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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？

AA1

MONTH _____          DAY _____          YEAR _____ [GO TO QA05_A5]
[RANGE: 1-12]      [RANGE: 1-31]            [RANGE: 1898-1985]
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
1. JANUARY   7. JULY
2. FEBRUARY   8. AUGUST
3. MARCH      9. SEPTEMBER
4. APRIL     10. OCTOBER
5. MAY       11. NOVEMBER
6. JUNE       12. DECEMBER

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

QA05_A2 What month and year were you born?
您在哪年哪月出生？

AA1A

MONTH _____          YEAR _____ [GO TO QA05_A5]
[RANGE: 1-12]      [RANGE: 1898-1985]
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
1. JANUARY   7. JULY
2. FEBRUARY   8. AUGUST
3. MARCH      9. SEPTEMBER
4. APRIL     10. OCTOBER
5. MAY       11. NOVEMBER
6. JUNE       12. DECEMBER

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

QA05_A3 What is your age, please?
請告訴我您的年齡？

AA2

_____YEARS OF AGE [GO TO QA05_A5]
（    ）歲
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.

您的拉丁裔或西裔祖先或来源地是什麼？例如墨西哥人、薩爾瓦多人、古巴人、洪都拉斯人。如果有一個以上來源，請告訴我所有的來源。

[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

{You said you are Latino or Hispanic.  Also} please tell me which one or more of the following you
would use to describe yourself.  Would you describe yourself as Native Hawaiian, Other Pacific
Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

[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]
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。

AA5B [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 .......................................................... -8
**QA05_A11**  Which tribe are you enrolled in?

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>APACHE</td>
<td></td>
</tr>
<tr>
<td>Mescalero 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>
<td>18</td>
</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]

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

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

QA05_A13  You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.
您說您是太平洋群島人。您具體屬於哪一個種族團體，例如薩摩亞人、湯加人或關島人？
如果您屬於一個以上種族團體，請告訴我所有的種族團體。

[CODE ALL THAT APPLY]

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

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

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

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…

JAPANESE ............................................................... 38
KOREAN ................................................................... 39
LAOTIAN ................................................................. 40
MALAYSIAN ............................................................. 41
PAKISTANI ............................................................... 42
SRI LANKAN ............................................................ 43
TAIWANESE ............................................................. 44
THAI .......................................................................... 45
VIETNAMESE ........................................................... 46
ASIAN, OTHER SPECIFY ........................................ 49
SAMOAN/AMERICAN SAMOAN .............................. 50
GUAMANIAN ............................................................ 51
TONGAN ................................................................... 52
FIJIAN ....................................................................... 53
PACIFIC ISLANDER, OTHER SPECIFY ................. 55
BOTH/ALL/MULTIRACIAL ........................................ 90
NONE OF THESE ..................................................... 95
REFUSED .................................................................-7
DON'T KNOW ................................................................-8

Marital Status  QA05_A15

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

您現在是已婚、與伴侶像婚煙關係一樣同居、喪偶、離婚、分居還是從未結婚？

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

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

**QA05_B1**  These next questions are about your health.  Would you say that in general your health is excellent, very good, good, fair or poor?

> 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>AB1</th>
<th></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>AB17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA05_B3**  Do you still have asthma?

> 您是否依然患有哮喘病？

<table>
<thead>
<tr>
<th>AB40</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</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>AB41</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
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、胸悶或黏痰？您認為是......

AB19

Not at all ..................................................................... 1
Less than every month .............................................. 2
Every month ............................................................... 3
Every week, or ........................................................... 4
Every day? ................................................................. 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？

[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。”]

AB18

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>AB66</th>
<th>Not at all</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than every month</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Every month</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Every week, or</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Every day?</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

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>AB67</th>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_B10;
IF AA GE > 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>AB42</th>
<th>0-365 DAYS</th>
<th>-6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT WORKING</td>
<td>-6</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Has a doctor or other health professional ever given you an asthma management plan?
是否有過醫療專業人員為您制定過一項哮喘管理計劃？

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

[INCLUDE NURSES AND ASTHMA EDUCATORS]

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

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

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

Has a doctor ever told you that you have diabetes or sugar diabetes?
是否有過醫生告訴您患有糖尿病？

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

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

AGE IN YEARS ................................................................ [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？

[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？

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？

[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？

[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，醫生約檢查過幾次您的血紅蛋白「A one C」？

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

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

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，醫生約檢查過幾次您的腳部是否有任何瘡或發炎？

______ 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。

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？

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？

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 [GO TO PN QA05_B28]
DON'T KNOW..........................................................-8

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

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

是否您曾经有医生告诉您，您患有某一种类型的关节炎、痛风、狼疮或纤维肌痛？

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

Epilepsy

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

是否有医生曾经告诉您患有癫痫发作或羊癫疯？

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

[GO TO QA05_B35]

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癫痫发作或羊癫疯的药物？

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

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

在过去的三个月中，您曾经有几次各类型的癫痫发作？

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>NO SEIZURES</td>
<td>0</td>
</tr>
<tr>
<td>ONE SEIZURE</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN ONE SEIZURE</td>
<td>2</td>
</tr>
<tr>
<td>NO LONGER HAVE EPILEPSY/SD</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW/ NOT SURE</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA05_B35]
**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？

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<tbody>
<tr>
<td><strong>YES</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>............</td>
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</table>

**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...

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<thead>
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<tbody>
<tr>
<td><strong>Not at all</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>Slightly</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>Moderately</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>Quite a bit or</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>Extremely?</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
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**Flu shot**

**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？

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<tbody>
<tr>
<td><strong>YES</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>............</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>............</td>
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<tr>
<td><strong>DON'T KNOW</strong></td>
<td>............</td>
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</tbody>
</table>
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.

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?

AD37

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_C4]
UNABLE TO WALK .................................................. 3 [GO TO QA05_C7]
REFUSED .................................................................. -7 [GO TO QA05_C7]
DON’T KNOW ........................................................ -8 [GO TO QA05_C7]

QA05_C2  On how many days did you do this?

AD38

______ DAYS PER WEEK    [IF 0, GO TO QA05_C5]
REFUSED .................................................................. -7 [GO TO QA05_C7]
DON’T KNOW ........................................................ -8 [GO TO QA05_C7]

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}?

AD39

______ HOURS PER DAY
______ MINUTES PER DAY
REFUSED .................................................................. -7
DON’T KNOW ........................................................ -8

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.

AD40

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_C7]
REFUSED .................................................................. -7 [GO TO QA05_C7]
DON’T KNOW ........................................................ -8 [GO TO QA05_C7]
QA05_C5  On how many days did you do this?
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

______ DAYS PER WEEK  [IF 0, GO TO QA05_C13]

REFUSED ..................................................................-7  [GO TO QA05_C13]
DON'T KNOW ................................................................-8  [GO TO QA05_C13]

PROGRAMMING NOTE QA05_C12
IF QA05_C11 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C11 > 1 DISPLAY “usually” and “one of those days”

QA05_C12  How much time did you {usually} spend on {one of those days/on that day} doing vigorous physical activities in your free time?
在那些日子裡，您通常每天花費多少時間在休息時間從事劇烈的身體活動？

AE25A

[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分鐘的劇烈身體活動。”]

______ HOURS PER DAY
______ MINUTES PER DAY

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

QA05_C13  Now think about activities specifically designed to STRENGTHEN your muscles, such as lifting weights or other strength-building exercises. Include all such activities even if you have mentioned them before.
現在，請想一想專門設計用於#增強肌肉的活動，例如舉重或其他增強力量的運動。請包括所有此類活動，即使您在前面已經提及亦請包括在內。

During the last 7 days, on how many days did you do activities to strengthen your muscles?
在過去七天內，您有幾天做了增強肌肉的活動？

AC20

______ DAYS PER WEEK

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

[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？

[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
QA05_C16  During the past month, how many times did you eat French fries, home fries or hash browns?

在過去一個月中，您吃過幾次炸薯條或炸薯餅?

AE3

[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?”]
[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_C17  During the past month, how many times did you eat other white potatoes?

在過去一個月中，您吃過幾次#其他種類的白馬鈴薯?

AE4

[IF NEEDED, SAY: “Do not include yams or sweet potatoes. Include red, yellow, purple, or brown-skinned potatoes.”]
[IF NEEDED, SAY: “請勿包括山芋或紅薯。請包括紅皮、黃皮、紫色皮或棕色皮馬鈴薯。”]

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

__________PER DAY  
__________PER WEEK  
__________PER MONTH  

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

QA05_C18  During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

在過去一個月中，您吃過幾次煮干豆，例如炸豆蓉、烤豆或豆湯？請勿包括四季豆。

AE5

[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。”]

__________PER DAY  
__________PER WEEK  
__________PER MONTH  

REFUSED ………………………………………………….. -7  
DON’T KNOW …………………………………………….. -8
QA05_C19  During the past month, how many times did you eat any vegetables other than the foods you already told me about.
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
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？例如檸檬汽水、Sunny Delight 或Kool-aid？請勿包括減肥飲料。

[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

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。

[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

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。

[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
Do you now take any of the following types of medications regularly, that is, at least 3 times a week?

