

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

QA05_I57  During the past 12 months, was there any time when (he/she/he or 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？

IA27  YES........................................................................1
NO..............................................................................2
REFUSED.................................................................-7
DON'T KNOW............................................................-8 [GO TO QA05_I60]

QA05_I58  For how many of the past 12 months did (he/she/he or she) have no health insurance?
在過去十二個月中，{他/她} 有幾個月完全沒有健康保險？

IA28  ______ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]
REFUSED.................................................................-7
DON'T KNOW............................................................-8

QA05_I59  What is the ONE MAIN reason (TEEN) did not have any health insurance during the time (he/she/he or she) wasn’t covered?
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？

IA29  [IF R SAYS, "No need," PROBE WHY]

CHANGED EMPLOYER/LOST JOB.................................1
EMPLOYER DID NOT OFFER........................................2
NOT ELIGIBLE DUE TO WORKING STATUS.................3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS........................................4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS..................................5
COULDN'T AFFORD/TOO EXPENSIVE............................6
FAMILY SITUATION CHANGED...................................7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.)......................................................8
DIDN’T BELIEVE IN INSURANCE......................... 9
HEALTHY -- NO NEED....................................... 10
PAID FOR OWN CARE -- NO NEED....................... 11
GOT HEALTH CARE FREE -- NO NEED................... 12
OTHER (SPECIFY) _______________________________ 91
REFUSED................................................................ -7
DON’T KNOW.................................................... -8

QA05_I60 Do you now have any type of insurance that pays part or all of (TEEN) dental care?
您目前是否有任何類型的保險可以支付{}的部份或全部牙科護理費用?

MA10

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

PROGRAMMING NOTE QA05_I61:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I61 In what country was {TEEN’S} {mother/father} born?
{ ADOLESCENT /AGE/SEX }的母親是在哪個國家出生的?

AI56

UNITED STATES................................................. 1
AMERICAN SAMOA........................................... 2
CAMBODIA....................................................... 3
CANADA........................................................... 4
CHINA............................................................. 5
CUBA.............................................................. 6
EL SALVADOR................................................. 7
ENGLAND........................................................ 8
GERMANY....................................................... 9
GUAM............................................................ 10
GUATEMALA................................................... 11
HONG KONG.................................................. 12
INDIA.............................................................. 13
IRAN.............................................................. 14
JAPAN............................................................. 15
KOREA........................................................... 16
MEXICO......................................................... 17
NICARAGUA.................................................... 18
PAKISTAN....................................................... 19
PERU............................................................. 20
PHILIPPINES................................................... 21
RUSSIA.......................................................... 22
TAIWAN........................................................ 23
VIETNAM....................................................... 24
VIRGIN ISLANDS.............................................. 25
......OTHER (SPECIFY):_____________________ 91
REFUSED............................................................ -7
DON’T KNOW.................................................... -8
PROGRAMMING NOTE QA05_I62:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I62 Does {TEEN’S} {mother/father} now live in the U.S.?
{ ADOLESCENT /AGE/SEX }的母親目前住在美國嗎?

AI57

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

[GO TO QA05_J1]
### PROGRAMMING NOTE QA05_I63:

| QA05_A5 = 1 (R IS MALE), DISPLAY “mother”; |
| QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”; |

**QA05_I63**  
Is {TEEN’S} {mother/father} a citizen of the United States?  
{ADOLESCENT /AGE/SEX}的母親是美國公民嗎?

| AI58 | YES........................................................................................................1 | [GO TO PN QA05_I65] |
|      | NO.......................................................................................................2 |
|      | APPLICATION PENDING...........................................................................3 |
|      | REFUSED...............................................................................................-7 |
|      | DON’T KNOW..........................................................................................-8 |

### PROGRAMMING NOTE QA05_I64:

| QA05_A5 = 1 (R IS MALE), DISPLAY “mother”; |
| QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”; |

**QA05_I64**  
Is {TEEN’S} {mother/father} a permanent resident with a green card?  
{ADOLESCENT /AGE/SEX}的母親是持有綠卡的永久居民嗎?