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

**QA05_C26**
Advil, Ibuprofen, Motrin, or Nuprin.

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

**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

Have you taken any of these kinds of medications regularly for the last 3 months?

**QA05_C28**

**AC15**

**AC15A**

**AC15B**

**AC15C**

**AC16**
Now, I am going to ask about various health behaviors.

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

   | AE15          | QA05_C30   | QA05_C31   | QA05_C32   |
---|--------------|------------|------------|------------|
YES| .................................................................1 | [GO TO QA05_C33] |          |           |
NO | .................................................................2 | [GO TO QA05_C33] |          |           |
REFUSED | .................................................................-7 | [GO TO QA05_C33] |          |           |
DON'T KNOW | .................................................................-8 | [GO TO QA05_C33] |          |           |

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

   | AE15A          | QA05_C30   | QA05_C31   | QA05_C32   |
---|----------------|------------|------------|------------|
EVERY DAY | .............................................................1 | [GO TO QA05_C32] |          |           |
SOME DAYS | .............................................................2 | [GO TO QA05_C33] |          |           |
NOT AT ALL | .............................................................3 | [GO TO QA05_C33] |          |           |
REFUSED | .................................................................-7 | [GO TO QA05_C33] |          |           |
DON'T KNOW | .................................................................-8 | [GO TO QA05_C33] |          |           |

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

   | AD32          | QA05_C30   | QA05_C31   | QA05_C32   |
---|--------------|------------|------------|------------|
_____ NUMBER OF CIGARETTES | [GO TO QA05_C33] |          |           |           |
REFUSED | .................................................................-7 | [GO TO QA05_C33] |          |           |
DON'T KNOW | .................................................................-8 | [GO TO QA05_C33] |          |           |

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

   | AE16          | QA05_C30   | QA05_C31   | QA05_C32   |
---|--------------|------------|------------|------------|
[IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES] | |          |           |           |
_____ NUMBER OF CIGARETTES | [GO TO QA05_C33] | [HR: 0 – 120] |          |           |
REFUSED | .................................................................-7 | [GO TO QA05_C33] |          |           |
DON'T KNOW | .................................................................-8 | [GO TO QA05_C33] |          |           |
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？

AD34

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

Alcohol use

QA05_C35 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

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 [GO TO QA05_D1]
REFUSED ........................................................... -7
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？

AE12

_______ DAYS PER WEEK
_______ DAYS PER MONTH

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

QA05_C37 On the days when you drank, about how many drinks did you drink on the average?

在喝酒的天數裡，您平均會喝多少份酒？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。

AE13

[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.]

_______ NUMBER OF DRINKS

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

A-28
Consider the following question in the document:

**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?

Please include in the past thirty days all types of alcoholic beverages. How many times did you have 4 or more drinks on an occasion?

**AE14**

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

**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?

In the past thirty days, you had 4 or more drinks on an occasion?

Please include all types of alcoholic beverages.

**AE14A**

<table>
<thead>
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</table>
Section D – General Health, Disability, and Sexual Health

General health
QA05_D1 Now, I am going to ask about your health over the past 30 days.
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，您有多少天健康狀況不佳?

AE31

[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？”]

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<thead>
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<th>NUMBER OF DAYS</th>
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</table>

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?

AE32

[IF NEEDED, SAY: “Mental health includes stress, feeling sad or not feeling like yourself. On how many days was your mental health not good?”]
[IF NEEDED, SAY: “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？”]

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</table>

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?

AE33

[IF NEEDED, SAY: “On how many days did poor health keep you from doing your usual things, such as taking care of yourself, working, and having fun?”]
[IF NEEDED, SAY: “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？”]

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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？”]

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

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

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

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

**PROGRAMMING NOTE QA05_D5:**

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

**QA05_D5**  {When not pregnant, how/How} much do you weigh without shoes?

您不穿鞋時體重是多少?

[IF NEEDED, SAY: "About how much"]

[IF NEEDED, SAY: “大約有多重？”]

_____ POUNDS                [HR: 50-450]

_____ KILOGRAMS             [HR: 20-220]

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

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

**PROGRAMMING NOTE 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？”]

_____ POUNDS                 [HR: 50-450]

_____ KILOGRAMS             [HR: 20-220]

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

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

QA05_D7 Are you blind or deaf, or do you have a severe vision or hearing problem?
您是盲人或聾人，或有嚴重視力或聽力障礙嗎？

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？

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

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。

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？

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？

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED .................................................................... -7
DON'T KNOW ............................................................... -8
Any difficulty going outside the home alone to shop or visit a doctor’s office?

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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
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<td>REFUSED</td>
<td>-7</td>
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<tr>
<td>DON’T KNOW</td>
<td>-8</td>
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PROGRAMMING NOTE QA05_D12:
IF AAGE > 64 GO TO PN QA05_D15;

Any difficulty working at a job or business?

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<tr>
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</table>

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

Do you have a physical or mental condition that has kept you from working for at least a year?

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<tbody>
<tr>
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<tr>
<td>REFUSED</td>
<td>-7</td>
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<tr>
<td>DON’T KNOW</td>
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PROGRAMMING NOTE QA05_D14:
IF NEEDED, SAY “Current condition”

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

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<tbody>
<tr>
<td>NUMBER OF SEXUAL PARTNERS</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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</table>

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

Sexual partners, orientation

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

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

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<tbody>
<tr>
<td>NUMBER OF SEXUAL PARTNERS</td>
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<td>REFUSED</td>
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</tr>
<tr>
<td>DON’T KNOW</td>
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</tr>
</tbody>
</table>
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?

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?
您認為自己是異性戀、男同性戀、女同性戀、同性戀還是雙性戀？

[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"].

A-35
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?

AD1

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

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

AD2

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

QA05_E3  How old were you when your first child was born?
生第一個孩子時您多大年齡?

AD3

_____ YEARS OLD .............................................1
REFUSED ..................................................-7
DON’T KNOW ............................................-8

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?

AE55

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

QA05_E5
Have you had a hysterectomy?
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 [GO TO PN QA05_E7]
REFUSED ......................................................... -7 [GO TO PN QA05_E7]
DON'T KNOW ..................................................... -8 [GO TO PN QA05_E7]

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 [GO TO PN QA05_E16]
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?
您是否曾經接受巴氏宮頸塗片測試，檢查是否患子宮頸癌？

[IF NEEDED, SAY: "A pap smear is a routine cancer test for women in which the doctor examines the cervix during a gynecological exam, and takes a cell sample from the cervix with a small stick or brush and sends it to the lab. This is not a test for detecting sexually transmitted diseases."
[IF NEEDED, SAY: "巴氏宮頸塗片測試是一項婦女常規癌症測試，醫生在婦科檢查的過程中對子宮頸進行檢查，並用一根小棒子或小刷子從子宮頸內取出細胞樣品，送去化驗。這不是檢測性病的測試。"]

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

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？

AD5

PAP SMEARS  [HR: 0-99] [IF 0 GO TO PN QA05_E11]
NONE.....................................................................0 [GO TO PN QA05_E11]
REFUSED............................................................-7 [GO TO PN QA05_E11]
DON'T KNOW.....................................................-8

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？

AD6

A YEAR AGO OR LESS.................................1 [GO TO PN QA05_E13]
MORE THAN 1 UP TO 2 YEARS AGO........2 [GO TO PN QA05_E13]
MORE THAN 2 UP TO 3 YEARS AGO........3
MORE THAN 3 UP TO 5 YEARS AGO........4
MORE THAN 5 YEARS AGO.....................5
REFUSED....................................................-7 [GO TO PN QA05_E13]
DON'T KNOW.............................................-8

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？

AD11

YES...........................................................................1
NO.............................................................................2
REFUSED............................................................-7
DON'T KNOW.........................................................-8
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 squeezes each breast."]
[IF NEEDED, SAY: “乳房X光照射是用機器將每隻乳房壓扁或擠壓並分別拍攝每隻乳房的X射線照片。”]

YES ........................................................................... 1
NO ............................................................................. 2
[READ DEFINITION, IF STILL NO, GO TO PN 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
請告訴我您做乳房X光照片的主要原因，是……

[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
作為例行檢查的一部份……………………………….. 1
Because of a specific breast problem ....................... 2
由於存在具體的乳房問題…………………………….. 2
A follow up to a previously identified breast problem ......................................................... 3
作為以前查出的乳房問題的跟進檢查 ........................... 3
Or due to family history? ........................................... 4
作為基本或首次乳房X光照射，還是………………... 4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

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

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

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

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

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

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA05_E21 How many breast operations have you had to remove a lump that wasn't cancer?
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？

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<tbody>
<tr>
<td>NO REASON/NEVER THOUGHT ABOUT IT ...1</td>
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<tr>
<td>DIDN'T KNOW I NEEDED THIS TYPE OF TEST ....2</td>
</tr>
<tr>
<td>DOCTOR DIDN'T TELL ME I NEEDED IT ..........3</td>
</tr>
<tr>
<td>HAVEN'T HAD ANY PROBLEMS .....................4</td>
</tr>
<tr>
<td>PUT IT OFF/LAZINESS ....................................5</td>
</tr>
<tr>
<td>TOO EXPENSIVE/NO INSURANCE/COST ..........6</td>
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<tr>
<td>TOO PAINFUL, UNPLEASANT, EMBARRASSING . 7</td>
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<tr>
<td>TOO YOUNG ............................................................8</td>
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<td>DON'T HAVE A DOCTOR ........................................ 9</td>
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<td>OTHER ...........................................................91</td>
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<td>REFUSED ............................................................-7</td>
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<td>DON'T KNOW ....................................................-8</td>
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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 QA05_E27

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

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<th>AE50</th>
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<tr>
<td>YES ........................................................................... 1</td>
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<td>NO ............................................................................. 2</td>
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<td>DON'T KNOW .......................................................... -8</td>
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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？

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<td>DON'T KNOW .......................................................... -8</td>
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QA05_E28  Tamoxifen or Molvadex?
Tamoxifen或Molvadex？

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<tbody>
<tr>
<td>YES ........................................................................... 1</td>
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<tr>
<td>NO ............................................................................. 2</td>
</tr>
<tr>
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</tr>
<tr>
<td>DON'T KNOW .......................................................... -8</td>
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</table>
PROGRAMMING NOTE QA05_E29
IF AGE>44 CONTINUE WITH QA05_E29
ELSE GO TO QA05_E30

QA05_E29  Raloxifen or Evista?
Raloxifen or 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_F20 =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
DON’T KNOW..............................................-8

[GO TO PN QA05_F7]

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）的。是......

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding it yourself by accident</td>
<td>1</td>
</tr>
<tr>
<td>Finding it yourself during a self breast examination</td>
<td>2</td>
</tr>
<tr>
<td>Your husband or partner finding it</td>
<td>3</td>
</tr>
<tr>
<td>Your doctor finding it during a routine breast examination</td>
<td>4</td>
</tr>
<tr>
<td>Finding it by a mammogram</td>
<td>5</td>
</tr>
<tr>
<td>Or Some other way? (IF 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>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EARLY STAGE (STAGE 1 OR 2)</td>
<td>1</td>
</tr>
<tr>
<td>LATE STAGE (STAGE 3 OR 4)</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_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 AGE OR (105) IF AGE = -7]
REFUSED .............................................................. -7
DON'T KNOW .......................................................... -8
These next questions ask about your family history of cancer. By family we mean only your blood relatives, including half brothers and sisters.

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

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."

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

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

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

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

Yes: 1
No: 2
Refused: -7
Don't know: -8
PROGRAMMING NOTE QA05_F10:
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_F11A
IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F11B
ELSE CONTINUE WITH QA05_F10
ALSO, IF QA05_F9 = 2, DISPLAY "grandmothers and aunts."
ELSE IF QA05_F7 NE 2, DISPLAY "grandmother"
ELSE IF QA05_F8 NE 2, DISPLAY "aunt"
AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "and sisters."
ELSE DISPLAY "sisters, and daughters." QA05_F10

Now, please think about your female relatives who have had cancer. By female relatives, I mean mother, grandmothers, aunts, {and} sisters, {and} daughters.
現在，請想一想您的曾經患癌症的女性親屬。女性親屬指(祖母/姑媽、外祖母、姨媽)、母親、{姐姐/妹妹及女兒}。

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 [GO TO QA05_F40]
REFUSED ............................................................... -7 [GO TO QA05_F40]
DON'T KNOW ......................................................... -8 [GO TO QA05_F40]

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（姨姨）？ ................................................ 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 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_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?
其中哪一些癌症是在50歳之前診斷出的？

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，請告訴我您的祖母的情況。她是否曾經患乳癌、卵巢癌、子宮癌、結腸癌或者直腸癌？

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歲之前被診斷患有癌症？

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?

AP18

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

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?

AP19

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

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

QA05_F20  How many of your mother’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?
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?

AP20

_____ NUMBER OF AUNTS
REFUSED.............................................................-7
DON'T KNOW......................................................-8
**PROGRAMMING NOTE QA05_F21:**
IF QA05_F20 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F20>1 DISPLAY "Thinking about the (youngest/next youngest) of your mother's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F21; ELSE GO TO PN QA05_F24

**QA05_F21**

<table>
<thead>
<tr>
<th>Did she have cancer of the breast, ovary, uterus, colon, or rectum?</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>

**AP21**

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

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

<table>
<thead>
<tr>
<th>BREAST</th>
<th>1</th>
</tr>
</thead>
<tbody>
<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>NONE OF THESE CANCER TYPES</td>
<td>6 [GO TO PN_X1]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7 [GO TO PN_X1]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8 [GO TO PN_X1]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_F22**

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

**QA05_F22**

<table>
<thead>
<tr>
<th>Were any of these diagnoses before age 50?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was her diagnosis before age 50?</td>
</tr>
</tbody>
</table>

**AP22**

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
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?
其中哪一些癌症是在50岁之前诊断出来的？

AP23

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Code</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?
您的父亲的姐妹中有几人曾经患乳房、卵巢癌、子宫癌、结肠癌或直肠癌？

AP24

<table>
<thead>
<tr>
<th>Number of Aunts</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_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歲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歲之前診斷出來的?

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

QA05_F34
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？

AP34

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

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

QA05_F35 Was this sister a full sister, a half-sister on your father’s side, or a half-sister on your mother’s side?
您的這個姐妹是同父同母姐妹、同父異母姐妹、還是同母異父姐妹？

AP35

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

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

QA05_F36  How many of your daughters had cancer of the breast, ovary, uterus, colon, or rectum?
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

A-60
Which of these cancers were diagnosed before age 50?

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？

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

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

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、父祖、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？

- YES ........................................................................... 1
- NO ............................................................................. 2 [GO TO QA05_FB1]
- REFUSED ............................................................... -7 [GO TO QA05_FB1]
- DON'T KNOW ........................................................... -8 [GO TO QA05_FB1]

PROGRAMMING NOTE QA05_F11:
IF QA05_F7 NE 2, DISPLAY “grandfather”
IF QA05_F8 NE 2, DISPLAY “uncle”
IF QA05_F9 NE 2, DISPLAY “father and brother”
IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY son”
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
- 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 UNCLEs

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？

[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? 他是否在50歲之前被診斷患有癌症？

AP59

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

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

QA05_F60
Which of these cancers were diagnosed before age 50? 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 [GO TO PN QA05_F61]
DON'T KNOW ........................................................... 8 [GO TO PN QA05_F61]
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:

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

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岁之前诊断出来的？

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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？

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<tr>
<td>HALF ON FATHER’S SIDE ........................................ 2</td>
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<tr>
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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？

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<td>_____ NUMBER OF SONS</td>
<td></td>
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<tr>
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</table>
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.

您是否曾经接受乙状结肠镜检查、结肠镜检查或直肠镜检查？在此类检查中，健康护理专业人员将一根管子插入肠，查找癌症其他问题的迹象。

**AF14**

[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: “在做乙状结肠镜检查时，会将一根软管插入直肠进行检查。结肠镜检查与乙状结肠镜检查相似，但使用的管子更长，通常会通过插入手臂的针头向您体内注射药物，让您入睡，并要求有人驾车载您回家。

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

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

您最近接受的一次检查是在什么时间？

**AF16**

A YEAR AGO OR LESS ........................................... 1
MORE THAN 1 UP TO 2 YEARS AGO ..................... 2
MORE THAN 2 UP TO 3 YEARS AGO .................... 3
MORE THAN 3 UP TO 5 YEARS AGO .................... 4
MORE THAN 5 UP TO 10 YEARS AGO ................... 5
MORE THAN 10 YEARS AGO ............................... 6  [GO TO PN QA05_FB4]
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8

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

您最近一次接受的检查是乙状结肠镜、结肠镜还是其他检查？

**AF61**

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

[IF NEEDED, SAY: ”在做乙状结肠镜检查时，会将一根软管插入直肠检查。结肠镜检查与之类似，但会使用较长的管子，通常会通过插入手臂的针头给药，让您入睡，并要求由他人驾车将您送回家。

SIGMOIDOSCOPY ............................................. 1
COLONOSCOPY ............................................... 2
SOMETHING ELSE ............................................. 4
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8
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，是否有醫生或其它健康專業人員建議您接受乙狀結腸鏡或結腸鏡檢查？

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>............................................... 1</td>
</tr>
<tr>
<td>NO</td>
<td>............................................... 2 [GO TO QA05_FB6]</td>
</tr>
<tr>
<td>DID NOT GO TO DOCTOR IN PAST 12 MONTHS</td>
<td>............................................... 92 [GO TO QA05_FB6]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>............................................... -7 [GO TO QA05_FB6]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>............................................... -8 [GO TO QA05_FB6]</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_FB5:
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最重要的原因為什麼？