| AI59 | YES........................................................................................................1 |
|      | NO.......................................................................................................2 |
|      | APPLICATION PENDING...........................................................................3 |
|      | REFUSED...............................................................................................-7 |
|      | DON’T KNOW..........................................................................................-8 |

### PROGRAMMING NOTE QA05_I65:

| QA05_A5 = 1 (R IS MALE), DISPLAY “mother”; |
| QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”; |

**QA05_I65**  
About how many years has {TEEN’S} {mother/father} lived in the United States?  
{ADOLESCENT /AGE/SEX}的母親在美國已居住大約多少年?

| AI60 | _____ NUMBER OF YEARS [IF < 1 YEAR, ENTER "1"] |
|      | OR YEAR TO FIRST COME AND LIVE IN U.S.  |
|      | MOTHER/FATHER DECEASED.....................................................................3 |
|      | REFUSED...............................................................................................-7 |
|      | DON’T KNOW..........................................................................................-8 |
Section J – Health Care Utilization and Access, Mental Health

Visits to medical doctor

QA05_J1  Now, I’d like to ask about the health care you receive.
現在，我想提出幾個有關您所接受的健康護理的問題。

During the past 12 months, how many times have you seen a medical doctor?
在過去十二個月中，您曾經幾次去看醫生?

AH5  ______ TIMES [RANGE: 0-365]

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

PROGRAMMING NOTE QA05_J2:
IF QA05_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA05_J2;
ELSE GO TO PROGRAMMING NOTE QA05_J3

QA05_J2  About how long has it been since you last saw a doctor about your own health?
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 [GO TO QA05_J7]
MORE THAN 5 YEARS AGO .................. 3 [GO TO QA05_J7]
NEVER .............................................. 4 [GO TO QA05_J7]
REFUSED ............................................ -7 [GO TO QA05_J9]
DON’T KNOW ...................................... -8 [GO TO QA05_J9]

PROGRAMMING NOTE QA05_J3:
IF QA05_J1 > 0 OR QA05_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA05_J3;
ELSE GO TO QA05_J7

Communication with doctor

QA05_J3  The last time you saw a doctor, did you have a hard time understanding the doctor?
您上次看醫生時，是否很難聽懂醫生說的話?

AJ8

YES ...................................................... 1
NO ...................................................... 2
REFUSED ............................................. -7 [GO TO QA05_J7]
DON’T KNOW ....................................... -8

QA05_J4  Was this because you and the doctor spoke different languages?
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 [GO TO QA05_J7]
DON’T KNOW ....................................... -8
### QA05_J5
Did you need someone else to help you understand the doctor?
您是否需要其他人的幫助才能聽懂醫生的話?

<table>
<thead>
<tr>
<th>AJ10</th>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

### QA05_J6
Who was this person who helped you understand the doctor?
是誰幫助您聽懂醫生說的話?

<table>
<thead>
<tr>
<th>AJ11</th>
<th>MINOR CHILD (UNDER AGE 18)</th>
<th>AN ADULT FAMILY MEMBER OR FRIEND OF MINE</th>
<th>NON-MEDICAL OFFICE STAFF</th>
<th>MEDICAL STAFF INCLUDING NURSES/DOCTORS</th>
<th>PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)</th>
<th>OTHER (PATIENTS, SOMEONE ELSE)</th>
<th>DID NOT HAVE SOMEONE TO HELP</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

### Doctor QA05_J7
Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?
是否曾經有過這樣的情形－如果您屬於另一個種族或種族團體就會獲得更好的醫療護理服務?

<table>
<thead>
<tr>
<th>AJ17</th>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

### QA05_J8
Think about the last time this happened. How long ago was that?
請回想一下上次出現此種情形的時間，那是在多久以前?

<table>
<thead>
<tr>
<th>AJ18</th>
<th>A YEAR AGO OR LESS</th>
<th>MORE THAN 1 UP TO 2 YEARS AGO</th>
<th>MORE THAN 2 UP TO 3 YEARS AGO</th>
<th>MORE THAN 3 UP TO 5 YEARS AGO</th>
<th>MORE THAN 5 UP TO 10 YEARS AGO</th>
<th>MORE THAN 10 UP TO 20 YEARS AGO</th>
<th>MORE THAN 20 YEARS AGO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>
Emergency room visits

PROGRAMMING NOTE QA05_J9
IF QA05_B6 = 1 (YES, R VISITED ER FOR ASTHMA) CODE QA05_J9 = 1 AND GO TO QA05_J10;
ELSE, CONTINUE WITH QA05_J9

QA05_J9 During the past 12 months, did you visit a hospital emergency room for your own health?
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？

AH12

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

Mental health

QA05_J10 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

QA05_J11 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time,
some of the time, a little of the time, or none of the time?
在過去 30 天內，您大約每隔多久會感到毫無希望 — 始終、大多數時間、有時、很少還是從不?

AJ30

ALL ................................................................. 1
MOST ............................................................... 2
SOME ............................................................ 3
A LITTLE ......................................................... 4
NONE ............................................................ 5
REFUSED .......................................................-7
DON'T KNOW ..................................................-8
**QA05_J12**

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焦慮或煩躁？

**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: “始終、大多數時間、有時、很少還是從不？”]

<table>
<thead>
<tr>
<th>All</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most</td>
<td>2</td>
</tr>
<tr>
<td>Some</td>
<td>3</td>
</tr>
<tr>
<td>A little</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_J13**

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，任何事也無法使您高興起來？

**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？”]

<table>
<thead>
<tr>
<th>All</th>
<th>1</th>
</tr>
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<tbody>
<tr>
<td>Most</td>
<td>2</td>
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<tr>
<td>Some</td>
<td>3</td>
</tr>
<tr>
<td>A little</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_J14**

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？”]

<table>
<thead>
<tr>
<th>All</th>
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<tbody>
<tr>
<td>Most</td>
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<td>A little</td>
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<td>None</td>
<td>5</td>
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<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>-8</td>
</tr>
</tbody>
</table>
**QA05_J15**

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用處？

<table>
<thead>
<tr>
<th>AJ34</th>
</tr>
</thead>
<tbody>
<tr>
<td>[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?”]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY: “始終、大多數時間、有時、很少還是從不？”]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALL</th>
<th>MOST</th>
<th>SOME</th>
<th>A LITTLE</th>
<th>NONE</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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<tbody>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_J16**

During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?

在過去 12 個月裡，你有沒有覺得自己可能需要情緒或精神保健問題方面的幫助，比如你感到難過、沮喪、焦慮或緊張？

<table>
<thead>
<tr>
<th>AJ2</th>
</tr>
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<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**QA05_J17**

Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems?

在過去 12 個月中，您是否曾經因情緒或精神健康問題與精神病學家、心理學家、社會工作者或諮詢員約診？請勿包括住院、急診室就診或吸毒或酗酒門診。

<table>
<thead>
<tr>
<th>AJ3</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

A-152
Mental health services

QA05_J18 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，例如心理學家或精神病學家門診，治療提供保賠?

AJ1

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

QA05_J19 During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

在過去 12 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物，例如抗憂鬱藥或鎮靜劑？

AJ5

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

QA05_J20 During the past 12 months, did you have difficulties or delays in getting mental health treatment?

在過去 12 個月中，您在獲得精神健康治療方面是否遇到困難或延誤？

AJ6

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

PROGRAMMING NOTE QA05_J21:

IF QA05_J9 = 2 (NO ER VISIT PAST 12 MONTHS, GO TO PN QA05_J22
ELSE, CONTINUE WITH QA05_J21

QA05_J21 In the past 12 months, did you receive care in an emergency room for emotional or mental health problems?