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

以下是有關血便或潛血測試的問題，此項測試是為了確定您的大便或排便中是否帶血。可使用測試工具在家中作血便測試。您在家中將少量大便塗在卡片上，將卡片送回給醫生或實驗室。

Have you ever done a blood stool test, using a HOME test kit?
您是否曾經使用家中測試工具做過血便測試？

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_FB8]
REFUSED ............................................................... -7 [GO TO QA05_FB10]
DON'T KNOW ......................................................... -8 [GO TO QA05_FB10]

How long ago did you do your most recent HOME blood stool test?
您最近一次做家中血便測試是多久以前？

A YEAR AGO OR LESS ........................................... 1 [GO TO QA05_FB10]
MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO............................................. 2 [GO TO QA05_FB10]
MORE THAN 2 YEARS AGO UP TO
3 YEARS AGO............................................. 3 [GO TO QA05_FB10]
MORE THAN 3 YEARS AGO UP TO
5 YEARS AGO............................................. 4 [GO TO QA05_FB10]
MORE THAN 5 YEARS AGO............................................. 5 [GO TO QA05_FB10]
REFUSED ............................................................... -7 [GO TO QA05_FB10]
DON'T KNOW ......................................................... -8 [GO TO QA05_FB10]

In the past 12 months, has a doctor recommended that you have a home blood stool test?
在過去12個月中，是否有醫生建議您做家中血便測試？

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_FB10]
DID NOT GO TO DOCTOR
IN PAST 12 MONTHS ............................................ 92 [GO TO QA05_FB10]
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
- 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]
QA05_FB12  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？

<table>
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<td>More than 1 year ago up to 2 years ago</td>
<td>2</td>
</tr>
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<td>More than 2 years ago up to 3 years ago</td>
<td>3</td>
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<tr>
<td>More than 3 years ago up to 5 years ago</td>
<td>4</td>
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<tr>
<td>More than 5 years ago</td>
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</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't know</td>
<td>-8</td>
</tr>
</tbody>
</table>
**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？

**Ah33**

[SELECT FROM MOST LIKELY COUNTRIES]

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<tr>
<td>EL SALVADOR</td>
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<td>DON'T KNOW</td>
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</table>
In what country was your mother born?

<table>
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<th>Country</th>
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</tbody>
</table>
**QA05_G3** In what country was your father born?
您的父親是在哪一個國家出生的?

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<td>OTHER (SPECIFY)</td>
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</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……

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<td>Rarely</td>
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<td>Often</td>
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</tr>
<tr>
<td>Or all the time?</td>
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<tr>
<td>REFUSED</td>
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<tr>
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### 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？

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<th></th>
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<tr>
<td>[PROBE: &quot;Any others?&quot;]</td>
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<tr>
<td>[PROBE: &quot;還有任何其他癌症嗎？&quot;]</td>
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<tr>
<td>CANTONESE</td>
<td>3</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
</tr>
<tr>
<td>ASIAN INDIAN LANGUAGES</td>
<td>8</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>9</td>
</tr>
<tr>
<td>OTHER1 (SPECIFY):</td>
<td>91</td>
</tr>
<tr>
<td>OTHER2 (SPECIFY):</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>
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 ...

Very well ................................................................. 1
Well ........................................................................... 2
Not well or ................................................................. 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?

YES ........................................................................... 1
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？

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?
在美國已經居住了大約多少年？

**AH41**  [FOR LESS THAN A YEAR, ENTER 1 YEAR]

- (NUMBER OF YEARS)
- \( \) \( \) YEAR (FIRST CAME TO LIVE IN U.S.)

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

**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歲生日以前的情況，您是否曾經被州政府、郡政府或法院從家帶走與您的母之外的人住在一起？

**AG5**

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

A-82
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} 是不是也住在 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) AND QA05_G10 =1 (SPOUSE LIVING IN HH), DISPLAY “you or your spouse”,
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY “you or your partner”, ELSE DISPLAY “you”.

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

Vou完成的最高教育和獲得學分的最高年級是什麼?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO FORMAL EDUCATION</td>
<td>AH47</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>
</tr>
<tr>
<td>5TH GRADE</td>
<td>5</td>
</tr>
<tr>
<td>6TH GRADE (Primaria)</td>
<td>6</td>
</tr>
<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 (Secundaria)</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 (Preparatoria)</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?

您上週曾經從事以下哪些工作?

<table>
<thead>
<tr>
<th>Option</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>
</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？

[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: “您在哪裡工作的情時間最長?” ]

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

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]
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?

Please think about what you do in a typical day. Which of the following best describes your activity:

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

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

Which of the following was your spouse doing last week?

- Working at a job/ business................................. 1 [GO TO QA05_G31]
- With a job/business but not at work ................... 2 [GO TO QA05_G31]
- Looking for work, or ........................................... 3
- Not working at a job/business? .............................. 4
- REFUSED ............................................................... -7
- DON'T KNOW ......................................................... -8

Does your spouse usually work?

- YES ........................................................................... 1 [GO TO QA05_H1]
- NO ............................................................................. 2
- LOOKING FOR WORK ............................................... 3
- REFUSED ............................................................... -7
- DON'T KNOW ......................................................... -8
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>GOVERNMENT</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>SELF-EMPLOYED</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>FAMILY BUSINESS OR FARM</td>
<td>4</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
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?

AH1

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

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

QA05_H2 What is the ONE main reason you do not have a usual source of health care?
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

<table>
<thead>
<tr>
<th>QA05_H3</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR'S OFFICE/KAISER/OTHER HMO</td>
<td>What kind of place do you go to most often—a medical/is your doctor in a private?</td>
<td>DOCTOR'S OFFICE/KAISER/OTHER HMO: 1 [GO TO QA05_H5]</td>
</tr>
<tr>
<td>CLINIC/HEALTH CENTER/HOSPITAL CLINIC</td>
<td>doctor's office, a clinic or hospital clinic, an emergency room, or some other place?</td>
<td>CLINIC/HEALTH CENTER/HOSPITAL CLINIC: 2 [GO TO QA05_H5]</td>
</tr>
<tr>
<td>EMERGENCY ROOM</td>
<td></td>
<td>EMERGENCY ROOM: 3 [GO TO QA05_H5]</td>
</tr>
<tr>
<td>SOME OTHER PLACE (SPECIFY):__</td>
<td>You most go to what kind of place—~doctor's office, a clinic or hospital clinic, an emergency room, or some other place?</td>
<td>SOME OTHER PLACE (SPECIFY): 91 [GO TO QA05_H5]</td>
</tr>
<tr>
<td>NO ONE PLACE</td>
<td></td>
<td>NO ONE PLACE: 94 [GO TO QA05_H5]</td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td>REFUSED: -7 [GO TO QA05_H5]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td>DON'T KNOW: -8 [GO TO QA05_H5]</td>
</tr>
</tbody>
</table>

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?

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。

<table>
<thead>
<tr>
<th>AI1</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>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?</td>
<td>YES: 1 [GO TO QA05_H7]</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>NO: 2 [GO TO QA05_H7]</td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td>REFUSED: -7 [GO TO QA05_H14]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td>DON'T KNOW: -8 [GO TO QA05_H14]</td>
</tr>
</tbody>
</table>
IF QA05_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

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

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

<p>| | | | |</p>
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

IF QA05_H5 =2, SET 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。

<p>| | | | |</p>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>D</td>
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<td></td>
<td></td>
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</tbody>
</table>

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

QA05_H7  Is your MediCARE coverage provided through an HMO?
您的MediCARE保賠是通過HMO提供的嗎？

[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
REFUSED ...................................................................... -7
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？

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

[IF NEEDED, SAY: “These are policies that cover health care costs not covered by MediCARE alone”]
[IF NEEDED, SAY: “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
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

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

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?

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

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

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

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

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

"自付額是您的保健計劃開始付款之前您支付的醫療護理費用。

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

"保費是您的健康保險計劃的每月收費。"

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

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？

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

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

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

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

Healthy Families coverage

QA05_H15  {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?
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？”]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN OWN NAME</td>
<td>1</td>
</tr>
<tr>
<td>IN SOMEONE ELSE’S NAME</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>

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?

[PROBE: “wife’s”]
[PROBE: “husband’s”]
[PROBE: “parent’s”]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN husband’s/wife’s NAME</td>
<td>1</td>
</tr>
<tr>
<td>IN PARENT’S NAME</td>
<td>2</td>
</tr>
<tr>
<td>IN SOMEONE ELSE’S NAME</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>

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 購買的醫療保險計劃？
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、工会或专业组织）支付该健康计划的全部或部分保费或费用？

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?”]

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 ARMCARE = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0

PROGRAMMING NOTE QA05_H23:

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

Employer offer of health insurance

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

您的雇主有沒有提供医疗保险給任何員工？

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麼？

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 [GO TO PN QA05_H27]

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
OTHER (SPECIFY): ______________________ .91
REFUSED ..................................................... -7 [GO TO PN QA05_H27]
DON'T KNOW .................................................. -8 [GO TO PN QA05_H27]

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
CHIS 2005 Adult Questionnaire  Version 6.5October 10, 2012

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？

[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?"]
[PROBE: "還有任何其他保險嗎？"]

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

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

IF QA05_H31 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
IF QA05_H31 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
IF QA05_H31 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 4, SET ARMILIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 5, SET ARCAL = 1 AND SET ARINSURE = 1
IF QA05_H31 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
IF QA05_H31 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 8, SET ARIH = 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
Health Service participation

QA05_H32  Was this plan obtained in your own name or in the name of someone else?