在過去 12 個月中，您是否曾經因情感或精神健康問題在急診室接受護理？

AJ7

YES.................................................................1
NO.................................................................2
REFUSED....................................................-7
DON'T KNOW..............................................-8
Discussed diet and exercise

**PROGRAMMING NOTE QA05_J23**

If QA05_J1 > 0 or QA05_J2 = 0 (R HAS SEEN DOCTOR IN LAST 12 MONTHS) CONTINUE WITH QA05_J23

Else go to QA05_K1

**QA05_J22**

Doctors, nurses, or other health providers sometimes talk with patients about low-fat, low-salt, or reduced calorie diets.

在過去 12 個月中，您的健康服務提供者是否與您討論過您的飲食數量或 類型或向您提供這方面的信息？

<table>
<thead>
<tr>
<th>AJ27</th>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_J23**

In the last 12 months, did your health provider talk with you or give you information about how much or what kind of exercise you get?

在過去 12 個月中，您的健康服務提供者是否與您討論過您的運動量或類型或向您提供這方面的信息？

<table>
<thead>
<tr>
<th>AJ28</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-7</td>
</tr>
</tbody>
</table>
Section K – Employment, Income, Poverty Status

**PROGRAMMING NOTE QA05_K1:**
IF QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA05_K1;
ELSE GO TO PROGRAMMING NOTE QA05_K7

**Hours worked QA05_K1**
This is about the work you do. How many hours per week do you usually work at all jobs or businesses?
我現在想再提出幾個有關您的工作的問題。
您在從事的所有的工作或業務中每週通常工作多少小時?

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

<table>
<thead>
<tr>
<th>HOURS</th>
<th>[HR: 0-95]</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>........................................ -7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>........................................ -8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_K2**
IF QA05_K1 = 0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA05_K7;
ELSE CONTINUE WITH QA05_K2 AND
IF QA05_G26 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”,
IF QA05_G26 = 2 (GOVERNMENT), CODE QA05_K2 AS “GOVERNMENT” AND GO TO QA05_K3
IF QA05_G26 = 3 (SELF-EMPLOYED), DISPLAY “self-employed”,
IF QA05_G26 = 4 (FAMILY BUSINESS OR FARM), DISPLAY “working without pay in a family business or farm”.

**Occupation/industry QA05_K2**
Earlier, you told me that on your main job, you are (employed by a private company/ self-employed/ working without pay in a family business or farm). What kind of business or industry is this?
早些時候您曾經告訴我您的主要工作是在私人公司任職。
這家公司從事的是哪一種業務或屬於哪一個行業?

[IF NEEDED, SAY: “What do they make or do at this business?”]
[IF NEEDED, SAY: “製造什麼產品或從事什麼業務？”]

[INTERVIEWER: ENTER DESCRIPTION]

___________________________ (BUSINESS OR INDUSTRY)

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

**QA05_K3**
What is the main kind of work you do?
您主要從事何種類型的工作?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

___________________________ (OCCUPATION)

| REFUSED | ........................................ -7 |
| DON'T KNOW | ........................................ -8 |
QA05_K4  How long have you worked at your main job?
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 QA05_K5:
IF QA05_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K5 = 5 AND GO TO QA05_K7;
IF QA05_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K5 AND DISPLAY "Including yourself, about";
ELSE CONTINUE WITH QA05_K5 AND DISPLAY "About"

QA05_K5  (Including yourself, about / About) how many people are employed by {your employer/you} at all locations?
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

[GO TO QA05_K7]

Income, last month

QA05_K6  What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?
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，
稅前和其他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

REFUSED.......................................................................7
DON'T KNOW..............................................................8
PROGRAMMING NOTE QA05_K7
IF QA05_G29 = 1 or 2 (SPOUSE WORKS) OR QA05_G30 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA05_K7;
ELSE GO TO QA05_K9

QA05_K7
How many hours per week does your (husband/wife/spouse) usually work at all jobs or businesses?

[A] [IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

______ HOURS

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

PROGRAMMING NOTE QA05_K8
IF QA05_K7 > 0 CONTINUE WITH QA05_K8;
ELSE GO TO QA05_K9

QA05_K8
What is your best estimate of all your spouse’s earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

[A] [IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_______________ AMOUNT

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

Annual household income

QA05_K9
What is your best estimate of your household’s total annual income from all sources before taxes in 2004?

[A] [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

REFUSED ......................................................... -7
DON'T KNOW ................................................. -8 [GO TO PN QA05_K11]
QA05_K10  I have entered that your annual household income is (AMOUNT). Is that correct?

Your estimated annual household income from all sources before taxes is (AMOUNT)?

AK22A

YES.................................................................1  [GO TO PN QA05_K17]
NO...............................................................2  [GO BACK TO QA05_K9]
REFUSED.........................................................-7  [GO TO PN QA05_K17]
DON'T KNOW....................................................-8  [GO TO PN QA05_K17]

PROGAMMING NOTE QA05_K11:
IF QA05_K9 = -7 or -8 CONTINUE WITH QA05_K11;
ELSE GO TO PROGRAMMING NOTE QA05_K17

QA05_K11  We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

We don’t need to know exactly, but you can tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

AK11

MORE.................................................................1  [GO TO QA05_K13]
EQUAL TO $20K OR LESS..................................2  [GO TO QA05_K13]
REFUSED.........................................................-7  [GO TO PN QA05_K17]
DON’T KNOW.....................................................-8  [GO TO PN QA05_K17]

QA05_K12  Is it …

[家庭年收入]

是……

AK12

$5,000 or less, or...........................................1  [GO TO QA05_K13]
$5,000 or less, or...........................................1  [GO TO QA05_K13]
$5,001 to $10,000, or....................................2  [GO TO QA05_K13]
$5,001 to $10,000, or....................................2  [GO TO QA05_K13]
$10,001 to $15,000, or.................................3  [GO TO QA05_K13]
$10,001 to $15,000, or.................................3  [GO TO QA05_K13]
$15,001 to $20,000?.................................4  [GO TO PN QA05_K17]
$15,001 to $20,000?.................................4  [GO TO PN QA05_K17]
REFUSED.........................................................-7  [GO TO PN QA05_K17]
DON’T KNOW.....................................................-8  [GO TO PN QA05_K17]

QA05_K13  Is it more or less than $70,000 per year?

[家庭年收入] 收入每年是否超过还是不足 70,000 美元?

AK13

MORE.................................................................1  [GO TO QA05_K15]
EQUAL TO $70K OR LESS..................................2  [GO TO QA05_K15]
REFUSED.........................................................-7  [GO TO PN QA05_K17]
DON’T KNOW.....................................................-8  [GO TO PN QA05_K17]
**QA05_K14**

Is it …

[家庭年收入]

是……

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,001 to $30,000</td>
<td>1</td>
</tr>
<tr>
<td>$30,001 to $40,000</td>
<td>2</td>
</tr>
<tr>
<td>$40,001 to $50,000</td>
<td>3</td>
</tr>
<tr>
<td>$50,001 to $60,000, or</td>
<td>4</td>
</tr>
<tr>
<td>$60,001 to $70,000?</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>

[GO TO PN QA05_K17]

**QA05_K15**

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？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORE............................................</td>
<td>1</td>
</tr>
<tr>
<td>EQUAL TO $135K OR LESS</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_K17]

**QA05_K16**

Is it …

[家庭年收入]

是……

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>$70,001 to $80,000</td>
<td>1</td>
</tr>
<tr>
<td>$80,001 to $90,000</td>
<td>2</td>
</tr>
<tr>
<td>$90,001 to $100,000, or</td>
<td>3</td>
</tr>
<tr>
<td>$100,001 to $135,000?</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>

[GO TO PN QA05_K17]

**PROGRAMMING NOTE QA05_K17:**

IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA05_K18;
ELSE CONTINUE WITH QA05_K17

**Number of persons supported**

**QA05_K17** Including yourself, how many people living in your household are supported by your total household income?

包括您自己在內，住在您家裡的多少人需要依靠您的家庭總收入生活？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ NUMBER OF PEOPLE [HR: 1-20]</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 QA05_K18:
QA05_K18 MUST BE LESS THAN QA05_K17
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA05_K20, GO TO PROGRAMMING NOTE QA05_K19;
ELSE CONTINUE WITH QA05_K18

QA05_K18 How many of these {INSERT NUMBER FROM QA05_K17} people are children under the age of 18?