IN OWN NAME ................................................................. 1  [GO TO PN QA05_H34]
IN SOMEONE ELSE’S NAME ........................................... 2  [GO TO PN QA05_H34]
REFUSED ....................................................................... -7  [GO TO PN QA05_H34]
DON'T KNOW ................................................................... -8  [GO TO PN QA05_H34]

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

PROGRAMMING NOTE QA05_H33:
**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H33;
ELSE GO TO PROGRAMMING NOTE QA05_H34;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's;"
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's;"
IF QA05_G12 = 1, DISPLAY "parent's;" IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H33  Is the plan in your (husband's/wife's) (or) (parent's) name?

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?

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？}

AH61

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?


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? 您說您可以享受Medicare保賠。{}是否也能享受Medicare保賠？ |
| A137A | YES ................................................................. 1  
NO ................................................................. 2  
REFUSED ........................................................ 7  
DONT 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? 您說您{}可以享受Medi-Cal（加州醫療保健計劃）。{}是否也能享受Medi-Cal保賠？ |
| AI38 | YES ................................................................. 1  
NO ................................................................. 2  
REFUSED ........................................................ 7  
DONT 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_H39.  
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? 您說您{}可以享受Healthy Families（健康家庭計劃）。{}是否也能享受Healthy Families計劃保賠？ |
| AI39 | YES ................................................................. 1  
NO ................................................................. 2  
REFUSED ........................................................ 7  
DONT 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?

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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>OTHER</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>

IF QA05_H40 = 1, SET SPEMSP = 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?

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

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?

AI41

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

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

PROGRAMMING NOTE QA05_H43:

IF ARMILIT = 1, CONTINUE WITH QA05_H43;
ELSE, GO TO PROGRAMMING NOTE QA05_H44.
IF ARMILIT = 1 OR ARMILIT = 1 OR ARMILIT = 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?

AI42

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

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

PROGRAMMING NOTE QA05_H44:

IF AROTHGOV = 1, CONTINUE WITH QA05_H44;
ELSE, GO TO PROGRAMMING NOTE QA05_H45.
IF ARMILIT = 1 OR ARMILIT = 1 OR ARMILIT = 1 OR AREMPOWN = 1 OR ARDIRECT = 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?

AI42A

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

IF QA05_H44 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1
<table>
<thead>
<tr>
<th>QA05_H45</th>
<th>Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?</th>
</tr>
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<tbody>
<tr>
<td><strong>AI46</strong></td>
<td><strong>YES</strong> ...........................................................................................................1</td>
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<td><strong>NO</strong> .................................................................................................2     [GO TO QA05_H47]</td>
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<tr>
<td></td>
<td><strong>REFUSED</strong> ......................................................................................-7    [GO TO QA05_H51]</td>
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<tr>
<td></td>
<td><strong>DON'T KNOW</strong> ...........................................................................-8     [GO TO QA05_H51]</td>
</tr>
</tbody>
</table>
What type of health insurance does (he/she) have?

享受哪一種類型的健康保險？

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

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

[IF 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

A-111
**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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<tbody>
<tr>
<td><strong>AI48</strong></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>
What type of health insurance does \{he/she\} have?

享受哪一種類型的健康保險？

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

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

[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 SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA05_H48 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA05_H48 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H48 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA05_H48 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 8, SET SPIHS = 1
IF QA05_H48 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H48 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = [-7, -8], SET SPINSURE = 1
QA05_H49  Was this plan obtained in your spouse’s name or in the name of someone else?
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
- IN SOMEONE ELSE’S NAME ....................................... 2
- REFUSED .................................................................... -7
- DON’T KNOW ........................................................... -8

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

QA05_H50  Is the plan in your or your parent’s name or someone else’s name?
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 SEMPLOWN = 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
- REFUSED .................................................................... -7
- 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........................................1
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 ........................................................-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?
您的主要健康保险计划的名称是什么?

[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: “您是否有印有保险计划名称的保险卡或其他材料？”]

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

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

[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”]

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................ -7
DON’T KNOW .......................................................... -8
Next, I have some questions about your own main health plan.

How long have you been on this plan?

Von 参加該項計劃已有多長時間？

<table>
<thead>
<tr>
<th>MONTHS</th>
</tr>
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<tbody>
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</tr>
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</table>

OR

<table>
<thead>
<tr>
<th>YEARS</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

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？

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

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？

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

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？

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>
Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

他の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？

[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

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？

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

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

在過去 12 個月中，您有多少個月完全沒有醫療保險？

_____ NUMBER OF MONTHS [HR: 0-11]  

REFUSED ............................................................... -7 [GO TO PN QA05_I1]
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?

在這些月份中，您沒有任何健康保險的一個主要原因是什麼?

A136

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

[GO TO PN QA05_I1]
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么？

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健康保險？

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 ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND 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 AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARIHS = 1, SET CHIHS = 1

PROGRAMMING NOTE QA05_I2
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2
ELSE GO TO QA05_I3

QA05_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?
以下是與{}的保險是否與您的保險相同?

MA1

YES ........................................................................... 1 [GO TO QA05_I24]
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

IF QA05_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMHFAM = 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 SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMOTH = 1, SET CHOTH = 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
IF QA05_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPOTH = 1, SET CHOTH = 1 AND SET CHINSURE = 1

A-122
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?  
{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？

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?  
{孩子的名字/年齡/性別} 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
What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

{孩子的名字/年齢/性別} 沒有加入健康家庭計劃的一個主要原因是什么？

**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?

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

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?

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

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.

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

[IF NEEDED, SAY: “Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.”]

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

[“Premium is the monthly charge for the cost of your health insurance plan.”]
**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?

是否有任何其他人，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分保費或費用？

| AI50 | YES ........................................................................... 1 | NO ............................................................................. 2 | REFUSED ............................................................... -7 | DON'T KNOW ......................................................... -8 |

[GO TO PN QA05_I12]

**QA05_I11** Who else pays all or some portion of the cost for (CHILD’s) health plan?

是誰？

| AI51 | 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 .................................................................. 9 |
| | REFUSED ............................................................ -7 |
| | DON'T KNOW ....................................................... -8 |

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？

| CF6 | YES ........................................................................... 1 | NO ............................................................................. 2 | REFUSED ............................................................... -7 | DON'T KNOW ......................................................... -8 |

[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。"]

<table>
<thead>
<tr>
<th>Plan</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIM</td>
<td>1</td>
<td>[GO TO PN QA05_I16]</td>
</tr>
<tr>
<td>&quot;MISTER MIP&quot;/MRMIP</td>
<td>2</td>
<td>[GO TO PN QA05_I16]</td>
</tr>
<tr>
<td>NO OTHER PLAN</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SOMETHING ELSE (SPECIFY):</td>
<td>91</td>
<td>[GO TO PN QA05_I16]</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>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>[GO TO PN QA05_I16]</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>
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？"]

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

IF QA05_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA05_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA05_I15 = 5, SET 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?”]
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: 「()是否有保險卡或註明計劃名稱的其他文件？」]

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 ..................................................................... 9
REFUSED .................................................................. -7
DON'T KNOW ........................................................... -8

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 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_I18  Is (CHILD) covered for prescription drugs?

計劃是否支付 {} 的處方藥品？

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

PROGRAMMING NOTE QA05_I19
IF CHINSURE = 1, GO TO QA05_I24;
ELSE CONTINUE WITH QA05_I19.
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？

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
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<tbody>
<tr>
<td>CF18</td>
<td>CHANGED EMPLOYER/LOST JOB ...........................................1</td>
</tr>
<tr>
<td></td>
<td>EMPLOYER DOES NOT OFFER ..................................................................2</td>
</tr>
<tr>
<td></td>
<td>NOT ELIGIBLE DUE TO WORKING STATUS ...........................................3</td>
</tr>
<tr>
<td></td>
<td>NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ................................4</td>
</tr>
<tr>
<td></td>
<td>NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS .............................5</td>
</tr>
<tr>
<td></td>
<td>CAN'T AFFORD/TOO EXPENSIVE ................................................................6</td>
</tr>
<tr>
<td></td>
<td>FAMILY SITUATION CHANGED ..................................................................7</td>
</tr>
<tr>
<td></td>
<td>LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) ........................................8</td>
</tr>
<tr>
<td></td>
<td>DON'T BELIEVE IN INSURANCE ................................................................9</td>
</tr>
<tr>
<td></td>
<td>HEALTHY -- NO NEED ............................................................................10</td>
</tr>
<tr>
<td></td>
<td>PAYS FOR OWN CARE -- NO NEED ......................................................11</td>
</tr>
<tr>
<td></td>
<td>GETS HEALTH CARE FREE -- NO NEED ..................................................12</td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY) ________________________________________________________91</td>
</tr>
<tr>
<td></td>
<td>REFUSED ..........................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .....................................................................................-8</td>
</tr>
</tbody>
</table>

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？

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>CF20</td>
<td>YES .........................................................................................1 [GO TO QA05_I22]</td>
</tr>
<tr>
<td></td>
<td>NO .......................................................................................2</td>
</tr>
<tr>
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<td>REFUSED ..................................................................................-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .............................................................................-8</td>
</tr>
</tbody>
</table>
QA05_I21  How long has it been since (CHILD) last had health insurance?
(孩子的名字/年齡/性別) 上一次有醫療保險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

[GO TO PN QA05_I30]

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} 有醫療保險？

[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-
在 {孩子的名字/年齡/性別} 有醫療保險的月份中，{他/她} 的保險是加州醫療
CAL, Healthy Families, a plan you obtained through an employer, or some other plan?
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

[GO TO PN QA05_I30]
**QA05_I24**

Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

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？

<table>
<thead>
<tr>
<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></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

**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？

<table>
<thead>
<tr>
<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></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

**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？

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "還有其他計劃嗎？"]

<table>
<thead>
<tr>
<th>MEDI-CAL</th>
<th>HEALTHY FAMILIES</th>
<th>THROUGH CURRENT OR FORMER EMPLOYER/UNION</th>
<th>HEALTHY KIDS</th>
<th>OTHER HEALTH PLAN</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>91</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

**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？

<table>
<thead>
<tr>
<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></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_I30]
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？

_____ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]

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

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

[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{}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 AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND 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 SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPRENT = 1, SET SPRENT = 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)?

<table>
<thead>
<tr>
<th>MA6</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ........................................................................... 1</td>
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</tr>
<tr>
<td>REFUSED ..................................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ............................................................. -8</td>
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</table>

[GO TO PN QA05_I54]

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 TEEMP = 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?

<table>
<thead>
<tr>
<th>IA1</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>

[GO TO QA05_I37]
[GO TO QA05_I35]

[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。”]

[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  [GO TO QA05_I37]
- REFUSED ............................................................-7 [GO TO QA05_I37]
- DON'T KNOW ......................................................-8 [GO TO QA05_I37]

**IF QA05_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1**

**QA05_I36**  What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

*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

A-136
**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)?

<table>
<thead>
<tr>
<th>IA3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>......................................................1 [GO TO QA05_I39]</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>

**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?  

{} whether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。

<table>
<thead>
<tr>
<th>IA4</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>

[GO TO PN QA05_I42]  

IF QA05_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA05_I39  Do you pay any or all of the premium or cost for (TEEN's) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.  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。

<table>
<thead>
<tr>
<th>AI55</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>

"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."  
"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。

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？

<table>
<thead>
<tr>
<th>AI52</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>

[GO TO PN QA05_I42]
QA05_I41  Who else pays all or some portion of the cost for (TEEN's) health plan?

是誰？

<table>
<thead>
<tr>
<th>AI53</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT EMPLOYER ........................................... 1</td>
</tr>
<tr>
<td>FORMER EMPLOYER ............................................. 2</td>
</tr>
<tr>
<td>UNION ...................................................................... 3</td>
</tr>
<tr>
<td>SPOUSE’S CURRENT EMPLOYER ........................ 4</td>
</tr>
<tr>
<td>SPOUSE’S FORMER EMPLOYER .......................... 5</td>
</tr>
<tr>
<td>PROFESSIONAL/FRATERNAL ORGANIZATION...6</td>
</tr>
<tr>
<td>MEDICAID/MEDI-CAL ASSISTANCE ...................... 7</td>
</tr>
<tr>
<td>HEALTHY FAMILIES........................................... 8</td>
</tr>
<tr>
<td>HEALTHY KIDS.................................................... 9</td>
</tr>
<tr>
<td>OTHER ................................................................... 91</td>
</tr>
<tr>
<td>REFUSED ............................................................. 97</td>
</tr>
<tr>
<td>DON'T KNOW ....................................................... 98</td>
</tr>
</tbody>
</table>

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？

<table>
<thead>
<tr>
<th>IA6</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES........................................................................... 1</td>
</tr>
<tr>
<td>NO......................................................................... 2</td>
</tr>
<tr>
<td>REFUSED .................................................................. 97</td>
</tr>
<tr>
<td>DON'T KNOW ....................................................... 98</td>
</tr>
</tbody>
</table>

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？

<table>
<thead>
<tr>
<th>IA7</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: &quot;AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program&quot;]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY: &quot;「AIM指「母嬰服務計畫」，Mister MIP或MRMIP指「重大風險醫療保險計劃」。&quot;]</td>
</tr>
</tbody>
</table>

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 ............................................................. 97  |
DON'T KNOW ....................................................... 98  |

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 CONDITIONS

- 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?
{}參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?

{} 沒有任何健康保險的一個主要原因是什么？

IA18

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGED EMPLOYER/LOST JOB</td>
<td>1</td>
</tr>
<tr>
<td>EMPLOYER DID NOT OFFER</td>
<td>2</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO WORKING STATUS</td>
<td>3</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS</td>
<td>4</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS</td>
<td>5</td>
</tr>
<tr>
<td>COULDN'T AFFORD/TOO EXPENSIVE</td>
<td>6</td>
</tr>
<tr>
<td>FAMILY SITUATION CHANGED</td>
<td>7</td>
</tr>
<tr>
<td>LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)</td>
<td>8</td>
</tr>
<tr>
<td>DIDN'T BELIEVE IN INSURANCE</td>
<td>9</td>
</tr>
<tr>
<td>HEALTHY -- NO NEED</td>
<td>10</td>
</tr>
<tr>
<td>PAID FOR OWN CARE -- NO NEED</td>
<td>11</td>
</tr>
<tr>
<td>GOT HEALTH CARE FREE -- NO NEED</td>
<td>12</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>

QA05_I50  Was (TEEN) covered by health insurance at any time during the past 12 months?

{孩子的名字/年齡/性別} 在過去12個月中的任何時間是否享受醫療保險？

IA20

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

[GO TO QA05_I52]

QA05_I51  How long has it been since (TEEN) last had health insurance?

{孩子的名字/年齡/性別} 從上一次有醫療保險到現在已有多長時間？

IA21

<table>
<thead>
<tr>
<th>Duration</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>NEVER HAD HEALTH INSURANCE COVERAGE</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW/NOT SURE</td>
<td>-8</td>
</tr>
</tbody>
</table>

[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?

[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{他/她}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 for part or all of (TEEN) dental care?
您目前是否有任何類型的保險可以支付{TEEN}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 [GO TO QA05_J1]
REFUSED .......................................................... -7
DON'T KNOW .................................................... -8
CHIS 2005 Adult Questionnaire

PROGRAMMING NOTE QA05_I63:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I63 Is (TEEN’S) (mother/father) a citizen of the United States?
{ADOLESCENT /AGE/SEX}的母親是美國公民嗎?

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AI58</td>
<td>YES ..............................................................</td>
<td>1</td>
<td>[GO TO PN QA05_I65]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO ..................................................................</td>
<td>2</td>
<td></td>
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<td>DON’T KNOW ................................................</td>
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</tbody>
</table>

PROGRAMMING NOTE QA05_I64:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I64 Is (TEEN’S) (mother/father) a permanent resident with a green card?
{ADOLESCENT /AGE/SEX}的母親是持有綠卡的永久居民嗎?

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</tbody>
</table>

PROGRAMMING NOTE QA05_I65:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I65 About how many years has {TEEN’S} (mother/father) lived in the United States?
{ADOLESCENT /AGE/SEX}的母親在美國已居住大約多少年?

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<tr>
<td>AI60</td>
<td>_____ NUMBER OF YEARS [IF &lt; 1 YEAR, ENTER “1”]</td>
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<td>OR YEAR TO FIRST COME AND LIVE IN U.S.</td>
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<td>DON’T KNOW ................................................</td>
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</tbody>
</table>
Section J – Health Care Utilization and Access, Mental Health

Visits to medical doctor

QA05_J1 Now, I’d like to ask about the health care you receive.

During the past 12 months, how many times have you seen a medical doctor?

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?

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?

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?

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?

| AJ10       | Yes ........................................................................... 1 |
|           | No ............................................................................. 2 |
|           | Refused ..................................................................... 7 |
|           | Don’t know ................................................................ 8 |

[Go to QA05_J7]

QA05_J6  Who was this person who helped you understand the doctor?