<table>
<thead>
<tr>
<th>AK18</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ NUMBER OF CHILDREN (UNDER AGE 18)</td>
</tr>
</tbody>
</table>

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

Poverty level test

PROGRAMMING NOTE QA05_K19: [BASE.POVRT100, BASE.POVRT130, BASEPOVRT200] OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2005 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA05_K17 AND QA05_K18 RESPECTIVELY.

SCRN.RADLTCNT
SCRN.KIDCNT

(The 200% and 300% values were derived by multiplying the Census poverty 2002 threshold "size of family unit" by "related children under 18 years" table amounts by 2 and 3, respectively, then rounding to the nearest 100 dollars. Refer to specifications addendum xxx for the table of values. The 100% poverty cutoff value will be stored in cati variable POVRT100, the 200% poverty cutoff value will be stored in cati variable POVRT200 and the 300% value in cati variable POVRT300).

If either QA05_K17 or QA05_K18 is missing, use the total number of adults enumerated in the screener (given by cati variable RADLTCNT) and the total number of children enumerated at QA05_G14 of the adult interview (given by cati variable KIDCNT) instead.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 100% FPL,
2) ABOVE 100% FPL BUT AT OR BELOW 130% FPL,
3) ABOVE 130% FPL BUT AT OR BELOW 200% FPL
4) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
5) ABOVE 300% FPL, OR
5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

If QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, ASK QA05_K19 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA05_K20
I need to ask just one last, very specific question about income.

Was your total annual household income before taxes less than or more than ${POVRT100}?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL TO OR LESS</td>
<td>1</td>
<td>[GO TO QA05_K23]</td>
</tr>
<tr>
<td>MORE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_K20:**

IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA05_K22

I need to ask just one last, very specific question about income.

Was your total annual household income before taxes less than or more than ${POVRT200}?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL TO OR LESS</td>
<td>1</td>
<td>[GO TO QA05_K23]</td>
</tr>
<tr>
<td>MORE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_K21:**

IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO QA05_K23

I need to ask just one last, very specific question about income.

Was your total annual household income before taxes less than or more than ${POVRT130}?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL TO OR LESS</td>
<td>1</td>
<td>[GO TO QA05_K23]</td>
</tr>
<tr>
<td>MORE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_K22:
If QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA05_K23

QA05_K22 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \( \$\text{POVRT300} \)?

QA05_K23 Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

QA05_K24 Do you own or rent your home?

QA05_K25 About how long have you lived at your current address?
QA05_K26 Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?  
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....................................................3
NONE OF THE TIME....................................................4
REFUSED........................................................................7
DON'T KNOW..............................................................8
Section L- Public Program Participation

PROGRAMMING NOTE QA05_L1:
IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L; ELSE GO TO PROGRAMMING NOTE QA05_M1

TANF/CalWORKS

QA05_L1 Are you now receiving TANF or CalWORKS?
您目前是否在領取 AFDC、TANF 或 CalWORKS?

AL2

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

[IF NEEDED, SAY: “AFDC 是向需要贍養子女的家庭提供資助的計劃。
TANF 指貧困家庭臨時協助計劃；CalWORKS 指加州工作機會與對兒童承擔責任的計劃”]

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

PROGRAMMING NOTE QA05_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L2
ELSE GO TO QA05_L3

QA05_L2 Is {TEEN} now receiving TANF, or CalWORKS?
{}目前是否在領取 AFDC、TANF 或 CalWORKS?

IAP1

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

[IF NEEDED, SAY: “AFDC 是向需要贍養子女的家庭提供資助的計劃。
TANF 指貧困家庭臨時協助計劃；CalWORKS 指加州工作機會與對兒童承擔責任的計劃”]

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

Food stamps

QA05_L3 Are you receiving Food Stamp benefits?
您是否在領取糧食券?