[If r responds “My child”, probe to see if child is under age 18. If age 18+, code as adult family member]

| AJ11       | Minor child (under age 18) .................................... 1 |
|           | An adult family member or friend of mine .................. 2 |
|           | Non-medical office staff ....................................... 3 |
|           | Medical staff including nurses/doctors .................... 4 |
|           | Professional interpreter (both in person and on the telephone) .... 5 |
|           | Other (patients, someone else) .................................. 6 |
|           | Did not have someone to help .................................. 7 |
|           | Refused ..................................................................... 7 |
|           | Don’t know ................................................................ 8 |

QA05_J7  Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

| AJ17       | Yes ........................................................................... 1 |
|           | No ............................................................................. 2 |
|           | Refused ..................................................................... 7 |
|           | Don’t know ................................................................ 8 |

[Go to QA05_J9]

QA05_J8  Think about the last time this happened. How long ago was that?

| AJ18       | A year ago or less .................................................. 1 |
|           | More than 1 up to 2 years ago .................................... 2 |
|           | More than 2 up to 3 years ago .................................... 3 |
|           | More than 3 up to 5 years ago .................................... 4 |
|           | More than 5 up to 10 years ago ................................... 5 |
|           | More than 10 up to 20 years ago .................................. 6 |
|           | More than 20 years ago ............................................. 7 |
|           | Refused ..................................................................... 7 |
|           | Don’t know ................................................................ 8 |
Emergency room visits

PROGRAMMING NOTE QA05_J9
IF QA05_B6 = 1 (YES, R VISITED ER FOR ASTHMA) CODE QA05_J9 = 1 AND GO TO QA05_J10;
ELSE, CONTINUE WITH QA05_J9

QA05_J9  During the past 12 months, did you visit a hospital emergency room for your own health?
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，您大概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，您大概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?”]

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

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?”]

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

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?”]

ALL ................................................................. 1
MOST ..................................................................... 2
SOME ............................................................... 3
A LITTLE ........................................................... 4
NONE ................................................................... 5
REFUSED .......................................................... -7
DON’T KNOW .................................................. -8
QA05_J15  During the past 30 days, about how often did you feel worthless?
在過去30天內，您大約每隔多久會感到自己毫無用處？

AJ34  

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

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

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？

AJ2  

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

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，您是否曾經因情感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。

AJ3  

YES ................................................................. 1  
NO ......................................................................... 2  
REFUSED ............................................................ -7  
DON'T KNOW .................................................. -8
PROGRAMMING NOTE QA05_J18:
(IF QA05_J16 = 1 OR QA05_J17=1) AND ARINSURE = 1, CONTINUE WITH QA05_J18;
(IF QA05_J16 = 1 OR QA05_J17 = 1) AND ARINSURE NE 1, GO TO QA05_J19;
ELSE GO TO QA05_J22;

Mental health services

QA05_J18  Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
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.

In the last 12 months, did your health provider talk with you or give you information about how much or what kinds of food you eat?

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？

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<th>AJ27</th>
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<td>YES........................................................................... 1</td>
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<td>NO........................................................................... 2</td>
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<td>REFUSED............................................................ -7</td>
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<td>DON'T KNOW ..................................................... -8</td>
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**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？

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<td>REFUSED............................................................ -7</td>
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<td>DON'T KNOW ..................................................... -7</td>
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</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?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS          [HR: 0-95]
REFUSED............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_K2
IF QA05_K1 = 0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA05_K7;
ELSE CONTINUE WITH QA05_K2 AND
IF QA05_G26 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”;
IF QA05_G26 = 2 (GOVERNMENT), CODE QA05_K2 AS “GOVERNMENT” AND GO TO QA05_K3
IF QA05_G26 = 3 (SELF-EMPLOYED), DISPLAY “self-employed”,
IF QA05_G26 = 4 (FAMILY BUSINESS OR FARM), DISPLAY “working without pay in a family business or farm”.

Occupation/industry
QA05_K2  Earlier, you told me that on your main job, you are {employed by a private company/ / self-employed/
working without pay in a family business or farm}. What kind of business or industry is this?
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?

AK5

[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?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

__________________________ (OCCUPATION)
REFUSED............................................................... -7
DON'T KNOW ......................................................... -8
QA05_K4  How long have you worked at your main job?
您从事主要工作多久了？

[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?
您的雇主在各处总共大约聘用了多少名雇员？

[IF NEEDED SAY: “Your best guess is fine.”]
[IF NEEDED SAY: “請盡量估計人數。”]

FEWER THAN 10 ........................................................................... 1
10-50 .................................................................................. 2
51-99 .................................................................................. 3
100-999 .............................................................................. 4
1,000 OR MORE ..................................................................... 5
REFUSED .............................................................................. -7
DON'T KNOW ........................................................................ -8

Income, last month
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?
您上个月在所有工作和生意中，包括小时工资、薪水、小费和佣金，
税前和其他扣除额之前的总收入是多少？请提供您的最佳估计数字。

[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? 
您的配偶從事的所有的職業或業務中每週通常工作多少小時?

<table>
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<tr>
<th>AK20</th>
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<tbody>
<tr>
<td>[IF WORKS &gt; 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]</td>
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<td>_____ HOURS</td>
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<td>REFUSED ............................................................... -7</td>
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<td>DON'T KNOW ......................................................... -8</td>
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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?
據您估計，您的配偶上個月從事所有的職業和業務的收入有多少？這是指在沒有扣除各項稅款和其他扣除額之前的收入，包括小時工資、薪資、小費和佣金。

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<thead>
<tr>
<th>AK10A</th>
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<tbody>
<tr>
<td>[IF AMOUNT GREATER THAN $999,995, ENTER &quot;999,995&quot;]</td>
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<tr>
<td>$_______________ AMOUNT</td>
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<tr>
<td>REFUSED ............................................................... -7</td>
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<td>DON'T KNOW ......................................................... -8</td>
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</table>

Annual household income

QA05_K9 What is your best estimate of your household’s total annual income from all sources before taxes in 2004?
據您估計，您的家庭2004年來自所有來源的扣稅前的全年總收入是多少？

<table>
<thead>
<tr>
<th>AK22</th>
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<tbody>
<tr>
<td>[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.”]</td>
</tr>
<tr>
<td>[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。”]</td>
</tr>
<tr>
<td>[IF AMOUNT GREATER THAN $999,995, ENTER &quot;999,995&quot;]</td>
</tr>
<tr>
<td>$_______________ AMOUNT</td>
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<tr>
<td>REFUSED ............................................................... -7</td>
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<tr>
<td>DON'T KNOW ......................................................... -8</td>
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</table>

[GO TO PN QA05_K11]
QA05_K10  I have entered that your annual household income is (AMOUNT). Is that correct?

根據您估計，您的家庭2002年來自所有來源的扣稅前的全年總收入是多少？

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]

PROGRAMMING 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?

我們不需要知道詳細的數字，但您可不可以告訴我，你們家庭所有來源
的稅前年收入是否超過還是不足20,000美元？

AK11

MORE ....................................................................... 1  [GO TO QA05_K13]
EQUAL TO $20K OR LESS ........................................... 2  [GO BACK TO QA05_K9]
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 BACK TO QA05_K9]
$5,001 to $10,000, or .................................................. 2  [GO TO PN QA05_K17]
$5,001 to $10,000, or .................................................. 2  [GO BACK TO QA05_K9]
$10,001 to $15,000, or .............................................. 3  [GO TO PN QA05_K17]
$10,001 to $15,000, or .............................................. 3  [GO BACK TO QA05_K9]
$15,001 to 20,000? .................................................. 4  [GO TO PN QA05_K17]
$15,001 to 20,000? .................................................. 4  [GO BACK TO QA05_K9]
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] 收入每年是否超過還是不足70,000美元？

AK13

MORE ....................................................................... 1  [GO TO QA05_K15]
EQUAL TO $70K OR LESS ........................................... 2  [GO BACK TO QA05_K9]
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……

AK14

$20,001 to $30,000, .................................................. 1
$30,001 to $40,000, .................................................. 2
$40,001 to $50,000, .................................................. 3
$50,001 to $60,000, or .............................................. 4
$60,001 to $70,000? ................................................. 5
REFUSED .................................................................... -7
DON'T KNOW ............................................................. -8

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？

AK15

MORE ....................................................................... 1
EQUAL TO $135K OR LESS .................................... 2
REFUSED .................................................................... -7
DON'T KNOW ............................................................. -8

QA05_K16  Is it …
[家庭年收入]
是……

AK16

$70,001 to $80,000, .................................................. 1
$80,001 to $90,000, .................................................. 2
$90,001 to $100,000, or ............................................ 3
$100,001 to $135,000? ............................................. 4
REFUSED .................................................................... -7
DON'T KNOW ............................................................. -8

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?
包括您自己在内，住在您家裡的多少人需要依靠您的家庭总收入生活？

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]
REFUSED .................................................................... -7
DON'T KNOW ............................................................. -8

PROGRAMMING NOTE QA05_K18:
QA05_K18 MUST BE LESS THAN QA05_K17
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA05_K20,
GO TO PROGRAMMING NOTE QA05_K19;
ELSE CONTINUE WITH QA05_K18

AQ05_K18  How many of these {INSERT NUMBER FROM QA05_K17} people are children under the age of 18?
在這{插入 K17 的答案} 口人中，有多少是 18 歲以下的孩子？

AK18

______ NUMBER OF CHILDREN (UNDER AGE 18)

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

Poverty level test

PROGRAMMING NOTE QA05_K19: [BASE.POVRT100, BASE.POVRT130, BASE.POVRT200]
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.RADLCNT  SCRN.KIDLCNT

(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 RADLCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA05_G14 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDLCNT) 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
3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
4) 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}? 