AL5

[IF NEEDED, SAY “You may receive benefits as stamps or through an EBT card.”
"EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card”]

YES...................................................................................1
NO.....................................................................................2
REFUSED.................................................................-7
DON'T KNOW.........................................................-8
**PROGRAMMING NOTE QA05_L4:**

IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L4;
ELSE GO TO PROGRAMMING NOTE QA05_L5

QA05_L4  Is {TEEN} receiving Food Stamp benefits?
{} 是否在領取糧食券？

**IAP2**

[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."
"EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

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

**Supplemental Security Income**

QA05_L5  Are you receiving SSI?
{} 您是否在領取 SSI?

**AL6**

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security"]:]
[IF NEEDED, SAY: “SSI 指安全補助收入。”]

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

**PROGRAMMING NOTE QA05_L6:**

IF QA05_A5 = 2 (FEMALE) AND QA05_E12 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER),
CONTINUE WITH QA05_L6;
ELSE GO TO QA05_L7

WIC

QA05_L6  Are you on WIC?
{} 您是否參加了 WIC?

**AL7**

[IF NEEDED, SAY: “WIC is the Supplemental Food Program for Women, Infants and Children.”]
[IF NEEDED, SAY: “WIC 指為婦女、嬰兒和兒童提供的補助食品計劃。”]

YES.................................................................1
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW.................................................-8
Assets
QA05_L7
Not counting the value of any house or car you may own, would you say that (your/your family's) assets, that is, all your cash, savings, investments, and furniture together are worth more than $5,000?
不把您擁有的任何房子或汽車計算在內，您認為您的資產，即您所有的現金、儲蓄、投資和家俱的總值，有沒有超過 5,000 美元？

AL9

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

PROGRAMMING NOTE QA05_L8:
IF QA05_G10 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

Alimony/child support
QA05_L8
Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child support, or money from a government or veteran program?
您 {或您的配偶} 上個月有沒有從政府或退伍軍人計劃領取瞻養費、子女扶養費或資金？

AL15

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

PROGRAMMING NOTE QA05_L9:
IF QA05_L8 = 1 (YES), CONTINUE WITH QA05_L9
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount that you received from all these sources?";
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE IN HH),
DISPLAY: "What was the combined total amount that you and your {spouse} received from all these sources?"
ELSE GO TO PROGRAMMING NOTE QA05_L10

QA05_L9
What was the {combined} total amount that you {and your spouse} received from all these sources last month?
您 {和您的妻子/丈夫} 上個月從所有這些來源獲得的（總）收入是多少？

AL16

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_________________ AMOUNT [000001-999995]

REFUSED......................................................-7
DON'T KNOW...............................................-8
Did (you or your partner or both of you) pay any alimony or child support last month?

您 (或您的配偶或你們兩人) 上個月有沒有支付任何瞻養費或子女扶養費？

**AL17**

<table>
<thead>
<tr>
<th>YES, RESPONDENT PAID</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, SPOUSE/PARTNER PAID</td>
<td>2</td>
</tr>
<tr>
<td>NO</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>

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} 上個月支付的瞻養費或子女扶養費總數是多少？

**AL18**

[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

____________________ AMOUNT

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

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

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_________________ AMOUNT

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

PROGRAMMING NOTE QA05_L14:
IF ARMCAL = 1, GO TO QA05_M1
ELSE CONTINUE WITH QA05_L14

Reasons for non-participation in Medi-Cal

What is the one main reason why you are not enrolled in the Medi-Cal program?
您為什麼沒有加入加州醫療輔助計劃（Medi-CAL）？請告訴我一個主要原因？

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............................................................11
REFUSED......................................................... -7
DON'T KNOW.................................................... -8
Section M – Food Insecurity and Hunger

PROGRAMMING NOTE QA05_M1
IF POVERTY < 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA05_M1;
ELSE GO TO QA05_N1

Availability of food in household
QA05_M1 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months.

I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 first statement is:
"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
Was that often true, sometimes true, or never true for you and your household in the last 12 months?