EQUAL TO OR LESS ............................................... 1 [GO TO QA05_K23]
MORE ....................................................................... 2
REFUSED .................................................................. -7
DON'T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_K20:
IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA05_K22

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}? 

EQUAL TO OR LESS ............................................... 1 [GO TO QA05_K23]
MORE ....................................................................... 2
REFUSED .................................................................. -7
DON'T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_K21:
IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA05_K23

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}? 

EQUAL TO OR LESS ............................................... 1 [GO TO QA05_K23]
MORE ....................................................................... 2
REFUSED .................................................................. -7
DON'T KNOW .......................................................... -8
**PROGRAMMING NOTE QA05_K22:**

If QA05_K9 = -7 OR –8 (REF/DK) and if the household's 300% cutoff value falls within a response from QA05_K12, QA05_K14, or QA05_K16 or if QA05_K11 = -7 or QA05_K13 = -7 or QA05_K15 = -7, continue with QA05_K22 using POVRT300 (300% poverty cutoff display amount); else go to QA05_K23.

**QA05_K22**

{I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than POVRT300?

是不足還是超過 (XX,XXX) 美元?

**AK18C**

- EQUAL TO OR LESS ............................................. 1
- MORE ......................................................................... 2
- REFUSED ...................................................................... -7
- DON'T KNOW .......................................................... -8

**QA05_K23**

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

您是住在獨立屋、雙連屋、三單元或多單元建築物還是活動房屋中?

**AK23**

[IF NEEDED, SAY: “A duplex is a building with 2 units”.]
[IF NEEDED, SAY: “雙連屋指有兩個單元的建築物。”]

- HOUSE .................................................................. 1
- DUPLEX ...................................................................... 2
- BUILDING WITH 3 OR MORE UNITS ......................... 3
- MOBILE HOME ....................................................... 4
- REFUSED ...................................................................... -7
- DON'T KNOW .......................................................... -8

**QA05_K24**

Do you own or rent your home?

您是自己擁有住宅還是租用住宅?

**AK25**

- OWN ........................................................................ 1
- RENT ......................................................................... 2
- OTHER ARRANGEMENT ........................................... 3
- REFUSED ...................................................................... -7
- DON'T KNOW .......................................................... -8

[GO TO PN QA05_L1]

**QA05_K25**

About how long have you lived at your current address?

以下是有關您的住宅和社區的問題。

您在目前的住址大約已經居住多久了?

**AM14**

____________ ........................................... (MONTHS/YEARS)
- REFUSED ...................................................................... -7
- DON'T KNOW .......................................................... -8
QA05_K26  Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?
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

[GO TO QA05_L10]

PROGRAMMING NOTE QA05_L9:
IF QA05_L8 = 1 (YES), CONTINUE WITH QA05_L9
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the
total amount that you received from all these sources?";
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE IN HH),
DISPLAY: "What was the combined total amount that you and your {spouse} received from all these
sources?"
ELSE GO TO PROGRAMMING NOTE QA05_L10

QA05_L9  What was the {combined} total amount that you {and your spouse} received from all these sources last
month?
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
QA05_L10  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

YES, RESPONDENT PAID ...................................... 1
YES, SPOUSE/PARTNER PAID .............................. 2
YES, BOTH PAID ..................................................... 3
NO ............................................................................. 4 [GO TO QA05_L12]
REFUSED ............................................................... -7 [GO TO QA05_L12]
DON'T KNOW ......................................................... -8 [GO TO QA05_L12]

QA05_L11  What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?

{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

PROGRAMMING NOTE QA05_L12:
IF AGE IS 65 OR OLDER AND QA05_A15 ≠ 1 (MARRIED) CONTINUE WITH QA05_L12 AND DISPLAY "you";
IF AGE >= 65 AND QA05_A15 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA05_L12 AND DISPLAY "you or your partner";
ELSE GO TO PROGRAMMING NOTE QA05_L14
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA05_14 =1 (MARRIED) AND QA05_G10 = 1
(SPOUSE LIVING IN SAME HH) CONTINUE WITH QA05_L12 AND DISPLAY "you or your spouse";

Social security/pension payments

QA05_L12  Did (you/you or your spouse/you or your partner) receive any Social Security or Pension payments last month?

{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 [GO TO PN QA05_L14]
DON'T KNOW ......................................................... -8
QA05_L13  What was the total amount received last month from Social Security and Pensions?  
您上個月領取的社會安全金和養老金總額是多少？

AL18B  
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_________________ AMOUNT

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
QA05_L14  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？

AL19

PAPERWORK TOO DIFFICULT .........................1
DIDN'T KNOW IF ELIGIBLE .........................2
INCOME TOO HIGH, NOT ELIGIBLE ................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
  IMMIGRATION STATUS ..............................4
OTHER NOT ELIGIBLE .................................5
DON'T BELIEVE IN HEALTH INSURANCE ........6
DON'T NEED IT BECAUSE HEALTHY ................7
ALREADY HAVE INSURANCE .......................8
DIDN'T KNOW IT EXISTED ............................9
DON'T LIKE/WANT WELFARE .....................10
OTHER ......................................................11
REFUSED ..................................................-7
DON'T KNOW .............................................-8
Section M – Food Insecurity and Hunger

Availability of food in household

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months.

The first statement is:
"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
Was that often true, sometimes true, or never true for you and your household in the last 12 months?

The 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?

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?

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

[GO TO QA05_M5]
**QA05_M4**  How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

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？

- ALMOST EVERY MONTH ........................................ 1
- SOME MONTHS BUT NOT EVERY MONTH .......... 2
- ONLY IN 1 OR 2 MONTHS .................................. 3
- REFUSED ............................................................... -7
- DON'T KNOW .......................................................... -8

**Hunger**

**QA05_M5**  In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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？

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

**QA05_M6**  In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?

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？

- YES ........................................................................... 1
- NO ............................................................................. 2
- REFUSED ............................................................... -7
- DON'T KNOW .......................................................... -8
To be sure we are covering the entire state, what county do you live in?

为了确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>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALAMEDA</td>
<td>1</td>
</tr>
<tr>
<td>ALPINE</td>
<td>2</td>
</tr>
<tr>
<td>AMADOR</td>
<td>3</td>
</tr>
<tr>
<td>BUTTE</td>
<td>4</td>
</tr>
<tr>
<td>CALAVERAS</td>
<td>5</td>
</tr>
<tr>
<td>COLUSA</td>
<td>6</td>
</tr>
<tr>
<td>CONTRA COSTA</td>
<td>7</td>
</tr>
<tr>
<td>DEL NORTE</td>
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</table>
QA05_N1 CONTINUED...

SONOMA.............................................................49
STANISLAUS..................................................50
SUTTER...........................................................51
TEHAMA..........................................................52
TRINITY...........................................................53
TULARE..........................................................54
TUOLUMNE.......................................................55
VENTURA.........................................................56
YOLO.............................................................57
YUBA..............................................................58
REFUSED........................................................-7
DON'T KNOW..................................................-8

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.
您的電話號碼透過電腦以隨機方式選出來參加本項研究。我們
已經根據您的電話號碼查到您的地址，以便給您寄一封信，解
釋本項研究的目的。
Do you now live at {R’s address and street}?
您目前是否住在……

<table>
<thead>
<tr>
<th>AO1</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_N3 What is your zip code?
您的郵遞區號是？

| AM7 |
|_______(ZIP CODE) |
| REFUSED........................................................-7 |
| DON'T KNOW..................................................-8 |
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所处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。

_________ (HOUSE ADDRESS NUMBER)  
_________ (NAME OF STREET, VERIFY SPELLING)  

NO............................................................................. 2  
REFUSED....................................................................-7  
DON'T KNOW....................................................................-8  
[GO TO QA05_N6]

Can you tell me just the name of the street you live on?

您可以只告诉我您居住的街道名稱？

____________________________(NAME OF STREET)  

REFUSED....................................................................-7  
DON'T KNOW....................................................................-8  
[GO TO CLOSE1]
[GO TO CLOSE1]

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處與您所住的街道交叉的街道名稱是什麼？

____________________(NAME OF CROSS-STREET)  

REFUSED....................................................................-7  
DON'T KNOW....................................................................-8  
[GO TO CLOSE2]
[GO TO CLOSE2]

Those are my final questions. I really appreciate your patience.

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，我想問一下您是否願意今後參加本項研究的一次後續調查？

YES........................................................................... 1  
MAYBE/PROBABLY YES............................................2  
DEFINITELY NOT....................................................3  
REFUSED....................................................................-7  
DON'T KNOW....................................................................-8  
[GO TO CLOSE2]
[GO TO CLOSE2]
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)

REFUSED............................................................... -7  [GO TO CLOSE2]
DON'T KNOW.......................................................... -8  [GO TO CLOSE2]

Is there another number where we might be able to reach you if this one doesn’t work?
是否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)

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

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！