第一個句子是：「{}購買的食物總是不夠，{}沒有錢買更多的食物。」
這是經常符合、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?

QA05_M2 The second statement is:
"(I/We) couldn't afford to eat balanced meals."
Was that often true, sometimes true, or never true for you and your household in the last 12 months?

第二個句子是：「{我/我們}無法負擔營養均衡的飲食。」
這句話對您和您的家庭在過去 12 個月的情況，是經常正確、有時正確、還是完全不正確？

QA05_M3 Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

請告訴我，在過去 12 個月中，從{}起，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？

AM1

OFTEN TRUE......................................................... 1
SOMETIMES TRUE............................................. 2
NEVER TRUE..................................................... 3
REFUSED.......................................................... -7
DON'T KNOW.................................................... -8

AM2

OFTEN TRUE......................................................... 1
SOMETIMES TRUE............................................. 2
NEVER TRUE..................................................... 3
REFUSED.......................................................... -7
DON'T KNOW.................................................... -8

AM3

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

[GO TO QA05_M5]
[GO TO QA05_M5]
QA05_M4 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?
這種情況多久會出現一次－幾乎每個月、有的月份過但不是每個月、或只是在1或2個月裡？

<table>
<thead>
<tr>
<th>AM3A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMOST EVERY MONTH...1</td>
</tr>
<tr>
<td>SOME MONTHS BUT NOT EVERY MONTH...2</td>
</tr>
<tr>
<td>ONLY IN 1 OR 2 MONTHS...3</td>
</tr>
<tr>
<td>REFUSED...-7</td>
</tr>
<tr>
<td>DON'T KNOW...-8</td>
</tr>
</tbody>
</table>

Hunger

QA05_M5 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
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？

<table>
<thead>
<tr>
<th>AM4</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>

QA05_M6 In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?
在過去12個月中，從{1999年2月}起，您有沒有因為買不起足夠的食物而挨餓？

<table>
<thead>
<tr>
<th>AM5</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>
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？

<table>
<thead>
<tr>
<th>County Name</th>
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<tbody>
<tr>
<td>ALAMEDA</td>
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A-171
QA05_N1 CONTINUED…

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<td>-8</td>
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</tbody>
</table>

PROGRAMMING NOTE QA05_N2:
IF ADVANCE LETTER SENT, ASK QA05_N2;
IF R’S ADDRESS IS A P.O. BOX, GO TO QA05_N3
ELSE GO TO QA05_N3

Address confirmation, cross streets, zip code

 QA05_N2 Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study.

Do you now live at {R’s address and street}?  

<table>
<thead>
<tr>
<th>AO1</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
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</tbody>
</table>

QA05_N3 What is your zip code?  

<table>
<thead>
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<th>AM7</th>
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</tr>
</thead>
<tbody>
<tr>
<td>_____(ZIP CODE)</td>
<td></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>
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.

为了帮助我们更好地了解您的生活环境以及您的生活环境对您的健康产生的影响，您能够告诉我您的居住地址吗？我们不会将您的地址告诉研究人员或任何其他机构。与您的电话号码一样，我们会为您的地址保密。

Can you tell me just the name of the street you live on?

您是否能够只告诉我您居住的街道名称？

And what is the name of the street down the corner from you that crosses your street?

在您所住的街道转角处与您所住的街道交叉的街道名称是什么？

Follow-up survey permission

Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

最后，您是否愿意将来参加一次后跟调查？
In case we do call you back for another study, would you give me your full name so that we will know who to ask for?

假如我們需要因另一項研究重新給您打電話，您願意告訴我們您的全名以便我們與您聯絡嗎?

(First name)

(Last name, confirm spelling)

[GO TO CLOSE2]

Is there another number where we might be able to reach you if this one doesn’t work?

是否另有另一個號碼可以使用，以便我們在這個號碼無法接通時與您聯絡?

(read back to confirm alternate telephone number)

[GO TO CLOSE2]

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.

謝謝，我的問題完了。

非常感謝您花費的寶貴時間和給予的合作。您為一項非常重要的健康調查提供了幫助。

謝謝，再見！